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Improving therapeutic use of homework: Suggestions from mental health clinicians

Abstract

Background. The majority of mental health clinicians report the use of homework to support their case management, but practitioner surveys indicate that homework is not routinely used. **Aims.** To examine barriers that mental health case managers experience in implementing homework and to identify strategies to promote successful homework administration. **Method.** One hundred thirty-four surveys were completed by mental health case managers. The survey examined their use of homework for individuals diagnosed with a severe mental health problem. It also asked them to identify barriers to regularly implement homework and describe strategies to promote more regular use of homework. **Results.** On average, homework was used at 50% of clinical contacts. The primary reasons for not using homework included allocating insufficient time at appointments, perceived client resistance for using homework and concerns that the client was too unwell. Strategies used to overcome these difficulties included prioritising the use of homework and ensuring that homework assignments were achievable. **Conclusions.** Clinicians are able to identify a range of practical strategies to promote the use of homework. **Discussion** focuses on the application of the suggested strategies to promote regular use of homework. This includes discussion of possible training approaches to enhance systematic homework administration.

Keywords

health, clinicians, mental, suggestions, improving, homework, therapeutic

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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Improving Therapeutic Homework Use: Suggestions from Mental Health Clinicians.

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Improving Therapeutic Homework Use: Suggestions from Mental Health Clinicians.

Abstract

Background: The majority of mental health case managers report the use of homework to support their clinical work, but practitioner surveys indicate that it is not routinely used at each session.

Aims: The current study aimed to examine barriers that mental health case managers experience in implementing homework, and to also identify strategies used by case managers to promote successful homework administration.

Method: One hundred and thirty four surveys were completed by mental health case managers. The survey examined their use of homework for individuals diagnosed with a severe mental health problem. It also asked them to identify barriers to regularly implementing homework and to describe strategies to promote more regular homework use.

Results: On average, homework was used at 50% of clinical contacts. The primary reasons for not using homework included: allocating insufficient time at appointments, perceived client resistance to using homework and concerns that the client was too unwell. Strategies used to overcome these difficulties included, prioritising the use of homework, and ensuring that homework assignments were achievable.

Conclusions: Clinicians are able to identify a range of practical strategies to promote homework use. Discussion focuses on the application of the suggested strategies to promote more regular use of homework.

Improving Therapeutic Homework Use: Suggestions from Mental Health Clinicians.

Mental health case managers represent a large multi-disciplinary group who almost all report the use of therapeutic, between session homework activities to support interventions with individuals diagnosed with severe mental illness (SMI; Kelly, Deane, Kazantzis, Crowe, & Oades, 2006). Although case managers state they use homework frequently, by their own admission, they do not deliver this in a systematic manner (e.g., Kelly et al., 2006). However, when delivered systematically, homework has been demonstrated to be positively associated with a measure of symptom distress (i.e. Kessler-10; Kessler, et al., 2002) and a general measure of psychological functioning (i.e. Health of a Nations Outcome Scale; Wing, Lelliott, & Beevor, 2000) (Kelly & Deane, 2009). This result is in line with previous research (Kazantzis, Deane, & Ronan, 2000), and suggests that homework may play a role in promoting an individual's recovery process. Unfortunately, Kelly and Deane (2009) found low frequency use of systematic homework administration within case management even when workers had received workshop training. For those individuals who were assigned homework, on average only 9 tasks were administered to each person during the 12-month period. This was substantially below the research protocol that required case managers to administer homework on at least a fortnightly basis. The current research is a follow-up to the Kelly and Deane (2009) study and aims to examine the reasons case managers did not regularly use homework.

