journal of family therapy

Journal of Family Therapy (2014) ••: ••–••
doi: 10.1111/1467-6427.12036

What clinicians think of manualized psychotherapy interventions: findings from a systematic review

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This article reports a systematic review of the literature examining therapists' views and experiences of utilizing treatment manuals. Key databases were searched and a thematic narrative analysis was conducted. Twelve articles were identified. The literature contains four distinct subthemes: (i) exposure to and use of manuals; (ii) therapists' beliefs about manuals; (iii) therapist characteristics, such as age/gender/training and (iv) characteristics of the work, such as client group. The analysis finds that clinicians who have used manuals appraise them positively, and view them as facilitating flexibility, allowing for therapeutic relationship and keeping therapy on track. The review is a helpful contribution to the literature and is a prompt to practitioners to consider their own views and exposure to manualized treatments and how this relates to generating the 'hard' outcome data that governments and service commissioners internationally find credible and persuasive.

Practitioner points

- The positive appraisal of manuals is increased through exposure to them in clinical practice or research settings. Clinicians may wish, therefore, to seek out opportunities to use manuals.
- Clinicians are rarely exposed to manuals, which presents a potential topic for training courses to address.

Keywords: teaching/training; evidence-based practice; research; manuals.

Introduction

There are clear and consistent moves toward defining and providing evidence-based psychotherapies in mental health care internationally, for example, in the USA (Chambless and Ollendick, 2001), Australia (Australian Psychological Society, 2006), Canada (Greenberg and

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Jesuitus, 2003) and England (Department of Health, 2008). Consequently, the reference to, and use of, treatment manuals has grown substantially in recent years in psychotherapy research and practice (Crits-Christoph *et al.*, 2009; Fluckiger *et al.*, 2012; Lusk and Melnyk, 2011; Nelson *et al.*, 2012; Weck *et al.*, 2011).

Manuals offer an opportunity to create a replicable and systematized approach to therapeutic interventions, to control extraneous variables and to test the efficacy of new treatments (Crits-Christoph *et al.*, 1990). Manuals also offer a method of increasing internal validity (Ball *et al.*, 2002), for example managing the potential for the impact of therapists' effects on outcomes. Consequently, they often form core components of randomized controlled trials (RCTs) of therapeutic interventions. RCTs are often posited as producing the most reliable form of scientific evidence and constitute the preferred methodology for clinical trials. RCTs enable the comparison of different treatments and enable the measurement of fidelity to the treatment being studied (Nathan, 1996; Scottish Intercollegiate Guidelines Network, 2002).

Authors have suggested that manuals offer a bridge between clinical practice and research. Beyond attending to outcomes, manuals can also offer support at the level of process, supporting clinicians to work therapeutically with clients' individualized needs (Kendall *et al.*, 2008; Ruiz-Parra *et al.*, 2010). Manuals can also assist with training experienced healthcare professionals, while also developing effectiveness in less experienced clinicians (McMurran and Duggan, 2005; Muskat *et al.*, 2010).

However, there are also vociferous critiques of treatment manuals. They are considered as limiting creativity and foreclosing therapists from tailoring treatments according to the clients' individual needs (Barron, 1995), including individual case formulation (Arnow, 1999; Persons, 1991; Seligman, 1995). Treatments manuals have also been criticized as undermining the therapist–client relationship (Arnow, 1999). Manuals are usually considered to be based on single theoretical perspectives (Goldfried and Wolfe, 1998), which may not reflect the working practices of many clinicians who draw from a range of models. Such critiques have been levied on the basis of therapists' attitudes toward manuals rather than reporting on their own experience of manualized interventions.

A significant limitation of the literature on manuals, however, is that it is not based on the empirical data of clinicians' actual experiences; rather, many of the views posited above are position papers or the

authors' own individual views. This article reports the findings of a systematic review of the attitudes and experiences of therapists' use of manualized therapies.

Methods

A systematic literature review was conducted to address the question: What are therapists' views and experiences of utilizing treatment manuals, as evidenced in the literature? The review was carried out in line with the preferred reporting items for systematic review and meta-analysis (PRISMA) statement (Moher *et al.,* 2009). PRISMA facilitates the evaluation of the clarity and transparency of the investigation along with its methodological strengths and weaknesses (Moher *et al.,* 2009).

