J Contemp Psychother
DOI 10.1007/s10879-015-9319-y

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ORIGINAL PAPER

On the Failure of Psychology to Advance Self-Help: Acceptance and Commitment Therapy (ACT) as a Case Example

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Abstract O'Donohue et al. (J Contemp Psychother, doi:10.1007/s10879-015-9308-1, 2015) raised concerns regarding the possible overselling of a self-help book for diabetes management that was based on the methods of acceptance and commitment therapy (ACT). Gregg and Hayes (J Contemp Psychother, doi:10.1007/s10879-015-9312-5, 2015) responded in defense of the book by referencing a broad and progressive research program. The exchange between O'Donohue et al., on the one hand, and Gregg and Hayes, on the other, calls attention to decades long interest in how psychologists can advance the development and ethical marketing of self-help instructional materials. We examine the research base referenced by Gregg and Hayes, along with other claims they advanced, and conclude that the developers of ACT self-help have often neglected to follow basic and empirically grounded guidelines, proposed in the 1970s, for the professional development and judicious marketing of such programs. We conclude by considering broader concerns from the perspective of the practicing clinician as pertains to self-help programs and their use.

Keywords Self-help · ACT · Acceptance and commitment therapy · ESPs · Ethics · False claims

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Introduction

More than 4 decades ago, the then president of the American Psychological Association exhorted psychologists to use their skills to teach people how to help themselves (Miller 1969). George Miller's now famous guidance, to apply what the field knew about behavior change to widely available self-help programs, was accompanied by a sense of genuine purpose and urgency. Rosen (1977) observed that, "ineffective products have always been sold to unwary consumers." "But," he continued "imagine for a moment a group of professionals who adequately validated self-help books and who educated consumers in their proper use. This would indeed be something new" (p. 179). By virtue of their clinical training and research skills, psychologists were viewed as purveyors of a valuable profession and scientific discipline that could advance the development of self-help instructional materials. Yet nearly four decades later, this vision of psychologists contributing to self-help remains to be realized.

An Empirical Basis for the Development of Self-Help Programs

A large body of research has demonstrated that self-administered programs can be helpful and cost-effective, particularly when employed under therapist guided conditions (e.g., Berger et al. 2011; Haug et al. 2012; Lewis et al. 2012; Watkins and Clum 2008). Hence, self-help materials have considerable potential to enhance mental health care. Nevertheless, research has also demonstrated that well-intentioned instructional materials based on effective therapist guided interventions, do not *necessarily* translate to

Published online: 30 November 2015

effective self-administered programs (Glasgow and Rosen 1978, 1979; Rosen et al. 2015). This research should be of concern to professional clinical psychologists given that many of our clients consult self-help materials. Over 3000 self-help books appear each year, approximately 95 % of which have never been tested; and approximately 80 % of therapists assign bibliotherapy to their clients (Arkowitz and Lilienfeld 2006). A few examples of the problem of translating research on therapist-guided interventions to efficacious or effective self-help programs will prove illustrative.

In the 1970s, Zeiss found that the self-administered treatment of premature ejaculation was effective with the provision of minimal therapist contact. At the same time, of six couples who self-administered the program without therapist support, none successfully completed the program (Zeiss 1978). Febbraro et al. (1999) found that a totally self-administered application of a self-help book to manage panic disorder was not effective, even though therapist-assisted conditions had helped. These findings are consistent with a meta-analysis of self-help programs, which showed that the amount of therapist contact moderated treatment outcome, with less contact being associated with poorer outcomes (Marrs 1995). Barrera and Rosen (1977) found that a well-intentioned revision to a self-administered desensitization program reduced compliance from 50 to 0 %. Additionally, early research raised the possibility that failing at a self-help program can have harmful consequences. Matson and Ollendick (1977) evaluated a book entitled, *Toilet Training in Less Than a Day* (Azrin and Foxx 1974) and found that four of five mothers in a therapist-administered condition successfully trained their children, whereas only one of five mothers using the book in a self-administered condition was successful. The findings also revealed that unsuccessful self-administered interventions were associated with an increase in problem behaviors and negative emotional side effects between mothers and children. If we conjecture an extrapolation from these findings, the implications are apparent: With the sale of 100,000 copies of *Toilet Training in Less Than a Day*, upwards of 20,000 children might benefit from the self-instructional program, an impressive result at extremely low cost. At the same time, 80,000 children who still had "accidents" could be facing frustrated, if not angry parents. Such findings dovetail with broader research suggesting that certain forms of psychological treatment are potentially iatrogenic (Lilienfeld 2007).

