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Keywords

mental, individuals, severe, need, homework, areas, address, assignments, therapeutic, do, illness

Disciplines

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

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Running head: HOMEWORK AND NEED

Do therapeutic homework assignments address areas of need for individuals with severe mental illness?

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Abstract

The current study explores the types of homework assignments used in a recovery orientated case management approach. It also examines the relationship between the types of homework used and the clients' area of need as rated on the CANSAS. There were 129 client and mental health case manager dyads that participated in the study. Written copies of all homework assignments administered during the 12-month research period were collected (N = 1054). The homework assignments were categorised according to the 'type' and the 'need domain addressed by the task'. The majority of these tasks were behavioural in nature. On a group level homework tended to broadly address areas of need for clients in the study. Only 2 of the 1054 homework assignments administered directly addressed areas of Intimate Relationships or Sexual Expression. The importance of addressing Intimate Relationship and Sexual Expression within mental health case management is discussed.

Key Words

Homework, severe mental illness, need, CANSAS, sexual relationships

Homework and Need

Do therapeutic homework assignments address areas of need for individuals with severe mental illness?

Homework refers to therapeutic tasks completed by clients between contacts with mental health staff. They are typically developed in collaboration between the case manager and client to address the individuals' recovery goals. Homework serves a number of important functions in clinical practice. These include increasing the amount of time that the person spends engaged in therapeutic activities (Beck, Rush, Shaw, & Emery, 1979; Nelson, Castonguay, & Barwick, 2007), promoting the generalization of skills to the individuals living environment (Shelton & Levy, 1981) and encouraging the active involvement of the person in the treatment process (Rees, McEvoy, & Nathan, 2005). Homework is a behavioural strategy that has been researched predominately in relation to depression and anxiety, where results from a meta-analytic review indicated a positive relationship between homework completed and client outcomes (Kazantzis, Deane, & Ronan, 2000).

Homework is increasingly being promoted for use with individuals diagnosed with severe mental illness (SMI; e.g., Schizophrenia, Bipolar Disorder.). In particular it has been included as a key component of recovery orientated approaches¹ to support individuals with SMI (Gingerich & Mueser, 2005; Mueser et al., 2006; Oades et al., 2005). The work describing the types of homework assignments useful for SMI has predominately focused on cognitive behavioural therapy for schizophrenia (Dunn & Morrison, 2007; Glaser, Kazantzis, Deane, & Oades, 2000; McLeod & Nelson, 2005; Morrison, Renton, Dunn, Williams, & Bental, 2004; Rector, 2007). However, in Australia the majority of individuals diagnosed with a SMI are engaged with multidisciplinary case management teams (e.g. nurses, psychologists, social workers, welfare workers, occupational therapists). Case managers working in these teams typically utilise clinical case management models of service delivery that are supported by their own discipline specific training. Mental health case managers represent an

¹ Recovery has been defined as “the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self determination” (Andresen, Oades, & Caputi, 2003, p. 588). This definition places importance on the unique key processes experienced by individuals throughout their recovery.

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important group of practitioners who report positive attitudes towards the use of homework to support their clinical work (Kelly, Deane, Kazantzis, & Crowe, 2007a). In the first study of its kind, Kelly and Deane (2009) examined the relationship between homework use and client outcomes for 129 clients receiving support from mental health practitioners. Although preliminary in nature, the results demonstrated a positive relationship between functional outcome measures and both the amount of systematic homework assigned during the 12-month period and how well the person completed the assigned homework task (Kelly & Deane, 2009). The present research represents a further analysis of data collected during this study.

A previous survey has examined case managers self reported use of homework assignments (Kelly, Deane, King, Kazantzis, & Crowe, 2007b). Case managers were asked to describe the last two homework assignments administered with someone diagnosed with schizophrenia. The authors developed two taxonomies to describe the homework used. The first was a 12-item taxonomy that provided a description of the specific 'type' of homework used by case managers. The highest ranked type of homework used was 'monitoring' which account for 23% of all the examples provided. This included keeping a diary of activities, recording medication use and monitoring hallucinations. Overall case managers predominately used behaviourally based assignments such as engaging in tasks of daily living, scheduling activities or the use of coping skills to manage symptoms. Only 5% of homework assignments involved the use of specific cognitive techniques (e.g. challenging thoughts).

