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A UNITED KINGDOM SURVEY OF ACCREDITED COGNITIVE BEHAVIOUR THERAPISTS' ATTITUDES TOWARDS AND USE OF STRUCTURED SELF-HELP MATERIALS

Helen Keeley

University of Leeds, UK

Chris Williams

University of Glasgow, Scotland

David A. Shapiro

University of Leeds, UK

Abstract. Self-help materials can be offered to clients/patients either for use alone (unsupported self-help) or to support work with a health care practitioner (supported self-help). Structured self-help materials that use a Cognitive Behaviour Therapy (CBT) treatment approach have been shown to be clinically effective. We report a national survey of all 500 cognitive and behavioural psychotherapists registered with the British Association for Behavioural and Cognitive Psychotherapies, the lead organisation for CBT in the United Kingdom. A total of 265 therapists responded (53%). Self-help materials were used by 88.7% of therapists and were mostly provided as a supplement to individual therapy. Self-help was most frequently used to help patients experiencing depression, anxiety and obsessive compulsive disorder and was largely delivered using paper-based formats. The majority of self-help materials used a CBT approach. Only 36.2% of therapists had been trained in how to use self-help treatments, and those who had received training recommended self-help treatments to more clients/patients per week and rated self-help approaches as being significantly more helpful than those who had not received training.

Keywords: Self-help, survey, clinical practice, attitudes.

Introduction

The use of self-help materials in the treatment of mental health problems is a growing area of interest. Significant demands for effective psychosocial interventions, and limited access

Reprint requests to Chris Williams, Department of Psychological Medicine, Academic Centre, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH, UK. E-mail: chris.williams@clinmed.gla.ac.uk

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to accredited practitioners means that there is a need to look at other ways of delivering effective psychosocial interventions for mental health problems (Lovell & Richards, 2000). One possible solution is the use of structured self-help treatments. Such materials may be used to support the individual or group work already offered by practitioners (''supported self-help'') or be used by the patient/client largely by themselves (''unsupported self-help''; Williams, 2001). Implicit in the concept of supported self-help is the rationale that the materials ''do the work'' of treatment to at least some extent. This may allow a reduced frequency or length of sessions to be offered – the concept of ''minimal therapist contact'' (Rosen, 1976; Gould & Clum, 1993).

But what is self-help? One definition is that used by Cuijpers (1997): ''the patient receives a standardized treatment method with which he had can help himself without major help from the therapist. In (self-help) it is necessary that treatment be described in sufficient detail, so that the patient can work it through independently. Books in which only information about depression is given to patients and their families cannot be used''.

Although client/patient education and self-help approaches may have some overlap in content, the goals of self-help are different from education alone. A crucial difference is that while client/patient education aims to increase patient knowledge, self-help approaches aim to increase both patient knowledge and also lead to skill gain in how to better self-manage their condition (Williams & Whitfield, 2001). Such materials may be delivered using a range of formats including books (so-called bibliotherapy), computers, audio and videotapes, and other formats such as interactive packages accessed via telephone. Self-help materials can be used at a time, place and pace appropriate for the individual client/patient.

Controlled outcome studies have found self-help programmes to be effective treatments for a wide range of mental health problems. Meta-analytic reviews (Scogin, Bynum, Stephens, & Calhoon, 1990; Gould & Clum, 1993; Marrs, 1995; Cuijpers, 1997) have found effect sizes for self-administered treatments that compare favourably to those of therapist-administered psychotherapies. The outcome of self-help treatments also depends in part on client personality and demographic factors; successful outcome is associated with youth, high socio-economic status and education (Schmidt & Miller, 1983), and with high self-efficacy and an internal locus of control (Mahalik & Kivlighan, 1988). However, despite the evidence of the effectiveness of at least some self-help materials, importantly, fewer than 10% of materials used have been evaluated within an outcome study (Quackenbush, 1991). The proliferation of self-help materials and the widespread use amongst therapists in the USA led Starker (1986) to comment that ''its role in mental health care can no longer be responsibly ignored'' (p.143). Such materials are not for everyone, however, and an inappropriate application of self-help methods can sometimes lead to a worsening of symptoms and disillusionment with treatment in general (Barrera, Rosen, & Glasgow, 1981).

