

## 15.7 Sticking to the therapy manual: a happy medium works best

- **Findings** A [US study](#) which dug unusually deeply in to the dynamics of cocaine dependence treatment found that despite initial indications to the contrary, how closely counsellors followed a drug counselling manual did matter, most noticeably when counsellor and client were finding it difficult to establish a good therapeutic relationship. But even then it was not simply a case of closer adherence to the intended regime producing better outcomes.
- The study drew its data from the [National Institute on Drug Abuse Collaborative Cocaine Treatment Study](#). This compared two forms of psychotherapy (cognitive and supportive/expressive) against a manualised programme which sought to crystallise typical (in US terms) drug counselling. Each of these approaches was supplemented by group therapy. Surprisingly, counselling patients reduced their cocaine use more than those receiving either of the psychotherapies, which were no better than group therapy on its own. Another surprise was that the therapeutic alliance – how far counsellor and client agreed on the therapeutic tasks and cooperated in their achievement – was unrelated to outcomes. To explore this conundrum, the new analysis focused on clients who received individual drug counselling, the ingredient which distinguished the most effective of the regimes.
- The 121 counselling clients typically smoked crack, lived alone and were unemployed. Sufficient data was available from 95 who stayed until at least the second session, when researchers first asked about their relationships with their counsellors. Audiotapes of early counselling sessions were rated by judges to establish how far the counsellors followed the steps recommended in the manual (adherence) and how well they did so (competence). At issue was whether these attributes were related to subsequent outcomes assessed for each month of the six months of therapy. Improvements in drug problems were greatest when therapists had been moderately adherent to the manual, and poorer to roughly the same degree when they had either been unusually diligent or unusually negligent in fulfilling its requirements. This pattern was most marked when patients reported a relatively poor relationship with the therapist.
- When this relationship was good, a moderate degree of adherence

- was still best, but outcomes suffered less from the extremes.
- **In context** The focus on drug counselling (also the dominant psychosocial intervention in the UK) increases the study's relevance to Britain, though counsellors in Britain are less likely to follow 12-step principles. The adherence measure seems to have been a count of how many of the recommended counselling techniques the counsellor packed in to the chosen session. Counsellors who were more relaxed about covering lots of ground in a single session may still have completed the recommended steps over a longer time scale.
- The study is limited in what it can tell us about how to maximise the role of the therapeutic alliance in treatment retention and outcomes. Though treatments were intended to last six months, half the counselling patients stayed for nine weeks or less, a minority achieved lasting abstinence, and those who dropped out early did almost as well as those who stayed the course.
- Other studies have found that close adherence to a manual in motivational therapy worsens outcomes for some clients, and that departing from the approach's principles can enhance the therapeutic relationship, but only when therapists are socially skilled.
- **Practice implications** Perhaps especially when things are going badly in therapy, being prepared to depart from the therapeutic script without abandoning the overall structure seems a positive attribute to be encouraged in training and supervision. This finding emerged from a study which employed selected, very experienced, and highly trained counsellors who could presumably exercise discretion wisely. Less expert counsellors might not have produced the same results.
- More generally, the evidence is converging on the proposition that outcomes improve when skilled therapists are able and willing to depart from manualised regimes no matter how expertly these have been drafted, so long as a coherent structure is retained for the therapy which makes sense to the client.

**LINKS** Nuggets [12.5 4.4](#) • [The motivational halo](#), issue 13

### LEFT HANGING?

Some intriguing comment you'd like more on?  
E-mail [da.findings@blueyonder.co.uk](mailto:da.findings@blueyonder.co.uk) for uncut fully referenced text

**Featured studies** Barber J.P. *et al.* "The role of therapist adherence, therapist competence, and alliance in predicting outcome of individual drug counseling: results from the National Institute Drug Abuse Collaborative Cocaine Treatment Study." *Psychotherapy Research*: 2006, 16(2), p. 229–240 [DS](#)

**Contacts** Jacques P. Barber, Room 648, Center for Psychotherapy Research, University of Pennsylvania, 3535 Market Street, Philadelphia, PA 19104-3309, USA, [Barberj@mail.med.upenn.edu](mailto:Barberj@mail.med.upenn.edu).

Thanks to Barbara Elliott of the University of Bath for her comments.