General Article

WHO (OR WHAT) CAN DO PSYCHOTHERAPY: The Status and Challenge of Nonprofessional Therapies

By Andrew Christensen and Neil S. Jacobson

Research suggests that paraprofessional therapists usually produce effects that are greater than effects for control conditions and comparable to those for professional therapist treatment Other nonprofessional psychological treatments, such as self-administered materials and self-help groups, have also demonstrated positive effects Because of the promise of these nonprofessional treatments, their potential for low-cost service delivery, and the important theoretical questions that studies comparing them can answer, psychotherapy outcome research should shift away from comparisons of different professional therapies and instead compare nonprofessional therapies with professional therapy

Recently, a number of important publications have summarized the vast literature on psychotherapy research In 1989, the American Psychiatric Association (APA) published its massive work on the treatment of psychiatric disorders (APA, 1989) Consisting of 263 chapters and more than 3,000 pages, this four-volume set describes the psychosocial and biological treatments for most psychiatric disorders In 1990, the *Annual Review of Psychology* included articles on individual psychotherapy (Goldfried, Greenberg, & Marmar, 1990), psychotherapy for children and adolescents (Kazdin, 1990), counseling interventions (Gelso & Fassinger, 1990), and social and community interventions (Heller, 1990)

Considered as a whole, these works provide extensive coverage of the research on psychological interventions However, they focus almost exclusively on psychological interventions that are delivered by professional therapists They give little or no attention to paraprofessional treatments, self-administered treatments, or treatment through mutual-support groups Yet a substantial literature in psychology and psychiatry supports the effectiveness of paraprofessional treatments and, to a lesser extent, self-administered treatments and treatment via mutual-support groups

We believe this literature has important theoretical, practical, and methodological implications for research on psychotherapy At the theoretical level, this literature addresses fundamental questions about the necessary ingredients for therapeutic change For example, is a relationship necessary or sufficient for therapeutic change? At a practical level, this literature suggests a cost-effective expansion of mental health service delivery while promoting role changes for professional therapists from direct service providers to program developers, directors, trainers, and supervisors At a methodological level, this research suggests treatment-aptitude studies that can delineate specific client characteristics that predict benefit from professional versus nonprofessional treatments

In this article, we give a brief overview of this research on nonprofessional psychological treatments Then we articulate the implications and make recommendations for future psychotherapy research

HOW EFFECTIVE ARE PARAPROFESSIONAL THERAPISTS?

In 1979, Durlak reviewed 42 studies that compared professional and paraprofessional therapists Experienced psychologists, psychiatrists, and social workers typically constituted the professional therapists in these studies, and adults without postbaccalaureate, clinical training in professional mental health programs constituted the paraprofessional therapists Most of these studies found no differences in effectiveness between professional and paraprofessional therapists Only one study demonstrated the superiority of professionals over paraprofessionals A second study was inconclusive However, in 12 studies, paraprofessionals actually outperformed professionals Durlak concluded "In terms of measurable outcome, professionals may not possess demonstrably superior clinical skills when compared with paraprofessionals Moreover, professional mental health education, training, and experience do not appear to be

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necessary prerequisites for an effective helping person" (p 80)

Nietzel and Fisher (1981) criticized Durlak's review, arguing in part that (a) he included studies that lacked sufficient internal validity to allow interpretation of results and (b) he used inappropriate or inconsistent definitions of professional and paraprofessional therapists Hattie, Sharpley, and Rogers (1984) tried to evaluate these criticisms empirically by conducting a meta-analysis of 39 of the 42 studies that Durlak reviewed (3 studies had to be excluded for various reasons) along with a separate analysis of 4 recent studies not included in Durlak's review Yet, instead of disconfirming Durlak's findings, this improved analysis strengthened the case for his conclusions Hattie et al (1984) found that the studies which were most sound from a methodological standpoint favored the paraprofessional therapists They concluded that "clients who seek help from paraprofessionals are more likely to achieve resolution of their problem than those who consult professionals" (p 534)

Next to find fault with the existing summaries of this literature were Berman and Norton (1985), who selected the 32 studies examined by Hattie et al (1984) that Berman and Norton deemed most methodologically appropriate and then conducted their own meta-analysis, using somewhat different, and more appropriate, statistical procedures Yet even this new and improved analysis supported Durlak's conclusions Berman and Norton were unable to find any significant differences between professional and paraprofessional therapists across any of the four most common categories of patient complaint in this research (social adjustment, phobia, psychosis, and obesity), across five forms of treatment (behavioral, cognitive-behavioral, humanistic, crisis intervention, and undifferentiated counseling), or across different outcome measures

