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# Case managers' use of homework assignments

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# Case managers' use of homework assignments

## **Abstract**

Background: Homework refers to between-session activities that are tied to therapeutic goals. Homework has been suggested as being an important clinical adjunct to case management practices, however to date research has not examined case managers' use of homework. Aims: To identify the degree that case managers use homework within their clinical practice and explore the way it is administered with people diagnosed with a persistent and recurring psychiatric illness. Method: A survey was completed by 122 case managers comprising of nurses, psychologists, social workers, occupational therapists and welfare/support workers. Results: Ninety-three percent of case managers implement homework, but only 15% regularly use a systematic approach to homework administration. Seventy-six percent of case managers reported people in recovery had a positive attitude towards the use of homework, yet 72% felt that homework completed was of a low quality. Conclusions: Suggestions are made for improving the systematic use of homework by case managers.

## **Keywords**

case, homework, managers, assignments

## **Disciplines**

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Running head: USE OF HOMEWORK BY CASE MANAGERS

Use of Homework by Mental Health Case Managers in the Rehabilitation of

Persistent and Recurring Psychiatric Disability

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Abstract

*Background:* Homework refers to between-session activities that are tied to therapeutic goals. Homework has been suggested as being an important clinical adjunct to case management practices, however to date research has not examined case managers' use of homework.

*Aims:* To identify the degree that case managers use homework within their clinical practice and explore the way it is administered with people diagnosed with a persistent and recurring psychiatric illness.

*Method:* A survey was completed by 122 case managers comprising of nurses, psychologists, social workers, occupational therapists and welfare/support workers.

*Results:* Ninety-three percent of case managers implement homework, but only 15% regularly use a systematic approach to homework administration. Seventy-six percent of case managers reported people in recovery had a positive attitude towards the use of homework, yet 72% felt that homework completed was of a low quality.

*Conclusions:* Suggestions are made for improving the systematic use of homework by case managers.

*Declaration of Interest:* The study was supported by a grant from the National Health Medical Research Council (NHMRC, #219327), through the Health Partnership Grant Scheme.

*Keywords:* Homework, case management, mental health

Use of homework by mental health case managers in the rehabilitation of persistent or recurring psychiatric disability

Descriptions of homework use have typically examined the implementation of homework by psychologists or psychotherapists (eg. Kazantzis & Deane, 1999; Deane, Glaser, Oades & Kazantzis, in press). Limited evidence is available to describe or support the use of homework within the broader mental health care system. This has implications for the rehabilitation of persistent and recurring psychiatric disabilities such as schizophrenia, where people are typically case managed within multi-disciplinary case management teams.

Clinicians working within Australian community mental health services utilise a clinical case management framework (Kanter, 1989), where typical interventions include supportive counselling, skill development and the promotion of medication adherence (Ridgely, Morrissey, Paulson, Goldman & Calloway, 1996). All of these activities, at least in theory, require the use of between session homework activities for successful integration into the person's every day life. Although it has been suggested that homework may be used as an effective adjunct for case managers working with individuals diagnosed with schizophrenia, to date research has not examined the use of homework activities by mental health case managers.

Theoretical recommendations for the use of homework advocate a systematic approach to administration where, in collaboration with the person, clear details are provided regarding the frequency, duration, location of where the homework assignment should be completed, and a written note of the homework assignment is provided for the person to take away with them (Shelton and Levy, 1974; 1981).

Whilst the majority of psychologists report the use of homework within their clinical practice, less than 25% regularly follow Shelton and Levy's (1981) four systematic

administration recommendations (Kazantzis & Deane, 1999; Deane et al., 2004).

Similarly, in a mixed group of professionals providing psychotherapy 83% reported the use of homework but only 12% used a systematic approach to implementation (Kazantzis, Busch, Ronan & Merrick, 2005). Individuals diagnosed with a chronic or persistent mental illness typically experience a range of cognitive and motivational difficulties. This that may affect both the quality and quantity of homework completed (Glaser, Kazantzis, Deane & Oades, 2000). Therefore, the use of a systematic approach to homework administration seems particularly important.

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The current study was both exploratory and descriptive in nature. It aimed to identify the degree that case managers use homework within their clinical practice, and to explore the way it is administered in the rehabilitation of persistent and recurring psychiatric disability. It was expected that case managers would report high rates of homework use, although as with other studies, homework would not be used systematically.

## Methods

### Participants

Surveys were distributed to 195 Australian mental health clinicians that provided case management services. A total of 155 questionnaires (76%) were returned, with 122 (63%) being useable. Clinicians were recruited from public mental health services and non-government organisations in the states of Queensland, New South Wales and Victoria. The three non-government services provided a combination of residential care, supported housing and day programs within case management models of psychiatric rehabilitation. Table 1 provides a summary of the clinicians' demographics and an overview of their case management practices.

