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# Clinical Effectiveness of Guided Self-help Therapy in Counseling: A Narrative Review

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## ABSTRACT

In the world of counseling and therapy, the professional use of self-help interventions in treating and managing mental health problems and disorders is quite evident. Guided “self-help” therapy (GSH) can also be called “self-directed” therapy or “self-guided” therapy, is a kind of therapeutic approach where individuals deal with their problems with some guidance provided either by a therapist, artificial intelligence, manuals, books, audio-video tapes, etc. The paper reviews the past literature of studies conducted on guided self-help therapy and its clinical effectiveness in the world of counseling. Several relevant studies published were identified and analyzed. It specifically deals with scope, key findings, research gap as suggestions for future work, and limitations of the available literature. The studies demonstrate the use of (guided) self-help interventions as a first-line treatment for treating disorders like anxiety, fatigue, depression, eating disorders, fears, headache, parent-child training, and sleep disturbance. Using the self-help program was found to be associated with lesser stigmas than traditional mental health services. Future research directions include further investigation on this approach as a replacement or complementary to other psychological approaches like Cognitive Behavioural Therapy.

**Keywords:** Guided self-help, Self-help interventions, Cognitive Behavioural Therapy

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## Introduction

“Self-help is the best help,” said someone famous.

Health is a fundamental human right, both physical and mental health. According to a Lancet study report (2017), 14.3% that is 197.3 million Indians are suffering from mental illnesses, of which 45.7 million people with depression and related disorders and 44.9 million with anxiety disorders. In a study published in the Indian Journal of Psychiatry, India has only 0.75 Psychiatrists per 100,000 people. In the World Mental Health Atlas (2014), it has been found that there were 0.3 psychiatrists per lakh population in India. The number is even less for psychologists and social workers. National Mental Health Survey of India (NIMHS), 2015-16 reported the treatment gap for different mental disorders ranged between 70-90%. 85.0%, 73.6%, 75.5%, 70.4%, 86.3%, and 91.8% for common Mental disorders, severe mental disorders, psychosis, bipolar affective disorder, alcohol use disorder, and tobacco use respectively.

The wide gap between mental health service seekers and the unavailability of a mental health professional can be bridged using “self-help” interventions available via minimal contact with a therapist, books, manuals, audio-video tapes, artificial intelligence, or other internet-based programs.

Having said that, apart from the unavailability of professionals, providing effective intervention for s problems is limited and accompanied by a stigma and reluctance of seeking help in person. Also, various problems like fatigue, irritability, etc that arise out of the respective disorders can be a reason for the patients to avoid face-to-face meetings.

The paper discusses the clinical effectiveness of guided self-help therapy and counseling in the world of counseling psychology. Self-help interventions where individuals deal with their problems alone are called “unguided” or “pure” self-help. Even in the case of “therapist-guided” self-help, the contact is minimal, provided through telephonic calls, e-mails or face-to-face. Guided self-help generally involves minimal contact varying in form and time with a clinician. Clinicians’ input in the therapy is the least when compared with other conventional therapies and treatments.

Our discussion will mainly target how clinically effective guided self-help interventions can be. Several types of research have brought our attention to the role of such interventions in treating and managing mental health problems and disorders effectively. Hence, the aim of this review is to evaluate the clinical effectiveness of guided self-help therapy in counseling.

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## Guided self-help therapy

“Guided self-help” therapy (GSH) can also be called “self-directed” therapy or “self-guided” therapy is a kind of therapeutic approach where individuals deal with their problems with some guidance provided either by a therapist, artificial intelligence, manuals, etc. In other words, it is self-support with guidance where clients or patients receive proper feedback. It is sometimes also called low-intensity

therapy. Self-help was defined by Bower et al., (2001) as “(a) a therapeutic intervention administered through text, audiotape, videotape, or computer text, or through group meetings or individual exercises such as ‘therapeutic writing’, and (b) designed to be conducted predominantly independently of professional contact”.

There are several types of self-help intervention formats were found. For example, according to Marks et al., (2007), Computer-aided Cognitive Behavioural Therapy (CCBT) is effective for some problems like phobia and panic disorders, obsessive-compulsive disorder, depression, obesity, childhood anxiety, and so on.

As described by Cuijpers & Schuurmans (2007), self-help interventions include a standardized psychological treatment protocol in the form of books (bibliotherapy) or can be accessed through other media like the internet (software packages mobile applications, websites, or artificial intelligence), CD and DVD (audio-video tapes).