An independent review by Stein and Lambert (1984) reported a meta-analysis on studies comparing therapists with different levels of training, but included studies comparing inexperienced with experienced therapists as well as studies comparing professional with paraprofessional therapists Stein and Lambert selected studies addressing "real clinical problems using such treatment approaches as psychodynamic, client-centered therapy, and behavioral methods" (p 130) Across the 24 studies in their analysis, they found no evidence that experienced therapists created better outcomes than inexperienced therapists

Findings from these reviews are buttressed by the broader meta-analyses that have examined psychotherapy outcome studies in general, not just those comparing professional and paraprofessional therapists These studies address the overall effects of psychotherapy, but often code such factors as therapist experience and relate these factors to outcome Across 475 studies of psychotherapy outcome, Smith, Glass, and Miller (1980) found no relationship ($r = .00$) between years of therapist experience and therapy outcome In a later meta-analysis of 143 studies, Shapiro and Shapiro (1982) also found no relationship between the two Finally, a meta-analysis of 108 well-designed psychotherapy studies with children and adolescents (Weisz, Weiss, Alicke, & Klotz, 1987) found no overall difference in effectiveness between professional therapists, graduate-student therapists, and paraprofessional therapists

These meta-analyses of psychotherapy research suggest a substantial effect of psychotherapy compared with control conditions Effect sizes range from .68 to .93 Yet none of the seven reviews described found evidence that professional training or therapist experience enhanced outcome The later reviews often began with a criticism of previous reviews and then try to improve on the methodology Yet, whatever refinements are made, whatever studies are included or excluded, the results show either no differences between professionals and paraprofessionals or, surprisingly, differences that favor paraprofessionals

These are provocative findings for the psychotherapy community As do other professionals, we assume that the effects of professional training and experience are substantial Years of study and training should dramatically alter a person's ability to conduct professional work In most professions, it would be ludicrous to compare a trained and an untrained person It is hard to imagine a study comparing trained and untrained surgeons, or trained and untrained electricians for that matter Dead patients in the first instance or dead trainees in the second could be the unfortunate outcome Not only should we expect significantly better outcomes for professionally trained therapists relative to nonprofessional therapists, but the effect sizes should be substantial, and the differences clinically as well as statistically significant

But perhaps there are some factors, even artifacts, that limit the relevance of this research for the practice of psychotherapy and thus affect the conclusions to be drawn from it Our scrutiny of this literature suggests five possible qualifications

First, one cannot prove a null hypothesis of no differences between professionals and paraprofessionals or between experienced and inexperienced clinicians It is possible that with a larger N and greater statistical power, a difference would be apparent However, given the considerable research that has been done and the large effect size we would expect from training, the burden of proof is clearly upon people who would assert that professional training enhances the effectiveness of therapy

Second, many studies compared mildly to moderately

experienced therapists with inexperienced or paraprofessional therapists, rather than comparing very experienced therapists with inexperienced ones Typically, the professional therapists have had some training or experience, but not a vast amount (e g , less than 5 years) But if there is a substantial benefit to be gained by professional training or increased clinical experience, one would expect it to show up in comparisons between paraprofessional therapists and moderately experienced professional therapists Furthermore, there are studies in this literature that examined very experienced therapists For example, the effectiveness of analytically oriented and experientially oriented therapists who had an average of 23 years of experience was compared with that of liberal arts college professors (not in psychology) who had no clinical experience or training but who were selected for their reputations as being warm, trustworthy, and interested in students (Strupp & Hadley, 1979) Disturbed college students were randomly assigned to these two groups of therapists The two groups of students showed no differences in outcome at the end of treatment, although both groups were superior to a control group

Third, this body of literature, while substantial, has hardly examined the relative effectiveness of paraprofessional and professional treatments across the full scope of psychiatric disorders and professional treatments However, a number of different treatments and disorders have been examined It seems unlikely that the unexamined treatments and disorders differ from the examined ones in ways that would affect the generality of these results

Fourth, paraprofessionals in these studies were often selected, trained, and supervised in methods developed by professionals (Weisz et al , 1987) Therefore, the lack of differences between the two groups does not mean that professional therapists are dispensable They may be an essential part of many paraprofessional programs Of course, in some studies, such as the one involving college professors, paraprofessional therapists proceeded autonomously, with little or no training or supervision by professionals