One possible explanation to explain the low use of homework is that case managers assigned homework, but do not record it on the study research forms¹. This

¹ The Homework Assignment Pad was developed for the purposes of the study. It included space for the case manager to clearly describe the task and specify when, where and how often the task should

was certainly reported anecdotally to research assistants throughout the duration of the study. It is also possible that case managers negative attitudes towards the use of homework reduced its regular use in session (Kelly, Deane, Kazantzis, & Crowe, 2007). These may be associated with the limited importance that case managers may place on homework or be associated with challenges associated with administering homework for individuals diagnosed with SMI. For example, several authors have highlighted a range of unique factors likely to impede homework completion for this group. These include limited insight into the nature of their disorder, motivational factors and memory difficulties likely to impede homework completion (Dunn, Morrison, & Bentall, 2002; Glaser, Kazantzis, Deane, & Oades, 2000; McLeod & Nelson, 2005). It is possible that case managers simply stop administering homework because clients do not routinely complete it, or do not appear motivated to complete it.

The current study is exploratory in nature and examines barriers reported by mental health case managers to routinely administering homework for people diagnosed with SMI. The case managers were participating in a trial evaluating the Collaborative Recovery Model (Oades, et al., 2005). The Collaborative Recovery Model was developed to provide mental health case managers with a generic skill base to support an individuals' recovery process on an ongoing basis. Incorporating motivational strategies, need identification, goal setting and homework, the Collaborative Recovery Model provides a general skill-set for clinicians that encourages a collaborative approach to case management functions. Within the model

be completed. The Homework Assignment Pad was carbonised with a copy provided to the client, another copy kept on the clients file and a copy collected for research purposes (Kelly & Deane, 2009).

homework is specifically utilised to promote and monitor goal achievement; and encourage the generalisation of skills, self-management and responsibility (Oades, et al.). Case managers were asked to estimate how frequently they administered homework, identify barriers associated with administration and to highlight strategies they have used to promote successful homework administration. The study examines 6-monthly booster session data that was collected as part of the Kelly and Deane (2009) study.

Method

Participants

Surveys were completed by 134 four case managers. The surveys were completed anonymously, and as such could not be linked back to individual client data. As the participants in the study had the option of attending 2 booster sessions, case managers could complete multiple surveys. Although it was not originally recorded, it is estimated that at least 90% of participants who attended the booster session training completed the Homework Booster Session Survey. All of the case managers were participating in the Australian Integrated Mental Health Initiative (AIMhi; Oades, et al., 2005) and had previously received training in the Collaborative Recovery Model. This training included 2-hours focused on systematic homework implementation skills. The participants were drawn from public mental health services and non-government organizations in the Australian states of Queensland and New South Wales. On average participants in the AIMhi study were 41 years of age and 71% were female. Forty-five percent were Nurses, 32% Welfare or Support Workers, and 23% Allied Health Professionals. They reported that the average length

of case management appointments with clients was 74 minutes. All case managers in the study were working with individuals diagnosed with a SMI (e.g. schizophrenia, bi-polar disorder).

Measures

Homework Booster Session Survey. A brief one-page survey was developed to explore case managers' use of homework during the preceding 3-month period. Case managers were required to consider one client they had been working with who was involved in the CRM study. They were then asked to estimate the percentage of client contacts where they administered homework for the person, including times where the Homework Assignment Pad was not used. They were also asked to estimate the percentage of time they administered homework for this person using the Homework Assignment Pad. These were both rated from 0% (none of the contacts) to 100% (every contact). Case managers were asked to describe the difficulties "experienced in implementing homework with this client" and were also asked to identify "techniques, skills or approaches" used to overcome difficulties associated with using homework. They were provided with space to identify up to 3 client factors and 3 case manager factors for each of these questions.

Procedures

Following attendance at a two-day training program in the Collaborative Recovery Model case managers were required to work within this model for a 12-month period. To support the implementation of the Model, the case managers also attended two booster sessions at 6-months and 12-months following initial training. These booster sessions were designed to review the case managers experiences

implementing the model and problem solve strategies to overcome any difficulties they were experiencing. The current data is drawn from the Homework Booster Session Surveys' completed by the case managers as part of the booster sessions.

