The Pennsylvania State University

The Graduate School

College of the Liberal Arts

THE SYSTEMATIC USE OF HOMEWORK IN PSYCHODYNAMIC-INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION: AN ASSIMILATIVE INTEGRATION APPROACH

A Dissertation in

Psychology

by

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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

December, 2011

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ABSTRACT

Although the use of between-session activities or homework has traditionally been associated with cognitive-behavioral therapy (CBT), there is growing evidence that therapists of diverse orientations are incorporating it into their practice. However, whereas there is strong evidence to support the use of homework in CBT, there are currently no known studies exploring its use with other types of therapy. In the present study, the author takes an assimilative integration approach to the use of homework in psychodynamic-interpersonal psychotherapy for depression. After reviewing the relevant literature, the author presents two individual case studies of this integrative treatment, considers the effectiveness of the treatment and the effectiveness of the proposed integration, and explores how various aspects of homework use interact with one another and relate to symptom change over the course of treatment. Finally, based on these observations, the author proposes several theoretical statements about the use of homework within the psychodynamic-interpersonal treatment model.

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Acknowledgements

This project would not have been possible without the contributions and support of a number of individuals. First, I would like to express my gratitude and deep respect for the three therapists who took part in this project, Amanda Rabinowitz, Dan Elreda, and Lauren Szkodny. They dedicated many hours of their precious time to the project, and it could not have been done without them. They are each gifted therapists, and it was a pleasure and an honor to see so much of their work and to supervise them. I am sure that I learned at least as much from them as they did from me. I am also grateful to Sandra Testa for supervising my supervision of the therapists; Sam Nordberg for his contributions to therapist training; and Andrew McAleavey for his help completing post-treatment assessments – and to all three for their emotional support throughout.

I would like to thank the members of my committee for their feedback and guidance. I would also like to thank the Society for the Exploration of Psychotherapy Integration (SEPI) for their support of this project through a dissertation award. I also owe a special thanks to Michael Barkham for his permission to use the treatment manual and audiotapes of therapy sessions from the Second Sheffield Psychotherapy Project for the purposes of training therapists.

I am deeply grateful to my family and friends for their support, caring, and encouragement throughout this process. Your faith in me has meant more than I can express.

Finally, I would like to express my gratitude and my admiration for my mentor and the chair of my committee, Louis Castonguay. Your guidance and support throughout this process have been invaluable to me. I have learned so much from you, and I would not be the scholar, the therapist, or the person I am today if it weren't for having known you. Thank you.

Chapter 1

Introduction

Therapists' systematic and skillful recommendation of between-session activities – also known as "homework" – has emerged as a factor that contributes to the effectiveness of cognitive-behavioral therapy (CBT; Kazantzis, Deane, & Ronan, 2000; Burns & Spangler, 2000). Whereas homework is considered to be a central component of CBT, it is generally not considered as such in most other forms of treatment (e.g., psychodynamic, interpersonal, and humanistic therapies). Thus, although it is possible that the use of homework in these other therapies may also improve their effectiveness, this possibility has not been adequately explored thus far. In the present study, the author takes an assimilative integration approach to the use of homework in psychodynamic-interpersonal psychotherapy for depression. After reviewing the relevant literature, the author presents two individual case studies of this integrative treatment, considers the effectiveness of the treatment and the effectiveness of the proposed integration, and explores how various aspects of homework use interact with one another and relate to symptom change over the course of treatment.

Psychotherapy Homework

In cognitive-behavioral therapy, homework is thought to play an important role in promoting the generalization of learning that takes place within the treatment setting to the client's life outside of treatment. It is seen as providing opportunities for learning and ongoing reality testing (see Goldfried & Padawer, 1982), practicing new cognitive or behavioral skills, implementing solutions to problems, and providing both client and therapist with ongoing feedback regarding the client's progress in therapy (Ledley & Huppert, 2006; and Beck & Tompkins, 2006). Goisman (1985) has described homework as "the most generic of behavioral

interventions – and one that greatly and immediately distinguishes behavior therapy from psychoanalysis" (p. 676). Likewise, both Blagys and Hilsenroth (2002) and Goldfried et al. (1997) identify the use of between-session activities as one of the main distinguishing features between CBT on the one hand, and psychodynamic and interpersonal therapies on the other.

Despite the fact that it has been associated with and popularized by CBT, however, homework is by no means used exclusively by cognitive or behaviorally oriented practitioners. Whereas treatments informed by psychodynamic theory tend not to place the same emphasis on the use of homework as do cognitive-behavioral treatments (e.g. Luborsky, 1984; Strupp & Binder, 1984; and Hobson, 1985), some authors have actively encouraged the use of homework in psychodynamic psychotherapy, at least in some cases (e.g. Carich, 1990; Halligan, 1995; Stricker, 2006a, 2006b, Wachtel, 1993). Indeed, the use of homework can even be traced back to Freud, who wrote, "The pure gold of analysis [might be freely alloyed with] the copper of direct suggestion" (Freud, 1918, as cited in Strupp & Binder, 1984, p. 8) and who suggested to his phobic clients that, once they had worked through their conflicts in analysis, they should venture out into the world and face their fears (Freud, 1926/1952). Thus, rather than seeing homework as a feature that distinguishes cognitive-behavioral from psychodynamic therapies, some theorists have argued that the acquisition and development of "adaptive skills" through between-session activities is, in fact, a common feature of the two (Badgio, Halperin, & Barber, 1999) and possibly even a common factor across all forms of psychotherapy (Kazantzis & Ronan, 2006).

Furthermore, there is mounting evidence that practitioners who identify themselves as psychodynamic are making use of homework in their practices. A 1999 New Zealand study found that 98% of all therapists surveyed (N = 221) reported using homework with their clients (Kazantzis & Deane, 1999). Whereas those therapists who identified CBT as their primary

theoretical orientation (57% of the sample) reported using homework more often than those who identified primarily with some other orientation, it is noteworthy that those who identified primarily with those other orientations (e.g., family-systems, humanistic, interpersonal, or psychodynamic) still reported using homework in nearly half of their sessions (48% as opposed to 66% for CBT practitioners). Another study, conducted with German psychotherapists, found that 100% of practitioners surveyed – 26% of which identified their primary orientation to be psychodynamic – reported using homework assignments at least some of the time (Fehm & Kazantzis, 2004).

Defining "Homework"

Before moving forward, it is important to understand what is meant by psychotherapy "homework." CBT therapies have traditionally defined homework as a discrete task or activity explicitly prescribed by the therapist to the client in which the client is expected to engage between sessions (Kazantzis, 2005). Such activities might include monitoring cognitions or practicing cognitive restructuring techniques through the use of worksheets, practicing a behavioral skill learned in therapy (progressive muscle relaxation, breathing exercises), various forms of behavioral activation (e.g. exercise, engaging in pleasurable activities), or reading psychoeducational materials (see Ledley & Huppert, 2006; Beck & Tompkins, 2006).

Reviews of the homework literature, however, have pointed to a range of definitions of what may constitute psychotherapy homework, calling into question whether homework activities must, by definition, involve overt, observable behaviors and also how explicitly prescribed they must be (Kazantzis, 2000; Nelson, Castonguay, & Barwick, 2007). Kazantzis and Dattilio (2010) suggest that homework be viewed more broadly as a "structural aspect" of therapy that may take different forms in the context of different treatment models (p. 767). They

propose that definitions of what constitutes homework may likewise differ based on a given model's understanding of the principles or mechanisms that contribute to change. To better understand the prevailing views of homework, these authors surveyed practicing psychologists and found that psychologists from both CBT and psychodynamic orientations identified the recommendation of both overt behaviors (e.g., practicing a new skill, testing out assumptions through the use of behavioral experiments) and non-observable behaviors (e.g., monitoring emotional reactions or interpersonal dynamics or reflecting on treatment goals) as "between-session assignments" (a term they used instead of "homework" due to the strong association of the word "homework" with the CBT tradition). The findings of this study point to a definition of homework that is broad and captures any therapist recommendations for ways in which the client might make use of the time between sessions to work toward therapeutic goals.

Nelson and colleagues (2007) also point out that there can be varying levels of explicitness or directiveness when it comes to therapist's recommendations of homework activities. Consistent with the more traditional CBT definition, therapists might make very direct recommendations; on the other hand, they might make less directive suggestions that clients may try if they find them to be relevant, or they may even implicitly suggest homework activities by making comments that encourage clients to consider ways in which they might work toward therapeutic goals between sessions. Additionally, these authors propose that homework might include not only activities recommended by the therapist but also activities that are developed in collaboration with the client or even completely client-initiated activities that are therapeutically relevant. They argue that these alternatives to direct and explicit prescription may be more consistent with therapies in which relatively more emphasis is placed on the therapeutic

relationship or with traditions that discourage the therapist from assuming such a directive or "expert" role[1].

Based on these assertions, the author proposes the following transtheoretical definition of psychotherapy homework for the purposes of the present discussion: *Psychotherapy homework may consist of any activity (including both observable activities and also non-observable activities, such as thinking, reflecting, or observing) that is suggested by the therapist, developed collaboratively by both the therapist and client, or developed by the client alone but informed by suggestions or comments made by the therapist, which the client performs between sessions in a conscious attempt to work toward therapeutic goals on his or her own (i.e., without the therapist present).*

Research on the Effectiveness of Homework in Psychotherapy

Not only is there reason to believe that practitioners of varying theoretical backgrounds are making use of homework assignments as discussed above, but increasing evidence exists, at least within the cognitive-behavioral literature, that doing so has a positive effect on therapeutic outcome.

At first glance, experimental studies of the effects of homework on treatment outcome (all of which have been conducted within the context of cognitive and behaviorally oriented therapies) have produced largely inconsistent results. Some investigations have shown that treatments including the use of homework led to greater improvements than treatments not including homework (e.g. Harmon, Nelson, & Hays, 1980; Kazdin & Mascitelli, 1982; Marks et al., 1988), whereas others found no significant differences between groups assigned homework

[1] Therapists from such traditions may also choose to call these activities something other than "homework," given this term's association with school and therefore with power differentials. Alternatives may include, "between-session activities," "or "interpersonal experiments." For the purposes of this paper, however, the author will use such terms interchangeably.

and those not (e.g. Blanchard, Nicholson, Radnitz et al., 1991; Blanchard, Nicholson, Taylor et al., 1991; Kornblith, Rehm, O'Hara, & Lamparski, 1983). Kazantzis (2000) conducted a meta-analysis examining the effect sizes of such studies, however, and found that most of them had surprisingly low power. This analysis demonstrated the mean power for studies with small effects to be 0.09, the mean power for studies with medium effects to be 0.32, and the mean power for studies with large effects to be 0.58, all as compared to the 0.80 recommended by Cohen (1962). This means that, assuming such an effect exists, even in those studies in which large effects were found, the researchers had, on average, only given themselves a 58% chance of obtaining a significant result. Those studies which found small or no effects gave themselves even less of a chance of obtaining significant results.