A number of surveys in the U.S.A. have investigated the use of self-help materials by mental health practitioners (Starker, 1986, 1988; Marx, Gyorky, Royalty, & Stern, 1992; Quackenbush, 1991). These surveys have found self-help materials to be widely used, with between 60.3% and 88.8% of respondents prescribing such materials. Attitudes towards self-help materials were found to be positive, with 93% of psychologists rating such resources as ''sometimes helpful'' or ''often helpful'' (Starker, 1986, 1988). There were some differences in rates of use and attitudes between professional groups, and self-help methods were found to be particularly used by cognitive-behavioural therapists, reflecting the educational approach and active and collaborative patient/client role emphasized by both

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cognitive-behavioural therapy (CBT) and self-help methods (Starker, 1988). While popular with many practitioners and patients, it is clear that self-help approaches are not for everybody, with a take-up of approximately 50% within UK general adult populations in a mental health team setting (Whitfield, Williams, & Shapiro, 2001).

There is little systematic evidence concerning the extent and manner of use of self-help materials for the treatment of mental health problems in the UK. The aim of the study is to survey the current practice and views of cognitive and behavioural psychotherapists regarding the use of self-help materials, with a view to answering the following questions: 1) To what extent are self-help materials currently used by cognitive behavioural therapists in the United Kingdom? 2) What are the specific materials used? 3) What beliefs do therapists have regarding their usefulness and effectiveness? 4) What do cognitive and behavioural therapists perceive to be the role of self-help materials in mental health care?

The study has focused upon the use of self-help materials by a UK-based practitioner group. The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is the lead UK-based cognitive behaviour therapy organization and acts to accredit CBT practitioners. The chosen sample therefore represents the most expert available group of UK-based CBT practitioners drawn from the full spectrum of mental health professions including nursing, psychology, counselling, medicine, teaching and occupational therapy.

Methods

Procedure

Questionnaires were initially sent out in November 1999 to all 500 cognitive and behavioural psychotherapists registered and accredited by the BABCP on 25 August 1999. A reply-paid envelope was sent, together with a cover letter assuring participants of confidentiality. A return date was specified between 2 and 4 weeks from the date of despatch. Initial responders were identified by numbers assigned to the questionnaires, and the questionnaire was sent for a second time to non-responders approximately 10 weeks after the first letter, in an effort to maximize the response rate. This second mailing was sent in February 2000.

Materials

The questionnaire comprised 4 pages and included 20 items assessing current practice; beliefs regarding the usefulness and effectiveness of self-help materials; and the perceived role of self-help treatment in mental health care. Also included were items addressing the training received by practitioners in the use of self-help, and their attitudes and knowledge relating to the evaluation of self-help materials for effectiveness. The questions included rating scales, together with open response, multiple response and restricted choice items. Where a number of response options were given, these were initially selected to represent all responses considered probable, together with a ''don't know'', ''other'' and/or ''none of the above'' options where appropriate.

Evaluating current practice. Participants were asked to indicate whether they recommend self-help materials (defined as ''self-administered therapeutic programmes'') to clients/patients. Those who did recommend such materials were asked to specify titles and authors of those materials currently recommended and no longer recommended, and to state the

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approximate number of clients/patients to whom they had recommended self-help materials in the last week. Restricted choice questions asked these respondents to indicate the formats of the materials recommended (e.g. written manual, audio/video tape, or computer-delivered self-help), the psychotherapeutic model applied (e.g. CBT, behavioural therapy, psychoanalytic), the situations in which they are recommended (e.g. for relapse prevention or to supplement therapy) and the disorders for which they are recommended.

