Expanding the Limits of Bibliotherapy for Panic Disorder: Randomized Trial of Self-Help Without Support but With a Clear Deadline

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Cognitive behavioral bibliotherapy for panic disorder has been found to be less effective without therapist support. In this study, participants were randomized to either unassisted bibliotherapy (n=20) with a scheduled follow-up telephone interview or to a waiting list control group (n=19). Following a structured psychiatric interview, participants in the treatment group were sent a self-help book consisting of 10 chapters based on cognitive behavioral strategies for the treatment of panic disorder. No therapist contact of any kind was provided during the treatment phase, which lasted for 10 weeks. Results showed that the treatment group had, in comparison to the control group, improved on all outcome measures at posttreatment and at 3-month follow-up. The tentative conclusion drawn from these results is that pure bibliotherapy with a clear deadline can be effective for people suffering from panic disorder with or without agoraphobia.

Self-help treatment has developed over the years and is considered a complement or alternative to traditional therapy when such is not available due to geographical distances or a shortage of trained CBT therapists (Newman, Erickson, Preworski, & Dzus, 2003). Self-help treatments may also be more cost-effective than traditional therapies and therefore increase the accessibility and affordability of evidence-based psychological treatments (Cuijpers & Schuurmans, 2007; den Boer, Wiersma, & Van den Bosch, 2004). Self-help treatments can take various forms with varying levels of therapist contact (Carlbring & Andersson, 2006). The therapist contact, if there is any, is usually administered via telephone or, more recently, via e-mail. Common forms of self-help include books (bibliotherapy), audiotapes, computer-assisted programs, Internet, videotapes, or some combination
all people have access to the Internet, and there are, Richards, Klein, & Carlbring, 2003). However, not man, et al., 2006; Klein, Richards, & Austin, 2006; Carlbring, Boh-
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evaluated in research. There are also more recent
although all books they reviewed had not been
findings across anxiety disorders did not suggest
that guided self-help was superior, with average
between-group effect sizes of \( d = 0.57 \) for unguided
self-help and \( d = 0.68 \) for therapist-guided self-help.

Bibliotherapy refers to the use of written instruc-
tional materials, often in the form of a self-help book
or manual, to guide the patient through the course
of treatment (Taylor, 2000). Justified criticism
against bibliotherapy is that it may not be sufficient
for individuals with severe panic disorder or with
comorbid psychopathology and that it is unsuitable
for individuals with limited reading skills (Taylor,
2000). Less obvious is the potential lack of moti-
vation to follow a self-directed program, as it
probably relates to amount of support and the
quality of the program. As bibliotherapy per
definition is structured and manualized, there are
also fewer possibilities to handle issues unrelated to
the treatment (e.g., sudden loss of employment),
which are more readily managed in face-to-face
therapy. Adherence and the risk of dropout is
another issue, and for this reason, researchers have
encouraged proper tests of self-help materials and
examination of the role of therapist input (Rosen,
1987, 1993). Previous studies have clearly indicated
that bibliotherapy for panic disorder can be an
effective treatment when it is delivered with minimal
therapist contact (Gould & Clum, 1995; Gould,
Clum, & Shapiro, 1993; Hecker, Losee, Fritzler, &
Fink, 1996; Hecker, Losee, Roberson-Nay, &
Maki, 2004; Lidren et al., 1994). In a review of
published self-help books on panic disorder, Carlbr-
ning, Westling, and Andersson (2000) found moder-
ate to large between-group effect sizes (\( d = 0.5-1.5 \)),
although all books they reviewed had not been
evaluated in research. There are also more recent
studies on Internet-delivered bibliotherapy with
minor therapy assistance via e-mail, showing
promising outcomes (e.g., Carlbring, Westling,
Ljungstrand, Ekselius, & Andersson, 2001; Carlbr-
ning, Nilsson-Ihrfelt, et al., 2005; Carlbring, Boh-
man, et al., 2006; Klein, Richards, & Austin, 2006;
Richards, Klein, & Carlbring, 2003). However, not
to our knowledge, no studies indicating that Inter-
net-delivered bibliotherapy should be preferred over
traditional bibliotherapy.

One crucial question is, Does bibliotherapy for
panic disorder require therapist contact, and if so,
how much (Palmqvist, Carlbring, & Andersson,
2007)? This question was addressed in a study by
Febbraro, Clum, Roodman, and Wright (1999),
who compared bibliotherapy alone \( (n = 17) \), biblio-
therapy plus monitoring \( (n = 15) \), monitoring alone
\( (n = 13) \), and wait-list control \( (n = 18) \) conditions.
Monitoring comprised of self-observation and rating
of panic symptoms. In this study, there was no
contact with the researchers at pretreatment assess-
ment as participants assessed themselves. It was not
necessary for participants to meet criteria for panic
disorder to be included in the study. All participants
had approximately 1 hour of telephone or in-
person contact during the posttreatment assess-
ment, when a clinical interview was conducted.
There were no significant differences between the
groups at posttreatment, but some within-group
effects. Febbraro et al. questioned the efficacy of
bibliotherapy and self-monitoring interventions
when practiced without contact with a clinician
who conducts the assessments and monitors treat-
ment compliance. In a later study, Febbraro (2005)
contrast three conditions: bibliotherapy alone
\( (n = 9) \), bibliotherapy plus phone contact \( (n = 9) \), and
phone contact alone \( (n = 12) \). In this trial, dropout
rate from inclusion to completion was substantial,
with 18 of 48 not completing the trial. In terms of
clinically significant change, there were large
differences between the three groups on a measure
of full panic attacks (55.6%, 100%, and 33.3% for
the three conditions, respectively). Overall, the
study showed superior outcome for telephone-
guided bibliotherapy when compared with unguid-
ed self-help and phone contact alone.

A similar conclusion was reached in another
study in which standard therapist contact \( (n = 37) \)
was compared with minimal contact treatment
\( (n = 32) \) and pure bibliotherapy \( (n = 35) \) (Powers,
Sharp, Swanson, & Simpson, 2000). These
researchers found a much better outcome for the
standard therapist contact group and the group
with minimal therapist contact. For example, using
a criterion of clinically significant change on the
Hamilton Anxiety Scale, 83.3% improved in the
standard therapist contact group, 67.7% in the
minimal contact treatment group, but only 34.5%
in the pure bibliotherapy group.

In sum, there is evidence to suggest that using
bibliotherapy as a self-help treatment can be as
effective as face-to-face individual therapy for panic
disorder, but only if therapist support is provided.
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