To avoid the problem of low power, Kazantzis and colleagues (2000) conducted a meta-analysis investigating the effects of homework assignment and compliance on treatment outcome. From 11 experimental or quasi-experimental studies (N = 375), they concluded that the inclusion of homework assignments in treatment led to significant positive effects on outcome (r = 0.36; 95% CI = 0.23 – 0.48). Furthermore, this was found to be a homogenous effect size, indicating that, across all samples (with different diagnoses and presenting problems) and across all types of homework examined, treatment including homework produced greater improvement than did treatment not including homework. Additionally, these authors found that the extent to which clients complied with therapists' assignments of homework was positively correlated with outcome (r = 0.22; 95% CI = 0.22 – 0.22; N = 1327). While this finding is only correlational and therefore cannot demonstrate causality, it is consistent with the hypothesis that treatments incorporating the use of homework (to the extent that it is completed) lead to greater improvement than treatments that do not.

Naturally, we should question whether compliance with homework leads to further improvement, or whether further improvement actually increases the client's likelihood of completing homework assignments. Burns and Spangler (2000) found that depressed clients who completed the most homework (in CBT) showed the greatest improvement (average effect size of 14 – 16 points on the Beck Depression Inventory) and that the severity of depression had no effect on homework compliance. Their findings would suggest that some factors other than severity of depression (e.g. personality characteristics of the client, therapist's presentation style of homework assignments) are responsible for clients' homework compliance. In conjunction with the correlation between homework compliance and improvement, this finding would further support the assertion that the use of homework assignments – when they are completed by the client – lead to greater improvement in outcome.

Although Kazantzis and colleagues (2000) did not intend to focus exclusively on studies of cognitive and behaviorally oriented treatments, all of the studies that met their inclusion criteria and were thus included in the meta-analysis were of cognitive-behavioral treatments. In fact, despite the strong evidence to support the use of homework in cognitive and behavioral therapies, and despite evidence suggesting that it is being used across orientations, there is currently no known empirical support for its use in psychodynamic, interpersonal, or humanistic treatments. An obvious next step in understanding the effects of homework in psychotherapy is to move beyond the theoretical constraints of one orientation and examine the efficacy of homework in non-CBT oriented therapies.

Homework in Psychodynamic Psychotherapy

Whereas homework is seen as a central component to CBT treatments and the cognitive-behavioral literature outlines clear rationale for its use, it is not given as much attention within

the psychodynamic literature. Although there are clear rationale for psychodynamic therapists to explore their client's experiences between sessions (e.g., relational experiences, dreams), the systematic and explicit recommendation of between-session activities is not generally considered to be a part of these treatments and is not discussed as such in the literature.

Nonetheless, studies such as the ones conducted by Kazantzis and Deane (1999) and Fehm and Kazantzis (2004) suggest that practitioners of psychodynamic psychotherapy are making use of homework. It is unclear, however, whether they have articulated reasons for doing so that fit within their theoretical framework: are they merely borrowing a useful technique from their cognitive-behavioral colleagues, or does psychodynamic theory give them reason to believe that the use of homework will enhance treatment?

Some more traditional practitioners and theorists may argue that, quite to the contrary, suggesting or recommending such activities to the client could be detrimental. A central reason for traditional psychodynamic therapists' avoidance of direct suggestions is the emphasis placed on maintaining neutrality, which is thought to facilitate insight gained from the exploration of the therapeutic relationship. As Wachtel (1993) explains,

> Many psychodynamic therapists. . . striv[e] to intervene as little as possible and to reveal as little as possible about themselves in order to assure that the patient cannot attribute his experience of the therapist to something really about the therapist and that he must therefore accept that the reaction comes from within him. (p. 54)

The use of homework – which implies making a suggestion or recommendation – requires the therapist to reveal a bit of herself through taking a more active role. In doing so, the therapist introduces information to which clients could attribute their reactions, potentially making it more difficult for them to recognize the transferential nature of these reactions.

Wachtel goes on to suggest, however, that the maintenance of complete neutrality –

besides being impossible (clients may respond as much to a therapist's inaction as to her action) – is not necessary. He says, "There is *always* some basis in reality for our experiences. *And* there is always a significant contribution that reflects the active, constructive nature of all perceptual processes" (p. 55, italics in original). He argues that because all reactions, even those that are highly influenced by transference, are grounded to some extent in reality, suggesting that this is not so, in fact, does a disservice to clients, who could benefit from a more nuanced understanding of their vulnerabilities: "We learn *more* about our psychological proclivities when the role of ongoing events in eliciting the transference reaction is taken into account than when it is omitted or denied" (p. 59, italics in original).

Traditional psychodynamic theorists might also argue that the suggestion of between-session activities may cause clients to lose sight of the main objective of therapy: namely, to gain insight, usually through introspection. Stricker (2006a) elaborates on this position:

> Psychodynamic psychotherapy traditionally places emphasis on the introspective activities of the patient and the relationship between the patient and the therapist. To assign homework would seem to deviate from this framework because it places the therapist in the role of an active and directive authority, and it directs patients' attention away from the therapeutic interaction and their own internal processes toward the area outside the treatment room. (p. 220)

However, as Stricker (2006a) also goes on to argue, even the most traditional psychodynamic treatments have incorporated their own brand of homework, for instance asking clients to remember or even write down their dreams and then discuss these dreams in therapy. Writing down dreams – or paying attention to emotional reactions or interpersonal dynamics throughout the week – may, in fact, enhance not detract from clients' understanding of their internal processes.

Responding to the concern that using homework requires therapists to take a more active role, Stricker (2006b) suggests that psychodynamic psychotherapists often make use of "quasi-

homework assignments" or "implicit homework assignments" (p. 102) while not making explicit suggestions, thus remaining relatively nondirective. For example, he says, therapists often make such comments as, "I wonder what would have happened if you had..." and clients can, and often do, interpret these statements as suggestions. Even when clients do not interpret these as suggestions, a new activity or a new way of acting has still been brought to their attention, and they may make their own decision to give it a try.

Stricker also argues that, while psychodynamic theory has traditionally viewed change in a linear direction with insight leading to subsequent behavior change, many contemporary practitioners and theorists would agree that this process is actually cyclical so that behavior change can also lead to insight (Stricker, 2006b; see also Gelso & Harbin, 2006). Stricker notes that according to this model, which he describes as three-tiered, change in any tier – behavioral, cognitive-affective, or unconscious – should reverberate throughout the system and lead to changes in other tiers as well. Within this model, therefore, homework could potentially accelerate change, especially when insight has not led to subsequent changes in the other tiers or when clients are having difficulty achieving insight (see also Schottenbauer, Glass & Arnkoff, 2006).

Wachtel (1993) likewise argues in favor of a more reciprocal view of change, pointing out that clients' attempts to make changes in their lives outside of therapy not only result in these changes per se, but also provide them with new perspectives from which to view their lives and their difficulties, which, in turn, lead to "insights that are a *product* of change rather than its cause" (p. 51, italics in original). He therefore maintains that direct suggestions from the therapist can actually serve to promote insight and thus augment the work that is done in session:

> Insight. . . is enhanced. . . by the patient's being helped to take new actions in the world that bring him into a different position vis-à-vis his conflicts and provide a

> new vantage point from which to view himself and his feelings and aims. The synergistic interaction between achieving insight and taking active steps to change troubling life patterns renders anachronistic some formulations of the therapeutic process that cast the therapist solely in the role of furthering understanding and that eschew any other kind of assistance as interfering with that superordinate aim. It is the *refusal* to offer any other kind of assistance that impedes the fuller development of self-understanding. (pp. 48-49, italics in original)

In addition to the points made by Wachtel and Stricker, there may be other theoretically driven advantages to using homework in psychodynamic therapy. Nelson and colleagues (2007) delineated a number of transtheoretical rationales for using homework. Although the authors argue that any of these rationales could apply to therapy from almost any theoretical orientation, some of these seem particularly relevant to psychodynamic therapy. For instance, homework can give clients opportunities to engage in therapeutic work in different contexts outside of therapy, thus helping them learn to approach situations outside of therapy as they have been encouraged to do so in session. By focusing on the relationship between the therapist and the client, psychodynamic therapists ultimately hope to impact the client's relationships with others outside of therapy. Homework can be especially helpful in allowing clients to try out new ways of relating with others and thus to generalize what they have learned to do with the therapist to their other relationships.

Additionally, although a major focus of many psychodynamic therapies is the relationship between the client and the therapist, as in all therapy the goal is for the client eventually not to need the therapist – that is, essentially, to become his or her own therapist. Thus, because homework also encourages clients to engage in therapeutic work without the therapist present, it can help them begin to use what they have learned in therapy (e.g. the ability to explore and uncover potential unconscious motivations) in future times when the therapist is not there to guide them.

Assimilative Integration

Psychotherapy integration involves the synthesis of either concepts or methods (or both) from different theoretical orientations into a single treatment. Assimilative integration is one of several different approaches to psychotherapy integration that has been developed. (For a discussion of the different forms of integration, see Norcross, 2005). The assimilative approach assumes that a treatment is grounded in one particular theory or system of psychotherapy but allows for the selective incorporation – or assimilation – of practices and views from other systems within that structure (Messer, 1992). Furthermore, according to this approach, the assimilation of a technique requires that the technique be seamlessly integrated into the overall treatment so that it is not experienced by the client as jarring or inconsistent with the frame of treatment (Stricker, 2006a). Finally, assimilative integration involves accommodation of the original theory or model to understand the function and impact of the foreign intervention. However, as Stricker (2006a) points out, it is important to note that interventions drawn from one approach may take on a different meaning or have a different impact in the context of another approach. Thus homework in psychodynamic therapy may not only look quite different from homework in CBT, but even a similar homework intervention may serve quite different purposes or have different impact in each of these different contexts.