The second homework classification system was based on the domains of the Camberwell Assessment of Need. It has been recommended that treatment should target unmet need for individuals diagnosed with SMI (Macpherson, Varah, Summerfield, Foy, & Slade, 2003; McCrone & Strathdee, 1994), consequently this taxonomy provides a mechanism to examine the relationship between need and homework used by case managers. Homework assignments described by case managers primarily addressed areas of Company, Psychological Distress, Psychotic Symptoms and Daytime Activities (Kelly et al., 2007b). However, homework was not administered to address Intimate Relationships or Sexual Expression although these are both areas people diagnosed with SMI commonly report as unmet needs (e.g., Freeman, Malone, & Hunt, 2004).

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A limitation of the Kelly et al (2007b) study was that it was based on case managers self reported use of homework and did not examine homework assignments taken from actual clinical practice. Similarly, it relied on comparisons to previous reports of unmet need and did not examine the actual areas of need for the people in the study. The current study provides an extension of Kelly et al (2007b) by examining actual homework use by mental health case managers working in clinical practice over a 12-month period. Additionally, comparison will be made between the actual need ratings of people participating in the study on the Camberwell Assessment of Need Short Appraisal Scale (CANSAS) and ratings of homework use on the CAN Homework Taxonomy.

Method

Participants

The participants were drawn from public mental health services and non-government organisations in the Australian states of Queensland, New South Wales and Victoria. The three non-government organisations provided a combination of residential services, supported housing and day programs utilising case management models of client care. The government organisations primarily provided intensive case management services to outpatient clients. Only people in recovery who were administered homework (N = 129) were included in the current study. The average age was 39.39 years (SD = 10.96), and 53% were male. A requirement of participation in the study was that clients had a diagnosis of a psychotic disorder of at least 6 months in duration, were over the age of 18 and were rated as having greater than 5 'met' or 'unmet' needs on the Camberwell Assessment of Need (CAN; Phelan et al., 1995). Seventy-percent of individuals were diagnosed with Schizophrenia, 12% had a primary diagnosis of a Mood Disorder with Psychotic Features, 12% Bipolar Disorder and 7% had a primary diagnosis of Schizoaffective Disorder.

Seventy-eight case managers participated in the study. Seventy-one percent of the case managers were female. The average age of case managers was 41.36 years (SD = 10.00), they had been working in their current profession for 12 years (SD = 10.42), and were employed for 33 hours per week (SD = 6.79). Forty-five percent of case managers were nurses, 32% were welfare or support workers, 13% were psychologists, 6% were social workers and 4% were occupational therapists. On

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average clinicians reported spending 73 minutes at each client contact ($SD = 33.35$) and 89% met with their clients at least fortnightly.

Measures

Homework assignments were categorised by the first author using two separate taxonomies. *The Mental Health Case Management Homework Type Taxonomy* (Kelly et al., 2007b) is 12-items in length (see Table 1 for items). It was developed from a review of the research literature to categorise the types of homework assignments used by mental health case managers. *The Needs Homework Taxonomy* (Kelly et al., 2007b) is based on categories of need derived from the CAN (Phelan et al., 1995). It is 23 items in length and includes the 22 specific domains and an 'Other' category. Both taxonomies have previously been used by the first author to categorize homework used by mental health case managers and demonstrated good inter-rater reliability (Type, $k = .91$; Need, $k = .87$; Kelly et al., 2007b).

The *Camberwell Assessment of Need Short Appraisal Schedule* (CANSAS; Slade, 1999) is a modified version of the Camberwell Assessment of Need (CAN; Phelan et al., 1995) and is a widely used measure of Need. It assesses the level of clinical and social need across 22 need domains (see Table 2 for domain categories). To score the CANSAS, the rater is first required to determine if the person has a Need in a particular domain. If the client does not have a problem in that domain a rating of No Need (0) is provided. If a Need exists, the rater determines if the Need is currently being Met (1) or if the need is Unmet (2). High levels of Met Needs tend to indicate high involvement of mental health or associated support services. Case managers received training in the administration of the CANSAS and subsequently provided a rating of client Need at the commencement of the study period.