Development of the categorization system was based on a literature review of the barriers to administering homework and strategies to overcome these barriers within mental health settings (Kelly, 2007). The categorization system was modified following a review of the participant's responses in the current study. The primary author categorized the qualitative data on the survey (PK). As a check of reliability, the second author (FK) independently coded a small random sample of the responses (10%). Cohen's kappa (Cohen, 1960), and the cut-offs and labels recommended by Fleiss (1981) were used to evaluate the inter-rater reliability. Inter-rater agreement on the summary codes was good for both the *barriers to homework* ($k = .74$) and *suggested strategies to overcome barriers* ($k = .71$).

Results

Case managers reported administering homework at 49% of client contacts ($SD = 31.74$). When using the Homework Assignment Pad, case managers reported using homework at 33% of client contacts ($SD = 33.26$). Table 1 provides a description of the common barriers reported by case managers in administering homework at case management appointments. Table 2 presents the suggested "techniques, strategies or approaches" that case managers have used to overcome difficulties associated with administering homework in clinical practice.

Insert Table 1 and Table 2 about here

Discussion

Results from the current study suggest a range of clinician and client factors influence the use of homework within case management. Encouragingly, the case managers in the current study were able to identify a range of practical strategies to address these barriers. In many cases these suggested strategies addressed multiple barriers. The following section provides a more detailed discussion of the barriers identified by the case managers and how the suggested strategies could help improve their homework administration practices in the future.

Improving homework administration procedures

To improve client acceptance of homework, and facilitate homework adherence, case managers identified the need to improve their own homework administration procedures. This has also been highlighted in the psychotherapy literature, where the importance of clinician factors has also been reflected (e.g. Scheel, Hanson, & Razzhavaikina, 2004). A common problem reported by case managers was that the type of homework administered to the person was “too complex”. To address this problem case managers suggested that homework assignments should be “achievable”, with the aim of “building a sense of success” for the individual. This included discussing with the client how confident they were to complete the task and examining “ways to increase [their] confidence level”. Case managers reported sometimes demonstrating the homework task or practicing the homework assignment with the person. In some cases, where the client did not understand the assignment or was not confident to complete the task, the homework assignment was completely changed. Case managers also highlighted the importance

of reviewing the homework assignment at the following session. This might involve exploring why the person was “resistant”, or identifying “barriers” encountered when completing the assigned task. Where homework wasn’t completed successfully at the first administration, case managers reported modifying the homework to ensure easier completion. This included “breaking down” the homework assignments into smaller tasks, simplifying the task or providing clearer instructions regarding the homework (e.g. “changing the language” used on the homework forms).

Prioritizing the use of homework

The most commonly reported reason for not using homework was that the case manager did not allow a sufficient amount of time in session, or reported simply “forgetting” to administer the homework. To address this barrier case managers identified a range of behavioural strategies. This involved ensuring that the Homework Assignment Pad was taken to each appointment, using their diary to remind them to administer homework and ensuring that an adequate amount of time was set aside to assign the task. Whilst these suggestions are very practical in nature, it is likely that they do not sufficiently address attitudinal barriers that reduce case managers use of homework (see Kelly, et al., 2007). Mindful of their own negative biases, several case managers reported the need to become more aware of their own internal “frustration”, suggesting the need challenge their negative attitudes by “telling myself to give it a go”. As noted by one case manager “if I make it important, the client may follow suit”. Although not suggested by the case managers, clinical supervision would seem a very useful forum for clinicians to reflect on their attitudes and experiences with using homework (Haarhoff & Kazantzis, 2007).

Personalising the homework and offering encouragement

To improve the acceptance of homework by clients, case managers were very mindful of developing homework assignments, in collaboration with the client, that were specific to that individual person. This involved linking the homework assignments to the individual's own recovery goals or personal areas of need. They also suggested that a rationale should be clearly highlighted to the client regarding "why homework is important" and focusing on the "positive aspects" of the particular assignment for that individual. Additionally, it was suggested that homework should be interesting and meaningful for the person. For example, one case manager reported that homework should be "personal and rewarding"; with another suggesting it should be "exciting and worthwhile". Case managers reported that by providing "ongoing encouragement" and "positive reinforcement" client motivation was enhanced. This involved "recognising even small achievements".