Procedure

A preliminary search was carried out using CINAHL and Medline databases to identify articles that were then used to establish appropriate key words and phrases for the full search. Search terms were input using a mixture of medical subject headings (MeSH) terms, free text terms, limiting fields and truncation symbols. Boolean operators were also used to further refine the articles identified (Sampson *et al.,* 2009). The final search terms are detailed in Table 1.

The following electronic databases were searched on 20 May 2012: CINAHL, PscyINFO, Medline, Embase, the Social Science Citation Index, the Applied Social Sciences Index and Abstracts and Cochrane database. Inclusion and exclusion criteria were applied (see Table 2). These criteria were informed by the population, intervention, comparison and outcome (PICO) approach (Stone, 2002).

Article selection

The initial search was intentionally broad, to identify a wide range of articles reporting on psychotherapeutic treatment manuals. MeSH criteria were then applied (for example: attitudes of health personnel, guideline compliance, outcome assessment and clinical competence) alongside key terms such as benefits and experience. The resulting 705 article titles and abstracts were screened (by LB) for their fit with the inclusion criteria. A total of 632 were excluded as they focused on treatment efficacy, the development of the manual,

TABLE 1 *Search strategy*

Manual	Manuals as topic Manualized therapy Manual* Treatment manual Psychotherapeutic manual
Clinician	Attitude, staff Administrator attitude Health professional Therap* practitioner
Psychotherap*	Psychotherapy, brief Psychotherapy, group Evidence based practice Behaviour therapy Family therapy Cognitive therapy Analytical group psychotherapy
Outcome assessment (health care)	Adherence Compliance Clinical competence Guideline adherence Clinical outcomes Clinician adherence Benefits Experiences Clinical practice Therapist view

* indicates a truncated word in the search strategy, to identify all words beginning with those letters.

clinical implications, training development, treatment retention or patients' views of manualized treatments. Duplicates were also removed, as were those where the full text was not in English.

Subsequently, all full text articles ($N = 55$) were read to determine whether they met the inclusion criteria. This process was conducted by LB and LF. Differences in opinions on the relevance of articles were subsequently discussed and a final decision on their inclusion or exclusion was arrived at after discussion with KD. At this stage, a further forty-three articles were excluded as they considered guideline development for psychological therapies, did not focus on manualized treatments, did not report primary data on therapists' views, considered solely views on available training and supervision, or reported adherence or outcomes only.

TABLE 2 *Criteria for inclusion and exclusion of studies*

Inclusion	Rationale
Article reports primary research, including qualitative and quantitative methodologies. Studies must report therapists' views or experience of using a treatment manual	Any evidence of the opinions of therapists are relevant, consequently all types of article are included
Article reports experiences of talking therapies (e.g. psychotherapy, family therapy, CBT, DBT, integrative)	Focus of the review on disciplinary-relevant interventions
Published in English	Team did not have the skills to translate non-English studies
Article published any date	To include as many articles as possible
Exclusion	
Opinion piece, editorial, discussion piece	
Articles on other kind of therapies (e.g., chemotherapy or chiropractic treatments)	
Not available in English	

CBT, cognitive behavioural therapy; DBT, dialectical behaviour therapy.

The search identified a final list of twelve articles, using both quantitative and qualitative methods, to be incorporated in the literature review. Of these twelve articles, six were deemed to be very good quality and six were considered poorer quality when assessed using Critical Appraisal Skills Programme (n.d.) criteria. The selection process is outlined in Figure 1.

Analysis

Given the heterogeneity of the studies, a thematic narrative synthesis was identified as the most appropriate method of reporting the findings of the review (Thomas and Harden, 2008). Narrative synthesis enables heterogeneous studies to be drawn together to identify patterns in the data and draws on the qualitative paradigm of thematic description (Ring *et al*., 2011). The articles were first grouped and categorized under subject headings. Within each subject category, each article was individually compared with every other article to identify common themes, common findings and divergent results.