Procedure

Participants in the research were involved in a large national study aimed at evaluating the implementation of the Collaborative Recovery Model (CRM; Oades et al., 2005). The CRM was developed to provide mental health case managers with a generic skill base to support individuals' recovery processes on an ongoing basis. Incorporating motivational strategies, need identification, goal setting and homework, the CRM provides a general skill-set for clinicians that encourages a

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collaborative approach to case management functions. Within the model 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 participated in a 2-day training course in the Collaborative Recovery Model (CRM; Oades et al., 2005). This included a 2-hour workshop on systematic homework implementation (based on Kazantzis, 2000). This training did not cover the 'types' of homework useful for SMI, rather it focused on administration procedures to promote homework completion. Following training, case managers were asked to participate in the study. Case managers recruited clients who were already part of their caseload and agreed to participate in the study, as such it was a convenience sample.

Case managers were required to work within the Collaborative Recovery Model (Oades et al., 2005) which required the administration of homework in a systematic fashion by writing each assignment down using the Homework Assignment Pad. The pad provides a method to detail the homework assignment and is carbonised so both the case manager and client can keep of a copy of the assignment (see Kelly & Deane, 2009). Case managers were encouraged to develop homework assignments that were linked to the person's area of need and inline with the individuals' recovery goals. No other guidance was provided regarding the 'types' of homework assignments that could be used. Each Homework Assignment Sheet administered during the 12-month period was collected. All information included on the sheet was used to categorize both the 'type' of homework administered and the 'need' addressed by the assignment.

Both clients and case managers were informed that participation in the research was voluntary and consent could be withdrawn at any stage. The project received ethics approval from the University of Wollongong's Human Ethics Research Committee.

Results

During the 12-month period 1054 homework assignments were administered to the 129 people in recovery. The number of homework sheets assigned for each client ranged from 1 to 169, with an average of 8.98 (SD = 17.25) homework sheets per person.

Types of homework assignments used by case managers

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Homework was categorized according to the type of homework assignment (see Table 1). Homework assignments were predominantly behavioural in nature. The majority of tasks focused on the individual conducting tasks of daily living (27%), or engaging in social or physical activities (20%). Only a small proportion of homework assignments involved monitoring (4%), specific cognitive techniques (2%), relaxation strategies (2%), goal setting (< 1%) or the completion of outcome measures (< 1%).

Need and homework use

Case managers were required to provide CANSAS ratings for each individual they primarily worked with at the commencement of the study. Of the 129 people in recovery that participated, ratings were only provided for 113 individuals (88%). The average number of Unmet Needs was 3.54 (SD = 2.24), the average Met Needs was 4.69 (SD = 2.07) and the average Total Needs (both met and unmet needs combined) was 8.25 (SD = 2.73). Table 2 provides the total number of needs in each of the CANSAS domain categories. The highest areas of unmet need were in the domains of Social Life (53%), Daytime Activities (50%), Intimate Relationships (33%), Psychological Distress (32%) and Psychotic Symptoms (23%). Case managers identified that 17% of people had unmet needs in the area of Sexual Expression. However, there was a very high proportion of case managers who rated this domain as 'not known' (44%). Similarly, 19% of the Intimate Relationship need ratings were 'not known' by case managers.

The homework assignments were categorised according to the CAN need domains (Kelly et al., 2007b). Table 3 provides the frequency and percentage of the ratings. The majority of homework assignments addressed Daytime Activities (26%), Physical Health (20%) and the reduction of both Psychotic Symptoms and Psychological Distress (14%). Homework assignments did not address the areas of Safety to Others, Sexual Expression or access to the Telephone.