In a recent review and update on the extant literature, Rosen et al. (2015) reiterated two overarching empirically-based observations regarding the development and marketing of self-help instructional materials (p. 249):

- Self-help instructional materials may be ineffective, even when based on empirically supported therapist-directed methods. The effectiveness of a treatment program under one set of conditions does not necessarily generalize to other conditions.
- The effect of *any* change in instructional content, no matter how well intentioned, can produce unintended results and is an empirical question that must be addressed under the specific conditions for which materials are intended.

The Diabetes Lifestyle Book: An ACT-Based Self-Help Program

O' Donohue et al.'s Critique

In the context of established empirically based guidelines for the advancement of self-help, we can consider critical comments offered by O'Donohue et al. (2015) on the publication of an ACT-based self-help book for managing diabetes: *The Diabetes Lifestyle Book* (Gregg et al. 2007). O'Donohue et al. observed that findings applying directly to the use of ACT methods in the management of diabetes were mixed and based on a therapist-guided intervention, specifically, a 3 h professionally-led workshop. Most telling for purposes of our discussion, O'Donohue et al. noted a wholesale absence of data bearing on the efficacy or safety of the self-help book itself. As portrayed by O'Donohue et al., *The Diabetes Lifestyle Book* failed the most basic requirements for the empirical evaluation of a self-help program's effectiveness.

Author's Defense: Tested Self-Help Programs are the Exception

Gregg and Hayes (2015), two authors of *The Diabetes Lifestyle Book* (Gregg et al. 2007), responded to the comments by O'Donohue et al. Gregg and Hayes did not refute the charge that their self-help program was never itself tested, and they agreed unequivocally that the goal of evaluating self-help materials in their final form was laudable. At the same time, they defended their failure to evaluate *The Diabetes Lifestyle Book* by noting that it is incredibly rare for psychologists to meet this empirical standard. We agree with Gregg and Hayes that few psychologists attain the aspirational goal of assessing the effectiveness of a program prior to publication; but arguing that this state of affairs absolves professionals of their responsibilities to meet practice standards is unconvincing. Such reasoning rests on the fallacy that if others fall short of high scientific standards it is acceptable to do the same.

This appeal to common practice (the "everybody does it" argument), has been called the *Golden Rationalization*, and is one of several arguments often used by individuals to justify conduct that falls short of scientific and professional benchmarks (Pope and Vasquez 2007).

Author's Defense: Consider Broader Context of Research Concerning ACT

Gregg and Hayes (2015) asked that the status of their diabetes management self-help book be judged by a broader consideration of research conducted by members of the ACT community. In the context of this position, Gregg and Hayes referenced 18 studies that evaluated books, websites, and phone-based interventions based on ACT; suggesting that these studies provide findings that can be generalized to *The Diabetes Lifestyle Book*. This assumption is at best questionable. As previously pointed out, a large body of research demonstrates that we cannot gauge the efficacy or effectiveness of a self-help instructional program without directly testing it. Further, a careful examination of the 18 studies referenced by Gregg and Hayes (identified in a print-out provided by Hayes in a personal communication to us), and an additional paper that was recently published (resulting in a total of 19 publications), reveals major limitations. Fourteen of the 19 publications assessed self-help materials under assisted or guided conditions, with support ranging from encouraging phone calls to assigned coaches and therapists.[1] Because the effectiveness of a treatment program under one set of conditions does not necessarily generalize to others (Rosen et al. 2015), it is unclear whether or how this body of evidence bears on the efficacy or effectiveness of ACT self-help programs intended to be entirely self-administered. Even ACT researchers have acknowledged this important point, with Bricker et al. (2013) commenting on one of the publications: "In that study the intervention was supplemented with online support from a therapist, making it difficult to disentangle the effects of the self-guided web program from the effects of therapist support" (p. 1762). Of further concern, the majority of the 14 guided self-help studies referenced by Gregg and Hayes involved internet web-based instructional programs, raising questions regarding how such findings might generalize to self-help books.