Beliefs regarding the usefulness and effectiveness of self-help materials. Towards the beginning of the questionnaire respondents were asked to rate, on a scale of 1 (do not believe) to 7 (strongly believe), ''To what extent do you personally believe that self-help materials can be useful in helping clients/patients overcome mental health problems?''. Towards the end of the questionnaire, respondents were asked to rate, on a scale of 1 (not at all useful) to 7 (very useful), ''Overall, how useful do you consider self-help materials?''. All respondents were asked to give these ratings, regardless of whether or not they made use of self-help materials. Therapists who did not make use of self-help materials were asked to rate these materials for effectiveness in bringing about six specified areas of therapeutic change (e.g. changing negative thoughts, increasing motivation for change) on a scale of 1 (ineffective) to 5 (highly effective). They were also asked to rate the effectiveness of materials as ''greater than with a therapist'', ''equal to a therapist'', ''less than with a therapist'' or ''don't know'' for overall effectiveness, and for six other factors related to outcome (e.g. client compliance, client satisfaction). A further item asked respondents who use self-help materials to indicate whether they considered client factors including age, education level, socio-economic class, sex and locus of control to be related to the effectiveness of self-help, and if so to indicate for which of two or three groups defined by each factor they considered self-help to be most effective. Therapists were also asked to state any other client/patient factors that they believe to be related to the effectiveness of self-help.

Perceived role of self-help in mental health care. Both respondents who did recommend self-help materials to clients/patients and those who did not were asked to state their main reasons for their decision. Respondents who used self-help materials with their clients/patients were also asked to identify possible drawbacks associated with their use. A further item presented seven possible roles of self-help materials (to reduce the number of people requiring specialist therapist contact, to reduce the length of time required with a therapist, to increase clients' motivation, to increase clients' sense of control over their mental health, to increase clients' understanding of mental health problems, to increase public understanding of mental health problems, and to prevent relapse after therapy) and asked participants to indicate which of these they considered most important.

Results

In total 265 therapists responded (53%). The professional groups most strongly represented within the responders were clinical psychology (35.5%), nursing (32.5%), counselling (13.2%), and psychiatry (5.3%). ''Other'' professional groups made up 7.9% of the sample; the remaining 5.7% did not identify their professional group. This sample appears to be representative of the sample as a whole, which comprised 32.2% clinical psychologists, 34.0% nurses, 12.0% counsellors, 4.6% psychiatrists, 9.4% other professional groups, and

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7.8% practitioners for whom the professional group was not identified. In order to test for a response bias, the responses of practitioners who responded to the initial mailing (N = 178) were compared to those who failed to respond until the follow-up (N = 87); no significant differences were found in the frequency of use of self-help materials or in perceived usefulness of self-help between these two groups.

Self-help materials and current practice

The percentage of respondents who reported recommending self-help materials to clients/patients was 88.7%. These therapists reported having recommended self-help materials to a mean of 3.20 clients/patients in the last week (SD = 3.63, range 0–30 clients). There were no significant differences between professional groups in either the proportion of practitioners recommending self-help materials (nursing = 95.3%, psychiatry = 92.9%, counselling = 91.4%, clinical psychology = 85.1%, other professions = 76.2%, $\psi^2 = 9.07$, $df = 4$, $p > .05$) or in the mean numbers of clients/patients per week to whom such materials were recommended (counselling = 4.64, psychiatry = 4.00, nursing = 3.37, clinical psychology = 2.58, other professions = 2.50; one-way ANOVA $F_{5,200} = 1.55$, $p > .05$). Almost all therapists indicated that such materials were used as a supplement to individual therapy (99.1%), fewer recommended them to clients/patients on a waiting list (44.6%) or as a supplement to group therapy (36.9%), and fewer still as an alternative to therapist contact (29.2%).

The disorder for which self-help methods were most frequently recommended was depression, for which 94.4% of self-help prescribing therapists reported recommending self-help materials at least ‘‘sometimes’’, and 59.7% ‘‘regularly’’. The majority of these practitioners also recommended self-help for clients/patients with anxiety disorders, including panic (84.5%), Generalized Anxiety Disorder (79.8%), social anxiety (79.4%), phobias (76.0%) and Obsessive Compulsive Disorder (71.7%). Far fewer reported recommending self-help for alcohol/substance issue (32.2%). Self-help materials were recommended for ‘‘other’’ disorders by 42.1% of self-help prescribing therapists, with the disorders most commonly identified being eating disorders, post traumatic stress disorder (PTSD), sexual and relationship problems, psychosis/schizophrenia, and chronic fatigue syndrome.