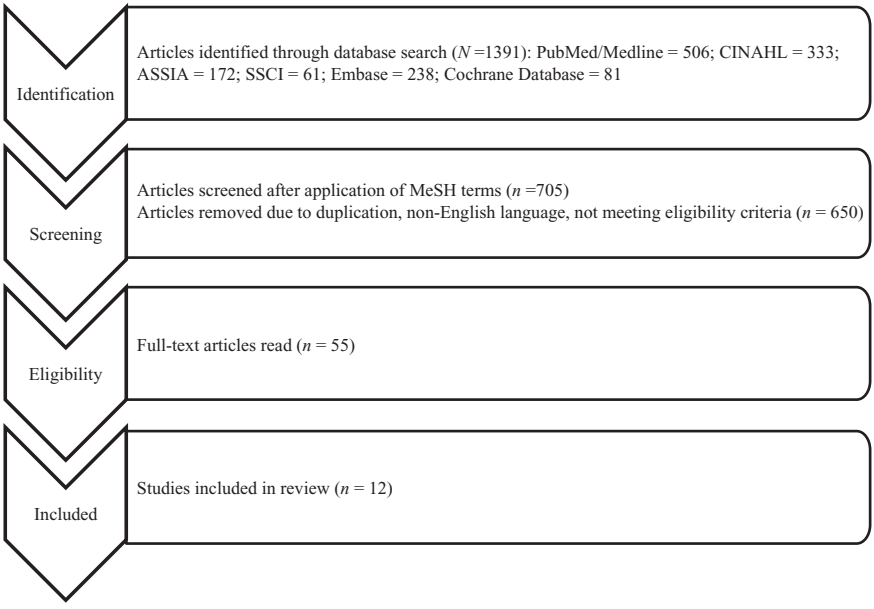

Figure 1. Identification and selection process for articles

Findings

Twelve articles were included in the review (see Appendix 1). Data from the articles fall in four main categories: (i) beliefs about manuals; (ii) exposure to manuals; (iii) therapist characteristics and (iv) the characteristics of the work.

Description of studies

Six articles reported findings from a study where the core research question related to the use of treatment manuals (Addis and Krasnow, 2000; Ashcraft *et al.,* 2011; Morgenstern *et al.,* 2001; Simmons *et al.,* 2008; Staudt and Williams-Hayes, 2011, Wallace and von Ranson, 2011). A further six described the development, evaluation or implementation of a manual (Busch *et al.*, 2009; Gregory and Macpherson, 2010; Herschell *et al.,* 2009; Muskat *et al.,* 2010; Stith *et al.,* 2002; Taylor *et al.,* 2011). Two studies reported evidence of the use of manuals in the context of eating disorders (Simmons *et al.,* 2008; Wallace and von Ranson, 2011), one on domestic violence (Stith *et al.*,

2002) one on addictions (Morgenstern, *et al.,* 2001) and one on anxiety/panic disorder (Busch *et al.,* 2009). Three reported on cognitive behavioural therapy (CBT) interventions (Morgenstern, *et al.,* 2001; Simmons *et al.,* 2008; Taylor *et al.,* 2011) and one on marital and family therapy (Stith *et al.,* 2002).

Exposure to manuals

Previous experience of manuals was a feature in clinicians' views of their acceptability in guiding treatment. This included whether they had heard of manualized treatment and whether they had participated in any training on manualized interventions. Addis and Krasnow (2000) found that, while 77 per cent of their respondents had heard of manuals, 37 per cent of those educated to doctorate level stated that they were either fairly or totally unclear about what a treatment manual was. This lack of clarity about manuals was echoed more than 10 years later by 42 per cent of Ashcraft *et al's*. (2011) respondents. A further 16 per cent of Ashcraft's sample stated they had never heard of treatment manuals (Ashcraft *et al.,* 2011).

In contrast with these figures, a study carried out by Herschell *et al.,* (2009) found that 90 per cent of their forty-two respondents had heard of treatment manuals, with 57 per cent stating that they used a variety of treatment manuals on a fairly regular basis. Staudt and Williams-Hayes' (2011) sample of forty clinicians indicated that 95.2 per cent had heard of manuals and 85 per cent had a clear idea of what they are.