Of the remaining five studies on ACT self-help programs, one assessed the impact of online goal-setting to help undergraduates improve their academic performance (Chase et al. 2013); two focused on smoking cessation (Bricker et al. 2013, 2014); and two assessed ACT's original self-help book, *Get Out of Your Mind and Into Your Life* (Hayes and Smith 2005) on non-clinical groups composed of Japanese college students living abroad (Muto et al. 2011) and K-12 teachers who were experiencing various levels of distress (Jeffcoat and Hayes 2012). Again, the body of literature to which Gregg and Hayes referred does not provide an adequate empirical foundation upon which to publish and promote an untested book of advice for the management of diabetes.

Author's Defense: Progressive Research Program

In referencing various studies that provided a broader context within which to evaluate *The Diabetes Lifestyle Book*, Gregg and Hayes (2015) characterized members of the ACT community as adopting a progressive scientific approach. If by the term "progressive," Gregg and Hayes intended to speak to the concept that one study provides findings upon which subsequent studies can build, then it seems fair to observe that their referenced studies were highly restricted in scope. They were limited to studies on ACT-based self-help programs and did not grapple with the challenges and complexities of the scientific literature concerning self-help in general. In our view, clinicians and researchers who publish self-help materials that are intended to build on previous research must come to grips with the well established finding that the effectiveness of an intervention may not generalize from one setting or instructional format to another.

Gregg and Hayes also neglected to consider a literature on the self-help management of diabetes that stands apart from ACT-based interventions. Fisher et al. (2008) reviewed this sizable literature and observed that "Several studies raise questions about the adequacy of programs that teach skills without some kind of direct contact with program staff" (p. 369). This observation is consistent with earlier reviewed findings from other areas of clinical concern that demonstrate how self-help efforts aided by therapist contact tend to be more effective than totally self-administered programs. Any progressive research program concerned with the development of an effective self-help instructional program for the management of diabetes must consider and build on the broad literature cited by Fisher et al., as well as the relevant and broad literature concerning empirical standards for evaluating specific instructional programs under conditions of intended usage.

Author's Defense: Our Claims Were Not Exaggerated

Gregg and Hayes (2015) rejected O'Donohue's allegation that readers of *The Diabetes Lifestyle Book* could be misled

[1] These studies are: Buhrman et al. 2013, Carlbring et al. 2013, Fledderus et al. 2013, Hawkes et al. 2014, Hesser et al. 2012, Johnston et al. 2010, Lappalainen et al. 2013, 2014, 2015, Levin et al. 2015, Ljotsson et al. 2014, Ly et al. 2014, Pots et al. 2015, Trompetter et al. 2015.

into believing that the book itself had been evaluated. Gregg and Hayes emphatically asserted that "At no point in the book did we state or intimate that the book itself had been evaluated… We also explicitly stated, 'the study we conducted was modest, and more research needs to be done.'" Without questioning Gregg and Hayes' sincerity, it should be noted that they provided only a partial quote. The full sentence, as it appears in their book, read: "Although the study we conducted was modest, and more research needs to be done, we found that many of our patients improved their blood sugar dramatically within three months…" On page 6 of *The Diabetes Lifestyle Book*, the authors continued: "[We] have structured this book as a road map for you to use in order for you to benefit as well." Contained within the book's introduction page, the following claim is advanced: "Dear Reader… New Harbinger [the publisher] has a long-standing reputation as a publisher of quality, well-researched books for general and professional audiences…. this book will help you put diabetes management in its proper context as one part of your life… If you read this book and do the exercises, you stand a great chance of getting your diabetes under control." Disclaimers by Gregg and Hayes notwithstanding, we strongly suspect that most literate consumers browsing the book in a bookstore would come away with the distinct impression that *The Diabetes Lifestyle Book* had been tested and shown to be effective.

Additional Self-Help Programs Based on ACT

Although O'Donohue et al. focused exclusively on *The Diabetes Lifestyle Book*, this ACT-based self-help book does not stand alone. Members of the ACT community have published untested instructional materials for anger management (Eifert et al. 2006), anorexia nervosa (Heffner and Eifert 2004), pain management (Dahl and Lundgren 2006), posttraumatic stress disorder (Follette and Pistorello 2007), anxiety and fears (Flowers 2009; Forsyth and Eifert 2008; Lejeune 2007; Tirch 2012; Vieten 2009), major depression (Robinson and Strosahl 2008), parenting concerns (Coyne and Murrell 2009; McCurry 2009); relationship and marital problems (Harris 2009; Walser and Westrup 2009), and living a happy life (Baer 2014; Harris 2008; Hayes and Smith 2005; Kashdan 2009). One can consult the reference section of this article to evaluate how many book titles constitute, in and of themselves, largely or entirely unfounded claims of clinical effectiveness.