Insert Table 1 about here

### Procedures and Measure

Questionnaires were distributed through team leaders to the case managers or case managers were approached prior to completing training conducted as part of the Australian Integrated Mental Health Initiative (AIMhi) - High Support Stream project (Oades, et al., 2005). Each participant was provided with an information sheet describing the purposes of the study and informed that participation was confidential and voluntary.

For the purposes of this study, between sessions homework assignments were defined as “any between-session activity that is tied to a therapeutic goal” (Deane et al., 2004). Case management was defined as a “means of coordinating services for mentally ill people in the community where each individual is assigned at least one mental health worker who is expected to: (a) assess the individual’s needs (b) develop a care plan (c) arrange and monitor suitable care to be provided (d) maintain contact with the individual” (Marshall, Gray, Lockwood & Green, 2004, p. 4).

A 90-item questionnaire was adapted from Kazantzis, Lampropoulos and Deane (2004) that described the way case managers implemented homework within their clinical practice. To assess the use of homework activities, the case managers were asked if they currently recommended between-session homework assignments and they estimated the percentage of service contacts where they utilised homework. The 17 items used by Kazantzis and Deane (1999) were included to review case managers’ homework administration practices (see Table 2). Finally, case managers were also asked to rate the person’s: (1) “response to your asking them to engage in a between session activity relevant to treatment” (1 = very negative, 4 = very positive), (2) “level of compliance with between-session activities” (1 = no compliance

whatsoever, 4 = high level of compliance) and (3) “quality of performance with between-session activities” (1 = very low quality, 4 = very high quality).

### Results

Only eight clinicians reported that they did not utilise homework. Four of these reported that this practice was the result of limited knowledge or lack of training in implementing homework (“Not sure how to implement homework”, “No understanding of it, never heard of it!”, “Haven’t thought of doing it”, and “Haven’t received any training in implementing homework”), and two case managers cited factors associated with the person in recovery (“Their level of disability makes it hard to assign homework”, “The clients I have are very negative”). One case manager said that homework was “too directive / prescriptive” and another reported that they did not use homework as they had daily contact with people attending their service. All subsequent analyses focused on the 93% of clinicians who indicated they used homework within their current case management practice.

Of those clinicians using homework, an average of one homework task was assigned per service contact. Homework was used in approximately 46% of all service contacts, with 73% of case managers using less than four different types of homework assignments during the course of rehabilitation for each person. Fifty-three percent of case managers reported a ‘strong’ or ‘very strong’ commitment to the use of time between sessions to maximise rehabilitation gains, with 40% of case managers reporting the use of homework ‘Often’ or ‘Almost always’.

Case managers were asked to describe the typical attitudes by people in recovery towards the use of homework. Seventy-six percent reported that people had a positive response to engaging in homework. However, 51% of case managers reported ‘no

compliance whatsoever' or 'low level compliance' and 72% reported low quality of homework completion.

Table 2 provides information on the homework administration procedures used by case managers regarding the design, assignment and review of homework. Clinicians reported that they routinely consider the person's ability, discuss the homework rationale and check the person's attitude to the homework being used. They did not routinely discuss the duration required to complete the task, specify the location where homework should be conducted, make a written note of the homework for the person to take away or include homework within their case notes.

Systematic implementation of homework was defined as a rating of 'often' or 'almost always' on all four items; 'specify frequency of homework practice', 'specify duration of homework practice', 'specify location of homework practice' and 'make a written note of homework for the person'. Only 15 % of case managers in the current study systematically implemented homework. There was no significant difference between the professional groupings of allied health workers (psychologists, occupational therapists and social workers), nurses and welfare/support workers in the systematic administration of homework,  $F(2,110) = 1.09, p = .34$ .

Insert Table 2 about here

A mean score was calculated for the four systematic homework implementation items. This was correlated with homework adherence, positive client response and homework quality ratings. Systematic homework administration was significantly associated with the clinicians' ratings of adherence with between-session activities,  $r = .19, p < 0.05$ . A significant relationship was also found between systematic homework administration and the clinicians' ratings of the person's positive response to between-session activity,  $r = .26, p < 0.01$ . Systematic homework administration

was not significantly associated with the clinicians' ratings of homework quality,  $r = .09, p > 0.05$ .

### Discussion

Almost all case managers used between-session activities within their current clinical practice. This is comparable to previous studies involving psychologist samples that reported a range of 83% to 98% (Kazantzis & Deane, 1999; Kazantzis et al, 2005). The clinicians who reported using homework estimated that they used it in 46% of contacts, somewhat less than previous reports of 57% to 59% amongst psychologist samples (Kazantzis & Deane, 1999; Deane et al., in press). The relatively infrequent use of between-session activities may reflect the difficulties associated with implementing homework with people diagnosed with a persistent and recurring psychiatric illness, who are likely to have more problems with motivation and memory (Dunn, Morrison & Bentall, 2002; Glaser et al., 2000).

