



A session-to-session examination of homework engagement in cognitive therapy for depression: Do patients experience immediate benefits?



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ABSTRACT

Homework is a key component of Cognitive Therapy (CT) for depression. Although previous research has found evidence for a positive relationship between homework compliance and treatment outcome, the methods used in previous studies have often not been optimal. In this study, we examine the relation of specific aspects of homework engagement and symptom change over successive session-to-session intervals. In a sample of 53 depressed adults participating in CT, we examined the relation of observer-rated homework engagement and session-to-session symptom change across the first five sessions. Within patient (and not between patient) variability in homework engagement was significantly related to greater session-to-session symptom improvements. These findings were similar when homework engagement was assessed through a measure of general engagement with homework assignments and a measure assessing engagement in specific assignments often used in CT. Secondary analyses suggested that observer ratings of the effort patients made on homework and the completion of cognitive homework were the numerically strongest predictors of depressive symptom improvements. Patient engagement with homework assignments appears to be an important predictor of early session-to-session symptom improvements. Future research is needed to identify what therapist behaviors promote homework engagement.

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1. Introduction

Cognitive Therapy (CT) has been established as an efficacious treatment for depression (DeRubeis, Webb, Tang, & Beck, 2010). The use of homework is an integral component of CT, with homework assignments serving as a critical way of encouraging patients to practice integrating the skills they learn in therapy into their everyday lives (Beck, Rush, Shaw, & Emery, 1979; Kazantzis & Lampropoulos, 2002). Common homework assignments in CT for depression include monitoring the relationship between activities and moods, engaging in activities to promote a sense of pleasure or accomplishment, recording and developing alternative responses to one's automatic thoughts, and engaging in behavioral experiments designed to test one's depression-related beliefs (Beck et al., 1979).

Across a variety of cognitive-behavioral treatments for diverse

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psychological problems, the available evidence indicates that homework is both correlated with and experimentally linked to therapeutic outcomes. As meta-analytic evidence has shown, individual differences in completing homework are related to more positive treatment outcomes (Kazantzis, Deane, & Ronan, 2000; Kazantzis, Whittington, & Dattilio, 2010). In addition, patients randomized to therapy including homework assignments have been found to experience superior outcomes relative to those randomized to therapy without such assignments (Kazantzis et al., 2010). For example, Neimeyer and Feixas (1990) examined homework in the context of a group version of CT for depression and found that groups assigned homework outperformed those not assigned homework. However, this study did not include an assessment of the degree to which patients engaged in homework assignments. The meta-analytic evidence of a homework-outcome relation was based on a combination of studies examining different patient populations and treatments under investigation, with these treatments differing markedly in the homework utilized. In our search for studies of homework in individual CT for depression, we identified a relatively small group of seven studies (Bryant, Simons, & Thase, 1999; Burns & Spangler, 2000; Coon & Thompson, 2003;

Cowan et al., 2008; Detweiler-Bedell & Whisman, 2005; Persons, Burns, & Perloff, 1988; Startup & Edmonds, 1994). A review of these studies suggests that all but one (i.e., Detweiler-Bedell & Whisman, 2005) reported evidence of homework compliance in CT for depression being associated with positive outcomes at the end of treatment. However, it is important to consider the methodological and analytic features of these studies to understand what conclusions regarding the homework-outcome relation in CT for depression are currently warranted.

In our review of these seven studies, we identified five methodological or analytic features of the studies that we believe limit the conclusions one can draw regarding the nature of the relationship between homework engagement and therapeutic outcomes in CT for depression. First, earlier investigations of homework compliance utilized retrospective therapist ratings gathered at the end of treatment (Burns & Spangler, 2000; Persons et al., 1988). When therapists make a retrospective assessment of patients' homework engagement, it is impossible to ensure that these ratings are not contaminated by knowledge of patients' ultimate outcomes. One might expect that therapists' estimates of homework engagement would be inflated as patients achieved more positive outcomes. Second, six of seven studies examined the relation of homework engagement with symptom change as assessed over relatively long periods of time. In these studies, symptom change was only evaluated from pre- to post-treatment. As the exception to this, Detweiler-Bedell and Whisman (2005) included analyses of symptom change over the first half of treatment; these analyses failed to identify a significant relationship between early homework compliance and improvement in depressive symptoms across the first half of treatment. The problem with relying on studies examining the relation of homework and pre- to post-treatment symptom change is that the relation identified in these studies could at least partly reflect the impact of early symptom change on homework engagement much later in treatment. On average, patients tend to experience greater symptom improvements early in treatment, with one estimate suggesting that that 32% of symptom change occurs in the first 2 weeks (and four sessions) of a 16-week course of CT of depression (Strunk, Brotman, & DeRubeis, 2010). Insofar as homework might be expected to have relatively immediate effects, analyses of the relation of homework engagement and session-to-session symptom change would be most sensitive to detecting the effects of interest. However, we are not aware of any studies examining the relation of homework engagement and session-to-session symptom change—in CT for depression or otherwise.