The Purpose of the Present Study

The purpose of the present study was to investigate the systematic use of homework in psychodynamic psychotherapy. The author took an assimilative approach to the integration of homework into the psychodynamic model. She developed a treatment manual for the integration of homework into this model and trained therapists in this integrative treatment. Then, in two individual case studies, she sought to address the following questions. First, the author sought to

address the question of whether or not it is possible to systematically incorporate homework into the psychodynamic treatment model in a seamless and theoretically consistent manner and in a manner that both therapists and clients experience as consistent with the rest of their therapeutic work and treatment goals.

Second, the author sought to address the question of effectiveness: is this integrative treatment effective in treating clients' presenting problems, and are the results of such treatment comparable (at least equivalent and at best favorable) to empirically supported psychodynamic therapies that do not explicitly and/or systematically make use of homework?

Finally, the author sought to explore how various aspects of homework use relate both to one another and to change in depressive symptoms over time. From these observations, she sought to identify several theoretical premises for the use of homework in psychodynamic therapy that may contribute to the development of a theory of homework in this treatment model.

Chapter 2

Hypotheses and Targets for Additional Exploration

Hypothesis 1

The systematic use of homework can be successfully integrated into psychodynamic-interpersonal psychotherapy in a seamless and theoretically consistent manner. It was predicted that therapists would be able to make systematic use of homework in the context of providing psychodynamic-interpersonal therapy. Specifically, it was predicted (1) that both clients and therapists would report the use of homework activities in the majority of their sessions, (2) that they would perceive these activities to be directly related to current issues being discussed in therapy, and (3) that clients would report actually having engaged in such activities on most occasions when they had been recommended. It was also predicted (4) that therapists would be able to maintain adherence to the proposed psychodynamic-interpersonal treatment model and (5) that both client and therapist free-response descriptions of homework activities would demonstrate the theoretical relevance of these activities to the treatment more generally. Furthermore, it was hypothesized (6) that the systematic inclusion of homework would not detrimentally impact the therapeutic alliance.

Hypothesis 2

Psychodynamic-interpersonal psychotherapy incorporating the systematic use of homework activities will be effective in treating depression. Furthermore, this treatment will be found to be at least as effective as (and possibly more effective than) empirically supported psychodynamic therapies that do not explicitly or systematically make use of homework. It was predicted (1) that clients receiving this treatment would no longer meet criteria for MDD at post-treatment follow-up, (2) that they would experience clinically

significant change (Jacobson & Truax, 1991) in depressive symptomology from pre- to post-treatment, and (3) that they would experience some decrease in distress related to interpersonal problems[2].

It was predicted that effect sizes for changes in depressive symptoms (as demonstrated by the BDI-II) and would be at least comparable and at best favorable to findings from two studies in which the authors studied the effectiveness of the same treatment not including the systematic use of homework: The Second Sheffield Psychotherapy Project (SPP2; Shapiro et al., 1994) and The Collaborative Psychotherapy Project (CPP; Barkham et al., 1996). She also predicted that the effect sizes for changes in self-reported interpersonal problems (as demonstrated by the IIP-64) will be at least comparable and at best favorable to those found in aforementioned studies.

Targets for Additional Exploration

In addition to testing the above hypotheses, the author aimed to examine various aspects of homework use and to explore more closely specific issues related to homework use that were seen as likely relating to changes in depressive symptoms over time: the client's contribution to the development of ideas for homework activities, the therapist's contribution to the development of such ideas, the degree of collaboration between therapist and client in the development of such ideas, the perceived relevance of homework activities to treatment more generally, the perceived potential helpfulness of these activities (at the time of developing the idea), the client's degree of engagement in the activities between sessions, the perceived helpfulness of the activities (assessed after they have been completed), the client's engagement

[2] Due to the fact that long-standing interpersonal problems often take longer to change than depressive symptoms (Kopta, Howard, Lowry, & Beutler, 1994), it was did not hypothesized that criteria for clinically significant change would be met over the course of the 16-session treatment, although such change was assessed.

in self-initiated (not previously discussed) activities, and the perceived helpfulness of the discussion of homework activities in the following session.

Although it was predicted that several of these aspects of homework use would be associated with changes in depressive symptoms (with greater client contributions, collaboration, engagement, perceived relevance and helpfulness all being associated with greater improvement), this aspect of the investigation was approached from the perspective of theory-building rather than that of hypothesis-testing (as will be discussed further in the Discussion). Therefore, specific hypotheses about the relationships between these variables and one another as well as their relationships with changes in depressive symptoms were not enumerated at the outset. Rather, in the absence of a specific theory of homework in psychodynamic-interpersonal therapy, these relationships were explored in such a way as to derive theoretical statements about the use of homework in this treatment model; these statements may, in turn, be tested as hypotheses in future studies.

Chapter 3

Methods

Clients

Two participants were sought for intensive case study. Participants were recruited from the Pennsylvania State University Psychological Clinic and were required to meet three inclusion criteria: (1) a primary diagnosis of Major Depressive Disorder (according to *DSM-IV-TR* criteria)[3], (2) a score of 21 or greater on the Beck Depression Inventory (BDI-II, Beck et al., 1996), and (3) aged between 18 and 65 years. Participants were likewise required to fail to meet the following exclusion criteria: (1) current substance abuse or dependence (also as defined by *DSM-IV-TR* criteria), (2) a history of psychotic symptoms, and (3) a previous adequate trial[4] of psychodynamic therapy[5] within the past five years. These criteria were used in order to maximize the comparability between these participants and those in the comparison studies discussed further below (Shapiro et al., 1994; Barkham et al., 1996).

In order to increase external validity as well as the number of available participants, potential participants were not excluded on the basis of their use of psychotropic medication unless they had either started taking medication or had changes made to their dosages within the 6 weeks preceding the beginning of treatment. (It was determined that including participants who had recently begun or made changes in their medications would have introduced the added variable of duration of drug treatment, because it can take approximately 5 weeks for most SSRI's to reach their full effect). Rather, participants who were already taking prescribed

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[3] By definition, this criterion ruled out clients who met criteria for Bipolar I or II.
[4] A "previous adequate trial" has been defined as at least 12 sessions in length.
[5] The theoretical orientations of clients' previous therapy experiences were assessed using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth et al., 2005), which assesses for the use of techniques and interventions that are characteristic of psychodynamic-interpersonal therapy and CBT.

psychotropic medications and had been doing so for at least 6 weeks were asked to maintain a constant dosage of their medications, and those who had not been taking medications were asked to refrain from starting medication for the duration of the study.

Client 1: Mr. L.[6], was a European-American, heterosexual, single man in his early 50s. He lived alone. He had completed his education through a masters degree in a social science field. Until a few months before treatment began, Mr. L. had been working in a field unrelated to his degree. However, he had recently been laid off from this job and was unemployed for the duration of the study. At intake, Mr. L. was given two principal diagnoses: Major Depressive Disorder, Recurrent, Moderate; and Avoidant Personality Disorder. He was also given the additional diagnosis of Social Phobia. He had been taking an antidepressant medication (an SSRI) for a number of years when he began treatment; no changes to his medication were made throughout the duration of treatment.

Client 2: The second client, Ms. D., was a European-American, bisexual, partnered woman in her mid-20s. She was in a relationship with a man, and their relationship was at times polyamorous, involving other women, although the relationship between Ms. D. and her partner was primary. Ms. D. lived with her partner. She had completed her education through a Bachelors Degree in a social science field. She was employed in a human service related profession throughout the duration of the treatment. At intake, Ms. D. was given the following principal diagnoses: Major Depressive Disorder, Recurrent, Moderate; and Borderline Personality Disorder. She was also given the additional diagnosis of Dysthymic Disorder and a past diagnosis of Post-Traumatic Stress Disorder related to a sexual assault experience. Not long before treatment began, she had been voluntarily hospitalized for serious suicidal ideation. She

[6] Clients' names have been changed to protect their confidentiality.

had experienced serious suicidal ideation on several other occasions in the past, although she had never made a suicide attempt. She had a prescription for a sleeping medication, which she used infrequently; she was not taking any other psychotropic medications throughout the duration of the study.

Treatment

Treatment was Psychodynamic-Interpersonal (PI) Therapy based on Hobson's Conversational Model (Hobson, 1985). This model incorporates psychodynamic, interpersonal, and experiential components. It places emphasis on the relationship between client and therapist as a means of understanding and resolving interpersonal difficulties that play a role in the development and maintenance of depression.

This particular treatment was chosen from among other psychodynamic treatments, because of the fact that previous studies have demonstrated support for its effectiveness in treating depression (e.g. Shapiro et al., 1994; Barkham et al., 1996), allowing for a comparison to be made between the effectiveness of the present treatment and that of previously documented treatments that did not explicitly or systematically incorporate homework. Manuals and training materials used in these projects were obtained[7] and used in training the therapists for this study.

The present treatment was also based on a manual developed by the author, describing the incorporation of between-session activities into PI therapy (Nelson, 2007; included here as Appendix A). This additional manual outlines types of between-sessions activities intended to address different processes that can be assumed to be therapeutic, especially in PI therapy (e.g. facilitating insight, facilitating emotional deepening, facilitating corrective experiences and

[7] The author would like to thank Michael Barkham for his willingness to share the manual used in the SSPP (and in the CPP) and as well as several chapters from a yet unpublished manuscript for use in training the therapists for this study.

continued reality testing or working through via behavioral activation) and gives examples of such types of activities and how they might be suggested to the client.

Sessions were 50 minutes long, recorded via digital video, and held once weekly for a total of 16 sessions (the same duration of treatment studied in the aforementioned comparison studies).[8]

Therapists

Therapists were two advanced doctoral students affiliated with the Penn State Psychological Clinic. One was a doctoral student in Clinical Psychology, and one was a doctoral student in Counseling Psychology. One was female and the other male. Participating therapists were asked to study Hobson's manual on PI therapy (1985), the manual used in both the SSPP and CPP, supplemental readings on this treatment model, and the aforementioned additional manual describing the incorporation of between-session activities into PI therapy as part of their training. They attended weekly training meetings for seven weeks to discuss these manuals and view videotape demonstrations of the treatment before being assigned a client. Once therapists had begun seeing clients, they met weekly with the author for supervision. The author received supervision of supervision from an unlicensed psychologist who was being supervised by a licensed psychologist. In preparation for each supervision session, the author watched the entire video of the most recent session and took detailed process notes on the session as well as notes related to therapist adherence, guided by a measure of adherence used by Shapiro et al. (1994), the Sheffield Psychotherapy Rating Scale (SPRS; Shapiro & Startup, 1990)[9].