The self-help materials currently being recommended to clients/patients were numerous, with 205 titles named in total. The most frequently identified self-help book was *Mind over mood* by Greenberger and Padesky (1995), which was specified by 46.4% of respondents. A further four titles were specified by 10 to 15% of respondents (*Living with fear*: Marks, 1978; *The feeling good handbook*: Burns, 1989; *Manage your mind*: Butler & Hope, 1995; and *Feeling good – The new mood therapy*: Burns, 1999). There were relatively few (42) mentions of materials that were no longer recommended, the most commonly stated reasons being that the title was out of print, out of date or ‘‘too American’’ for British users.

The majority of recommended materials used a cognitive-behavioural approach. CBT materials were used by 98.7% of self-help prescribing therapists within the sample, while behavioural materials were used by 40.2%, and skills training materials by 33.3%. The vast majority of material specified were in written form; 94.8% of self-help users reported recommending written materials. Relatively few self-help prescribing therapists made use of other formats such as audio tapes (35.6%), video tapes (10.3%), combined written materials and tape (10.3%) or computerized delivery (6.9%).

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Perceived usefulness and effectiveness of self-help

The questions ''Overall, how useful do you consider self-help materials?'' (1 = not at all useful, 7 = extremely useful) and ''To what extent do you personally believe that such self-help materials can be useful?'' (1 = do not believe, 7 = strongly believe) received positive mean ratings of 5.39 (*SD* = 1.20) and 5.37 (*SD* = 1.23) respectively. Both self-help prescribing therapists and non-prescribers gave mean ratings that were at the positive end of the scale. However, the mean overall usefulness rating of 5.46, *SD* = 1.20, given by self-help prescribing therapists was significantly higher than that of 4.56, *SD* = 1.23, given by non-prescribers ($t = 3.55$, $df = 250$, $p < .001$); similarly, the mean rating of personal belief that self-help materials can be useful of 5.47, *SD* = 1.2 given by those recommending self-help materials was significantly higher than the mean rating of 4.55, *SD* = 1.67, given by non-recommenders ($t = 2.41$, $df = 20.54$, $p < .05$). Where therapists did not recommend self-help materials to clients/patients, this was most frequently because such material were not considered appropriate for the client/patient group (e.g. for children or patients with learning difficulties) rather than because therapists considered self-help materials to be generally unhelpful.

Of five suggested client/patient factors, the two factors most commonly believed to predict the effectiveness of self-help approaches were level of education and locus of control; 65% of respondents thought that self-help approaches are more effective for individuals with an average or high education level (19.9% = ''no difference'', 13.9% = ''don't know''), and 42.6% considered self-help to be more effective for clients/patients with an internal locus of control (23.3%, = ''no difference'' 30.0% = ''don't know''). The majority of therapists surveyed did not think that the effectiveness of self-help varied with age, socio-economic group or sex. Where further factors affecting the use of self-help approaches by the client/patient were identified by respondents, those most frequently specified were motivation (identified by 13.6% of all respondents), severity of illness (8.3%), autonomy (6.0%), and social support (4.5%).

The majority of respondents who recommended self-help materials considered self-help to be less effective than therapist intervention in terms of potential benefits to the client (68.5%), client compliance (72.6%), client satisfaction (73.1%), and client's expectancy of success (67.6%). Asked to rate self-help materials relative to therapist treatment for potential harm to the client, the most frequent response was ''don't know'' (38.7%).

Mean ratings for the effectiveness of self-help materials at producing various elements of change on a 5-point Likert scale (anchored as 5 = highly effective, 3 = moderately effect, and 1 = ineffective) allowed the perceived strengths and weaknesses of self-help methods to be identified. Ratings indicated that self-help was considered to be particularly effective for raising awareness of problem behaviours (4.09), and moderately effective at increasing motivation for change (3.42), changing unhelpful behaviours (3.35), changing negative thoughts (3.28), and increasing self-confidence (3.26), but were considered less effective for improving interpersonal skills (2.82). A one-way repeated measures ANOVA revealed ratings for these different elements of change to be significantly different ($F_{5,925} = 68.77$, $p < .01$). Multiple regression analyses including all six change elements as predictors revealed that usefulness ratings for self-help materials were best predicted by the perceived effectiveness of the materials in changing unhelpful behaviours and in increasing motivation for change. As shown in Tables 1 and 2, these were the most significant factors in predicting

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Table 1. Stepwise multiple regression for rating of overall usefulness of self-help materials

Factor*	B	Std. Error	Beta	*t*	*p*
Effectiveness at changing unhelpful behaviours	0.34	0.10	0.26	3.54	0.001
Effectiveness at increasing motivation for change	0.30	0.10	0.22	3.18	0.002
Effectiveness at increasing self-confidence	0.25	0.10	0.19	2.46	0.015

* See note below.