Education in the use of manuals was reported by Simmons *et al.,* (2008), who found just over half their respondents had received training. However, of those who had been trained around half had not used manuals in practice and 66 per cent stated that they would like more training. In all, 62 per cent of those who had not received training stated they wanted such education. First exposure to manuals is also important, and clinicians whose first experience of manuals was negative were likely to continue to hold negative attitudes toward them (Addis and Krasnow, 2000). In a study reporting an educational component of introducing manualized treatments, Morgenstern *et al*. note that the training had been well received and was described as an 'excellent training device' (2001, p. 87).

Beliefs about manuals

The articles reported a number of beliefs about adherence, or fidelity, to manuals, the possibilities for creativity in their use (both in content

and in the length of therapy), the nature and presence of therapeutic alliance and the overall acceptability of manuals. Several studies found that clinicians believe that manuals lead to loss of skills and dissatisfied therapists, as they are considered to be dry and uninteresting (Addis and Krasnow, 2000; Morgenstern *et al.,* 2001; Muskat *et al.,* 2010; Stith *et al.,* 2002; Wallace and von Ranson, 2011). Such claims must be interpreted in the light of the respondents' self-reported awareness of manuals. In Addis and Krasnow's (2000) sample, for example, 37 per cent of respondents were unclear what a manual is. Of the twenty-one child advocacy clinicians who responded to Staudt and Williams-Haye's (2011) survey, those who viewed manuals positively felt that they highlighted the relevance of a therapeutic relationship, helped keep them on track during therapy and were not made up of procedures levied by a third party. In all, 25 per cent of their sample regularly used treatment manuals and consequently, in contrast to Staudt and Williams-Haye's (2011) respondents, would have been very clear about what a manual is.

In studies that report clinicians' involvement in testing and developing treatment manuals, data show more positive experiences. In particular, clinicians report positive views as the manuals are fine-tuned according to their feedback, for example, relating to the timing, content, settings and number of sessions incorporated (Stith *et al.,* 2002; Taylor *et al.,* 2011). Manuals were considered useful for providing a concrete, systematic approach to dealing with client issues as well as enhancing treatment techniques and providing a locus for reviewing clinician performance (Staudt and Williams-Hayes, 2011). Many articles reported that focusing on areas of difficulty specified in the manual did not interfere with the therapeutic alliance. Indeed manuals were found to emphasize the importance of therapeutic relationships and enhance therapeutic outcomes (Busch *et al.,* 2009; Morgenstern *et al.,* 2001; Staudt and Williams-Hayes, 2011).

Morgenstern *et al.*'s (2001) study identified clinician views that manuals provided guidance to offer a 'sustained, productive therapeutic focus' (p. 87) and were not stifling. Consequently, integrating flexibility into the use of manuals was considered appropriate and helpful, and importantly, not viewed as a contra-indication to therapeutic work. Indeed, from their descriptive study of twenty-one therapists' attitudes towards the use of treatment manuals, Staudt and Williams-Hayes (2011) conclude that the perception that clinicians view manuals negatively is more myth than fact.

In summary, the data indicates that clinicians with experience of manuals appear to have more positive views than those without. Exposure to manuals is critical in informing beliefs grounded in experience rather than conjecture.

Therapists' characteristics

Data from the literature review showed that age, years of experience, gender, race and educational background account for some variability in clinician's views on manuals. There are conflicting results on the relationship between the level of clinician education and their attitudes to manuals. In Addis and Krasnow's (2000) study, 98 per cent of respondents were educated to doctoral level, with an average of over 17 years' experience. The authors found a relationship, albeit a very weak one, between less experienced clinicians and more favourable attitudes toward manuals ($r = .0771$ and $r = .09$, respectively). By contrast, Ashcraft *et al*. (2011) report that more experienced practitioners reported slightly more optimism that manuals would result in a positive treatment outcome and not interfere with the therapeutic relationship.

Clinicians were found to be statistically significantly more likely to use a manual if they were under the age of 45, but there was no association with use of manuals and years of experience (Wallace and von Ranson, 2011). These findings appear to contradict work by Simmons *et al*., (2008) who stated that manual-users were more likely have fewer years in practice. However, the difference in findings may be explained by Wallace and von Ranson's (2011) focus on only clinicians working with people with bulimia nervosa. The authors suggest that the shift towards evidence-based practice in their strand of mental health work may be a significant explanatory variable. Ashcraft *et al*. (2011) report that white, male therapists were more likely than African-American or female therapists to perceive that use of manuals had a negative impact on the therapeutic process, although the effects were relatively modest.

