Guide to evaluating self-help guidance materials for anxiety disorders and depression

Introduction

Self-help materials are central to low-intensity intensity interventions for anxiety disorders and depression. The key therapeutic ingredients in such interventions, the clinical method and adherence to the cognitive-behavioural model, are contained in the structure and content of the materials (books, booklets, audio, internet). While effectiveness also depends on skilled guidance from a PWP or other facilitator, the assumption of media-based low intensity interventions is that the technical cognitive-behavioural information is fully contained in the materials. Quality of self-help guidance materials in communicating this information is accordingly critical to the effectiveness of low intensity interventions.

This guide sets out criteria for evaluating the quality of self-help guidance materials. It updates and expands on guidance, and specifically the evaluation framework, of the previous Good practice guidance on the use of self-help materials in IAPT services (IAPT 2010). Section III of this 2010 document covers how to choose effective self-help materials and contains much helpful advice that needs no updating. An annex to the IAPT (2010) Good practice guidance is a quality assessment framework for assessing self-help materials developed by the University of Manchester as a training exercise for PWP trainees. The current guide replaces this framework with revised and expanded criteria and a scale that can be used by IAPT services, PWPs and service users to evaluate the quality of self-help guidance materials for anxiety disorders and depression. The scale is particularly relevant for comparing self-help guidance materials to decide which might be most useful for a service or an individual patient.

Selection of evaluation criteria

There are a number of instruments for appraising media health information quality for patients and the public. These have been designed for specific purposes. For example, DISCERN (Charnock, 1998; Charnock et al.,1999), probably the most well-known instrument, evaluates the quality of information of a publication or website about treatment choices. EQIP (Moult et al., 2004) is an audit tool for the quality of written information of all types sent or given to patients in a hospital. These contain useful criteria, but inevitably are adapted to the specific health questions being addressed.

Criteria for evaluating self-help books for common mental health problems have been used in US (Rosen, 1981; Glasgow & Rosen, 1978, 1982; Pardek, 1993;

Redding et al., 2008) and UK (Anderson et al., 2005; Martinez et al., 2008; Richardson et al. 2008, 2010) studies. These have focused on criteria of specific relevance to these self-help books and their intended readership of people predominantly with depression and anxiety disorders where concentration, memory and motivation may be worse than usual. There is some overlap with criteria for other health information quality instruments (e.g. criteria regarding readability), but the criteria have generally been more focused and narrow.

Broad sets of criteria applicable to evaluating the quality of a range of types of health information have been developed over the past two decades, in large part in response to the huge increase in amount of health information with development and availability of the internet. A useful summary of criteria and approaches to appraising health information quality is the Patient Information Forum Guide to Appraising Health Information (Patient Information Forum 2010). The NHS Patient Information Toolkit (Department of Health, 2003), although guidance on writing rather than evaluating patient information resources, also contains many useful practical points relevant to evaluation. The criteria and scale outlined below for evaluating self-help guidance material for anxiety disorders and depression draws on the Patient Information Forum Guide criteria supplemented by some of the common mental health disorder self-help book evaluation criteria developed and/or used in the studies of Redding et al (2008) and Richardson et al (2008, 2010), ideas from the user survey of self-help books of Mansell (2007), and recommendations of Richards & Farrand (2010) and Williams & Morrison (2010).

Summary of evaluation criteria

The evaluation criteria are listed below under five categories – scope, evidence, engagement, self-efficacy, and transparency

Scope

1. Targeted – clearly defined aims, intended audience and use
2. Relevant – appropriate for its target audience
3. Clear – understandable and pitched at the right level(s) for the intended audience(s)
4. Readable – easy to read for the intended audience
5. Complementary – supports the decision making process and collaboration between the user and health professional

Evidence

6. Accurate and reliable – evidence-based, factually correct and consistent, produced by an individual or organisation with appropriate qualifications
7. Comprehensive – covers all key aspects of the condition and self-help approaches
8. Balanced – fairly weights the evidence and unbiased towards any particular self-help approach
9. Peer reviewed – reviewed by relevant health and other professionals and by patients and the public
10. Current – up to date with stated publication and review dates

