

The Importance of 'Manualised Psychotherapy Practice' in Community Mental Health Care: A Clinical View Point

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Abstract: There are many varieties of psychotherapy used in community mental health care such as Cognitive behaviour therapy, dialectical behaviour therapy, group therapy, family therapy and solution focused therapy to name a few. In the current practice environment 'manualised psychotherapy' is becoming increasingly popular amongst health care practitioners because of the reduced budgets and the need for regular reviews of commissioning arrangements. There is also the need to produce more evidence based interventions with measurable and deliverable clinical outcomes to enhance the overall quality of health care. This is with a view to provide an efficient and a cost effective community mental health service.

Some of the inherent advantages of 'manualised psychotherapy' are that it promotes 'consistency of approach' in the sessions and that it facilitates the Internal validity of the data so obtained and minimises the effect of the impact of the therapist on the outcomes. It also constitutes the core of Randomised controlled Clinical trials and thereby helps to compare the efficacy of different psychological therapeutic interventions. It is seen as a link between research and clinical practice. Some of the disadvantages are that it is too regimented, inflexible and limits creativity and that it is an 'ivory tower concept' which is not in touch with the reality of every day practice in community mental health care.

In conclusion the popularity of 'manualised psychotherapy' in clinical practice is a welcome development and is a useful addition to the armamentarium of the health care practitioner in providing an efficient and cost effective service.

Keywords: Manual, Therapy, mental health, community, practice, treatment.

INTRODUCTION

There are many varieties of psychotherapy and other psychological and 'creative therapies'. These include individual work, group work, Cognitive behaviour therapy, dialectical behaviour therapy, Solution focused therapy, art therapy, psycho drama, music therapy and family therapy to mention a few (Royal College of Psychiatrists, 2015).

Some of the methods for delivering these therapies are quite structured and others are much less so. Manualised psychotherapy refers to the use of standardised treatment manuals in the delivery of psychological therapies.

In this era of reduced budgets and financial constraints affecting all the disciplines as well as the particular financial and political pressures on mental health services, the commissioners, budget holders as well as practitioners are more than ever before now demanding for more evidence based interventions in the delivery of community mental health care services as well as evidence based objective outcome measures. This is with a view to assess and determine

useful and valid outcomes and also to help make a business case in terms of budgets for the proposed interventions (www.england.nhs.uk/2014/12/2015-2016 allocation; www.england.nhs.uk/resources/resources-forccgs/pre-budgeting. 2013/2014)

Some practitioners including psychiatrists have raised concerns and questions about what actually goes on during some of the psychotherapy sessions and have wondered whether some of the interactions can be regarded as helpful or not.

Other commentators have highlighted that some of the interactions may be unhelpful and that it may be inimical to the patient's overall progress and recovery. That in fact some of the interactions may be counterproductive in terms of the individual patient's mental health.

The proponents of 'manualised' psychotherapy see its development and introduction as a very much welcome development.

THE IMPORTANCE OF MANUALISED PSYCHOTHERAPY

As a result of all the changes in the current practice environment, there have been a definite shift and a consistent move toward defining and providing a more evidence based psychotherapy in community mental

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health care practice across the world. For example in the United Kingdom, Department of Health, 2008, In the United States Chambers and Ollendic, 2001 and in Australia, Australian Psychological Society, 2006.

Other researchers have also shown that the reference to and the use of 'treatment manuals' have also grown substantially in recent years in psychotherapy practice and research (Weck *et al.*, 2011; Nelson M, Mc Diarmid, Shanley, 2012; Crits-Christoph, Gibbons, Ring- Kurtz., 2009; Lusk, Melnyk, 2011; Fluckiger *et al.*, 2012).

Some of the advantages and benefits advanced by the proponents of Manualised psychotherapy are firstly that manuals offer an opportunity to create a replicable and systematic approach to therapeutic interventions (Forbat, Black, Dulgar, 2015). It helps to control for extraneous variables which may sometime be difficult to ascertain and also helps to test for the efficiency of new treatments (Crits-Christoph, Beebe, Connoly, 1990).