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[8] Weeks in which there were holidays or when either the client or therapist was ill or otherwise unavailable were skipped. Therefore, in each case, the actual duration of treatment was slightly over 16 weeks.

[9] The author did not specifically rate adherence but used the SPRS to facilitate her monitoring of adherence and to guide adherence-related feedback to therapists.

Measures

Anxiety Disorder Interview Schedule, Fourth Edition, Penn State Version (ADIS-IVPSU). The ADIS-IVPSU is a semi-structured clinical interview assessing symptomology pertaining to the various Axis I diagnostic categories described in the *DSM-IV-TR* (American Psychiatric Association, 2000). The ADIS-IVPSU is based on the Anxiety Disorder Interview Schedule, Fourth Edition (ADIS-IV; Brown, Di Nardo, & Barlow, 1994), which was designed to assess the presence of anxiety disorders as well as mood, somatoform, and substance use disorders based on the *DSM-IV* criteria. It also includes brief screening modules for psychotic and conversion symptoms. The Penn State University version of this instrument incorporates additional modules that assess for disorders not included in the ADIS-IV (e.g. eating disorders) and incorporates additional questions in modules that were not as well developed in the original (e.g. psychotic disorders).

The ADIS-IV (and the ADIS-IVPSU) is designed to facilitate differential diagnosis between *DSM-IV* disorders (thereby providing categorical assessments), while also providing dimensional assessments through the use of 0-8 clinician rating scales and regular inquiries about symptom severity and frequency. The ADIS-IVPSU takes approximately 2-3 hours to administer, depending on the complexity of the pathology.

Although no known psychometric data currently are available for the ADIS-IV, the Lifetime Version of the ADIS-IV (ADIS-IV-L) has been found to have fair to very good inter-rater reliability (κ's ranging between .56 and .81) with the exception of Dysthymia, which has poor inter-rater reliability (κ = .22 as principal diagnosis and κ = .31 as principal or additional diagnosis) (Brown, Di Nardo, Lehman, & Campbell, 2001). The inter-rater reliabilities for constructs most relevant to the present study are as follows: Major Depressive Disorder as

principal diagnosis, κ = .67; Major Depressive Disorder as additional or principal diagnosis, κ = .59; and alcohol and substance use disorders as lifetime diagnoses, κ = .82 and .83, respectively (Grisham, Brown, & Campbell, 2004). No known psychometric data is available for the inter-rater reliability of psychotic disorders. When the inter-rater reliability of these constructs is assessed dimensionally rather than categorically, the ADIS-IV is found to have even greater inter-rater reliability. Ratings of symptom severity for Major Depressive Disorder, for instance, have been found to have very good reliability (κ = .74) (Grisham, Brown, & Campbell, 2004). Although there is no known psychometric data available for test-retest reliability of the ADIS-IV, its predecessor, the ADIS-Revised, has been found to have moderate to excellent test-retest reliability with correlation coefficients between .43 and .82 (Di Nardo, Moras, Barlow, Rapee, & Brown, 1993).

Beck Depression Inventory, Second Edition (BDI-II). The BDI-II (Beck, Steer, & Brown, 1996) is a 21-item, self-report measure assessing the presence and severity of symptoms of depression as defined by the *DSM-IV*. Each of the 21 items is rated on a 4-point scale between 0 – 3. Overall scores are determined by summing the scores of all the items and can thus range from 0 – 63. Scores ranging from 0 – 13 are considered indicative of minimal or no depression; those from 14 – 19, mild depression; those from 20 – 28, moderate depression; and those from 29 – 63, severe depression.

The BDI-II is widely used to measure severity of depressive symptomology and it has been demonstrated to have high internal consistency with psychiatric outpatients, yielding a coefficient alpha of .92 (Beck et al., 1996), as well as with a variety of other populations. Test-retest reliability has likewise been found to be high, yielding a correlation coefficient of .93 (Beck et al. 1996).

Inventory of Interpersonal Problems (IIP-64). The IIP-64 (Alden, Wiggins, & Pincus, 1990; Horowitz, Alden, Wiggins, & Pincus, 2000; Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988) is a 64-item self-report measure assessing interpersonal problems and distress. Each item is rated on a five-point Likert scale from 0 ("Not at all") to 4 ("Extremely"). The IIP-64 has six subscales, including "hard to be assertive," "hard to be sociable," "hard to be intimate," "hard to be submissive," "too responsible," and "too controlling." The overall level of distress is obtained by summing the scores of all items.

The IIP-64 has been found to have high reliability and validity, yielding subscale coefficient alphas between .76 and .88 (Horowitz et al., 2000). The IIP-64 has also been found to have high test-retest reliability, yielding correlation coefficients of .79 for the complete scale and between .58 and .84 for each subscale (Horowitz et al., 2000).

California Psychotherapy Alliance Scales, Patient and Therapist Versions (CALPAS-P and CALPAS-T). The CALPAS-P and CALPAS-T (Marmar, Gaston, Gallagher, & Thompson, 1989) are 24-item self-report measures assessing different aspects of the therapeutic alliance. Each question is rated on a 7-point Likert scale ranging from 1 ("Not at all") to 7 ("Very much so"). There are four subscales, each comprising 6 items and reflecting a different theoretically derived component of the alliance: (1) Patient Working Capacity (PWC), reflecting the degree to which the patient is able to self-disclose thoughts and feelings, self-reflect, examine his or her own contributions to problems, work actively with the therapist's comments, and deepen exploration of salient themes; (2) Patient Commitment (PC), reflecting the degree to which the patient values therapy, is confident that his or her efforts will lead to change, is willing to make the necessary sacrifices, and is willing to persevere despite distressing experiences in therapy; (3) Working Strategy Consensus (WSC), reflecting the degree to which the patient and

therapist are able to work together in a joint effort, agree on goals for therapy, and agree on how to address these goals; and (4) Therapist Understanding and Involvement (TUI), reflecting the degree to which the therapist is able to understand the patient's experience and point of view, stay attuned to the patient's readiness for change and time interventions accordingly, have respect and positive regard for the patient, and be committed to helping the patient. Additionally, the total score (combining the four subscales) can be used to assess the therapeutic alliance more globally. The CALPAS-P, the patient version, is designed assess the alliance from the patient's point of view, whereas the CALPAS-T, the therapist version, is designed to assess the alliance from therapist's point of view.

The CALPAS-P has been found to have high internal consistency for the total score (α = .83; Gaston, 1991). Coefficient alphas for the different subscales range from .43 to .73 (Gaston, 1991). The lowest of these were associated with the PWC and TUI subscales; for each of these two subscales, one item was found to be responsible for reducing the internal consistency, and in each case, without this item, the coefficient alpha would have been .58. Correlations between the subscales ranged from .37 to .62, indicating 14% to 38% shared variance. Information about the internal consistency of the CALPAS-T could not be found, nor could information about the test-retest reliability of either measure.

The CALPAS-P total score has been found to be highly correlated with the patient versions of other established alliance measures, such as the Working Alliance Inventory (WAI-P; r = .83) and the Penn Helping Alliance Rating Scale (Penn HA-P; r = .79) (Hatcher et al., 1990). Similarly, the CALPAS-T total score has been found to be highly correlated with the therapist versions of other established measures of the alliance, such as the WAI-T (*r* = .79) and the Penn HA-T (*r* = .71; Hatcher et al., 1990).

Homework Assignment and Monitoring. Before each session (beginning with the second session), clients were asked to fill out the Between-Session Activities Questionnaire: Client, Pre-Session (BSAQ:CPre; developed by the author and included as Appendix B) asking (1) whether between-session activities were suggested/discussed in the previous session, (2) if so, what specifically had been suggested/discussed, (3) whether they had actually engaged in such activities, (4) what, specifically, they did, (5) whether they engaged in any between-session activities relevant to treatment during the week that were not discussed in the last session, (5) if so, what, specifically, they did, (6) if so, whether these activities related to suggestions/ discussions of between-session activities made previously in treatment, and finally (6) how helpful they found these activities to be. The BSAQ:CPre includes some questions that are answered on a 5-point scale from 1 – 5 as well as some free-response questions.

Following each session, clients were asked to fill out the Between-Session Activities Questionnaire: Client, Post-Session (BSAQ:CPost) and therapists were asked to fill out the Between-Session Activities Questionnaire: Therapist, Post-Session (BSAQ:TPost; both developed by the author and included as Appendices C and D). Beginning with the second session, they responded to questions asking (1) whether between-session activities were discussed in the previous session, (2) if so, were they discussed again today, (3) if so, what was discussed, and (4) if so, how helpful they found the discussion to be. Beginning with the first session, clients and therapists responded to questions asking (1) whether any new between-session activities were suggested/discussed in the most recent session, (2) if so, what was suggested/discussed, (3) how relevant the activity seems to current issues in therapy, (4) how does it seem relevant to current issues in therapy, and finally (5) how helpful they believe the activity might be. Both the BSAQ:CPost and the BSAQ:TPost include some questions that are

answered on a 5-point scale from 1 – 5 as well as some free-response questions. The BSAQ:TPost also includes therapist versions of questions present in the BSAQ:CPre.

Procedures

As part of regular intake procedures, all clients seeking treatment at the Psychological Clinic are given the ADIS-IVPSU diagnostic interview prior to beginning treatment. The ADIS-IVPSU was used in the present study to assess both depressive symptomology as well as other potential areas of psychopathology and to establish diagnoses. The ADIS-IVPSU was given prior to commencing treatment (as part of pre-treatment screening). The mood disorders section of the ADIS-IVPSU was also given at post-treatment follow-up assessment[10] to determine whether clients continued to meet criteria for Major Depressive Disorder following their treatment. The interviews were administered by an advanced doctoral student acting as a staff therapist in the Psychological Clinic.

Clients who met criteria for the study based on the results of the ADIS-IVPSU interviews were flagged after intake and invited to undergo further assessment to see if they qualified to participate in the study. At this pre-treatment screening[11], potential participants were then given the BDI-II to assess the severity of depressive symptoms, and those whose scores were 21 or greater were invited to participate in the study. In addition to being used in pre-treatment screening, the BDI-II was also given prior to each therapy session and at post-treatment follow-up.

