



Shorter communication

Attitudes towards psychotherapy manuals among clinicians treating eating disorders



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ABSTRACT

Clinicians have relatively low uptake and implementation of evidence-based psychotherapies for the eating disorders, and this problem appears to be associated with low use of manualized approaches. This study examines clinicians' positive and negative attitudes to manuals, and possible beliefs and emotional factors that might drive those attitudes. The participants were 125 psychological therapists working with eating-disordered patients. Each completed standardised measures of attitudes to manuals and emotional states. A number of beliefs about the content of manuals were associated with both positive attitudes to the outcome of treatment and negative attitudes to their impact on the treatment process. In addition, a more positive mood was associated with more positive attitudes. Suggestions are made regarding how attitudes might be made more positive, in order to facilitate the use of evidence-based therapies for eating disorders.

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Even those psychotherapies with the strongest evidence base are far from perfect when treating the eating disorders (e.g., National Institute for Clinical Excellence, 2004). However, the potential effectiveness of such therapies is compromised still further by the fact that the majority of therapists report not using evidence-based approaches or using them in an adulterated form for the eating disorders (von Ranson, Wallace, & Stevenson, 2013; Tobin, Banker, Weisberg, & Bowers, 2007; Wallace & von Ranson, 2012; Waller, Stringer, & Meyer, 2012). A key issue in the delivery of evidence-based treatments is the use of manualized methods, blending core techniques with flexible application as appropriate to the individual patient. For example, Waller et al. (2012) have shown that clinicians' use of CBT manuals enhances their reported use of core techniques. However, there is a lack of training in structured manual-based treatments for eating disorders (Mussell et al., 2000; von Ranson & Robinson, 2006), and relatively few clinicians use those treatment manuals regularly (Tobin et al., 2007; Wallace & von Ranson, 2011; Waller et al., 2012). In the field of

psychotherapy for the wider range of psychological disorders, manualized treatments are associated with better outcomes (Cukrowicz et al., 2011), yielding results comparable to those in controlled research trials (Addis & Waltz, 2002). Given the strong evidence for their effectiveness, it is important to explore why the manuals that underpin empirically-supported treatments are not used more commonly by clinicians treating eating disorders.

Situational and demographic factors account for some of the variation in manual use. For example, among clinicians working with the eating disorders, manual use varies according to the characteristics of the clinician, the client, and the type of therapy (Wallace & von Ranson, 2011). Treatment manuals are used more by younger therapists, those using cognitive-behavioural approaches, those involved in research, and those working with adult patients. Clinicians who describe their practice as eclectic use manuals less, although it could be argued that bringing together techniques into an eclectic mix should require the greater use of a wider range of manuals to inform those different approaches. However, in understanding therapists' use of manualized approaches, it is also important to understand their attitudes to manuals, as attitudes play a key role in driving behaviour.

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Outside the eating disorders, Addis and Krasnow (2000); Addis, Wade, and Hatgis, (1999) have shown that clinicians' attitudes to psychotherapy manuals can be characterized in terms of two dimensions – 'negative process' (concerns that the use of manuals will interfere with therapists' freedom and flexibility, and will have negative effects on the therapeutic relationship) and 'positive outcome' (the use of manuals is seen as enhancing therapeutic outcomes). There is evidence that those attitudes influence the effectiveness of treatment. For example, Wiborg, Knoop, Wensing, and Bleijenberg (2012) have shown that clinicians' negative attitudes towards manuals predict poorer outcomes of CBT for chronic fatigue syndrome. However, little is known about the attitudes to manuals of clinicians working with the eating disorders, and the characteristics of therapists that are associated with those attitudes.

This study examines clinicians' attitudes to the use of manuals in psychotherapies for the eating disorders. The first aim is to identify clinician demographic characteristics that are associated with positive and negative attitudes. Given evidence that clinicians' emotions influence their use of more powerful therapeutic techniques within CBT (Waller et al., 2012), the second aim is to determine whether clinicians' emotions and beliefs about what manuals contain are related to their attitudes to treatment manuals.

