

Assisted bibliotherapy: effective, efficient treatment for moderate anxiety problems

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SUMMARY

Specific psychological treatments of proven effectiveness for moderate anxiety disorders are not often easily accessible in general practice. In this study, selected patients were supported in learning skills to manage their symptoms. This approach was efficient, acceptable, and led to clinically significant symptom reduction for a high proportion of patients. This improvement was well sustained at three-month follow-up.

Keywords: cognitive therapy; anxiety; alternative therapies.

Introduction

LARGE numbers of patients in primary care settings present with anxiety states.¹ Given that psychiatric services are increasingly targeted on more complex aspects of mental ill-health, general practitioners (GPs) often employ counsellors for such patients.² However, several concerns about this practice relating to quality, effectiveness, and safety have been raised.^{2,3}

In this study, an alternative treatment for mild psychiatric difficulties was evaluated, known as assisted bibliotherapy. This involved selection for suitability, followed by guided training in cognitive-behavioural techniques of proven effectiveness. Written material was provided alongside time-limited contact with a project worker over a six-week treatment phase. The written material included information about the nature of anxiety, instruction in relaxation techniques, skills in managing worrying thoughts, and advice about appropriate lifestyle changes.

Method

General practitioners from three practices in South Bedfordshire made referrals to the study. Patients were seen by the project worker (a nurse, supervised by a clinical psychologist) within two weeks. The assessment consisted of standardized questionnaires and a semi-structured interview. Selected patients had mild or moderate anxiety as measured on the Zung Anxiety Scale.⁴ Psychiatric conditions comorbid with anxiety were considered as exclusion criteria. A delay of four weeks between assessment and active treatment allowed measurements to be taken again, thus providing a baseline control.

As well as the Zung Anxiety Scale (a widely used measure of general anxiety), the anxiety subscale of the Buffers, Pressures, and Symptoms Profile (BPSP)⁵ was also used. This scale was developed by GK to tap features of distress not covered by traditional scales, including factors that may maintain or exacerbate symptoms. Internal reliability was assessed using Cronbach's coefficient (α). If all items were perfectly consistent, then $\alpha = 1$. The questionnaire demonstrated high internal reliability ($\alpha =$

0.88; $n = 364$). In addition, good temporal stability was established (intra-class correlation = 0.75; $n = 91$) as well as acceptable concurrent validity ($r = 0.80$; $n = 99$) against the Zung Anxiety Scale.

Each patient received the same written material. The intervention of the project worker was to enable skill acquisition rather than to counsel. Patients were randomly allocated to one of three groups that differed solely in terms of the amount of contact with the project worker. Compliance with the programme was measured on a six-question self-report scale ($\alpha = 0.89$; $n = 72$) concerning how acceptable patients found the techniques, how often they used them, and how useful they perceived them to be. All patients also completed a satisfaction rating.

Results

A total of 118 patients were referred to the study, of whom 102 were selected as suitable. Of these, 80 (78%) completed the programme and all assessments. Forty-three of these patients were women and 37 were men. Their average age was 38.8 years (SD = 11.3). They reported a mean duration of the anxiety problem as 36.4 months (range one month to 10 years). A series of one-way ANOVAs and chi-square analyses found no bias across the groups related to age distribution ($F(2,77) = 0.34$; $P = 0.70$), sex ($\chi^2 = 1.42$; $df = 2$; $P = 0.49$), duration of problem ($F(2,73) = 0.03$, $P = 0.97$), or level of education ($\chi^2 = 1.11$; $df = 2$; $P = 0.57$). There was no significant change across the baseline control period ($F(2,77) = 1.43$; $P > 0.25$).

There are acknowledged problems with the use of traditional statistical methods (based on changes in group means) to evaluate the effectiveness of psychotherapy.^{6,7} In this study, the progress of individual patients was considered using the method suggested by Jacobson and Truax.⁶ They proposed a statistical index to classify whether or not a patient's score after therapy had altered enough for that individual to be considered significantly improved. The results are shown in Table 1. A significant difference was found between the 'minimal contact' group and the 'maximum contact' group (Yates corrected $\chi^2 = 3.96$; $P = 0.04$).

Some referrers were concerned that this form of therapy would only be valuable to people who were better educated. While there was no overall effect for level of education, an interesting trend suggested that those with the least education did best with increased contact with the project worker. There was no effect for social class. There was a significant trend towards compliance with the programme for those who had more contact with the project worker ($\chi^2 = 6.55$; $df = 2$; $P = 0.04$). Compliance was strongly related to improvement. The intervention was generally found acceptable. The readings were rated as 'helpful' or 'very helpful' by 95% (70/74) of patients. At three-month follow-up, 40 patients (50%) returned questionnaires. Of those who had made a significant improvement during the treatment phase, 69% (18/26) had maintained this improvement. Of those who had not significantly improved during the treatment phase, five (36%) showed significant improvement at follow-up.

Discussion

This study supports the utility of assisted bibliotherapy as an effi-

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Table 1. Numbers of patients showing clinically significant improvement (based on BPSP scores).

| Therapy condition | Clinically significant improvement |
|---|------------------------------------|
| Minimal contact group (telephone contact only) | 12/28 (43%) |
| Medium contact group (met with project worker every other week) | 13/23 (57%) |
| Maximum contact group (met with project worker each week) | 21/29 (72%) |

cient intervention for mild and moderate anxiety in a primary care setting. Sustained clinically significant improvement in symptoms was achieved for most patients over a time-limited intervention that was judged to be acceptable by the vast majority.

There is some evidence that simply providing patients with the written material is insufficient. Greater contact with the project worker increased the proportion of patients who showed significant improvement in symptoms. The current study suggests that the increased contact is especially useful for patients with less educational background and that its effect is mediated by increasing compliance with the programme.

This approach takes less time than counselling. Furthermore, patients learn to manage anxiety problems by acquiring skills in controlling symptoms and adjusting lifestyle to reduce long-term vulnerability to stressors.

References

1. Goldberg D, Huxley P. *Common Mental Disorders: a bio-social model*. London: Routledge, 1992.
2. Sibbald B, Addington-Hall J, Brenneman D, Freeling P. Counsellors in English and Welsh general practices: their nature and distribution. *BMJ* 1993; **306**: 29-33.
3. Corney R. The effectiveness of counselling in general practice. *Int Rev Psychiatr* 1992; **4**: 331-337.
4. Zung WWK. A rating instrument for anxiety disorders. *Psychosomatics* 1971; **12**: 371-379.
5. Kupshik GA. *The measurement and management of stress related difficulties in primary care*. [PhD Thesis.] University of Hertfordshire, 1998.
6. Jacobson NS, Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *J Consult Clin Psychol* 1991; **59**: 12-19.
7. Barlow DH. On the relation of clinical research to clinical practice: current issues, new directions. *J Consult Clin Psychol* 1981; **49**: 147-155.

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