Characteristics of the work

The context and approach to therapeutic work was the focus of several pieces of analyses, focusing on the theoretical orientation of the therapist and the client group's characteristics (comparing adult and child service providers and presenting issues such as anxiety or personality disorder). Clinicians report that treatment manuals are

more meaningful for CBT approaches than interpersonal and psychodynamically informed approaches (Staudt and Williams-Hayes, 2011). CBT practitioners, and those drawing on a variety of other theoretical orientations, were identified in two studies as being more receptive to empirically supported treatments, reported high satisfaction in the use of treatment manuals and scored high on positive outcome subscales (Ashcraft *et al.,* 2011; Herschell *et al.,* 2009). CBT-oriented participants with a doctorate in clinical psychology were more likely to have used a manual than clinicians outside clinical psychology, regardless of whether or not they held a doctorate (68.9 versus 35.6%; $P < 0.001$) (Wallace and von Ranson, 2011). Psychodynamic, eclectic or psychoanalytic clinicians viewed empirically supported treatments as incongruent with the therapy process, and were less likely to use treatment manuals (Addis and Krasnow, 2000; Wallace and von Ranson, 2011). Indeed Simmons *et al*. (2008) found that 10 per cent of their respondents considered that manuals did not fit their therapeutic orientation and were therefore not inclined to incorporate them within their practice.

A small number of articles were able to report data on client group characteristics. Clinicians treating an adult client group were more likely to use manuals (Simmons *et al.,* 2008; Wallace and von Ranson, 2011). Anxiety was identified in one study to be more amenable to treatment using a manual than clients presenting with a diagnosis of personality disorder (Addis and Krasnow, 2000).

Limitations

Many of the articles were methodologically underdescribed, with a considerable lack of detailed reporting of data collection protocols (including samples), analysis and interpretation (Busch *et al.,* 2009; Gregory and Macpherson, 2010). Some studies, for example, did not report their statistical analyses or number of participants (Stith *et al.,* 2002). Studies also encountered limitations common in research, such as low response rates (for example, Addis and Krasnow, 2000, at 30 per cent, and Staudt and Williams-Hayes, 2011, who report data from only twenty-one respondents).

The limited details reported in many of the included studies may be an artefact of the nature of the projects summarized in articles. Those that focused upon the development of manuals reported therapists' views as a secondary (or tertiary) outcome, not as the focus of the article or study. Further, we purposefully excluded articles that did

not report data in order that the review was based on empirical data, rather than the replication of beliefs of clinicians with no experience of manuals. While the claims drawn from the articles identified in this article search require some caution in interpretation, the studies reported in this systematic review have highlighted some issues of relevance to therapists.

Discussion

Emphasis on evidenced-based practice has resulted in increased reliance on manualized interventions to prove treatment efficacy. Despite the recognized benefits of manuals, such as guiding staff training, allowing the replication of treatment and increasing treatment reliability, they anecdotally continue to be viewed as inflexible, unproductive and narrow.

Our review identified twelve articles that report empirical data on clinicians' views of treatment manuals in therapy. While many articles refer to negative conceptualizations about manuals, there is limited evidence to support the notion that people using manuals view them negatively. Indeed, articles that report negative views are based on data emanating from clinicians with limited exposure to and awareness of them. Notably, the twelve articles included in the review were published this century and many of the those citing negative views of manuals (as described in the Introduction) are older pieces of work. Consequently, there has perhaps been a shift toward a more positive perspective on manuals.

In order to embed manuals in routine practice a number of tensions must be resolved. These include, for example, the location of manualized work; increasing clinician familiarity; deciding what constitutes evidence in psychotherapy and the fact that some treatment modalities may not lend themselves well to manualization.

In recent times manualized approaches have been skilfully integrated in family therapy, for example in functional family therapy (Sexton and Alexander, 2004). Only one article in this review, however, specifically reported the relationship that systemic practitioners have to manuals (Stith *et al.,* 2002). RCTs of family therapy have also reported outcomes from studies using manuals (Liddle *et al.,* 2001), indicating that using manuals in practice and producing high quality evidence, is possible within the discipline. With increasing familiarity with manuals in systemic practice, further data on family therapists' experiences of using them may be forthcoming.