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### **Past reviews of literature related to the clinical effectiveness of guided self-help therapy**

This section of the paper examines/reviews the various studies conducted on self-help interventions demonstrating their effectiveness based on their:

- i. Format of material(s) used
- ii. Scope and Key findings
- iii. Suggestions for further research work
- iv. Limitations

A meta-analysis of 40 self-help studies conducted by Gould & Clum (1993), used printed materials, (books, manuals, pamphlets), audiotapes, videotapes, and a combination revealed that some skills-oriented deficits and diagnostic problems like fears, depression, headaches, parent-child training, and sleep disturbance (insomnia) were more amenable to self-help approaches whereas habit disturbances like smoking, drinking and overeating were less amenable to self-help approaches. But conclusions can be limited primarily to targeted behavioral problems. Therefore, further investigation could be done on the effectiveness of self-help booklets with therapists as a combination approach, and a better study design bridging the gap between controlled clinical demonstration studies and large-scale naturalistic field studies is recommended.

According to Carlbring et al., (2001) using self-help materials administered through the internet with minimal contact with the therapist through email showed favorable results for people suffering from panic disorder. Bodily sensations, anticipatory and catastrophic thoughts, agoraphobia, severe anxiety, and depression were also reduced. One limitation is that the treatment period was too short and also results might be affected by bias as self-report scales were used for post-assessment of the intervention. Future researchers could compare self-help interventions with standardized face-to-face therapy.

A study conducted by Bailer et al., (2004) on eighty-one patients with Bulimia Nervosa evaluating the short and long-term effectiveness of guided self-help in the treatment using self-help manuals found that guided self-help had a substantial impact on binge eating and purging behavior. But the study failed to make a comparison between individual CBT and group CBT approach which is seen as a less effective form of treatment. And hence, the effectiveness of guided self-help can be interpreted due to its comparison with a less effective treatment strategy. Future work should study self-help inventions to be compared with other strongly effective interventions as well.

A study indicated that a (guided) self-help manual is a stepped-care approach and an effective first-line treatment for anxiety problems in primary care (van Boeijen et al., 2005). A major drawback was that they were unable to address the feasibility and the cost-effectiveness of using a (guided) self-help manual in this setting, especially compared with second-line CBT, and further suggested that it should be addressed.

A study by Schneider et al., (2005) on internet-guided self-help with or without exposure therapy for phobic and panic disorders revealed that computer-aided self-help was more effective with or without exposure instructions and a 1-month follow-up revealed that it was more effective when exposure instructions were given along. But a larger sample would have been more desirable and the factors producing Net-accessed non-exposure therapy should be identified further.

According to Morin et al., (2005) a study conducted on self-help treatments for insomnia using educational booklets with relevant information about insomnia, healthy sleep practices, sleep scheduling, and cognitive strategies showed that this behavioral intervention could alleviate a broad range of insomnia symptoms effectively. But this study was reliable on self-reported data and without an independent rating of treatment compliance. Future studies can focus on generating optimal content and format of these self-help materials to develop a more efficient method for sleep disturbances and insomnia.

Seekles et al., (2010), in a study on the effectiveness of (guided) self-help in primary care for patients with mood and/or anxiety disorder using books and the Internet, revealed that self-help (guided) self-help was not very effective in symptoms of depression. But showed a decrease in anxiety symptoms in patients with an anxiety disorder without comorbid depression. The major drawback is, the ineffective recruitment of subjects using screening for mood and anxiety disorders. Also, 200 patients were required for power analysis but only 120 patients were included. More research is needed to clarify the ineffectiveness of (guided) self-help for depression.

A study by Fledders et al., (2011) on the effectiveness of early guided self-help programs based on acceptance and commitment therapy (ACT) for reducing depressive symptomatology using books showed that ACT-based self-help programs are effective for people with symptoms of mild to moderate depression. It was also found that the program also affected symptoms of anxiety and fatigue. Using the self-help program was found to be associated with lesser stigmas than traditional mental health services. One major drawback identified is that the study lacks external validity because the study used a sample of highly educated females therefore generalizations should be prudently made. Future research could examine whether a guided self-help ACT intervention is effective in reducing the onset of a major depressive disorder and could make changes in terms of the sample.

A study by Lewis, Pearce & Bisson (2012) using a self-help book and the internet on the efficacy, cost-effectiveness, and acceptability of self-help interventions for anxiety disorders found that such interventions were effective in treating social phobia and panic disorder. One limitation is that the study lacks generalizability because only English-language studies were reviewed and a small sample size is used. Therefore, larger-scale studies are required in the future.

