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Therapist's experience of, and attitudes towards,
barriers to the completion of therapeutic homework
tasks in children, adolescents and families

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ABSTRACT

Homework is a widely used therapeutic tool, employed by clinicians from a range of training backgrounds and across a variety of theoretical orientations. Theoretical and empirical support suggests that homework is an effective component of treatment for clients from a variety of populations, presenting with a host of different disorders. Yet despite support for these assignments, few studies have directly investigated factors that may potentially interfere with the process of completing homework assignments. The present thesis aimed to address this gap in our knowledge by gathering survey data from a sample of 144 Marriage and Family Therapist regarding their attitudes and experience of homework barriers that have occurred in their clinical practice. Data obtained found support for the regular occurrence of twenty-one specific types of barriers. It was also revealed that a subset of "generic" factors frequently occurred across all client groups. The clinical implications of these barriers are discussed.

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Chapter One: Introduction

Overview

The following chapter presents an overview of the primary aim and rationale for the present thesis. The concepts of 'homework' and 'barriers to homework completion' are defined, and the historical context within which this study lies is described. Finally, the importance of this investigation for the field of psychotherapy is illustrated by the findings of recent practitioner surveys regarding the use of therapeutic homework tasks in clinical practice.

Introduction

In recent years, the use of between-session tasks has received increased attention in the psychotherapeutic literature (Kazantzis, Deane, Ronan & Lampropoulos, 2005). Often referred to as "homework", these between-session activities have been most frequently associated with cognitive behavioural therapy¹ (CBT; Beck, Rush, Shaw & Emery, 1979; Edelman & Chambless, 1993). However, in addition to CBT, homework is now also considered an integral component of many other therapeutic approaches. These include behavioural therapy (Shelton & Levy, 1981b), marital and family therapy (Carr, 1997; Hansen & MacMillan, 1990), solution-focused therapy (Beyebach, Morejon, Palenzuela & Rodriguez-Arias, 1996), child and adolescent therapy (Hudson & Kendall, 2002), systemic therapy (Dattilio, 2002a), brief dynamic therapy (Badgio, Halperin & Barber, 1999; Vakoch & Stupp, 2002), and a host of integrative and post-modern therapeutic approaches (Dattilio, L'Abate & Deane, 2005).

The use of homework is not new within the field of psychotherapy (Dattilio, 2002b). Indeed, between-session assignments have been viewed as a 'core and crucial component of cognitive behavioural therapy for decades' (Kazantzis, Deane & Ronan, 2004, pp 628). Homework assignments first entered the psychotherapeutic literature over 60 years ago (e.g., Dunlop, 1936;

¹ Within this thesis, the terms homework and between-session tasks have been used interchangeably. Both terms refer to activities that are completed by a client outside of normal session time and are designed to contribute towards the goals or process of therapy (Lambert, Harman & Slade, 2005).

Herzberg, 1941); however, initially these tasks were not seen as an integral part of the therapeutic experience. Rather, during this early period clients were only ever asked to engage in homework activities occasionally, and these assignments were viewed purely as an adjunct to the main tools of therapy. Freud (1952) for example, wrote that at times he would suggest socially phobic clients might do well to engage in the 'homework task' of venturing out into society on their own in order to face their fears. However, this suggestion would only be made after having engaged in psychoanalysis to explore the intra-psychic root of the client's distress first.

George Kelly's 'Fixed Role Therapy' (1955) was the first to incorporate homework as an *integral* component of a program for psychotherapeutic change (Coyne & Lombardo, 2002; Dattilio, 2002a). In this treatment approach Kelly urged his clients to adopt an interpersonal style that was different to the way they usually interacted with others. The client then practiced these different 'roles' outside of the therapeutic setting. Through this technique, clients were able to temporarily abandon their concept of *self* and to 'try on' new identities or personality characteristics while 'wearing the protective mask of make-believe' (Neimeyer, 1995, pp 113). It was proposed that clients were able to do this while safe in the knowledge that their own construction of self may be readopted when the role-play was over (Cruise & Sewell, 2000). During this process clients were encouraged to take note of how this experience of adopting a different role was for them, and to observe the feedback received from others while behaving in this new way. If the client persisted in maintaining these new roles in a range of situations, behaviours associated with these roles were often reinforced through positive social interactions. In this way, these adaptive behaviours became accommodated into the client's everyday behavioural repertoire (Kipper, 1996). Subsequently, as the client began to view themselves in more positive ways — congruent with their perception of others who behaved in a similar fashion — this change in behaviour served to mediate a cognitive shift, altering the client's perception of their own ability to address the problems that brought them to therapy initially (Neimeyer, et al., 2003).