Engagement

11. Empathic – communicates empathic understanding of the experience of living with the problem
12. Illustrated – includes convincing case examples with which the user can identify and engage
13. Positive – sets up hopeful but realistic expectancies of change through self-help
14. Collaborative – incorporates choice and flexibility of options for the user
15. Interactive – content requires users to be active

Implementation

16. Goal focused – incorporates personal setting and review of goals throughout the self-help guidance
17. Action focused – includes action (homework) tasks
18. Self-monitored – provides self-monitoring tools and facilitates self-monitoring of progress in relation to goals
19. Preventive – includes ways of building on progress and managing recurrence of symptoms/problems

Transparency

20. Transparent – in terms of developers, authorship and costs

Description of criteria and rating scale

Description of the 5 overall categories and each of the 20 specific criteria are given below. These descriptions are intended to orient users of the guide to the scope of each criterion and are not intended to be comprehensive. Other publications and sources clarify and give detail on particular criteria and some of these are referenced below. It should be noted that the criteria included are not intended to be a definitive list and there are other approaches to defining

evaluation criteria. As such, this guide should be seen as an evolving approach that clinicians and services can adapt to make choices that best serve their patients.

The criteria can be scored as a rating scale and this is given as an Appendix. The scale is particularly relevant for comparing self-help guidance materials to decide which might be most useful for a service or an individual patient. Scoring is on the same 5-point rating scale used in the DISCERN instrument (Charnock, 1998; Charnock et al., 1999). On this scale, 1 is scored where the self-help medium (book, booklet, audio, online) does not meet the criterion and 5 is scored where the criterion is clearly met. The scale does not weight criteria. Some criteria are clearly essential, for example content being accurate in reflecting the evidence-base. Accordingly it is not recommended to compare resources as 'better' or 'worse' on the basis of a total score across all criteria. Comparison of resources on their scores for each criterion needs to be followed by a clinician/service judgement as to the weighting of importance of individual criteria.

In the descriptions of individual criteria below, the self-help guidance materials are referred to at times as "self-help guidance" or just "guidance". In all cases, this is a short-hand for ease of reading rather than each time using the full terms "self-help guidance materials".

Scope criteria

The scope criteria cover whether the self-help medium has a clearly defined audience and use and whether the content and language is relevant and appropriate for its intended audience. It is important for potential users of self-help guidance to be clear if the guidance is designed for them and how the guidance is intended to be used. The content and presentation needs then to be consistent with the planned audience

1. Targeted

   Is the audience of the self-help guidance, and how the guidance is intended to be used, clearly defined? These include:
   - Types of problems covered by the guidance
   - Types of self-help covered by the guidance
   - Range of ages it is appropriate for
   - Any specific demographic audiences or exclusions (e.g. gender, minority groups)
   - Intended readability range
   - For use only with guidance of a health professional or useable without guidance. If only with guidance of a health professional, the level of training and experience required of the health professional (NB Some CBT patient materials are written to be used as an adjunct to

treatment by a qualified CBT therapist and are not designed or appropriate for use as low-intensity self-help materials)

These should be clear from an initial scan of the contents of the guidance materials themselves and/or from accompanying clinician guides/support resources, so that potential users (both members of the public and health professionals) can be clear from a short scan whether it is appropriate for their use or not

2. Relevant

Is the content of the self-help guidance appropriate to its intended audience? Key to answering this is a judgement as to whether the content covers what is set out in introduction of the guidance (does it match what is set out under the first criterion - “does it do what it says on the tin”). Where there has not been clear aims and target audience defined (criterion 1), these will need to be inferred in judging relevance. A secondary judgement, particularly relevant where the target audience is a specific group (e.g. people with long term health conditions), is whether the content is relevant to the capacities and lifestyle of the intended audience (e.g. behavioural activation examples are relevant to the physical capacities of the intended audience). The judgement as to whether the content is appropriate and relevant is optimally clarified by inclusion of people representative of intended users in development and/or testing of the guidance. As this is rarely done, in most cases a judgement will need to be made without benefit of this.