The IIP-64 was used in the present study to assess interpersonal problems and distress

[10] For Client 1, the post-treatment follow-up took place approximately 2 months after the final session due to difficulties with scheduling. For Client 2, the post-treatment follow-up took place approximately 3 weeks after the final session.

[11] For both clients, the pre-treatment screening took place approximately a week and a half prior to session 1.

that we might expect to be related to depression. Stricker (2006b) notes that "the dependent variables typically chosen for psychotherapy research are symptom-related and do not do justice to the myriad processes addressed by psychodynamic psychotherapy" (p. 101). Shapiro et al. (1994) likewise argue that the BDI, which is one of the most commonly used measures assessing depressive symptomology, "may be seen as sufficiently grounded in a CB model of depression to predispose this instrument to favor CB therapy" (p. 529). Therefore, in addition to measuring the symptomatic changes that are typically the target of CB therapy, the present study included the IIP-64 as a measure of interpersonal difficulties, which are a major focus of PI therapy and in which we might expect to see changes more readily than in the symptoms measured by the BDI. The IIP-64 was given at pre-treatment screening, at session 8 (the midpoint of treatment), at session 16 (the end of treatment), and at post-treatment follow-up.

Data Analyses

Targets of Treatment: Depressive Symptoms and Interpersonal Problems. Several different types of analyses were completed to assess the degree to which the present treatment adequately addressed its stated targets – depressive symptoms and interpersonal problems. First, the results of the ADIS-IVPSU were used to determine whether each client continued to meet criteria for Major Depression at post-treatment follow-up. Next, differences between each client's scores pre- and post-treatment were compared for the BDI-II and the IIP-64 and tested for clinically significant change according to the criteria set forth by Jacobson and Truax (1991; discussed below). Differences in these measures pre- and post-treatment were then compared with those found in other studies of PI therapy that did not explicitly incorporate homework (Shapiro et al., 1994; Barkham et al., 1996). These differences were calculated both individually for each client as well as across both clients (for reasons discussed further below).

Therapeutic Alliance. For each client, means and standard deviations were computed for each individual subscale as well as the total score of the CALPAS-P and CALPAS-T.

Homework Use. Several different types of analyses were completed to assess various aspects of homework use as well as how these aspects related to depressive symptoms over time. First, for each client/therapist pair, means and standard deviations were computed for each individual question on the BSAQ:CPre, BSAQ:CPost, and BSAQ:TPost. Next, several questions were selected for further analysis based on the author's belief that they most closely reflected aspects of the use of between-session activities that were most likely to predict therapeutic change. Client and therapist responses to these questions were plotted graphically over time along with the client's BDI-II scores, and visually detectable patterns in these ratings and their interrelationships are discussed. Finally, responses to qualitative questions from the BSAQ questionnaires are presented and themes that arose from these responses are identified.

Additionally, the author had planned to conduct time series analyses to explore the possibility that variability in various aspects of homework use might predict changes in depressive symptoms over time. Unfortunately, she found that there was not adequate power to complete such analyses, both due to the limited number of observations and also to the limited variability in client and therapist responses to many of the BSAQ items. Therefore, the results of such analyses are not presented here.

Chapter 4

Results

Results of analyses from each individual case will be presented separately, followed by the results of two analyses across the two cases.

Client 1

ADIS-IV-PSU. The results of the ADIS-IV-PSU demonstrated that Mr. L. met criteria for Major Depressive Disorder prior to beginning treatment and that he no longer met criteria at post-treatment follow-up.

BDI-II. Mr. L.'s BDI-II score at pretreatment was 21, and his score at session 1 was 27, both indicative of moderate depression. With some fluctuation, the trend in scores is, overall, downward – that is, improving. There was one notable peak in his report of depressive symptoms at session 12, where his score was 30, indicative of severe depression. At the last session (session 16), his score was 13, and at post-treatment follow-up it was 16, both indicative of mild depression (see Figure 1).

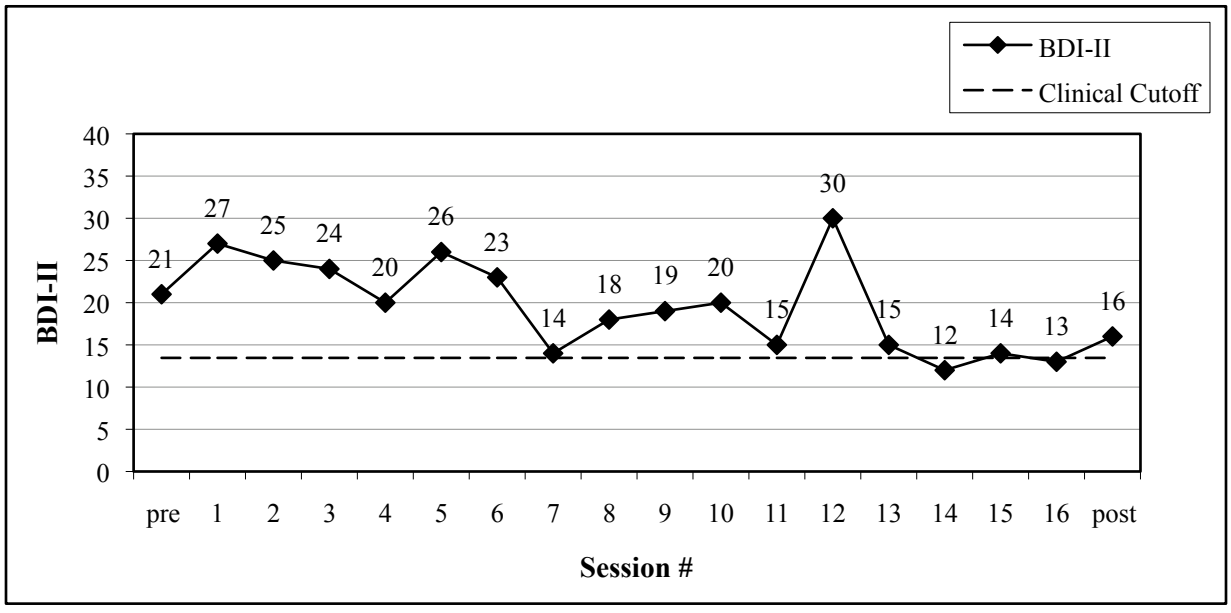

Figure 1. Client 1: BDI-II scores over the course of treatment.

One of the most widely accepted methods for investigating clinically significant change was developed by Jacobson and Truax (1991), who proposed two criteria for assessing clinical significance: first, the treated population must move from a theoretically dysfunctional population to a theoretically functional one, and second, the change must be reliable. In order to fulfill the first criterion, the treatment population mean (or in this case, the individual client's score) at pre-treatment must be more than two standard deviations above the general (i.e. "functional") population mean and must move, by the end of treatment, to within two standard deviations of this mean. Ogles, Lambert, and Sawyer (1995) established the cutoff point for being within two standard deviations of the general population mean as 13.46 on the BDI-II. Mr. L.'s pre-treatment BDI-II score (21) was well above this cutoff; however, his BDI-II score at post treatment (16) was also above this cutoff. Therefore, the first criterion set by Jacobson and Truax (1991) was not met for this client. It is notable, however, that the client did report scores below the cutoff at sessions 14 (BDI-II of 12) and 16 (BDI-II of 13).

Next, the author considered whether the change in Mr. L.'s BDI-II scores over the course of the treatment met the second criterion – that of reliability. Reliability is calculated using the Reliable Change Index (RCI): if the RCI is greater than 1.96, one can conclude with at least 95% confidence that the change from pre- to post-treatment is not merely a result of measurement error or a random fluctuations in scores, but rather due to a true shift in functioning (Jacobson & Truax, 1991). Ogles and colleagues (1995) established that, to meet this criterion, the change in BDI-II scores over the course of treatment must be greater than 9 points. Therefore, because the client's BDI-II scores from pre-treatment to post-treatment decreased by only 5 points, this change cannot be considered reliable. However, if we were instead to use his BDI-II score at (i.e., prior to) his first session of therapy (28) as the initial point and compared this to his score at

post-treatment, this difference (12) would suggest reliable change. In other words, this change can be assumed to be indicative of a real change rather than mere random fluctuation in scores. However, because this client's change in BDI-II scores from pre- to post-treatment does not meet both of the criteria set by Jacobson and Truax (1991), it does not demonstrate clinically significant change by their definition.

Next, the author compared the effect size for Mr. L.'s treatment to that established by previous research of PI therapy that does not explicitly or systematically make use of homework. To calculate the effect size, the author used a variation of Cohen's (1988) *d* statistic proposed by Busk and Serlin (1992) for use with single case research. Busk and Serlin (1992) propose the following formula for calculating effect size:

$$d_1 = \frac{x_{A2} - x_{A1}}{S_{A1}}$$

where x_{A1} is the mean of pre-treatment values, x_{A2} is the mean of post-treatment values, and S_{A1} is the standard deviation (*SD*) of pre-treatment values. This statistic is used when multiple measurements have been taken at baseline (thus allowing for a mean and *SD* to be calculated). Beeson and Robey (2006) suggest a minimum of three pre-treatment measurements and a minimum of two post-treatment measurements; however, they do note that only two pre-treatment measurements are required for this calculation, and only one is necessary at post-treatment (although greater numbers of values are preferable). Pre-treatment and session 1 BDI-II scores were used as pre-treatment values (because these were both measured prior to the commencement of treatment), and the BDI-II score at post-treatment follow up was used as the only post-treatment value. Using this formula, therefore, the effect size for this treatment was

1.89, as compared to the effect size of 1.77[12] established by Shapiro and colleagues (1994) and that of 1.61[13] established by Barkham and colleagues (1996). According to the benchmarks set by Cohen (1988), all of these are considered to be a large effect sizes.

IIP-64. IIP-64 data for Mr. L. was only available at pre-treatment, session 8, and post-treatment (data from session 16 were missing). At pre-treatment, Mr. L.'s IIP-64 total score (indicating the overall level of interpersonal distress and calculated as the mean of all scale items) was 1.30; at session 8, it was 1.20; and at post-treatment follow-up, it was 1.06 (see Figure 2). Safran, Muran, Samstag, and Winson (2005) established that the clinical cutoff for the IIP-64 total score is 1.13. Therefore, at pre-treatment, Mr. L.'s pre-treatment IIP-64 total score was above this clinical cutoff, and this score at post-treatment was below, thus meeting the first criterion for clinically significant change set by Jacobson and Truax (1991).