Finally, the most important question is not the horse-race comparison of who is most effective, but the more complicated question of under what conditions professional therapy is the treatment of choice and under what conditions paraprofessional therapy is the treatment of choice Some of the literature reviewed has addressed this question For example, Berman and Norton (1985) found that professionals were slightly better when working with briefer treatments and older patients, whereas paraprofessionals were slightly better when working in longer treatments and with younger patients However, the professionals tended to be older than the paraprofessionals in the studies Berman and Norton reviewed In reviewing child and adolescent treatments, Weisz et al (1987) found that professional therapists did better than paraprofessional therapists with children who had problems of overcontrol (internalizing problems)

Despite these caveats, up to now the evidence strongly suggests that under many if not most conditions, paraprofessionals or professionals with limited experience perform as well as or better than professionally trained psychotherapists Professional training and clinical experience may not add to the efficacy of psychotherapy

CAN SELF-HELP MATERIALS BE EFFECTIVE THERAPEUTIC AGENTS?

Estimates suggest that more than 2,000 self-help books are published in this country annually (Doheny, 1988) These books cover all manner of human problems, including psychiatric difficulties such as anxiety and depression Surveys by Starker (1988) indicate that most practicing psychologists prescribe self-help books to their clients and find these books helpful

A number of studies have examined the effectiveness of self-administered treatments such as self-help books and audiotapes when used alone or with minimal therapist contact Recently, Scogin, Bynum, Stephens, and Calhoon (1990) conducted a meta-analysis on 40 of these studies that compared self-administered treatment with a control condition such as no treatment or therapist-administered treatment The studies in this review addressed five general problem areas (a) habit control, such as smoking, alcohol, and weight control problems, (b) depression and anxiety, (c) phobias, (d) skill training, such as parent training and study skills, and (e) an "other" category that included sleep, sex, and memory problems The results indicated that self-administered treatments were more effective than no treatment, and the differences between self-administered and therapist-administered treatments were nonsignificant The authors were careful to note that many of the studies dealt with rather circumscribed problems that may lend themselves to education and information-based interventions, and one should not immediately conclude that self-administered treatments are uniformly as effective as therapist-administered treatments

Gould and Clum (1993) examined a different but overlapping set of 40 self-help treatment studies that used no-treatment, wait-list, or placebo controls as comparisons This meta-analysis found overall effect sizes comparable to those for the psychotherapy literature, furthermore, an examination of 12 studies that compared self-help and therapist conditions revealed no differences between the two Based on their analyses of problem types, Gould and Clum concluded that self-help treatments were more effective with skills deficits and diag-

nostic problems such as fears and depression than with habit problems, such as smoking, drinking, and overeating

An important, recent study compared professional therapists with a combination of self-administered materials and paraprofessional counselors to treat depression (Beutler et al , 1991) This study included an attempt to predict what patients would respond best to what treatments Sixty-three patients diagnosed with major depressive disorder were randomly assigned to (a) group cognitive therapy, (b) focused, expressive psychotherapy (a form of group experiential psychotherapy), or (c) supportive, self-directed therapy that gave clients a suggested reading list of 10 popular self-help books and provided weekly, supportive telephone contacts The cognitive and expressive therapies were administered by Ph D psychologists with 5 or more years of experience The supportive, self-directed psychotherapy was administered by advanced graduate students At posttreatment and 3-month follow-up, there were no differences between conditions on independent psychiatric evaluations or on self-report symptom measures More important than gross outcome results across the three groups, however, were the results on differential response to treatment As predicted, the supportive, self-directed therapy was more effective than the authoritarian treatments (cognitive therapy and focused, expressive psychotherapy) with high-resistant (defensive) patients, while the authoritative treatments were more effective than supportive, self-directed therapy with low-resistant patients Also as predicted, supportive, self-directed therapy was more effective than cognitive therapy for internalizing patients, while cognitive therapy was more effective than supportive, self-directed therapy for externalizing patients Counter to prediction, focused, expressive psychotherapy was not differentially effective across levels of patient internalization and externalization

