

The Relationship Between Therapist Competence and Homework Compliance in Maintenance Cognitive Therapy for Recurrent Depression: Secondary Analysis of a Randomized Trial

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Meta-analyses reveal that homework compliance is associated with a better treatment outcome. However, little is known about the processes that could be responsible for patient compliance with homework. It has been proposed that therapist competence, in particular with respect to reviewing homework, is highly relevant for homework compliance. The present study is a secondary analysis of a randomized controlled trial. Altogether, 54 patients with recurrent depressive disorder (currently in remission) who were treated with maintenance cognitive therapy (MCT), were considered. One videotaped treatment session of each patient was randomly selected and therapist competence (general competence and specific competence in setting and reviewing homework) was assessed by 2 independent raters. Furthermore, both patient and therapist views of the therapeutic alliance were evaluated by questionnaire in this therapy session. Homework compliance (considering quantitative as well as qualitative aspects) in the following session was evaluated by 2 additional raters. These 2 raters were blinded regarding the ratings of the therapeutic competence. In a multilevel path analysis model, a significant association between the therapeutic competence in reviewing homework and homework compliance was detected, while the therapeutic alliance and several patient character-

istics were not associated with homework compliance. We found no relationship between homework compliance and treatment outcome. Our results demonstrate that a specific therapeutic competence (i.e., competence in reviewing homework) is associated with patient compliance with homework, and therefore, provides further empirical evidence of the importance of therapist competence in the psychotherapeutic process.

Keywords: cognitive-behavioral therapy; homework compliance; recurrent depression; relapse prevention; therapist competence

HOMEWORK IS AN ESSENTIAL PART of cognitive-behavioral therapy and is frequently used by practicing clinical psychologists (Fehm & Kazantzis, 2004; Kazantzis & Deane, 1999) and other professionals (e.g., case managers) providing services for patients with mental disorders (Kelly, Deane, King, Kazantzis, & Crowe, 2007). Most patients in cognitive-behavioral therapy have a positive attitude towards homework and are aware of the beneficial effects (Fehm & Mrose, 2008). Empirical research supports the patient view and demonstrates that homework assignments are an important factor for the efficacy of cognitive and behavioral therapies. For example, meta-analyses demonstrate that therapy types including homework are more effective than those without homework (Kazantzis, Whittington, & Dattilio, 2010). Furthermore, homework compliance has been shown to constitute a significant predictor of treatment outcome (Kazantzis, Deane,

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& Ronan, 2000; Kazantzis et al., 2010; Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010). Altogether, small to medium effect sizes for the assignment of homework and homework compliance on treatment outcome have been reported (Kazantzis et al., 2000; Kazantzis et al., 2010; Mausbach et al., 2010).

However, little is known about the processes that could be responsible for homework compliance (e.g., Scheel, Hanson, & Razzhavaikina, 2004). Practical guidelines emphasize the importance of therapist behavior and the appropriate skills in setting and reviewing homework for the enhancement of homework compliance (Tompkins, 2002). However, empirical research supporting these recommendations is limited. Only one study has investigated the relationship between therapist competence and patient compliance with homework (Bryant, Simons, & Thase, 1999). General therapeutic competencies, as well as specific therapist competencies in setting and reviewing homework, were evaluated by independent judges in this study. Homework compliance in the session following the one rated for therapist competence was also assessed by independent judges. Altogether, 26 patients with major depression and treated with cognitive therapy by four therapists were considered for the data analysis. The authors found a significant association ($r = .39$) between therapist competence in reviewing homework in the previous session and homework compliance in the following session, but not between therapist competence in setting homework and homework compliance. General therapeutic competencies were also correlated with homework compliance. Regarding the relationship between homework compliance and outcome, the results were not entirely clear. A significant correlation between homework compliance and outcome was found for one depression measure, but not for another. The study of Bryant et al. (1999) has many strengths (e.g., use of independent judges, high interrater reliability, evaluation of two successive sessions), and therefore yields evidence that therapist competence is important for patient compliance with homework. However, findings that are based on therapy sessions of only 26 patients and four therapists limit the generalizability of the study. Furthermore, the competence ratings exhibit restricted variance (e.g., mean competence rating: $M = 2.93$; $SD = 0.76$), possibly caused by the highly standardized study design (e.g., use of a treatment manual, therapist training, intensive supervision). Moreover, the importance of the therapeutic relationship was not considered and only quantitative aspects of homework compliance were assessed in this study. The fact that there was no evaluation of the degree to which homework was

carried out as intended is very important, because it is a crucial assumption of cognitive-behavioral therapy that not only doing homework, but doing it correctly and conscientiously, contributes to therapy improvements (Beck, Rush, Shaw, & Emery, 1979; Primakoff, Epstein, & Covi, 1986). Therefore, it is necessary for future studies to investigate whether and how therapist competence is related to patient compliance with and commitment to homework assignments.

Aside from therapist behavior, patient variables have been proposed as important for homework compliance (Detweiler & Whisman, 1999). However, despite theoretical discourses and practical considerations (see Kazantzis, Deane, & Ronan, 2004), the empirical findings remain limited and inconsistent. For example, patient educational level was found to be positively correlated with homework compliance in some studies (e.g., Burns & Spangler, 2000; Hansen & Warner, 1994), but not in others (e.g., Bryant et al., 1999; Gonzalez, Schmitz, & DeLaune, 2006). Also, age was sometimes found to be negatively correlated with homework compliance (e.g., Hansen & Warner, 1994; Helbig & Fehm, 2004), but in other cases, it was not correlated at all or even positively associated (e.g., Bryant et al.; Schmidt & Woolaway-Bickel, 2000). No relationship has been found between patient severity and homework compliance (e.g., Bryant et al., 1999; Burns & Spangler, 2000). The number of previous depressive episodes in patients with recurrent depression has demonstrated to be negatively associated with homework compliance (Bryant et al.). Given these findings, it is not possible to draw any definitive conclusions on the relationship between various patient variables and patient compliance with homework assignments. Therefore, studies that consider patient variables are necessary in order to evaluate their importance for homework compliance.

Another important variable in psychotherapy process research is the therapeutic alliance, which is defined as the collaborative and affective bond between therapist and patient (Luborsky, 1984). Meta-analyses reveal that the therapeutic alliance is a moderate predictor of treatment outcome (Horvath, Del Re, Flückiger, & Symonds, 2011; Martin, Garske, & Davis, 2000). A positive association can also be expected between the therapeutic alliance and patient homework compliance. Some initial empirical evidence supporting this hypothesis is provided by a study investigating 29 patients with a diagnosis of a schizophrenia spectrum disorder, who received cognitive-behavioral therapy (Dunn, Morrison, & Bentall, 2006). The patient and therapist views of the therapeutic alliance yielded a moderate to large association with patient homework compliance.

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