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There appears to be a difference in homework administration practices between case managers and previous reports of psychologists. Case managers less frequently engaged in the following procedures; 1. specifying the frequency that homework should be completed (13% fewer), 2. providing a written note of the homework for the person (26% fewer), 3. documenting homework set in the session notes (32% fewer), 4. reviewing adherence with homework (19% fewer), and 5. writing a note of adherence in the record (22% fewer).

Shelton and Levy (1974; 1981) suggested that a systematic approach to administering homework assignments involves clear instructions regarding the frequency, duration and location of where homework activities are to be conducted and making a written note for the person (Shelton & Levy, 1981). Only 15% of case managers used all four of these procedures *often* or *always*. Case managers do not

regularly make a written note of the homework assignment for the person to take away, although this strategy has been consistently suggested as a reminder to facilitate homework adherence (Glaser et al., 2000; Dunn et al., 2002) and has been found to be related to homework adherence in other studies (Helbig & Fehm, 2004). Similarly, in the present study we found ratings of systematic homework administration and their ratings of homework adherence were significantly correlated.

The current study was limited by a relatively small sample size of 122 clinicians and only a 63% response rate. The self-report method only provides estimates of homework use, with the possibility that case managers may have responded in a socially or clinically desirable way (Kazantzis et al., 2005). Future research would benefit from monitoring homework use by case managers in their clinical practice to provide a more accurate picture of homework administration procedures. This should include an analysis of the barriers that case managers experience in implementing homework with individuals who have persistent and recurring psychiatric disabilities.

Homework has demonstrated efficacy in the treatment of depression and anxiety (Kazantzis, Deane & Ronan, 2000). Clinical experience also suggests that homework produces positive effects for people with schizophrenia (Glaser et al., 2000). It is important that future research focus on verifying the current survey results with actual clinical practice and then move to improve systematic homework administration procedures by case managers with a view to improving homework adherence and quality.

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Table 1

Case Manager Characteristics

Variable	N	%	M	SD
<b>Gender</b>				
Male	36	29.5		
Female	86	70.5		
Age (years)			40.53	9.65
<b>Professional affiliation</b>				
Nurse	53	43.4		
Psychologist	22	18.0		
Social Worker	13	10.7		
Occupational Therapist	8	6.6		
Other	26	21.3		
Years working in profession			13.60	10.43
<b>Current work setting</b>				
Community	70	57		
Residential	52	43		
Hours employed in current position			34.56	7.92
Average hours allocated to case management			20.90	12.62
Average persons per case manager			13.46	11.08

(table continues)

Table 1 (continued)

Average amount of face to face contact			
Less than monthly contact	0	0	
Fortnightly to monthly	24	19.7	
One to two weekly contact	32	26.2	
Weekly contact	22	18	
Twice or more weekly contact	35	28.7	
Average amount of time spent on each			
clinical contact (minutes)		60.55	39.26
Mean percentage of caseload by disorder			
Anxiety Disorders		10	
Depressive Disorders		14	
Schizophrenia		48	
Bi-polar disorder		9	
Schizo-affective Disorders		9	
Other		10	
Percentage of case managers who currently			
recommend homework.	113	92.60	
Percentage of contacts where homework is			
prescribed		46.30	30.37

Table 2

Case Managers Use of Homework Procedures

Procedure	<i>M</i>	<i>SD</i>	% indicating “often” and “almost always”
Consider the person’s ability	4.47	0.78	89
Check the person’s attitude	4.33	0.77	91
Model assignment for the person	3.69	1.01	58
Discuss rationale with the person	4.35	.82	85
Designed a specific schedule	3.25	1.21	42
Specify frequency of HW practice	3.61	1.21	58
Specify duration of HW practice	3.17	1.29	40
Specify location of HW practice	3.37	1.29	49
Make a written note of HW for the person	3.06	1.26	34
Anticipated difficulties and planned strategies to deal with them	3.81	1.02	67
Collaboratively set HW with the person	4.16	0.97	76
Document set HW in session notes	3.58	1.22	56
Review at start of session	4.27	0.93	84
Review adherence	4.00	1.04	69
Review quality of completion at start of next session	3.98	1.17	69
Make a written note of adherence	3.48	1.37	52
Provided praise for attempts	4.49	0.83	85

Note. Scale 1 = never, 2 = rarely, 3 = sometimes, 4 = often and 5 = almost always