3. Clear

Is the guidance written in a way that is understandable and pitched at the right level(s) for the intended audience(s)? This criterion relates primarily to the written (or verbal for media including audio) and visual presentation rather than the content. Are these clear in communicating information and guidance (what to do) to the intended audience? Included are:

- Clarity and appropriateness (pitched at the right level) of the written/ verbal information
- Visual design characteristics that are clear and enhance understanding, whether for entirely text-based media (headings, bullet points, boxes, diagrams, etc in books and booklets) or for online material (use of audiovisual material, hypertext etc)

NB Readability is not included in this criterion, but in the following criterion

4. Readable

Is the self-help guidance easy to read for the intended audience? This includes:

- Readability age level as measured by a standardised readability formula. The Patient Information Forum (2010) publication has a good section on different readability formula and their limitations. Martinez et al. (2008) also discuss readability formulae in their review of readability of self-help books for depression
- Adequate text font size, small blocks of text and not too much text on a page (plenty of white space) – see NHS Patient Information Toolkit (Department of Health, 2003)
- Length of guidance and length of particular sections (chapters). Richardson et al (2008) noted that chapter and book length are relevant for people with depression who commonly have concentration impairment.

If the self-help guidance is in audio or video format, these bullet points can be adapted. Spoken language used in audio and video can in principle be captured by readability formulae, which evaluate features of language as much as written language, although practically doing this would take time. Overall length of guidance and segmenting of guidance into different sections is also an issue for the spoken word.

5. Complementary

Does the guidance support the decision-making process and collaboration between the user and health professional? Evaluation of this criterion relates to how the self-help guidance is designed to be used (criterion 1). If the guidance is primarily intended to be supported by a health professional, then there should be suggestions and indications at relevant points about where questions or progress would usefully be checked with the supporting professional (an accompanying clinician guide/support manual may give advice on this to the supporting professional, but the patient self-help materials themselves should provide prompts for patients as to when they should check with their supporting professional). Where the guidance is primarily designed for pure self-help, then limitations of the guidance, issues outside scope of the guidance and other points (e.g. lack of progress) where it might be appropriate to consult with a health professional should be included.

Evidence criteria

The evidence criteria cover whether the self-help guidance is evidence-based, both in terms of inclusion of all key change elements and in accuracy and balance. Evidence-based guidance is more likely to be effective in supporting self-help change.

6. Accurate and reliable

Is the content of the guidance factually correct in terms of the evidence and has it been produced by individuals or organisations with appropriate expertise following evidence-based principles? This criterion relates to the evidence-base, accuracy and reliability of the content included (ignoring any missing content, which is covered by the comprehensiveness criterion). Key elements are:

- The qualifications and expertise of the individuals, team or organisation producing the self-help guidance: the greater breadth and depth of expertise, the more likely the guidance will be accurate and reliable
- The processes used to develop the guidance content. The following represent increasingly more evidence-based development processes on which to base self-help guidance content (1) opinion of a single author (2) consensus opinion of more than one author (3) single or multiple authors explicitly drawing on high level good quality evidence guidance (e.g. NICE guidance) (4) a systematic consensus method across a range of experts, clinicians and patients, including experts who are informed by high level good quality evidence (e.g. NICE guidance and trial evidence) (5) a systematic review of the content of self-help media found effective in high quality randomised trials.
- The extent to which the content of the guidance accurately reflects the evidence. Where more systematic approaches to developing the guidance content have been used (bullet point above), this can be assumed if these approaches have been adequately carried out (i.e. if a systematic consensus method has been used and an appropriate range of people have been involved and the consensus process has been conducted to a good standard, then the content will accurately reflect the evidence). Where, as is more common, less systematic approaches have been used to develop the guidance, then a judgement needs to be made on basis of the evaluator's knowledge and understanding of the evidence (including NICE, systematic review and primary research evidence)

Information about the qualifications and expertise of the individual/team who have produced the self-help materials and the processes used to develop them (the first 2 bullet points above), will commonly not be included within the materials themselves, but may be in others sources (clinician support materials or published papers) or have to be obtained from the authors or other sources.