One can also consider direct promotional claims. For example, on the back jacket of *Finding Life Beyond Trauma* (Follette and Pistorello 2007), the consuming public is told: "This book is about living life well after a traumatic event. It uses the powerful techniques of acceptance and commitment therapy (ACT) to help you take a different approach to painful feelings and chart a new course for a rich and meaningful life… guided by the powerful tools you'll find in this book." Or take the back jacket for *The Mindfulness and Acceptance Workbook for Depression* (Robinson and Strosahl 2008), on which a professor of clinical psychology at the University of Oxford is quoted as saying: "Grounded in ancient wisdom and the newest scientific evidence, this book… shows the pathways into and out of depression." This quotation accompanies a claim made by the authors and/or publisher: "Use the techniques in this book to evaluate your own depression and create a personalized treatment plan. You'll enrich your total life experience by focusing your energy not on fighting depression, but on living the life you want." On the back jacket of *The Compassionate-Mind Guide to Overcoming Anxiety* (Tirch 2012), where endorsements by leaders in a field are commonly found, Steven Hayes provided this promotional statement for what is basically an untested book: "This book will help you establish self-compassion as a habit of mind and bring that healing quality to your thoughts and actions. Highly recommended." A consideration of these claims, and others, suggests that members of the ACT community are potentially reinforcing each other and providing positive reviews without an adequate empirical basis for such praise (Rosen 1981).

Discussion

The seemingly unbridled enthusiasm with which ACT-based self-help programs have been adopted is a powerful cautionary tale that informs all professionals, regardless of therapeutic orientation, that scientific standards must apply when developing and marketing instructional materials. The basic take-home message from research on self-help is clear: When psychologists develop instructional programs intended to teach the public how to self-treat and/or self-manage a clinical condition they must directly assess that program before advancing claims of effectiveness to the general public or to fellow practitioners. To do otherwise is to risk the unprofessional overselling of a commercial product. This conclusion holds for all self-help programs, but it is especially apropos for programs that target life-threatening medical conditions such as diabetes, or potentially serious psychiatric disorders associated with suicide risk such as major depression or posttraumatic stress disorder.

It may be tempting to view our concerns regarding the development of self-help programs exclusively in the context of ACT, but this perspective would be short-sighted. We have selected ACT as one high-profile case

example of a considerably more pervasive problem. Indeed, our comments encompass broader concerns regarding the premature translation of psychotherapeutic findings from the laboratory to publicly available self-help materials. These comments apply in equal force to untested self-help books advancing standard cognitive-behavioral methods, eye movement desensitization and reprocessing (Rosen 2002), or any other therapeutic approach.

It also may be tempting to view our comments as somehow critical of the application of self-help approaches to the management of clinical conditions. This could not be further from our intent. Instead, our purpose is to encourage the adequate development and testing of self-help programs so that psychologists can advance our understanding of how to teach people to help themselves (Miller 1969). We approach this topic with a sense of cautious optimism and enthusiasm for the future of self-help programs, accompanied by a sense of marked concern regarding most current practices. Perhaps our views are best clarified by pointing out to clinicians the large body of literature that shows that self-help materials can be beneficial adjuncts to in-office practices. Indeed, the very studies on ACT self-help that do not provide an adequate empirical basis on which to recommend totally self-administered efforts find support for the use of ACT web-based materials, smart phone apps, and self-help books in conjunction with a supportive therapeutic relationship. This same state of affairs surely holds for many other self-help techniques derived from well-supported schools and modes of therapy (Berger et al. 2011; Haug et al. 2012; Lewis et al. 2012; Watkins and Clum 2008).

The field of self-help has enormous potential to reach the underserved mentally ill (Kazdin and Blase 2011). Nevertheless, it will reach this potential only by insisting on high levels of scientific rigor, accompanied by modesty in claims. Otherwise, self-help may risk losing credibility in the eyes of the general public (e.g., Solerno 2005), in turn rendering prospective mental health consumers less likely to seek out a class of interventions that have great potential to benefit.

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