Many manuals emerge from work conducted in academic institutions, rather than directly from clinical practice. There is therefore a potential for a clash of paradigms between academia and the clinic. For manuals to be increasingly acceptable to clinicians, their genealogy must have a clear connection with both contexts. Reinforcing the important bonds between research and practice offers a potential route forward. Increasing the use of manuals in training programmes will help to increase familiarity (Arnow, 1999). Further, since programme and workforce characteristics also influence the implementation of treatment manuals (Crits-Christoph *et al.,* 2009; Herbeck *et al.,* 2008), ensuring that trainees have a grounding in the use of manuals that can help shape the future generation of therapists, and how manuals can be integrated into services. Importantly, many clinicians have low levels of understanding and experience of manuals, meaning that specialties that have adopted manuals (such as CBT) report more positive views. The paucity of use of manuals in professional training courses (Arnow, 1999) means that negative views about them are unlikely to be countered through exposure. Consequently, integrating manuals in training may be an important step to increasing their familiarity and acceptability, as suggested by Carr (2014a, 2014b), which in turn can bolster clinician's ability to offer proven interventions.

With increasing financial pressure on service commissioners, producing evidence of the effectiveness and efficacy of therapy is important in supporting a case for ongoing funding. Manualized therapies offer a degree of reassurance as to the key ingredients, and the replicability of those key elements, in an effective approach. This literature review has found positive views of manuals among the clinicians who have used them. Clinicians' positive attitudes may lead to an increase in the acceptability of trials and consequently add to the evidence base of efficacious treatment (Barber, 2009). Indeed, some branches of psychotherapy are reconsidering the heresy of trial-based methodologies (Escudero, 2012; Pote *et al.,* 2003).

It is worrying that articles published as recently as 2005 reinforce the notion that manuals are unacceptable in clinical practice (Graybar and Leonard, 2005). We believe that, despite its limitations, our systematic review makes a helpful contribution to re-presenting the evidence to enable practitioners to consider their own views and exposure to manualized treatments.

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Appendix 1. Articles identified in the review

Reference/citation	Article type, methodology	Key findings of respondents	Modality (where stated)	Summary of quality appraisal of the studies
Addis and Krasnow, 2000	Random sample survey	77% had heard of treatment manuals, 47% never used manuals in practice, 6% used manuals often or exclusively, 24% strong/very strong attitude towards treatment manuals, CBT orientation more positive	CBT (43%), psychodynamic/analytic (24%)	Aims, design, recruitment strategy and limitations clear. Ethics, analysis and findings clearly documented
Ashcraft *et al.*, 2011	Evaluation	No correlation between experience and willingness to use manuals. Theoretical orientation is important to manual use. 16% had never heard of a treatment manual	Individual therapy (modality not named, 80%), family therapy (57%), peer group therapy (33/9%), multisystemic therapy (19%) marital therapy (3%)	Aim clear, although reason for design choice could have been more clearly stated. No clear recruitment strategy or data analysis stated. Findings are clearly stated
Busch *et al.*, 2009	Systematic research on psychoanalytic treatments Compared open clinical trial and RCT. Considers development of manual and adherence to developed manual	Viewed manual use in a positive light. Felt it did not interfere with clinical skills. Manuals assisted with symptom-focused therapy	Psychoanalytic psychotherapy	Method, design, recruitment strategies, data collection, researcher relationship not described. Ethics and data analysis not clarified. Statement of findings is relatively clear although no contradictory findings stated
Gregory and Macpherson, 2010	Manual development	Manual is useful and easy to follow. Useful resource. Helps with maintaining engagement	Not described	Aim, method, design, recruitment strategy, data collection and analysis and ethics are not described. Findings are relatively clear but imprecise