We compared the types of homework administered (as rated on the Need Homework Taxonomy) with the persons actual need ratings on the CANSAS. Due to the limited number of homework assignments administered to each person ($M = 8.98$) we used a conservative approach. This involved examining if at least one of the persons homework assignments matched a need on their CANSAS. For 94 participants in the study (85%) at least one of the homework assignments

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administered addressed one of their areas of need (met or unmet need). Similarly when just examining homework targeted at unmet need, 57 individuals (53%) were assigned homework that targeted at least 1 of their unmet needs.

Discussion

The current research provides the first detailed description of the homework assignments used by case managers in actual clinical practice. The majority of tasks used by case managers were very behavioural and practical in nature. They tended to concentrate on conducting tasks of daily living (e.g., maintaining the persons living environment, cooking meals, personal hygiene) or involvement in social activities and exercise (e.g., attendance at social events, physical activity). The focus on behavioural tasks is in line with recommendations in the literature which suggest that behavioural approaches empower individuals diagnosed with SMI (Corrigan, 1997). It is likely these tasks facilitate skill development and improve the person's confidence to engage in these activities more independently. Whilst cognitively based assignments have been recommended in cognitive behavioural therapy for psychosis (e.g. Rector, 2007), case managers rarely used these types of activities.

The types of homework assignments used by case managers' were consistent with previous case manager self-reports (Kelly et al., 2007). When examining the top five 'types' of homework assignments used, 4 of the top 5 tasks were the same as case manager self reports (i.e., Tasks of Daily Living; Social Activity and Exercise; Information Seeking and Planning; Problem Solving; and Scheduling). However, whilst Monitoring was the highest ranked type of homework assignment case managers reported using, it was only ranked 7th in the current study suggesting differences in self report and actual practice. Monitoring tasks have been recommended for use with individuals diagnosed with Schizophrenia as they provide an important source of information for the client and case manager (Glaser et al., 2000). It is not clear why monitoring was used less frequently in actual practice compared to self-reported estimates by case managers. However, monitoring assignments are likely to offer considerable benefit to individuals with SMI.

The homework assignments were also categorised according to the need domains of the CAN (Slade, 1999). An extended range of homework assignments were used, with tasks addressing most of

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the 22 need domains. The top five 'need' domains addressed by the homework assignments were Daytime Activities; Physical Health; Psychotic Symptoms / Psychological Distress; Company; and Budgeting. These were the same need domains self-reported by case managers' (Kelly et al., 2007b) and were also reflected in the actual areas of unmet need reported on the CANSAS. On an individual level it is promising that 85% of people were assigned homework that targeted at least one of their areas of need. Yet, only 53% of clients were assigned homework that addressed one of their unmet needs during the 12-month study. With recommendations that interventions should target unmet need (Macpherson et al., 2003; McCrone & Strathdee, 1994) it would seem important that both case managers and the client prioritise the persons unmet need.

People in recovery had high levels of unmet need in the areas of Intimate Relationships (33%) and Sexual Expression (17%). However, only 2 of the 1054 homework assignments administered during the 12-month study addressed these areas. The development of satisfying intimate or sexual relationships are important quality of life issues (Assalian, Fraser, Tempier, & Cohen, 2000). Individuals diagnosed with SMI face unique challenges in developing and maintaining these relationships. Rates of sexual dysfunction are typically high for this population (e.g., erectile problems, decreased libido and orgasmic dysfunction; Kelly & Conley, 2004). This is often associated with the side effects of anti-psychotic and anti-depressant medication. The majority of individuals with SMI do not have long-term partners and are more likely to have short-term relationships (Perry & Wright, 2006). Where individuals do engage in sexual relationships they often involve high-risk practices (Carey et al., 2004). It has been recommended that "sexual education and counselling must be integrated into the treatment planning of patients with schizophrenia" (Kelly & Conley, 2004, p. 773). Sexual health education programs typically focus on education and skill development in the areas of sexual dysfunction, safe sex practices and the development of skills to engage in intimate relationships (Higgins, Barker, & Begley, 2006). Homework is a strategy that has been used previously in sexual health education programs for individuals with SMI. For example, homework assignments used include the client recording high-risk situations, developing safe sex goals and rehearsal of safe sex practices (Carey et al., 2004).