Since these early beginnings, the use of homework assignments have gained in popularity and are now considered an integral component of a wide variety of manualised treatments. They have also become part of the everyday clinical practice of a large number of psychotherapists working within

a variety of disciplines (Kazantzis, Lampropoulos & Deane, 2005; Robinson, 2003). As will be demonstrated throughout the following chapters, a host of theoretical and empirical support currently exists regarding the efficacy of therapeutic homework tasks as a clinical tool. Yet despite support for these assignments, studies investigating homework compliance have indicated that clients frequently do not complete all tasks collaboratively assigned as part of therapy (Abramowitz, Franklin, Zoellner, & DiBernardo, 2002; Addis & Jacobson, 2000; Kazantzis, Deane, & Ronan, 2004). A client may encounter a large number of barriers that can potentially interfere with the completion of such activities. *Environmental, patient, task and therapist* factors have each been proposed as a potential source of non-completion of homework tasks (Detweiler & Whisman, 1999; Tompkins, 2003). However, in contrast to the large number of empirically based studies that have investigated many other aspects of therapeutic homework, much of what has been written to date regarding *homework barriers* has not been generated from empirical research. Rather, this has been derived in the main from the clinical experience of identified experts in the field (e.g., Hudson & Kendall, 2005; Freidberg & McClure, 2005; Tompkins, 2004). While it is acknowledged there is great value in presenting and discussing the processes and pitfalls that arise within clinical practice, the fact remains that the literature currently available portrays the experience of only a small number of clinicians. Although largely regarded as experts, these authors represent a restricted sample of clinicians and therefore may not have fully captured the complete range of barriers that occur in everyday practice. Furthermore, they may not accurately reflect the experience of the wider therapist population; in particular, those homework barriers encountered by therapists who are less clinically experienced or who are unfamiliar with the current literature regarding therapeutic homework tasks.

Of the small body of empirical research that has been generated regarding factors which potentially impact upon homework compliance, Kazantzis, Deane, Ronan and Lampropoulos (2005) note the majority of this work has been conducted in piecemeal fashion with any given study discussing only one or two factors in isolation. Furthermore, none of the authors that have previously reviewed this body of literature have conducted any investigation into how frequently these barriers manifest in clinical practice, or with which client populations they are likely to occur. Even fewer authors have investigated those barriers to homework completion that are experienced specifically by children,

adolescents or family groups. Therefore, given the weight of support for the use of homework, as well as the paucity of empirical knowledge regarding factors that may impede the completion of between-session tasks, the primary aim of the present thesis was to survey a wide sample of practicing clinicians regarding their experience of barriers to homework completion in their clinical practice. The development of this survey was based upon a detailed review of the empirical literature and clinical opinion regarding homework barriers, which have been suggested by previous authors. By gathering data from a wide sample of therapists regarding their experience of, and attitudes towards such barriers, it is anticipated this would go some way towards addressing this gap in our knowledge and provide a valuable step towards being able to develop strategies for overcoming these barriers.

Definitions

Homework tasks take a number of different forms and may include such activities as structured behavioural assignments, reading therapy related material, gathering information, observing thoughts, feelings and behaviours, keeping a journal, or a multitude of other activities that can be conceptualised as extending the therapeutic process into the time between sessions (e.g., Beck, et al., 1979; Padesky & Greenberger, 1995; Tompkins, 2004). In the context of the present thesis, homework assignments are therefore defined as *tasks that contribute towards the goals or process of therapy, which are completed by the client outside of normal session time* (Lambert, Harman & Slade, 2005).