Table 2. Stepwise multiple regression for belief that self-help materials can be useful

Factor*	B	Std. Error	Beta	*t*	*p*
Effectiveness at changing unhelpful behaviours	0.40	0.09	0.31	4.37	0.000
Effectiveness at increasing motivation for change	0.26	0.10	0.20	2.74	0.007

* Inclusion of effectiveness ratings on the following additional factors did not explain a further significant proportion of the variance: raising awareness of problem thoughts/behaviours; changing negative thoughts; improving interpersonal skills; increasing self-confidence.

both overall usefulness rating for self-help and belief that self-help can be useful. Eliciting behaviour change and increasing motivation for change would thus appear to be the most crucial factors in determining perceived usefulness. This indicates that while self-help materials were rated as being on average less effective in these areas than at increasing awareness and insight, it is when motivation for change is increased and behaviour change achieved that self-help materials are seen to be most useful.

The role of self-help in mental health care

The most frequently stated reason for recommending self-help materials was to supplement therapy sessions (40.3%), followed by educating the client/increasing understanding (31.9%), reinforcing or consolidating learning (24.8%), and empowering the client or promoting collaboration (21.7%). Of seven specified roles of self-help materials in mental health care, the roles considered to be important by the greatest number of therapists were increasing clients' sense of control over their mental health (92.6%) and increasing clients' understanding of mental health problems (92.2%). Also considered important by the majority of therapists were preventing relapse after therapy (76.0%), reducing the length of time required with a therapist (61.6%), and increasing motivation (61.6%), while fewer respondents believed increasing public understanding of mental health problems (41.9%) or reducing the number of people requiring therapist contact (36.4%) to be important roles of self-help.

The main drawbacks identified by respondents who recommend self-help to clients/patients were possible misunderstandings or misapplication by the client, misdiagnosis or misapplication by the therapist, the lack of tailoring to the individual client, non-compliance,

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and the risk of demoralization. Thus the reluctance of some therapists to use self-help materials as an alternative to therapist intervention would appear to be due to perceived risks of misunderstanding and demoralization in the absence of therapist guidance and support.

Therapist training and self-help

Only 36.2% of respondents reporting having received specific training in the use of self-help materials. This varied between professional groups: the percentage receiving training in the use of self-help was highest within counselling (60.6%), followed by psychiatry (53.8%), nursing (35.3%) and clinical psychology (24.7%). Therapists who had received training in self-help methods and those who had not were equally likely to make use of self-help materials, but therapists who had received such training recommended self-help materials to significantly more clients/patients per week than those who had not received this training (means = 4.21, $SD = 4.73$, and 2.61, $SD = 2.66$, clients per week respectively; $t = 2.79$, $df = 111.67$, $p > .01$). Therapists who had not received self-help training rated self-help materials as being significantly less useful overall than those who had (mean ratings on 7-point scale = 5.70, $SD = 1.08$, for self-help trained therapists and 5.18, $SD = 1.28$, for non self-help trained therapists; $t = 3.20$, $df = 2.45$, $p < .005$), but both groups held equally positive beliefs that self-help materials can be useful.

Empirical status of self-help materials

Only 34.6% of respondents considered the materials they recommended to have been adequately evaluated for effectiveness, 38.0% judged that they had not been adequately evaluated, and the remaining 27.4% did not know. Beliefs in whether the self-help materials had been adequately evaluated did not affect their rates of recommendation for use by clients/patients. Thus a perceived lack of evaluation did not seem to affect the frequency with which self-help materials were used. The results of the current survey indicate that self-help is used chiefly as a supplement to individual therapy (i.e. as part of supported self-help), which allows individual results to be closely monitored. However, the numbers of practitioners (29.2%) recommending self-help materials as an alternative to therapist intervention (i.e. as unsupported self-help) is noteworthy.