Manuals can also help to increase the internal validity of (Ball *et al.*, 2002) of particular psychotherapeutic approach by ensuring that as much as possible that it measures or quantifies what it is supposed to measure or quantify and not what is not needed. But the question that remains to be answered, which is of real practical importance is how does one know what is to be measured and what is not needed in the particular case and circumstance especially when the quantitative as well as the qualitative aspects are considered. It also helps to manage and limit the potential for the impact of the therapist on outcomes which may introduce a 'systematic error' into the evaluation of the study or constitutes a source of bias.

Manuals because they are useful and helpful in facilitating the internal validity, they often form important and central components of randomised controlled clinical trials of therapeutic interventions.

Randomised controlled trials are often considered to produce 'high quality' data sets and the most reliable form of scientific evidence. In terms of the hierarchy of scientific evidence they are often referred to as level 1 evidence together with systematic reviews (Concato, Shah, Howitz, 2000). This is the preferred methodology for clinical trials and often referred to as the 'Gold standard'. The introduction of randomised controlled Clinical trials into clinical medicine has a long history

and dates back to 1948 after the Second World War when streptomycin was evaluated in the treatment of tuberculosis (Medical Research Council, 1948).

Randomised controlled clinical trials incorporating a rigorous clinical trial methodology which includes other strategies such as allocation concealment, randomisation, blinding and objective outcome assessment enables the comparison of different treatment models and also helps to measure the fidelity of the treatment being studied (Nathan, 1996; Scottish Intercollegiate Guidelines Network, 2002).

Some authors have suggested that manuals serve as a bridge and a link between clinical practice and research, in the sense that it provides an indirect measure of what is being researched. Manuals can also offer support at the level of the process because it supports clinicians to work therapeutically with patients and individuals and their needs (Kendal *et al.*, 2008; Ruiz Parra *et al.*, 2010). Manuals help to a large extent to know what transpires in the sessions with the therapist because this is 'laid bare', transparent and made open in the manuals instead of just leaving this to imagination and provides us with a template for understanding the content of the particular sessions or the piece of psychological or psychotherapeutic work that has been carried out. As a result of this manuals can help to assist with training experienced health care professionals in acquiring new skills as well as developing expertise and effectiveness in less experienced clinicians and trainees (Mc Murran, Duggan, 2005; Muscat *et al.*, 2010).

Some of the criticisms and limitations of treatment manuals are that firstly they are considered to limit creativity (Barron, 1995) by not allowing the therapist to draw from his or her own wealth of experience and knowledge of common mental health problems encountered in the community and to enable him or her to take the therapy in the most appropriate direction s/he deems fit in the particular circumstance and to suit the particular needs of the patient thereby allowing individual case summary and formulation (Arnow, 1999; Seligman, 1995).

Secondly, which is related to the first critique is that the Manualised approach may be too regimented, rigid and inflexible and takes the approach that one cap fits all which is not necessarily the case. Treatment manuals have also been criticised as being too

prescriptive and that it undermines the therapist - patient relationship (Goldfried & Wolfe, 1998)).

Goldfried and Wolfe have commented and criticised 'manualised' treatment as focused on a single perspective and does not allow clinicians to draw from a range of treatment models and schools of thought which is often the working practices of many clinicians.

Another criticism is that manualised psychotherapy can be an 'ivory tower concept' and that it has its base in academia and research centres and that it does not quite reflect reality and what obtains in the real world in clinical practice in the community and that this may create tensions between research and practice.

CONCLUSION

Manualised psychotherapy has several advantages as highlighted above. Despite all the limitations and shortcomings reported it is useful to note that manualised psychotherapy treatment in the current practice environment is valuable. Although there is a lot of emphasis on budget cuts and constant review of commissioning arrangements for the delivery of community mental health services by Clinical commissioning groups (CCG's) and other budget holders which is geared towards the more efficient use of resources. The use of treatment manuals is a useful addition to the armamentarium of the health care practitioner in the delivery of an efficient, Cost effective and clinically relevant psychological services with measurable objective outcomes.

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