The concept of barriers to homework completion is also not new to the field of psychotherapy. However, over the years these barriers have been conceptualised in a variety of different ways and have been referred to by an assortment of labels. Leahy (2001) for example, conceptualises homework barriers as a clients 'resistance' to therapy; Judith Beck (1995; 2002) viewed them as 'obstacles' that arise from a client's underlying maladaptive beliefs; whereas Detweiler and Whisman (1999) discuss homework 'non-adherence factors' and 'compliance issues'. The phrase 'barriers to homework completion' has itself also been used by a number of authors, and has recently grown in popularity as a term used to describe the myriad of factors that may potentially

interfere with a client completing between-session tasks (Baker, Heather, Stallard, O'Neil, & Wodak, 1994; Beck, et al., 1979; Carroll, Nich & Ball, 2005; Coon & Thompson, 2003; Detweiler-Bedell & Whisman, 2005; Glaser, Kazantzis, Deane & Oades, 2000; Johnson & Kazantzis, 2004; Kazantzis & Lampropoulos, 2002; Kazantzis, Deane & Ronan, 2000; Kazdin & Wassell, 2000; Myles & Milne, 2004; Scheel, Hanson, & Razzhavaikina, 2004). In addition, authors investigating factors that lead to disruption in other areas of psychotherapy have likewise adopted the rubric of 'barriers'. A notable example of this is the work of Allen Kazdin and colleagues (Kazdin, 1996; Kazdin, Holland, & Breton, 1991; Kazdin, Holland, fs & Crowley, 1997), in which the reasons most likely to account for the early withdrawal of children and their families from psychotherapeutic treatment were explored. Kazdin conceptualised the large number of factors that were found to contribute to the premature withdrawal of clients from treatment as 'barriers to treatment success'. This term was particularly useful as these barriers covered a diverse range of disruptive factors, some of which were within the control of the client, while others, the client had little direct influence over. The notion of multiple barriers is one that lends itself well to the many and diverse factors that lead to homework non-completion. Therefore, a 'homework barrier' is herein given to mean anything that *prevents or impedes a client from engaging in a homework activity* (Beck, et al., 1979).

As will be examined in Chapter 4, factors that may constitute a 'barrier' and therefore result in the non-completion or partial completion of homework tasks can arise from a range of sources. These may be either internal to a client, such as their beliefs about therapy and their perception of their own ability to complete a task (Beck, 2005), or from a range of external factors such as aspects of the client's situation, or due to the task or treatment itself (Detweiler & Whisman, 1999). Furthermore, it is likely that while many of these disruptive factors can be discussed independently, it may also be possible to view them as overlapping processes that arise within the context of the overall conceptualisation of the client's difficulties² (Beck, 2005; Kazantzis, MacEwan, & Dattilio, 2005).

² The clinical implications derived from the present thesis for conceptualising homework barriers in the context of the client's overall presenting difficulties are currently in press with the journal of *Cognitive and Behavioural Practice* (Kazantzis & Shinkfield, in press).

Practitioner Surveys

Until recently the extent to which homework was used in clinical practice was not fully known, as little research had been undertaken to directly investigate this. A large-scale randomised survey ($N = 827$) was conducted by Kazantzis, Lampropoulos and Deane (2005) that sought responses from an American sample of 3,000 practicing psychologists regarding the frequency with which they used homework tasks in their therapeutic practice. The survey gathered information on the types of activities typically assigned by these therapists and enquired also about their attitudes towards homework tasks in general. As the authors acknowledge, due to the nature of mail survey research, the study faced a number of limitations. In particular, the study obtained a modest rate of response (28%) and had relied solely upon clinicians' self-report, rather than using an experimental methodology (Coolican, 2004). As a result the sample obtained may have contained an over representation of psychologists with an interest in the use of homework assignments, or the responses given may have been influenced by social desirability or other response bias (Mangione, 1995). Even so, this study did highlight that practitioners from a range of therapeutic orientations endorse the regular use of homework tasks in their clinical practice. Specifically, the authors found from a screening question that 98% of those surveyed reported having asked their clients to scrutinise their thoughts, behaviours or emotions in the time outside of therapy sessions. Furthermore, therapists reported that they did so within an average of 57% of all of their sessions. It was also found that 68% of the sample indicated they 'often' or 'almost always' used homework assignments in their clinical practice. CBT therapists reported the highest use of homework tasks; however, it was noteworthy that homework assignments were also featured within the practice of respondents endorsing psychodynamic or interpersonal theoretical orientations as well.