A study by Day, McGarth,& Wojtowicz (2013) on guided self-help for university students with anxiety, depression, and stress using an internet-based program revealed that participants accessing the self-help program showed significantly reduced psychological distress. This study was only restricted to university students. Also, the technique used for the recruitment of participants was not reliable. Future research could focus on these grounds for improvement.

According to a study by McCann & Lubman (2014) evaluating carer's beliefs about the usefulness of guided self-help for the primary carer of young people with first-episode psychosis using a self-help manual revealed that guided self-help was useful in informing and supporting them. However, the generalisability is low. Future studies can use other delivery modes such as online as well.

According to Naeem et al., (2016) cognitive behavioral therapy-based guided self-help for psychosis (schizophrenia) study using handouts and worksheets reported that guided self-help is feasible and acceptable showing improvements by reducing psychopathology and disability. But individuals who participated in the given study had moderate psychopathology and low level of disability. Also, they were literate and well-engaged with the services. Future studies could evaluate its effectiveness on individuals with severe symptoms before generalizing results.

A case series report by Umegaki et al., (2022) found that workbook-type self-help programs on rumination-focused cognitive-behavioral therapy(RFCBT) were effective in reducing rumination, worry, and anxiety among Japanese female undergraduates. The drawback was a single-group study without a control condition is done. Hence, lacking external validity. Therefore, Improvements in terms of research designs (control condition) & sample (gender, age, etc) are required.

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## Conclusion and Directions for Future Work

Considering the available evidence, guided self-help techniques are cost-effective in terms of office location, and manpower. Also, is best suited for people with strict work schedules, stigmas, and living in remote areas without much exposure to mental health-related treatments.

Guided self-help has found to be highly effective as a stepped-care approach that is an approach that uses the least resource yet intensive in nature and first-line treatment. Fairburn (1995) suggested that self-care or guided self-care may be a useful first phase in treatment. Self-help tools with evidence-based concepts act as a facilitator and add-ons to standard interventions for OCD (Steffen et al., 2011).

It was found to be clinically effective mostly in the case of anxiety disorders like social anxiety disorder (social phobia) and panic disorder which is revealed in several types of research. Shreds of evidence in a study by Furmark et al., (2009) reports that guided self-help was effective for social anxiety. A review study by Newman et al., (2003) on anxiety disorder treatments using guided self-help revealed that self-administered interventions are most useful for motivated clients who seek treatment for simple phobias. Other disorders or problems like sleep disturbances (insomnia), eating disorders (bulimia nervosa, binge eating, and purging), rumination, worry, and headaches can also be treated and managed using guided self-help interventions.

In the case of mood disorders like depression, such interventions did not show promising results as they only worked for people with mild to moderate depressive symptoms. Morgan & Jorm (2008) in a systematic review of self-help interventions for depressive disorders and depressive symptoms revealed that many self-help interventions showed favorable results in reducing subthreshold symptoms of depression. Subthreshold here means clinically relevant depressive symptoms that usually do not meet the criteria for a depression diagnosis.

People who are unwilling to seek or have less exposure to therapy and counseling can choose guided self-help interventions using books, manuals, CDs, DVDs, and software programs as a better option for their problems. It is proved to be efficient, cost-effective, and user-friendly. In a survey of Canadian clinical psychologists by Warner (1990), it was found that almost two-thirds of them suggested using self-help books for their clients/patients.

Even though guided self-help interventions can be clinically effective, but they cannot be seen as a replacement for psychotherapy, cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and other therapies. Hence, it is supportive in nature. Also, a major drawback remains that it can only be done effectively with an educated and literate population.

Future research could evaluate the effectiveness of guided self-help as a blended or combination approach with other therapies like psychotherapy, gestalt therapy, etc. An ample number of studies reported Computerised cognitive behavior therapy (cCBT) usage for post-traumatic stress disorder, general anxiety, and emotional problems. Therefore, it could explore the effectiveness of self-help in mood disorders. For example; reducing depressive symptomatology. Also, self-help therapy for severe mental illnesses like psychoses is yet to be explored. Along with it, future research could incorporate studies on large-scale samples. It can further study its effects on children with psychological conditions like internalizing and externalizing disorders, intellectual disabilities, developmental disabilities, etc. Finally, it

could investigate the factors affecting guided self-help intervention and predictors of good responses to self-help. For example; age can be associated with the results of guided self-help therapy.

Therefore, additional studies are required to compare guided self-help treatments against other forms of standard interventions across various mental health problems.

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