Discussion

The overall response rate to the questionnaire when sent out on two occasions was 53%, which is acceptable for a postal survey of this kind. However, 47% of the sample failed to respond, and it may be that those who do not use self-help were less likely to respond resulting in a response bias. It may be that the numbering of questionnaires (which was done in order to allow a second mailing to non-responders) implied a loss of anonymity that may have made some respondents wary of responding. The proportions of respondents in each professional group of practitioners were similar to the sample as a whole, and no significant differences in practices and attitudes relating to self-help materials were found between initial responders and later responders. The responses obtained are therefore likely to be at least reasonably representative of the experienced group of CBT practitioners sampled.

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The main findings confirm that self-help materials are widely used by cognitive and behavioural therapists in the U.K., and are considered to be useful and effective in the treatment of mental health problems. A large majority (88%) of practitioners recommended the use of self-help materials, a rate that is comparable to those found amongst similar surveys in the USA (Starker, 1988; Marx et al., 1992). Where self-help materials were used, the range of patients/clients offered materials in the previous week was very wide (0 to 30), indicating that there are broad variations in practice using self-help approaches. Self-help is most commonly used as an adjunct to therapy, in the form of written cognitive-behavioural materials, for the treatment of depression and anxiety.

The use of written self-help materials perhaps reflects their ease of use and availability. Once purchased, photocopying allows ready distribution to clients/patients. Copyright licensing laws prevent the legal photocopying of multiple copies of most written self-help materials. This may be a factor contributing to the popularity of the book *Mind over mood*, which provides a limited photocopying licence to allow the reproduction of its worksheets. The authors and publishers of future self-help materials should be encouraged to offer a similar licence to allow users to photocopy materials for use with clients/patients or in training. The relative lack of use of computer-based delivery, audio and videotapes probably reflects the greater cost and lack of easy access to such resources; some respondents commented that they would use other formats if suitable materials were available. A more recent survey of the use of computer-based self-help materials has confirmed specific practical problems and training needs that act as blocks to the use of such materials (Whitfield & Williams, 2001).

The popularity of cognitive-behavioural materials is unsurprising given the nature of the sample, and also the educational component and the active user role encouraged by the CBT approach. The clear structure and focus on current problems of CBT make it particularly conducive to self-help methods. This is reflected in the fact that almost all studies using self-help approaches in mental health settings have used a CBT format.

Self-help materials are currently used chiefly to empower the client/patient and enhance learning during treatment, and to prevent relapse, rather than as an alternative to therapist intervention. Overall, self-help treatments were considered to be less effective and less acceptable to the client than therapist intervention, and their use was believed to carry risks of misapplication, misunderstanding and demoralization. Of the therapists recommending self-help materials, 66.0% considered self-help approaches to be less effective overall than treatment with a therapist, and only 29.2% recommended self-help treatment without supportive sessions with a therapist. However, these subjective feelings are not supported by the objective findings of four self-help meta-analytic reports that find definite benefits for unsupported as well as supported self-help approaches. Further research is needed to establish whether therapists' reservations in using self-help materials as an alternative to therapist intervention are justified.

The perceived strengths of self-help materials were effectiveness in increasing insight, awareness and understanding. However, it was when self-help materials were judged to be effective in securing behaviour change and increasing motivation to change that they were considered most useful. The ability of self-help materials to change core CBT target areas such as negative thinking or unhelpful behaviour was only moderately positively endorsed, in spite of evidence that clients/patients identify these as areas that do improve with the use of self-help materials (Whitfield et al., 2001).

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Despite the widespread use of self-help materials, only 36.2% of respondents reported having received training in this area. Training is considered a vital element of treatment in other settings and in view of the widespread use of self-help, the relative lack of training in this area is surprising. It may be that those who seek out training do so because they are more interested in using self-help in the first place. Specific training in self-help approaches allow the therapist to be familiar with the content, aims and objectives of the materials they use, and therefore to tailor the content to the individual patient. Specific training can help practitioners respond more effectively to common difficulties and blocks faced by patients in the use of self-help materials, such as low motivation and a lack of understanding. Our findings also raise the question as to exactly what should be the content of any such training. It is important that we find out more of the problems in offering self-help to ensure that such training addresses relevant topics.