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With 44% of case managers reporting 'not known' when rating Sexual Expression on the CANSAS and the very limited use of homework to support Sexual Expression / Intimate Relationship domains, it does not appear these are domains for which case managers provide active support. With the move towards community based psychosocial rehabilitation case managers are likely to play an important role in assisting people in recovery to develop rewarding intimate relationships (Perry & Wright, 2006). This should involve ensuring that case managers discuss sexuality issues with people in recovery as part of the initial needs assessment and ongoing case management practices (McCann, 2000; Volman & Landeen, 2007). Homework is likely to be a useful strategy to support the sexual health education practices of case managers. This may include encouraging people in recovery to monitor sexual dysfunction symptoms, providing reading material regarding safe sex procedures or the scheduling of activities to practice social skills. Future research should examine case managers' attitudes, knowledge and skill regarding the provision of support for sexual expression and intimate relationships within their clinical work.

As suggested by Kelly et al (2007b) it is possible that the Homework Type Taxonomy may need to be expanded in the future. However, in the current study it provided a useful description of the range of homework assignments used by case managers. To develop a better understanding of therapeutic homework, further research may benefit from interviewing case managers and people in recovery regarding the purpose of homework assignments used in practice. There is increasing support for the role of homework to facilitate improvement (Kelly & Deane, 2009). With evidence that certain types of homework may be more useful for particular clinical problems (Abramowitz, Franklin, Zoellner, & Dibernardo, 2002), it is likely that treatment outcomes would be improved if the 'type' of homework used clearly addressed the persons needs. Future research should focus on the identification of those homework assignments most useful for specific areas of need.

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Table 1

Mental Health Case Management Homework Type Taxonomy

| Homework Category | Number | Percent | Examples |
|--|--------|---------|---|
| Monitoring | 44 | 4% | Write down anger thoughts as they happen. To keep a diary of events and feelings. |
| Tasks of daily living | 286 | 27% | To clean my room. To decrease coffee intake. |
| Planning, problem solving & scheduling | 114 | 11% | To make an appointment to see my GP. Make a list of art groups to attend. |
| Experiments & coping skills | 75 | 7% | Play guitar when craving a smoke. To practice self-hypnosis. |
| Social activity & exercise | 209 | 20% | To read a book daily. To walk the dog. To run 2-times a week. |
| Relaxation | 21 | 2% | To practice my relaxation exercises. To practice my deep breathing exercise. |
| Information seeking | 143 | 14% | To research TAFE courses. To make enquiries regarding social activities I could attend. |
| Cognitive techniques | 20 | 2% | To practice thought challenging. |
| Reading, listening, writing & watching | 107 | 10% | Practice writing assertive statements. |
| Outcomes measures | 3 | <1% | To complete outcome assessments. |
| Goal setting | 1 | <1% | To develop goals. |

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Table 2

Staff Camberwell Assessment of Need (CANSAS) ratings by domain (n = 113)