7. Comprehensive

Does the self-help guidance cover all key aspects of the condition and self-help change elements as reflected in the evidence-base? This criterion complements the accuracy criterion, focusing on whether the guidance comprehensively covers key material in the evidence that would support self-

help. The more systematic the processes used to develop the guidance, the more likely the resulting guidance will comprehensively include key elements in the evidence-base.

8. Balanced

Is the guidance balanced, fairly weighting the evidence and not biased towards any particular self-help approach? This criterion complements the accuracy and comprehensiveness criteria, focusing on whether the balance between different self-help approaches in the guidance is appropriate given the evidence-base. Where the evidence suggests a particular approach is critical, then it would be appropriate for the guidance to focus more on this – this would not be unbalanced. Where the scope makes clear that the guidance covers only one self-help approach and that other approaches are not covered, then, as long as the availability of other approaches is noted (for example in the introduction of the guidance), the lack of focus on other approaches would not indicate lack of balance.

9. Peer reviewed

Has the self-help guidance been adequately peer reviewed by relevant health and other professionals and by patients and the public? A robust review process would include review by:

- Experts in the field
- Health and other professionals who might recommend and/or support/facilitate people in using the self-help guidance
- Patients and members of the public who are from the target group in the scope of the guidance

As well as information about who reviewed the guidance, it should be clear that comments of reviewers were taken account of in modifying the guidance where appropriate. As for the accuracy criterion above, information about peer review will often not be contained within the self-help guidance itself and will need to be obtained from other sources

10. Current

Is the guidance up to date? This reflects not just the publication date, but when the evidence for the guidance was reviewed and how recent were the sources of evidence (publications, consensus conferences etc) used in the evidence review and drawing up of the guidance. If information about these is not included in the guidance (usually in the preface or introduction) or from other sources, this will need to be inferred as best as possible.

Engagement criteria

The engagement criteria cover whether the self-help guidance is written and constructed in a way that engages the user actively and at an experiential/ personal level. The more actively and personally engaged, the more the user is likely to see the guidance as credible and useful, to feel hopeful that they might have the self-efficacy to change, and to put into practice the steps set out in the guidance. These are necessary steps for self-help guidance to be effective.

11.Empathic

Does the guidance communicate empathic understanding of the experience of living with the problem? Richardson et al (2010) describe how self-help books can include in the way they are written an equivalent to communication of empathic understanding in a therapeutic relationship and variation between books in this can be reliably assessed. In Mansell's (2007) user survey, users commented on one author in particular as writing in a way that showed real understanding and compassion. This criterion accordingly evaluates the extent to which the user of the self-help guidance is likely to perceive the guidance as really understanding what it is like to live with their problems and also the struggles and difficulties they may have in putting into practice the self-help recommendations. Writing style can assist with this (e.g. use of active rather than passive tense, use of present tense, and use of personal pronouns such as 'we'), but it is the reader/user's subjective impression of this that is key to evaluation.

12.Illustrated

Does the guidance include a range of convincing case examples/personal stories with which people can identify and engage? Key elements to this are:

- Case examples reflecting the range of demographics of people in the scope of the guidance
- Case examples reflecting different types of presentation of problems within scope of the guidance
- Case examples at different stages of the self-help process set out in the guidance (e.g. at initial problem presentation, goal setting, undertaking specific self-help procedures, maintenance/relapse prevention)

In all instances, case examples should be written in a way that are convincing and communicate lived experience and should be realistic (Mansell, 2007), showing common problems in self-help and how the person in the case example overcame the problem.