Reducing the amount of homework

A recommendation made by case managers was to reduce the amount of homework that was administered to individuals. This would appear to be a useful strategy for those case managers who may have overwhelmed their clients with too many homework assignments as was described by one case manager. It is likely, in these cases that homework would start to lose some of its meaning and importance to the individual client. However, on average, only 9 homework assignments were administered to each individual during the study. This suggests that concerns regarding administering "too many assignments" were limited to a few case managers.

There was another group of case managers who reported that they would reduce the amount of homework used when they felt the client was “too unwell” to complete homework. Anecdotally, this was certainly reported to researchers throughout the duration of the study. During these periods homework was often put on hold, where the case manager would wait, until the client or case manager, felt that the client was “well enough”. In many cases homework was not recommenced at all with these clients. Presumably, case managers were of the belief that homework would not be completed when the person was “unwell”, or that the use of homework would exacerbate the persons symptoms. Clearly the content of therapeutic appointments is an important decision that requires considerable judgement on behalf of the case manager. As highlighted by Rector (2007), it is important that clinicians are “flexible, never pressuring, around homework assignments” (p. 307). However, it is very likely that using personalised homework assignments that specifically addressed the needs of the individual would actually promote client improvement. For example, negative symptoms associated with schizophrenia (e.g. limited motivation, withdrawal, distractibility) are often cited as barriers towards the use of homework (Glaser, et al., 2000). Yet behavioural activation, an approach that relies heavily on the use of homework, has been demonstrated to directly improve these negative symptoms (see Rector, 2007 for a discussion). It is likely that continuing the use of homework, where the tasks are tailored specifically for the individual client, will result in greater therapeutic gains for the individual.

Clinician confidence

Many of the barriers identified by the participants tended to focus on client related barriers. However, a number of these could also be construed as a barriers associated with clinician skills and confidence. Although concerns about skills and confidence were raised as potential barriers, they may have been more prevalent if managing client difficulties were interpreted as an issue of clinician. For example, concerns about clients; ‘reluctance’, ‘motivation’, ‘memory’ or ‘comprehension’ could all be addressed by skilful implementation of some of the training provided. However, while the ‘mechanics’ of the training was highly structured and supported by homework forms to make the steps very explicit, many of the additional skills taught as part of homework implementation may have been more complex, implicit and potentially more difficult. The training structure involved workshop delivery, but a recent review of 19 studies that assessed the effectiveness of workshops as the sole training technique, concluded that these formats, ‘do little to change behaviour’ (Herschell, Kolko, Baumann, & Davis, 2010, p. 457). Our prior findings indicate that in only 53% of all client cases did we find any evidence that the homework protocols had been used in the prior 12 months (Kelly & Deane, 2009). Thus, if clinician confidence and skill in homework administration were significant barriers, this was likely to be at least partly due to our flawed training format.

Limitations and future directions

Results from the current study were based on clinician’s thinking about a client they had been working with that was involved in the CRM study. It is possible that the case managers selected a person with whom they had regularly been administering homework. As a result, the frequency of homework administration

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could be an overestimation of the actual use of homework. It is very encouraging that clinicians in the current study were able to identify a range of strategies that they have used to improve the use of homework. The fact still remains that this group of case managers are the same group who used homework infrequently in practice (see Kelly & Deane, 2009). Further, most of the suggested strategies for improving homework implementation were previously outlined in the original training program. It is likely that it takes time and multiple attempts at trying to implement homework before barriers and suggested solutions become clear to clinicians. Whilst case managers have reported a few strategies that they use to address barriers, a broader range of approaches may be required. It is likely that the amount of training case managers received in the original study (i.e. 2-hours) was not enough to promote the regular use of homework. Training should incorporate more challenging role-plays where barriers such as “resistance” or low motivation are encountered. Further, to this there is a need to improve our training program to include elements following the initial workshop, such as observation, feedback, supervision, or coaching. These elements in training have been found to improve adoption of innovations, retention of proficiency and improved client outcomes compared to workshops alone (Herschell et al, 2010). The content of such supplements to training should focus on those barriers identified by case managers. This needs to focus on the application of knowledge from the original workshops. Specific examples would include; how to use motivational enhancement strategies to address concerns about client motivation as a barrier to homework utilisation; how to use skills and strategies for better connecting goals with homework tasks to achieve these goals (e.g., use of pictorial representations, use of metaphor); and how to help clients to break down tasks into smaller more manageable