| Domain | Unmet need n (%) | Met need n (%) | Total need n (%) | Not known n (%) |
|-----------------------------|---------------------|-------------------|---------------------|--------------------|
| Accommodation | 1 (3%) | 45 (35%) | 46 (38%) | 1 (1%) |
| Enough food | 10 (8%) | 29 (23%) | 39 (31%) | 3 (3%) |
| Care of home | 7 (5%) | 35 (27%) | 42 (32%) | 5 (4%) |
| Self care | 9 (7%) | 9 (7%) | 18 (14%) | 1 (1%) |
| Daytime activities | 65 (50%) | 20 (16%) | 85 (66%) | 2 (2%) |
| Physical health | 13 (10%) | 43 (33%) | 56 (43%) | 3 (3%) |
| Psychotic symptoms | 30 (23%) | 75 (58%) | 105 (81%) | 1 (1%) |
| Psychological distress | 41 (32%) | 49 (38%) | 90 (70%) | 2 (2%) |
| Information about treatment | 10 (8%) | 34 (26%) | 44 (34%) | 8 (7%) |
| Safety to self | 17 (13%) | 29 (23%) | 46 (36%) | 10 (9%) |
| Safety to others | 2 (2%) | 16 (12%) | 18 (14%) | 10 (9%) |
| Alcohol problems | 4 (3%) | 14 (11%) | 18 (14%) | 2 (2%) |
| Non-prescribed drugs | 13 (10%) | 9 (7%) | 12 (17%) | 3 (3%) |
| Social life | 68 (53%) | 23 (18%) | 91 (71%) | 2 (2%) |
| Intimate relationships | 43 (33%) | 5 (4%) | 48 (37%) | 21 (19%) |
| Sexual expression | 22 (17%) | 3 (2%) | 25 (19%) | 50 (44%) |
| Childcare | 3 (2%) | 6 (5%) | 9 (7%) | 2 (2%) |
| Basic education | 5 (4%) | 14 (11%) | 19 (15%) | 0 (0%) |
| Use of a telephone | 2 (2%) | 3 (2%) | 5 (4%) | 1 (1%) |
| Use of public transport | 9 (7%) | 16 (12%) | 25 (19%) | 1 (1%) |
| Budgeting | 17 (13%) | 49 (38%) | 66 (51%) | 2 (2%) |
| Benefits taken up | 4 (3%) | 12 (9%) | 16 (12%) | 8 (7%) |

Homework and Need

Note. The CANSAS is rated from 0 = no serious problem (no need), 1 = no/moderate problem due to help given (met need), 2 = serious problem, whether or not help is given (unmet need) and 9 = not known

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Table 3

Needs Homework Taxonomy - homework assignments used for the treatment of schizophrenia
grouped by items on the Camberwell Assessment of Need (CAN)

| CAN Dimensions | n (%) | Example |
|---|-----------|--|
| <u>Basic</u> | | |
| Daytime activities | 269 (26%) | To organise 10-pin bowling next week. To go to church this Sunday evening. |
| Accommodation | 31 (3%) | To complete housing commission forms. |
| Food | 40 (4%) | To cook a meal on my own. To write a shopping list. |
| <u>Health</u> | | |
| Psychotic symptoms and psychological distress | 144 (14%) | To use coping strategies when I begin to feel stressed. To attend the social anxiety group. |
| Physical health | 214 (20%) | To run 2 times this week. To walk daily around the hospital. |
| Alcohol & Drugs | 21 (2%) | To go for a walk when I feel like smoking dope. To abstain from alcohol. |
| Safety to self | 4 (<1%) | To contact worker if I am feeling suicidal. |
| <u>Social</u> | | |
| Company | 86 (8%) | To attend the ladies group at the community centre. Walk to the shopping centre to meet with friends. |
| Intimate relationships | 2 (<1%) | To polish my shoes and buy a new shirt (in preparation for a romantic date). |
| <u>Functioning</u> | | |
| Money | 59 (6%) | To save \$20 for this weeks shopping. To maintain a budget. To write a fortnightly list of expenditures. |
| Self-care | 20 (2%) | To get up in the morning when my alarm goes off. To shower at least 3-times a week. |
| Looking after the home | 34 (3%) | Clean a bookshelf in my room. To clean bedroom and vacuum the floor. |

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| | | |
|---------------------------------|---------|---|
| Childcare | 4 (<1%) | To attend the parent management group at the local community centre. |
| Basic education | 28 (3%) | To attend literacy course. |
| <u>Services</u> | | |
| Info on condition and treatment | 27 (3%) | To read the book chapters provided by service coordinator. Talk about the side effects of my medication with my psychiatrist. |
| Benefits | 6 (<1%) | To attend Centrelink to speak with the disability support worker. |
| Transport | 24 (2%) | To make a list of all of the jobs required to completely fix my car. |
| <u>Other</u> | 38 (4%) | To complete my outcome measures. To develop goals. |

Note. Homework assignments were not administered in the areas of Sexual Expression, Telephone or Safety to Others.