



Editorial

Foreword

Serious discussions of the dissemination of treatment methods presuppose that there are methods worthy of dissemination, but it was not always so. Prior to the insistence on using evidence-based treatments, dissemination depended on the persuasiveness of the people advocating the adoption of their particular method, and this led to what sceptical critics called a 'bazaar' of treatments. The weakness of this form of dissemination was the absence of an adequate base. The modern insistence on using evidence-based treatments has driven the growth and weighty influence of independent organizations that assemble and evaluate the evidence, and best of all, do so regularly. The expansive programme for training psychological therapists in the U.K. is closely linked to the recommendations of the National Institute for Clinical Excellence (NICE), and the dissemination of the NICE reports to therapists, supervisors and trainees (easily arranged) is a necessary step in the process of ensuring dissemination of effective methods. The problems and successes of disseminating the recommendations of the NIMH and comparable organizations are described in several of the papers in this Issue, and cover the introduction of evidence-based treatments in primary care settings, community settings that assist people with borderline personality disorders, children in serious neglect, rape victims.

The contributions to this publication are explicitly or implicitly influenced by the recommendations of NICE and/or NIMH, or comparable organizations in other countries. The paper by Clark et al. on the results of a study carried out in two demonstration sites in the U.K. is a clear example of the linkage between evaluation of the evidence and its translation into practice. In this important account of their attempt to test the viability of the recommendations for treating depression and/or anxiety in two diverse settings in the U.K. they encountered problems, but their main findings are encouraging and their insistence on the need to collect data at each stage of the projects sets a high standard. The research described in this paper was a stepping stone in the development of the programme to improve access to psychological treatment (IAPT).

Some of the beliefs that are interfering with the dissemination of evidence-based treatments are acutely identified and analysed by Shafran et al. who present arguments to correct these beliefs, while acknowledging the gaps in the available information. Incidentally, the inevitable slowness of NICE and NIMH in providing comprehensive evaluations and therapy recommendations means that for a period the selection of methods that are to be disseminated must be based on evaluations of the evidence made by the responsible clinicians/researchers. In some instances this is easy.

The exposure treatment of circumscribed phobias is well established and there are no competitors. Evaluations of how to treat complex disorders are less easy, but encouraging research is appearing at a steady pace. The strategy used by Nadort et al. in the dissemination of schema therapy for treating borderline disorders is an excellent example. In their review Ruzek and Rosen set out the problems encountered in disseminating the treatment for PTSD, and provide helpful suggestions for research.

The important problems of measuring adherence, competence and sustainability are addressed by contributors, and useful progress is being made. Another welcome development is seen in testing the effectiveness of dissemination in a variety of settings from conventional clinics to primary care facilities, to community services. A related development described by Clark et al. involved a comparison between medically-referred and self-referred people who needed help in dealing with anxiety/depression. They found that there were no differences in the problems reported by the two groups, and the disseminated treatment methods were equally effective for both of the groups. The energetic development of efficacious methods of disseminating psychological treatments reflects the increasing maturity of evidence-based therapies such as cognitive behaviour therapy.

In attempting to widen the availability of access to help, and to do so economically, some contributors have developed computer-assisted treatment programs. It is too early to evaluate the efficiency of all of the attempts being made but it seems likely that milder problems and/or those of recent onset might be particularly amenable to such programs.

An unexpected but potentially valuable finding is reported by Aarons et al. who found that the introduction of evidence-based treatment reduced staff burnout, exhaustion and turnover – no small matter in those numerous settings that are emotionally demanding. Perhaps this line of research will ultimately help to reduce burnout in other medical services such as intensive pediatric nursing, emergency medical crews.

There is a growing recognition of the need to develop and evaluate effective methods of dissemination, and the energy being devoted to these tasks is evident in this Special Issue.

Stanley Rachman
Department of Psychology,
University of British Columbia,
2136 West Mall, Vancouver, V6T 1Z4, Canada
E-mail address: rachman@interchange.ubc.ca