Next, the author considered whether or not Mr. L.'s change in IIP-64 total scores over the course of treatment met the second criterion of reliable change. Safran and colleagues (2005) established the standard error for the IIP-64 to be 0.34. From this, we can calculate that a difference of 0.67 would be required in order to yield an RCI of 1.96. Therefore, Mr. L.'s change of 0.24 from pre- to post-treatment does not meet criteria for reliable change according to the second criterion of Jacobson and Truax (1991). This means that although Mr. L.'s IIP-64 total

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[12] Shapiro and colleagues (1994) do not actually report the effect size for PI therapy alone. These authors report the effect size of 1.77 across both PI and CB treatments. They also report that CB was found to be slightly more effective (on the BDI-II) than PI in their sample. Therefore, the reported effect size of 1.77 can be assumed to be slightly higher than that for PI therapy alone in this study. Thus comparing the effect size of the present treatment to this effect size of 1.77 results in a more conservative test, given that the effect size of PI therapy alone would have been slightly lower.

[13] Barkham and colleagues (1996) also do not report the effect size for PI therapy alone. However, they do report that they did not find any significant differences between PI and CB treatments. Therefore, this effect size (across both treatments) can be assumed to apply to the PI treatment in that study.

score did move from a theoretically clinical population to theoretically normal or functional population, this change was not large enough for us to be confident that it was not due to chance or measurement error.

Because there was only one pre-treatment measurement of the IIP-64, the effect size could not be calculated for each case individually. Therefore, the effect size for changes in the IIP-64 could only be calculated across the two cases (see below).

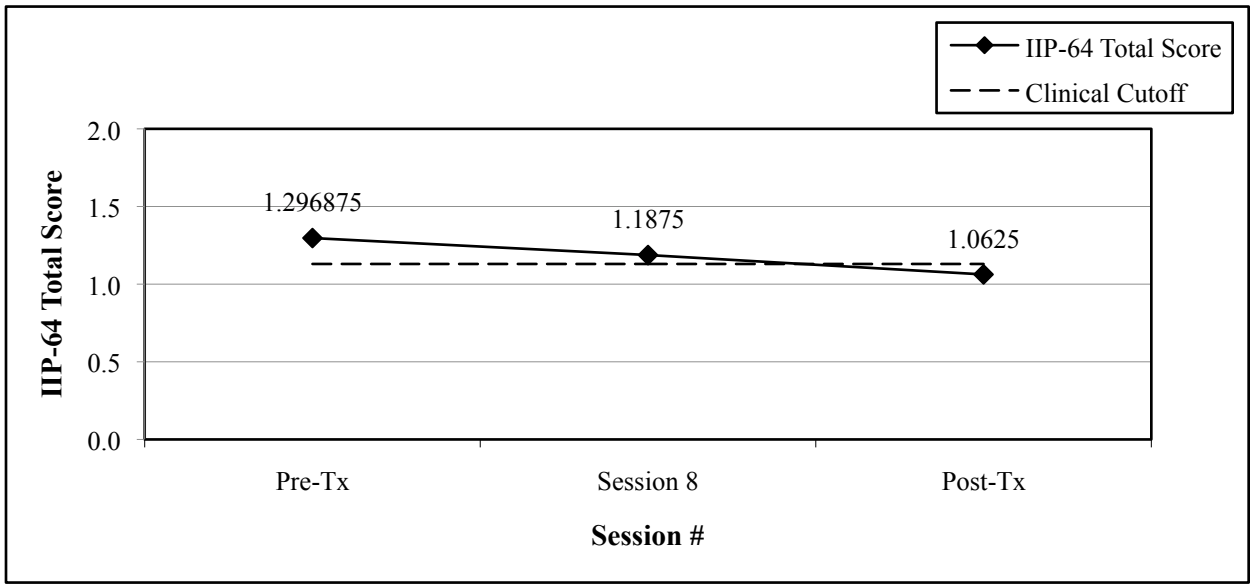

Figure 2. Client 1: IIP-64 Total Score over the course of treatment.

CALPAS. Means of CALPAS scores across treatment for both client and therapist ratings are shown in Table 1. Generally, it appears that both client and therapist ratings of alliance were, on average, quite high. Client ratings generally seem to have been slightly higher than therapist ratings; likewise, client ratings appear to have varied less than therapist ratings (lower *SD*s), suggesting that the therapist may have been more responsive to small changes in the alliance than was the client. Lowest ratings and highest variability appeared in ratings across sessions in the area of Patient Working Capacity (PWC), suggesting that both client and therapist perceived the client to have some difficulties making optimum use of therapy at times and also

that they perceived this ability to fluctuate or vary from one session to the next more than some other areas of alliance.

Table 1

Client 1: Client and Therapist Mean Ratings of Therapeutic Alliance

	Patient Commitment (PC)	**Patient Working Capacity (PWC)**	**Therapist Understanding & Involvement (TUI)**	**Working Strategy Consensus (WSC)**	**CALPAS Total Score**
Patient Ratings (CALPAS-P)	6.71 (*SD* = .22)	6.13 (*SD* = .61)	6.71 (*SD* = .38)	6.64 (*SD* = .30)	6.55 (*SD* = .30)
Therapist Ratings (CALPAS-T)	6.45 (*SD* = .60)	5.91 (*SD* = 1.35)	6.43 (*SD* = .54)	6.15 (*SD* = 1.06)	6.26 (*SD* = .83)

Between-Session Activities Questionnaires: Quantitative Results. As previously mentioned, both the client and the therapist were asked to fill out questionnaires (the BSAQ:CPre, BSAQ:CPost, and BSAQ:TPost) at each session assessing different aspects of homework use. Each of the questions in these questionnaires will be discussed briefly in turn, and client and therapist responses to analogous questions will be compared. Several of these questions were also selected for further analysis. These questions were selected based on the author's belief that they most closely reflected aspects of the use of between-session activities that were most likely to predict therapeutic change.

Results are presented in the following order: (1) questions pertaining the client's and therapist's discussion of new between-session activities for the coming week; (2) questions pertaining to the client's engagement in between-session activities during the past week; (3) questions pertaining to the client's and therapist's in-session discussion of between-session activities from the past week.

Discussion of new homework for the coming week. Question 7 of the BSAQ:CPost asks the client, "In the session you just had, did you and your therapist discuss any between-session activities that you could do between now and the next time you meet? (NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" The question asks for a yes/no response. The client responded, "Yes," to this question on 13 out of the 14 applicable sessions[14], indicating that no such activities were discussed in session 10. Question 16 of the BSAQ:TPost is equivalent, asking the therapist, "In the session you just had, did you and your client discuss any between-session activities that s/he could do between now and the next time you meet? (NOTE: Between-session activities can include anything the client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" The therapist responded, "Yes," to this question on 14 of the 15 applicable occasions, indicating that no such activities were discussed in session 14.

Question 9 of the BSAQ:CPost asks the client, "On the following scale, please indicate the degree to which <u>you</u> contributed to the development of this idea." The question asks the client to respond using a Likert scale where 1 is, "Not at all," 3 is, "Moderately," and 5 is, "Completely." The client's mean response across the 13 applicable sessions[15] was 2.77 (*SD* = 1.64). Question 19 of the BSAQ:TPost is equivalent, asking the therapist, "On the following scale, please indicate the degree to which <u>the client</u> contributed to the development of this idea."

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[14] This question, as well as all other questions about future homework activities, was not applicable at session 16 (the last session). In addition, the client data for session 15 were missing.
[15] This question, as well as all other questions about the discussion of future activities, was not applicable at the session for which the client/therapist indicated that no such activities were discussed.

Using the same scale, the therapist's mean response across the 14 applicable sessions was 2.64 (*SD* = 1.28).

Question 10 of the BSAQ:CPost asks the client, "On the following scale, please indicate the degree to which your therapist contributed to the development of this idea." Using the same scale mentioned for the previous question, the client's mean response across the 13 applicable sessions was 4.15 (*SD* = 0.90). Question 18 of the BSAQ:TPost is equivalent, asking the therapist, "On the following scale, please indicate the degree to which you contributed to the development of this idea." Using the same scale, the therapist's mean response across the 14 applicable sessions was 3.86 (*SD* = 1.10).

Question 11 of the BSAQ:CPost asks the client, "To what degree did you feel that you and your therapist collaborated in developing the idea?" Using the same scale, the client's mean response across the 13 applicable sessions was 3.85 (*SD* = 1.14). Question 20 of the BSAQ:TPost is equivalent, asking the therapist, "To what degree did you feel that you and your client collaborated in developing the idea?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 2.86 (*SD* = 1.35).

Question 12 of the BSAQ:CPost asks the client, "If your therapist made a suggestion or recommendation, how direct/indirect was her suggestion/recommendation?" Using a Likert scale, where 1 is, "Very indirect," 3 is, "Moderately direct," and 5 is, "Very direct," the client's mean response across the 13 applicable sessions was 4.18 (*SD* = 0.60). Question 21 of the BSAQ:TPost is equivalent, asking the therapist, "If you made a suggestion or recommendation, how direct/indirect was your suggestion/recommendation?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 4.14 (*SD* = 1.35).

Question 13 of the BSAQ:CPost asks the client, "To what extent does this activity seem relevant to current issues in therapy?" Using a Likert scale where 1 is, "Not at all relevant, " 3 is, "Moderately relevant," and 5 is, "Very relevant," the client's mean response across the 13 applicable sessions was 5.00 (*SD* = 0.00). Question 22 is equivalent, asking the therapist, "To what extent does this activity seem relevant to current issues in therapy?" Using the same scale, the therapist's mean score across the 14 applicable sessions was 4.85 (*SD* = 0.38).

Question 15 of the BSAQ:CPost asks the client, "How helpful do you believe such an activity could be?" On a Likert scale where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful," the client's mean response across the 13 applicable sessions was 4.77 (*SD* = 0.44). Question 24 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you believe such an activity could be?" On the same scale, the therapist's mean score across the 14 applicable sessions was 4.50 (*SD* = 0.76).