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steps (e.g., role play, “walking through” a behaviour, observation). In the future, it would be particularly important to examine if supervision or ongoing coaching encourages and supports the use of homework results in case managers using homework more regularly.

Some barriers such as “insufficient time” to implement homework may require skills related to time management, particularly within the therapeutic contact time allowable. It may also be necessary to obtain greater organisational support to allow sufficient time in those services where there are higher caseloads or other work demands. Although a lack of organisational support was not explicitly mentioned as a barrier, it is possible that more support by way of increased time, treatment team reviews of homework related activities and continuing supervision may serve to improve rates of implementation. The effects of such organisational support structures and systems should also be evaluated in the future.

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Table 1

Frequency of reported barriers to using homework

Description	Client			Clinician Example
	Client	Clinician	Total	
1. Difficulties allocating time or forgetting to administer homework	12	67	79 (26%)	<u>Client</u> : “not enough time” <u>Clinician</u> : “busy with clients other issues”, “forgetting to administer homework”.
2. Client resistance to using homework	55	7	62 (20%)	<u>Client</u> : “client dislikes paperwork”, “didn’t like the idea of homework”, <u>Clinician</u> : “poor motivational interviewing”.
3. Client was too unwell	52	9	61 (20%)	<u>Client</u> : “too many other factors present in her life at present”, “crisis happening”. <u>Clinician</u> : “not wanting to push”, “I decided the client wasn’t in the right

frame of mind”.

4. Client history of poor completion	19	5	24 (8%)	<p><u>Client</u>: “not motivated to complete tasks at home”, “client forgets”.</p> <p><u>Clinician</u>: “I set too many tasks the homework lost meaning”.</p>
5. The client has difficulties understanding	17	5	22 (7%)	<p><u>Client</u>: “client unable to focus”.</p> <p><u>Clinician</u>: “helping the client understand what was being asked”, “poor decreased cognitive functioning”.</p>
6. Difficulties generating appropriate homework	9	11	20 (7%)	<p><u>Client</u>: “ability to identify a meaningful task”.</p> <p><u>Clinician</u>: “I could not see where tasks would fit goals”.</p>
7. Case managers confidence	12	0	12 (4%)	<p><u>Clinician</u>: “Unsure how to manage delusions as barriers”, “my confidence”.</p>
8. Concerns of fracturing the Relationship	5	1	6 (2%)	<p><u>Client</u>: “too agreeable”.</p> <p><u>Clinician</u>: “Risk losing rapport”, “didn’t want to lose trust”.</p>

Total	181	105	286
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Table 2

Frequency of suggested strategies to overcome barriers

Description	Client	Clinician	Total	Example
1. Improving homework administration	60	73	93 (43%)	<u>Client</u> : “concentrated on increasing attainability”, “doing prescribed activity together”. <u>Clinician</u> : “Breaking the homework down into simpler tasks”.
2. Prioritising the use of homework	14	44	58 (27%)	<u>Client</u> : “making a set time to do homework”. <u>Clinician</u> : “diarising a time to discuss/plan homework”, “telling myself to give it a go”.
3. Personalising the homework and offering encouragement	27	22	49 (22%)	<u>Client</u> : “Making goals more personal or rewarding for the client” <u>Clinician</u> : “lots of positive encouragement”.

4. Reducing the amount of HW administered	6	9	15 (7%)	<u>Client:</u> “wait until crisis is over”. <u>Clinician:</u> “Setting homework at every second session”.
Total	107	148	255	