Future self-administered treatment programs are likely to involve video and computer technology as well as audio recordings and reading materials To date, computerized treatments have been used successfully for obesity (Burnett, Taylor, & Agras, 1985), phobias (Ghosh, Marks, & Carr, 1988), and depression (Selmi, Klein, Greist, Sorrell, & Erdman, 1990) For example, in the study by Selmi et al , 36 volunteer patients who met research diagnostic criteria for depressive disorder were randomly assigned to one of three conditions therapist-administered cognitive-behavioral therapy, computer-administered cognitive-behavioral therapy, and a waiting-list control The therapist-administered and computer-administered cognitive-behavioral conditions followed a similar format and content agenda After treatment and a 2-month follow-up, both treatment groups improved significantly more than control subjects on a variety of dependent measures but did not differ from each other

The literature on self-administered treatments is not as extensive as that on paraprofessional and inexperienced psychotherapists Furthermore, self-help treatments have often been applied to circumscribed problems, such as addictive behaviors and habit control However, for the domains investigated, the current evidence suggests that self-administered treatments achieve outcomes comparable to those of therapist-administered treatments

CAN SELF-HELP, MUTUAL-SUPPORT GROUPS BE EFFECTIVE THERAPEUTIC AGENTS?

Some estimates suggest that there are 750,000 self-help and mutual-help groups in the United States, with about 15 million members (APA, 1989) Other estimates are more conservative, suggesting a prevalence of about 7 million adults in self-help groups in 1990 (Jacobs & Goodman, 1989) However, all estimates predict increased involvement by Americans in self-help groups for the foreseeable future

Research on self-help group activities is at "an embryonic stage" (APA, 1989, p 2606) Some research has examined the outcome of self-help groups without comparisons to other treatment or control conditions For example, Lieberman (1986) summarized research on the sobriety state of members of Alcoholics Anonymous Grimsmo, Helgesen, and Borchgrevink (1981) reported on the outcome of more than 10,000 members of Norwegian self-help groups for weight reduction Other research has compared the outcome of self-help groups with nonrandomized control or comparison conditions For example, Lieberman (1986) summarized his studies comparing participants in THEOS, a self-help group for widows and widowers, with people who chose not to participate in THEOS and those who sought psychotherapy Galanter (1988) compared the outcome for participants in Recovery, Inc , a self-help program for people with psychiatric problems, with the outcome for community control subjects Of most value are research studies that compare self-help conditions with randomized control and comparison conditions For example, Jason and associates (1987) examined whether self-help discussion groups developed at the worksite aided a smoking cessation program Levitz and Stunkard (1974) compared subjects who were randomly assigned to several different treatment programs, one of which was TOPS (Take Off Pounds Sensibly), a nationwide self-help organization for the obese With the exception of this last study, all these investigations have indicated positive outcomes for participants in self-help groups

Because of the limited number of investigations of self-help groups, and because many of the studies have meth-

odological problems, no general conclusions about the effects of self-help groups are possible at this point However, the promising results of the existing investigations indicate further study of self-help treatment groups is warranted

RESEARCH IMPLICATIONS

We believe that more research money and energy should be directed away from current psychotherapy research designs, which emphasize comparisons between professionally administered psychotherapies, and toward designs that investigate nonprofessional therapies and compare them with professional therapies The promising empirical evidence on nonprofessional therapies encourages additional research, but there are six other compelling reasons for our recommendation

First, the need for mental health services cannot conceivably be met by professional therapists Current estimates suggest that only one in five people with diagnosable mental disorders gets treatment (Castro, 1993) Recent epidemiological surveys indicate that about 30% of the U S population will qualify for one or more diagnoses of mental illness during their lifetimes (Regier et al , 1988) If medical and psychotherapy approaches are the primary means of treating these disorders, then a large portion of them will continue to go untreated

Second, current cutbacks in third-party payments for psychotherapy will continue as managed health care becomes the dominant theme in medical care for the foreseeable future Additionally, about 37 million Americans, a substantial proportion of the population, have no insurance coverage at all (Toufexis, 1990) The fact that a cost-effective treatment may produce effects commensurate with those produced by more expensive treatments is an extremely important practical finding given this financial climate Even if these alternate treatment approaches were not uniformly more effective than or as effective as professionally administered approaches, they might still have widespread use and applicability These alternative formats might be useful adjuncts to professionally administered approaches Or they might be useful for people with mild versions of a problem or disorder