Questions 9, 10, 13, and 15 of the BSAQ:CPost and questions 19, 20, 22, and 24 of the BSAQ:TPost – which pertain to the client's contribution to the development of the homework activity, the degree of collaboration in the development of the activity, the perceived relevance of the activity, and the perceived potential helpfulness of the activity – were selected for further analysis. The client's and therapist's responses to each of these questions are plotted over time alongside the client's BDI-II scores at the beginning of the following session[16].

Question 9 of the BSAQ:CPost and question 19 of the BSAQ:TPost ask the client and therapist, "On the following scale, please indicate the degree to which you [the client]

[16] The author chose to plot the question responses alongside BDI-II scores from the *following* session for two primary reasons. First, the BDI-II was completed by the client prior to each session; therefore, his responses on this measure were recorded prior to any in-session discussion of new activities. Second, we might expect these aspects of the use of between-session activities – their perceived relevance and potential helpfulness – to be most predictive of BDI-II scores at the following session.

contributed to the development of this idea." Figure 3 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

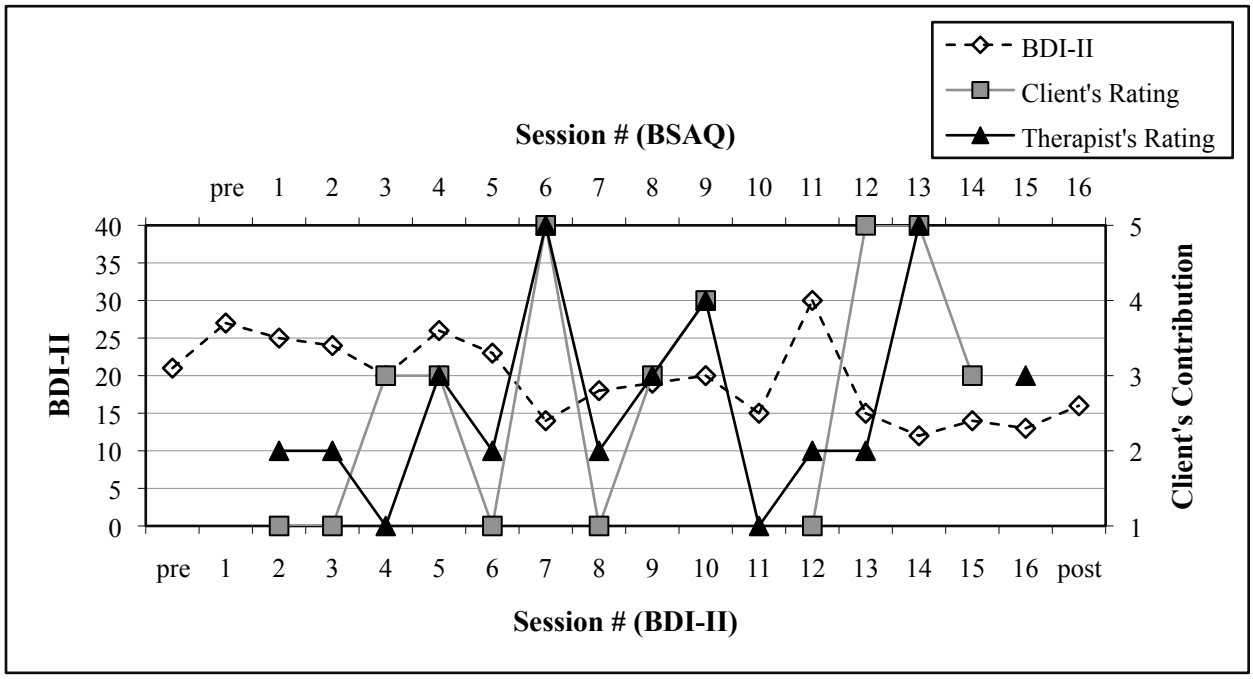

Figure 3. Client 1: Client and therapist perceptions of client's contribution to the development of the homework activity plotted with the following session's BDI-II. Because the client indicated that no new homework activities were discussed at session 10 and the therapist indicated that no such activities were discussed at session 14, this question was not applicable to them on those occasions. Client data from session 15 was missing.

Both Mr. L.'s and his therapist's ratings of his contributions to the ideas for homework activities varied quite a bit, ranging from "Not at all" to "Completely." Mr. L.'s ratings of his own contributions are lower than those of his therapist on a number of occasions, although there are two exceptions where his ratings are actually higher than hers, at sessions 4 and 12. It is notable that at session 6, both client and therapist indicated that the client contributed to the idea "Completely," and at the following session, the client experienced a drop in depressive symptoms. It is also interesting that at session 13, the session immediately following a significant peak in BDI-II scores, Mr. L. rated his contribution as "Completely," whereas the therapist rated it as somewhere between "Not at all" and "Moderately." From session 12 to session 13, however,

it appears that Mr. L. felt that he contributed more significantly and that these sessions were also followed by decreases in depressive symptoms.

Question 11 of the BSAQ:CPost and question 20 of the BSAQ:TPost ask the client and therapist, "To what degree did you feel that you and your therapist [client] collaborated in developing the idea?" Figure 4 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

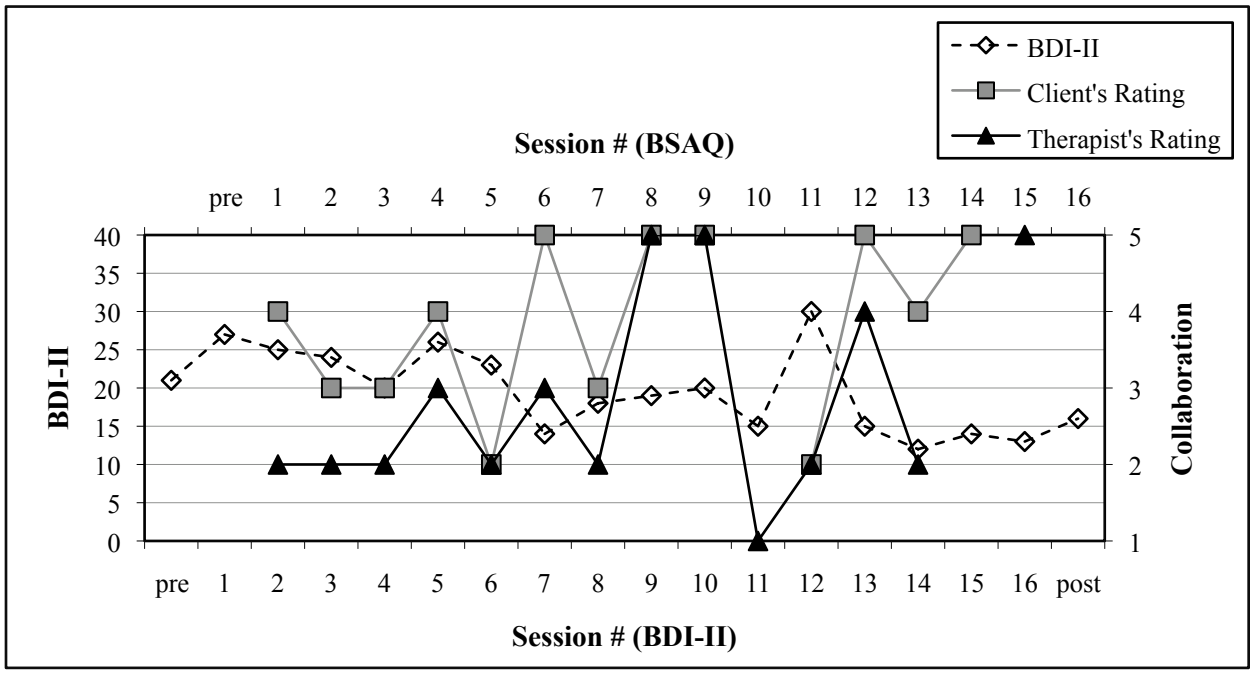

Figure 4. Client 1: Client and therapist perceptions of collaboration in the development of the homework activity plotted with the following session's BDI-II. Because the client indicated that no new homework activities were discussed at session 10 and the therapist indicated that no such activities were discussed at session 14, this question was not applicable to them on those occasions. Client data from session 15 was missing.

Mr. L.'s ratings of the degree of collaboration between himself and the therapist in the development of ideas for homework activities ranged from between "Not at all" and "Moderately" on a few occasions to "Completely." At most sessions, he indicated that he thought a moderate to high degree of collaboration took place. The therapist indicated that she perceived a lower degree of collaboration on most occasions than did Mr. L., although she did indicate

"Complete" collaboration on three occasions. Interestingly, some of the lowest ratings for collaboration by both the client and therapist occurred at the sessions leading up to a significant peak in depressive symptoms at session 12. It is also notable that two instances of higher levels of collaboration (at sessions 6 and 12) appear to be associated with decreases in depressive symptoms.