Third, a number of researchers have studied homework by examining patients' compliance with the assignments given. This approach compares the homework completed with the amount of homework assigned, either using the percentage of homework completed (e.g., Coon & Thompson, 2003) or a Likert-type item reflecting the amount of homework completed relative to that assigned (e.g., 0 "patient did not attempt the assigned homework" to 6 "the patient did more of assigned homework than was requested"; Primakoff, Epstein, & Covi, 1986). This means that a high score could reflect either a great deal of work on the patient's part or very little work if the therapist had only assigned little homework. Similarly, a low score could reflect either little work on the patient's part or a large amount of work, if the therapist had assigned an even larger amount. An alternative way of examining homework is to assess the extent to which patients engage in homework activities between sessions—without a comparison to what was assigned in the preceding session (e.g., Rees, McEvoy, & Nathan, 2005). As we noted, these approaches can lead to important differences in the assessment of homework. In our view, establishing a relation of homework engagement, reflecting the

patient's absolute efforts rather than their efforts relative to the amount of homework assigned, provides the clearest test of the hypothesis that the more patients engage with the homework activities, the more symptom improvement patients will experience.

Fourth, patients' homework efforts are often assessed broadly using a single variable (Kazantzis, Deane, & Ronan, 2004). Most homework research has assessed the overall amount of homework completed. Single homework measures fail to reflect the degree to which patients engage in different types of homework assignments used in the treatment under investigation. Although Kazantzis et al. (2000) examined the role of homework type in their meta-analysis, the 11 studies included in that analysis were limited to those that exclusively used only one specific type of homework. Thus, homework type was confounded with other characteristics of the studies (e.g., the clinical problem being treated). The role of different kinds of homework within CT for depression is unknown.

To our knowledge, only two previous studies have examined patients' homework engagement on multiple specific assignments within a given treatment (Cammin-Nowak et al., 2013; Rees et al., 2005). Rees and colleagues examined several different homework types (relaxation, reading, thought diaries, and behavioral tasks) as predictors of post-treatment symptoms in a mixed anxious and depressed sample participating in group cognitive-behavioral therapy. They found a greater number of behavioral tasks (pleasant activities and exposure exercises) was significantly associated with greater change in depressive symptoms whereas a greater number of thought diaries was significantly associated with greater change in symptoms of anxiety. Cammin-Nowak and colleagues also found situational exposure predicted outcomes in CBT for panic disorder more strongly than other homework types. While treatment developers presumably would predict that all homework assignments included in their approach would be therapeutic, one can only evaluate potential differences in the relation of different homework assignments and outcome by including measures that reflect the use of the different types of assignments given. The results of the two studies of multiple specific homework assignments attest to the importance of examining individual types of homework within the same treatment.

Finally, while some researchers have used repeated homework measures, as noted earlier, researchers have yet to use such repeated measures to examine the relation of homework engagement and session-to-session symptom change. Session-to-session analyses are appropriate for examining the relation of homework engagement between two sessions and the associated changes in depressive symptoms during that between-session interval. We think such an approach coincides with the time period over which we suspect the benefits of homework would be most likely to be observed. Whether a patient is asked to engage in a pleasant activity or re-evaluating his or her negative automatic thoughts, these activities are hypothesized to have immediate therapeutic impact (Beck et al., 1979). Previous research with other important therapeutic constructs supports the possibility that effects of psychological interventions can be detected over such short intervals. For example, both therapist competence and therapist adherence have been found to predict session-to-session symptom changes in CT (Strunk, Brotman, & DeRubeis, 2010; Strunk, Brotman, DeRubeis, & Hollon, 2010; Strunk, Cooper, Ryan, DeRubeis, & Hollon, 2012).

In addition, using repeated measures also allows one to parse within- and between-patient variability to rule out the potential impact of any stable patient characteristics serving as confounding factors (Allison, 2005; Curran & Bauer, 2011). For example, certain types of patients (e.g., those who are motivated, agreeable, or relatively free of personality pathology) may be more likely to have higher homework engagement and respond positively to treatment. By focusing on within-patient variability in homework, any

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