Third, people are already utilizing these alternative treatment formats in great numbers Most people with psychological problems do not contact formal mental health professionals (Cowen, 1982) If they seek professional help at all, they are more likely to consult their physicians or their clergy than they are to consult psychotherapists Because physicians and clergy receive some limited training in mental health disorders and counseling, they can be considered paraprofessionals when it comes to psychotherapy The widespread popularity of self-help books suggests that millions of Americans are seeking answers to their psychological problems through self-administered bibliotherapy Even in formal therapy, people may be exposed to self-help materials, because therapists often prescribe such readings as an adjunct to therapy (Starker, 1988) From 7 to 15 million Americans are seeking help for their difficulties through self-help groups (APA, 1989, Jacobs & Goodman, 1989) Such widespread use of all these alternate forms of psychological intervention—a use that now far exceeds professional treatment—deserves greater empirical attention

Fourth, comparisons of these alternative treatments with professionally administered treatments can reveal theoretically as well as practically important information Comparisons of self-administered with therapist-administered treatment when both treatments involve the same procedures show whether a human relationship is necessary for positive change Comparisons of professionals with paraprofessionals following identical treatment procedures tell whether the special clinical skills of a professional therapist are necessary to create change These two kinds of comparisons indicate the extent to which the treatment procedures themselves produce change versus the extent to which the treatment procedures must be conducted in a special interpersonal environment In contrast, comparisons of professional treatment with self-help groups show whether the emotional support and knowledge of laypersons is sufficient to bring about change without the benefit of professional therapeutic expertise Because these comparisons question the relative contributions of technical procedures and personal relationships, they address central theoretical questions about psychotherapy

Fifth, research on nonprofessional therapies can expand psychotherapy's theoretical base by increasing the range of potentially therapeutic principles examined For example, advocates of self-help, mutual-support groups discuss the "helper therapy" principle, according to which people who help other people are themselves helped (APA, 1989), as when recovering alcoholics may maintain their own sobriety by assisting other alcoholics Research on professional therapies would not target such a potential change mechanism because of its irrelevance to professional therapy More generally, personal change that does not rely on experts may create a sense of personal autonomy or personal empowerment that is not obtained in professional therapy but has implications for the maintenance of the change Again, only by investigating nonprofessional therapies can this question be examined

Sixth, comparisons of professional treatment with these alternative formats can provide more theoretically and practically significant information than is typically obtained from the currently common design of comparing

two professional treatments The most common finding from comparisons of two active professional treatments is that each is better than no treatment but the two are not different from one another (Beutler et al , 1991, Kazdin & Bass, 1989, Stiles, Shapiro, & Elliot, 1986) There is often no theoretical information derived from these findings because two very different treatments produce identical effects, yet it is unclear why Furthermore, there is little practical information derived from such a comparison because the two treatments are approximately equally cost-effective In contrast, comparisons between professional and nonprofessional treatments may answer theoretical questions such as those already noted Furthermore, a finding of "no difference" suggests a cost-effective treatment approach

We believe the greatest theoretical and practical benefit will come from studies that examine not just the overall outcome of professional versus nonprofessional therapies, but also the characteristics that predict which client will derive greater benefit from which therapy Treatment-by-aptitude studies that prospectively investigate differential client response to different treatments will be most beneficial The Beutler et al (1991) study is an excellent example Another example is Project MATCH, a large, ongoing, multisite study of alcoholism that is comparing (a) an Alcoholics Anonymous-type intervention, (b) a motivational enhancement intervention designed to stimulate self-change and involving limited professional contact, and (c) a professionally delivered cognitive-behavioral therapy The project is investigating client characteristics that predict differential performance in these three therapies (Project MATCH Research Group, in press)

In 1969, George Miller expressed his dream of giving psychology away He wrote "Our responsibility is less to assume the role of experts and try to apply psychology ourselves than to give it away to the people who really need it" (p 1071) Later in the same article, he continued "I can imagine nothing we could do that would be more relevant to human welfare, and nothing that could pose a greater challenge to the next generation of psychologists, than to discover how best to give psychology away" (p 1074)

The research summarized in this article suggests that the psychology that is given away (or at least sold much less expensively) through paraprofessional, self-administered, and mutual-support group treatment may be as effective for some problems as the professional psychology that is sold A second body of research summarizing the current prevalence of psychological disorder and the available resources to provide treatment suggests that if psychology is not given away, most people in need will not get it, because they cannot afford it The first body of research encourages us in our efforts to give psychology away The second body of research demands it

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