Herschell, A. D., McNeil, C. B., Urquiza, A. J. *et al.* (2009) Evaluation of a treatment manual and workshops for disseminating parent–child interaction therapy.	Evaluation study of treatment manual	Using treatment manual increased clinician knowledge and skills. Needs to be backed up by intensive training in its use. Degree type of therapist contributed to overall mastery of treatment manual	CBT (33%), family systems (24%), psychodynamic/analytic (24%), existential/humanistic (5%), don't know (5%), behavioral (2%), interpersonal (2%), social learning (2% and post-modern/narrative (2%)	Clear focus and recruitment strategy documented. States that randomization not possible. Limited reporting of full analysis of the main survey data
Morgenstern *et al.*, 2001	Feasibility study using qualitative and quantitative techniques	Participants reported the manual provided a step-by-step approach to dealing with issues. Enhances clinician technique Manuals were tedious, limiting and uninteresting. Diverse approaches work better for patients. Too inclined to teach and are inflexible	CBT	Aim, design, method, recruitment strategy data collection and analysis clear. Ethical approval documented and consent obtained. Findings and limitations clear
Muskat *et al.*, 2010	Evaluation	As the manual evolved, therapists were able to modify the timing of the delivery of content and development of activities and less educational material covered in each session. Therapists were frustrated when they could not address a topic that was covered later in the manual. Needed longer than 1 hour per session. Some felt constrained by the structure of the manual	Not described	Clear statement of aims, design, recruitment strategy. Data collection and analysis appropriate. No mention of ethics or consent. Findings clearly stated

Appendix 1. *Continued*

Reference/citation	Article type, methodology	Key findings of respondents	Modality (where stated)	Summary of quality appraisal of the studies
Simmons *et al.*, 2008	Quantitative	57% had received training in manual-based CBT or IPT for ED, 34% said they were not trained in manual therapies. Half denied using manual-based therapies. Most common reason for not using manuals was they are too rigid (56%). Lack of training makes using manuals difficult to use (12%). Manuals are inconsistent with their theoretical orientation (10%). Those who had received training (33%) did not use them because they were too constraining. Those who did were less likely to be psychologists or doctors and had spent less time in practice	Main modality: CBT (37%), eclectic (22%), psychodynamic (8%), interpersonal (2%), family systems (2%) and nutritional counseling (2%)	Clear statement of aims. Abstract misleading, as survey sent to 698 (only 268 responded). Methodology and design appropriate using validated tools. Data collection and analysis appropriate Clear statement of findings and limitations
Staudt and Williams-Hayes, 2011	Quantitative	Clinicians valued treatment manuals. Less experienced clinicians were more positive than more experienced ones. 85% had a clear/reasonably clear idea of what treatment manuals were and 85% had a positive attitude towards manuals. Only 10% rarely used manuals and 25% used them exclusively. 80% had a positive first experience and 20% had a neutral first experience. Manuals help keep clinicians on track during treatment. Manuals emphasize the therapeutic relationship is important. Manuals do not impose protocols devised by third parties. Manuals are viewed positively	Not described	Aims, design and methodology appropriate. Validated data collection and analysis tools used. Recruitment strategy documented. Exempt from international review board approval. Findings clearly documented

Stith *et al.*, (2002)	Qualitative study evaluating manual development	Felt working in groups worked for manualized treatment and treatment manual was helpful. Therapists were concerned about the amount of paperwork in first session interfering with therapeutic relationship. Worried that manual was too short	Marriage and family therapists	Aims, methodology and recruitment strategy clearly stated and appropriate. The statistical data and analysis are not reported. Ethics approval, findings and limitations are documented
Taylor *et al.*, 2011	Pilot and acceptability study of manual-based CBT	Additional 4 sessions were needed to address crises and engagement and do risk assessments. Therapy manuals were 'highly acceptable' to clinicians. Authors consider manuals are a time-efficient method for reducing waiting times for therapy	CBT	Clear statement of aims, design and recruitment with inclusion/exclusion criteria noted. Written consent obtained. Data collection appropriate and validated analysis tools used. Level of power was sufficient. Findings section and discussion too brief, although discusses applicability to practice
Wallace and von Ranson, 2011	Quantitative survey of using treatment manuals in bulimia nervosa	Manuals increased treatment fidelity, however clinicians reported low rate of manual use. Comorbidity was not considered to impede use of treatment manual. Clinical experience was not related to manual use. Treatment manuals are more likely to be used in clinical research than in clinical practice	CBT (47%), other (24%)	Methodology and design appropriate with clear statement of aims. Ethical approval and consent obtained. Coding information documented and analysis carried out using validated tool. Findings discussed and documented in tables

CBT, cognitive behavioural therapy; ED, eating disorders, IPT,