The study by Kazantzis, Lampropoulos and Deane (2005) extends upon the findings of earlier survey research, including that of Kazantzis and Deane (1999), which explored the use of homework by psychologists in New Zealand ($n = 221$). This study also found that 98% of those psychologists surveyed reported using some form of homework assignments in their clinical practice. The data further suggested that 80% of those sampled believed that homework was of importance in the treatment of anxiety disorders, non-assertiveness and social skills training.

Additionally, 65% regarded homework as being of importance in the treatment of depression, insomnia, obsessions/compulsions and sexual dysfunction. However, it is important to recognise that due to the predominance of cognitive-behavioural theory in the clinical training of New Zealand psychologists (Kazantzis & Deane, 1998), more than half (57%) of the sample endorsed using a cognitive-behavioural therapeutic approach. Consequently, the findings of this New Zealand study may be considered to best reflect the beliefs of therapists working within a cognitive-behavioural framework and may not generalise to other clinicians.

A survey of mental health workers from a broad range of professions was also conducted by Kazantzis and colleagues (Kazantzis, Busch, Ronan, & Merrick, in press). The sample obtained by this survey included psychologists (29%), nurses (5%), psychiatrists/physicians (7%) and counsellors (52%). This study revealed that regardless of professional practice, overall 83% of the sample reported using between-session assignments when engaging therapeutically with clients. As with previous surveys, it was also found that those practitioners who reported having trained within a cognitive behavioural model used a greater number of homework assignments and employed these tasks more systematically than those practitioners from other theoretical orientations. However, these findings should be considered in the context of the limitations of the study. The sample was both non-randomised and of a moderate size ($N = 330$). Furthermore, the study drew upon a sample of New Zealand practitioners; therefore, the same limitations should be noted regarding the ability to generalise these findings to other populations.

A practitioner survey conducted by Fehm and Kazantzis (2004) investigated the hypothesis that a practitioner's beliefs regarding homework tasks would impact upon his or her use of these tasks in clinical practice (see also Addis & Krasnow, 2000; Kazantzis, Deane, Ronan & Lampropoulos, 2005; Kazantzis & Lampropoulos, 2005). This study drew upon a sample of German Psychologists ($N = 140$) to investigate the impact of attitudes held towards homework tasks upon the process and outcome of therapy. In contrast to other populations surveyed, the sample of German therapists was found to report a lower rate of homework use (37%) than in previous studies. Although therapists from a range of theoretical orientations reported using such tasks, once again, cognitive-behaviourally trained clinicians indicated using homework more frequently than psychodynamic practitioners. Furthermore, those clinicians who endorsed a cognitive-behavioural approach were

also significantly more likely to hold beliefs that homework is an indispensable component of therapy, that homework enhances therapy outcome and that it contributes to behavioural change in clients. Conversely, psychodynamically oriented therapists were more likely to agree that there is a lack of empirical support for homework and that assignments are not necessary for every patient.

Summary

What is illustrated by the above survey findings is that at present, homework tasks are regarded by a large number of psychologists as an important vehicle through which psychotherapeutic change occurs. Furthermore, these findings indicate that homework tasks are being regularly incorporated into the everyday clinical practice of psychologists from a range of theoretical orientations and training backgrounds. In addition, it is important to note that the opinion expressed within these surveys also finds theoretical and empirical support from a variety of studies reported in the psychotherapeutic literature. Therefore, given that homework has been considered an active ingredient in psychotherapy for several decades and that a large proportion of psychologists currently endorse the use of homework as a valuable component for therapeutic change, it is important to consider that should a barrier be encountered which prevents these tasks from being completed, the client may not gain the maximum possible benefit from engaging in therapy. As noted, the primary aim of the present study is to explore these *barriers to homework completion* and develop an understanding of the factors that may disrupt clients from engaging in between-session tasks. In order to understand more fully why such an investigation is of importance to the field of psychotherapy, the theoretical and empirical support for using homework as a therapeutic process will first be reviewed.