It is of some concern that respondents only considered that 34.6% of the self-help materials they use have been adequately evaluated for effectiveness. Although most such materials are based upon an evidence-based approach (CBT), it is likely that the specific structure, content, focus and pacing of such materials will affect outcome. It may be that this is of more importance in unsupported self-help approaches than when materials are delivered in a monitored and supported manner. The current findings emphasize the need to establish the effectiveness of existing and new self-help materials, both supported and unsupported by practitioner input, and to identify which patients and conditions are likely to benefit most from their application. Further research is also needed to identify the effective components of self-help materials, and to increase our understanding of the processes through which they benefit the client/patient. Such research should allow us to establish the conditions under which self-administered treatments may be appropriately offered as effective and accessible treatments.

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References

Barrera, M. Jr., Rosen, B. M., & Glasgow, R. E. (1981). Rights, risks and responsibilities in the use of self-help psychotherapy. In J. T. Hannah, R. Clark & P. Christian (Eds.), *Preservation of client rights* (pp. 204–220). New York: Free Press.

Butler, G., & Hope, T. (1995). *Manage your mind: The mental fitness guide*. Oxford: Oxford Paperbacks.

Burns, D. (1989). *The feeling good handbook*. New York: Williams Morrow.

Burns, D. (1999). *Feeling good: The new mood therapy*. New York: Avon Books.

https://doi.org/10.1017/S1352465802002060 Published online by Cambridge University Press

Cuijpers, P. (1997). Bibliotherapy in unipolar depression: A meta-analysis. *Journal of Behavioural Therapy and Experimental Psychiatry, 28*, 139–147.

Gould, R. A., & Clum, A. A. (1993). Meta-analysis of self-help treatment approaches. *Clinical Psychology Review, 13*, 169–186.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think.* New York: Guilford.

Lovell, K., & Richards, D. (2000). Multiple access points and levels of entry (MAPLE): Ensuring choice, accessibility and equity for CBT services. *Behavioural and Cognitive Psychotherapy, 28*, 379–391.

Mahalik, J. R., & Kivlighan, D. Jr. (1988). Self-help treatment for depression: Who succeeds? *Journal of Counselling Psychology, 35*, 237–242.

Marx, J. A., Gyorky, Z. K., Royalty, G. M., & Stern, T. E. (1992). Use of self-help books in psychotherapy. *Professional Psychology: Research and Practice, 23*, 300–305.

Marks, I. M. (1978). *Living with fear.* London: McGraw-Hill.

Marrs, R. (1995). A meta-analysis of bibliotherapy studies. *American Journal of Community Psychology, 23*, 843–870.

Quackenbush, R. L. (1991). The prescription of self-help books by psychologists: A bibliography of selected bibliotherapy resources. *Psychotherapy, 28,* 671–677.

Rosen, G. M. (1976). The development and use of non-prescription behaviour therapies. *American Psychologist, 31*, 139–141.

Schmidt, M. M., & Miller, W. R. (1983). Amount of therapist contact and outcome in a multidimensional depression treatment program. *Acta Psychiatrica Scandinavica, 67*, 319–332.

Scogin, F., Bynum, J., Stephens, G., & Calhoon, S. (1990). Efficacy of self-administered programs: Meta-analysis review. *Professional Psychology: Research and Practice, 21*, 42–47.

Starker S. (1986). Promises and prescriptions: Self-help books in mental health and medicine. *American Journal of Health Promotion, 1*, 19–24.

Starker, S. (1988). Do-it-yourself therapy: The prescription of self-help books by psychologists. *Psychotherapy, 25,* 142–146.

Whitfield, G., & Williams, C. J. (2001). *If the evidence is so good why doesn't anyone use them? Current uses of computer-based self-help packages.* Presentation made at the Annual Meeting of the British Association for Behavioural and Cognitive Psychotherapies, Glasgow.

Whitfield, G., Williams, C. J., & Shapiro, D. (2001). An evaluation of a self-help room in a general adult psychiatry service. *Behavioural and Cognitive Psychotherapy, 29*, 333–343.

Williams, C. J. (2001). Ready access to proven psychosocial interventions? The use of written CBT self-help materials to treat depression. *Advances in Psychiatric Treatment, 7,* 233–240.

Williams, C. J., & Whitfield, G. (2001). Written and computer-based self-help treatments for depression. *British Medical Bulletin, 57,* 133–144.

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