Method

Participants

The participants were recruited from among attendees at two teaching sessions on treating the eating disorders (one focused on CBT, and the other more general), and from clinicians working in three specialist eating disorder services. They were 125 psychological therapists working with eating disorders, all employed in public sector specialist eating disorder clinics within the United Kingdom. Each had at least a clinically relevant degree-level qualification, from Bachelors to Doctorate. Of the 125 clinicians, 109 were female, 14 were male, and two declined to give their gender. Ninety-four reported that they delivered CBT for the eating disorders. The mean age was 41.3 years ($SD = 10.8$, range = 22–65), and 112 (89.6%) were white Caucasians. They reported between one and 30 years of experience in working with the eating disorders (mean = 6.42 years; $SD = 5.88$). The two largest professional groups were clinical psychologists and nurses. The remaining participants were trained in other professions (e.g., psychiatry, social work, occupational therapy), and had undertaken further training in one or more of a range of psychotherapies.

Measures

Participants completed the Attitudes to Treatment Manuals Questionnaire (Addis & Krasnow, 2000) and the anxiety and depression scales of the Brief Symptom Inventory (BSI; Derogatis, 1975).

The Brief Symptom Inventory is a multidimensional measure of psychopathology, which addresses a range of psychological problems. The BSI has satisfactory psychometric properties. The elements used here were the anxiety and depression scales, each of which consists of six items. The item mean is calculated, so that the range of possible scores is 0–4. Higher scores indicate greater levels of anxiety and depression, but scores cannot be used to infer caseness. The mean anxiety score of this group of clinicians was .39 ($SD = .36$; range = 0–2.5) and their mean depression score was .14 ($SD = .22$; range = 0–1.17), indicating that their scores overall were below those of healthy adults in other studies (Derogatis, 1975).

Table 1
Clinicians' experience with manuals.

Item (total N)	N	(%)
Have you ever heard of psychotherapy treatment manuals? (N = 119)		
Yes	110	(92)
No	9	(8)
How clear an idea do you have of what a psychotherapy treatment manual is? (N = 109)		
Totally unclear	1	(1)
Somewhat unclear	16	(15)
Reasonably clear	63	(58)
Very clear	29	(27)
How much thought have you given to the use of treatment manuals in clinical practice? (N = 108)		
None at all	4	(4)
A little bit	17	(16)
Some	24	(22)
A fair amount	44	(41)
A lot	19	(18)
How strong are your attitudes/feelings about the role of treatment manuals in clinical practice (N = 107)		
Not at all strong	18	(17)
Somewhat strong	52	(49)
Strong	30	(28)
Very strong	7	(7)
How would you describe your first experience with treatment manuals? (N = 106)		
Positive	66	(62)
Negative	2	(2)
Neutral	38	(36)
How often do you use treatment manuals in your clinical (non-research) work? (N = 105)		
Never	3	(3)
Rarely	14	(13)
Sometimes	35	(33)
Often	47	(45)
Almost exclusively	6	(6)
How often do you use treatment manuals in your research? (N = 105)		
I don't do research	71	(68)
Never	1	(1)
Rarely	5	(5)
Sometimes	15	(14)
Often	11	(11)
Almost exclusively	2	(2)
How many different treatment manuals do you use on a semi-regular basis? (N = 105)		
None	10	(10)
1–2	74	(71)
3–4	19	(18)
>4	2	(2)
Have you ever helped create a treatment manual? (N = 104)		
Yes	21	(20)
No	83	(80)

Note. Percentages do not always total 100, due to rounding.

The Attitudes to Treatment Manuals Questionnaire addresses the following variables: demographic characteristics of clinicians; experience with treatment manuals; attitudes towards treatment manuals; and beliefs about the content of treatment manuals. Beliefs and attitudes are rated on Likert scales. Seventeen of the attitude items are used to create two scales, as detailed above – 'negative process' (concerns about interference with the processes of therapy) and 'positive outcome' (enhancing therapeutic outcomes). Those scales have been validated psychometrically, using factor analysis and internal consistency (Addis & Krasnow, 2000). Item mean scores are used for these scales (range = 1–5).

Data analysis

Data were analysed using SPSS (version 20). Missing data were not replaced, resulting in varying sample sizes across analyses (shown in the tables). Correlations (Spearman's ρ) and t -tests

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