13.Positive

Does the guidance set up hopeful but realistic expectancies of change through self-help? Richardson et al (2010) describe how self-help books can include the common therapeutic factor of communicating hope and positive expectancies of change. Expectancies communicated need to be realistic as well as positive, so acknowledging the difficulties and barriers to change as well as that change through self-help is possible. Low scores on this criterion accordingly can be from setting up unrealistically optimistic expectancies as well as from lack of creation of positive expectancies.

14.Collaborative

Does the guidance incorporate choice and flexibility of options for the user? Evaluation of this criterion is concerned with the extent to which the guidance takes a “one size fits all” approach or incorporates choices and alternatives. Choices and alternatives include:

- Choice of goals
- Choice of material to read/cover – to be able to focus on content relevant to the individual’s own life
- Alternative self-help approaches/techniques
- Flexibility in relation to peoples’ life circumstances

Choice and flexibility should be within the evidence-base. So where an option is strongly indicated by the evidence-base, it is appropriate this is reflected in the guidance

15.Interactive

Does the guidance include content that requires users to be active? Examples of content that require the user to be active are:

- Quizzes
- Self-completion checklists (e.g. symptom checklists)
- Encourages writing down and use of own personal examples
- Includes spaces for writing down notes and comments
- Worksheets
- Goal-setting (see also criterion 16)
- Homework task sheets (see also criterion 17)
- Self-monitoring sheets (see also criterion 18)

Wherever possible, guidance content should be constructed so that users’ experience their output from these tasks as influencing what the guidance indicates or recommends personally for them – so that their active participation receives feedback and the guidance becomes inter-active. While the potential for such interactivity is clearly greater with online guidance, purely text or audio-based guidance should also incorporate this.

Implementation criteria

The implementation criteria are derived from general behaviour change principles and evidence as to what facilitates behaviour change. Cycles of setting goals, planning homework tasks, carrying out homework tasks, and monitoring behaviour and reviewing goals are key to behaviour change both at the macro level (overall personal goals for self-help) and at the micro level (day to day and week to week goals, tasks and self-monitoring). Incorporating these into self-help guidance is likely to enhance its effectiveness. The importance of explicitly including discussion of maintenance of gains and relapse prevention in treatment and devising a personal relapse prevention plan is well-established and considered to be equally important in self-help methods.

16.Goal focused

Are setting of individual goals and review of goals incorporated throughout the self-help guidance? This should include guidance on:

- Setting of individual goals for self-help at the outset
- Setting of individual goals for specific elements of the programme on a regular basis
- Goals being SMART (specific, measurable, attainable, relevant, time-bound)
- Reviewing goals

17.Action focused

Is setting of individual action (homework) tasks and the importance of carrying out these tasks emphasised throughout the self-help guidance? In addition:

- Are the action (homework) tasks suggested appropriate in relation to the evidence of the particular self-help approach (e.g. an appropriate series of tasks for an exposure self-help approach)
- Are the action tasks SMART (specific, measurable, attainable, relevant, time-bound)
- Is guidance included as to how to increase the likelihood that the user will carry out the action tasks (e.g. prompts, support from others, anticipation of possible barriers and how to address these in advance)

18.Self-monitored

Does the self-help guidance provide self-monitoring tools and facilitate self-monitoring of progress in relation to goals? The guidance should:

- Include both normative standardised self-monitoring tools/measures where available and appropriate, and idiographic approaches to self-monitoring specific problem behaviours and measuring progress

towards individual goals (NB where the self-help materials are designed only to be used under guidance, the self-monitoring tools may not be included, but provided by the supporting professional/ service)
- Provide guidance on frequency and timing of self-monitoring and how to chart progress in relation to goals
- Suggest ways to make it more likely that the user will carry out routine self-monitoring (e.g. setting reminder prompts, self-rewards)

19.Preventive

Does the self-help guidance include ways of building on progress and managing recurrence of symptoms/problems? This should include guidance on:
- Routine actions that can be carried out which will help maintenance of gains and continued progress
- Routine self-monitoring
- Creation of a relapse prevention plan covering actions to be taken in the event of a recurrence of symptoms/problems

Transparency criteria

Transparency criteria make clear who is responsible for the self-help guidance and any interests in order that users of the guidance can be aware of any potential influences. The criteria are effectively the same as the disclosure of interests requirement for many publications or for participation in formal committees or Boards. The transparency criteria also cover transparency as to any costs to the user.

20.Transparent

Are all people involved in development and writing of the guidance and their interests fully disclosed and any costs to the user of the guidance materials clear? These should include not just those whose names might be given as authors of the guidance, but any key people involved in collating evidence (including contributing to consensual evidence) whose decisions or actions might as a result have materially affected the recommendations of the guidance. Included for each should be:
- Names
- Organisational affiliation(s)
- Interests, both pecuniary and non-pecuniary. Where none, there should be a disclosure statement that the person (or people) has no interests that might have affected the recommendations of the guidance

Are the costs the user of using the self-help guidance transparent and clear at the outset? These include purchase price, if any, price of any added modules and, for online materials, duration of access for the price.

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Scale for evaluation of self-help guidance for anxiety disorders and depression

Scope criteria

1. Targeted - Is the audience of the self-help guidance, and how the guidance is intended to be used, clearly defined?

No		Partially		Yes
1	2	3	4	5

2. Relevant - Is the content of the self-help guidance appropriate to its intended audience?

No		Partially		Yes
1	2	3	4	5

3. Clear - Is the guidance written in a way that is understandable and pitched at the right level(s) for the intended audience(s)?

No		Partially		Yes
1	2	3	4	5

4. Readable - Is the self-help guidance easy to read for the intended audience?

No		Partially		Yes
1	2	3	4	5

5. Complementary - Does the guidance support the decision-making process and collaboration between the user and health professional?

No		Partially		Yes
1	2	3	4	5

Evidence criteria

6. Accurate and reliable – Is the guidance factually correct in terms of the evidence and has it been produced by individuals or organisations with appropriate expertise following evidence-based principles?

No		Partially		Yes
1	2	3	4	5

7. Comprehensive – Does the self-help guidance cover all key aspects of the condition and self-help change elements as reflected in the evidence-base?

No		Partially		Yes
1	2	3	4	5

8. Balanced - Is the guidance balanced, fairly weighting the evidence and not favouring any particular self-help approach?

No		Partially		Yes
1	2	3	4	5

9. Peer reviewed - Has the guidance been adequately reviewed by relevant health and other professionals and by patients and the public?

No		Partially		Yes
1	2	3	4	5

10. Current - Is the guidance up to date?

No		Partially		Yes
1	2	3	4	5

Engagement criteria

11. Empathic - Does the guidance communicate empathic understanding of the experience of living with the problem?

No		Partially		Yes
1	2	3	4	5

12. Illustrated – Does the guidance include a range of convincing case examples with which people can identify and engage?

No		Partially		Yes
1	2	3	4	5

13.Positive - Does the guidance set up hopeful but realistic expectancies of change through self-help?

No		Partially		Yes
1	2	3	4	5

14.Collaborative - Does the guidance incorporate choice and flexibility of options for the user?

No		Partially		Yes
1	2	3	4	5

15.Interactive - Does the guidance include content that requires users to be active?

No		Partially		Yes
1	2	3	4	5

Implementation criteria

16.Goal focused - Is setting of individual goals and review of goals incorporated throughout the self-help guidance?

No		Partially		Yes
1	2	3	4	5

17.Action focused - Is setting of individual action (homework) tasks and the importance of carrying out these tasks emphasised?

No		Partially		Yes
1	2	3	4	5

18.Self monitored – Does the self-help guidance provide self-monitoring tools and facilitate self-monitoring of progress in relation to goals?

No		Partially		Yes
1	2	3	4	5

19.Preventive – Does the self-help guidance include ways of building on progress and managing recurrence of symptoms/problems?

No		Partially		Yes
1	2	3	4	5

Transparency criteria

20. Transparent - Are all people involved in development of the guidance and their interests fully disclosed and any costs to the user of the guidance materials clear?

No		Partially		Yes
1	2	3	4	5