Question 13 of the BSAQ:CPost and question 22 of the BSAQ:TPost ask the client and therapist, "To what extent does [the discussed] activity seem relevant to current issues in therapy?" Figure 5 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

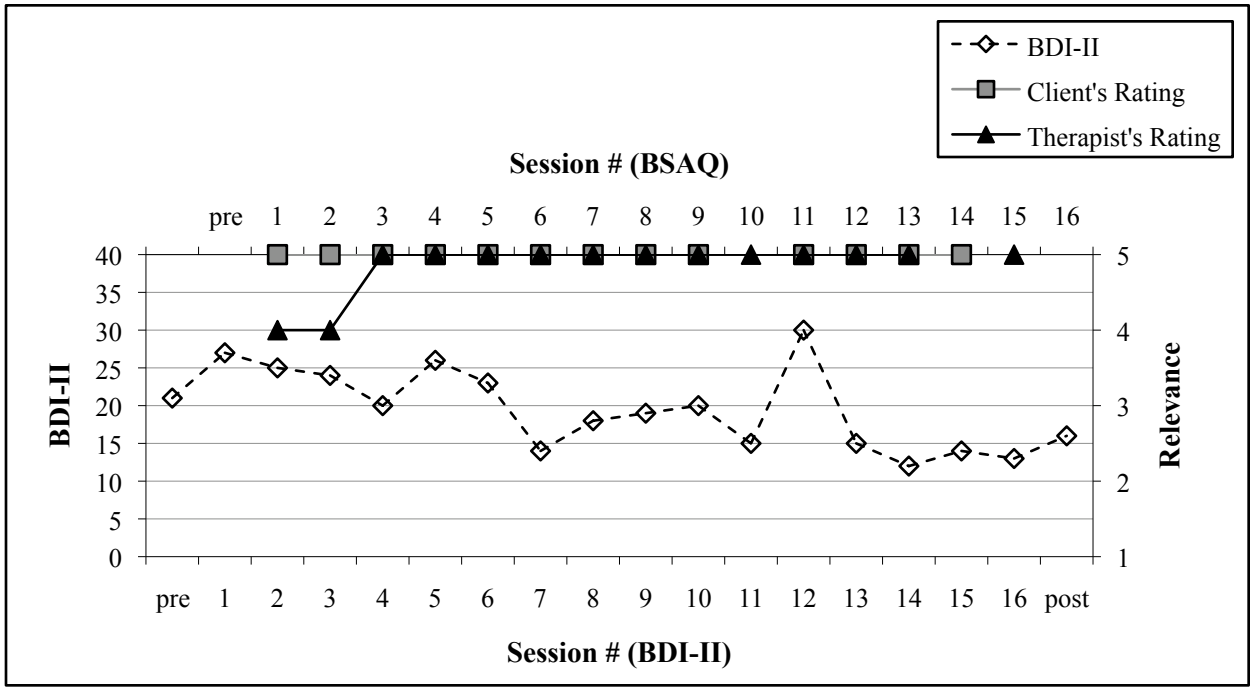

Figure 5. Client 1: Client and therapist perceptions of the relevance of the discussed activity plotted with the following session's BDI-II. Because the client indicated that no new homework activities were discussed at session 10 and the therapist indicated that no such activities were discussed at session 14, this question was not applicable to them on those occasions. Client data from session 15 was missing.

Mr. L. rated the relevance of homework activities as "Very Relevant" at every session in which he indicated that such activities had been discussed. The therapist rated the activities as

between “Moderately Relevant” and “Very Relevant” at sessions 1 and 2, after which she then rated them as “Very Relevant” at all sessions in which she believed such activities had been discussed. Therefore, both Mr. L. and the therapist generally saw the homework activities they discussed as quite relevant to current issues being discussed in therapy more generally. Because of the relative lack of variability across client and therapist ratings in relevance, the relationship between responses to this question and the BDI-II score over time could not be explored.

Question 15 of the BSAQ:CPost and question 24 of the BSAQ:TPost ask the client and therapist, “How helpful do you believe such an activity could be?” Figure 6 depicts client and therapist responses to this question over time as well as the client’s BDI-II scores (lagged by one session) over time.

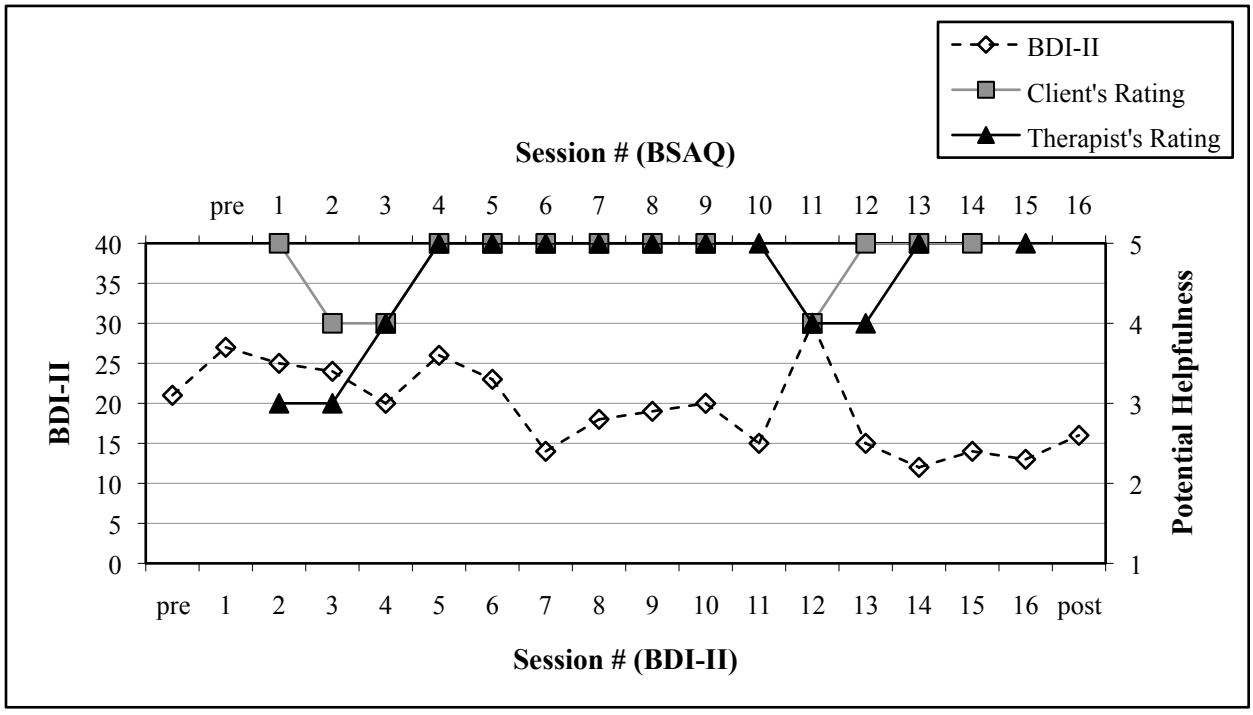

Figure 6. Client 1: Client and therapist perceptions of potential helpfulness of the discussed activity for the coming week plotted with the following session’s BDI-II. Because the client indicated that no new homework activities were discussed at session 10 and the therapist indicated that no such activities were discussed at session 14, this question was not applicable to them on those occasions. Client data from session 15 were missing.

Mr. L. rated the potential helpfulness of homework activities for the coming week as either "Very Helpful" or between "Moderately Helpful" and "Very Helpful" at all sessions for which he indicated that such activities had been discussed. The therapist rated the potential helpfulness of homework activities for the coming week as "Moderately Helpful" for the first two sessions, after which she rated them as "Very Helpful" or between "Moderately Helpful" and "Very Helpful" for all sessions after that for which she indicated that such activities had been discussed. Therefore, it appears that activities were generally perceived to be potentially quite helpful by both therapist and client. Activities discussed in the first few sessions appear to have been perceived to be slightly less helpful than later activities, especially by the therapist. There was also a slight dip in the therapist's and client's perceptions of potential helpfulness of activities at session 11, preceding a significant peak in the client's BDI-II score at the following session.

Client's engagement in homework activities during the past week. Question 1 of the BSAQ:CPre asks the client, "In last week's session, did you and your therapist discuss any between-session activities that you could do between then and today's session? (NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" This question asks for a yes/no response. The client responded with "Yes" to 15 out of 15 sessions for which this question was applicable.[17] Therefore, the client indicated that he remembered discussing between-session activities in all relevant sessions, including the one immediately after which he had indicated that no such activities were discussed. Question 1 of the BSAQ:TPost asks the therapist an analogous question: "In last

[17] As with all questions referring to previous sessions or activities, this question was not applicable at the first session.

week's session, did you and your client discuss any between-session activities that s/he could do between then and today's session? (NOTE: Between-session activities can include anything your client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" Again, this question asks for a yes/no response. The therapist responded with "Yes" on 14 out of the 15 sessions for which this question was applicable. The session at which the therapist indicated that no such activities had been discussed in the previous session was session 10. Interestingly, in the previous session, session 9, the therapist indicated that homework activities for the coming week were, in fact, discussed. Also notable, the therapist responded "Yes" at session 15, the session following the one in which she had indicated that no such activities had been discussed.

Question 2 of the BSAQ:CPre (which is only answered if the response to question 1 was "Yes") asks the client, "To what extent did you do what was discussed?" The question asks the client to respond using a Likert scale, where 1 is, "Not at all," 3 is, "Partly," and 5 is, "Completely. The client's mean response to this question across the 15 sessions for which it was applicable was 3.47 (*SD* = 1.06). Question 4 of the BSAQ:TPost is analogous, asking the therapist, "To what extent did the client do what was discussed?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 4.36 (*SD* = 1.08).

Question 5 of the BSAQ:CPre asks the client, "If you did at least part of what was discussed, how helpful do you think the activity was?" Again, the client is asked to use a Likert scale, where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." The client's mean response to this question across the 13 applicable sessions (he had indicated on two occasions that he did not do the activity at all) was 3.96 (*SD* = 0.78). Question 7 of the BSAQ:TPost is equivalent, asking the therapist, "If the client did at least part of what was

discussed, how helpful do you think the activity was?" Using the same scale, the therapist's mean response across the 13 applicable sessions (she had indicated on one occasion that he did not do the activity at all) was 4.08 (*SD* = 0.76).

Question 6 of the BSAQ:CPre asks the client, "Did you engage in any activities relevant to therapy that you and your therapist did not discuss in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" This question asks for a yes/no response. The client answered, "No," to this question at all of the 15 applicable sessions. Question 9 of the BSAQ:TPost is equivalent, asking the therapist, "Did you and the client discuss any activities relevant to therapy that the client engaged in this past week but that were not discussed in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" The therapist responded, "Yes," to this question on 1 out of the 15 sessions for which it was applicable.

Question 8 of the BSAQ:CPre (which is only answered if the response to question 6 was "Yes") asks the client, "To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?" The question asks the client to respond using a Likert scale where 1 is, "Not at all related," 3 is, "Moderately related," and 5 is, "Completely related." Because the client responded, "No," to question 6 at all sessions, this question was not applicable on any occasions. Question 11 of the BSAQ:TPost is equivalent, asking the therapist, "To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?" On the one occasion for which this question was applicable, the therapist's response (using the same scale) was 5.

Question 10 (which is also only answered if the answer to question 6 is, "Yes") of the BSAQ:CPre asks the client, "To what extent does this activity seem relevant to current issues in therapy?" The question asks the client to respond using a Likert scale where 1 is, "Not at all relevant," 3 is, "Moderately relevant," and 5 is, "Completely relevant." Again, because the client indicated that he did not believe that he engaged in any between-session activities that had not been discussed in the previous session on any occasions, this question was never applicable. Question 13 of the BSAQ:TPost is analogous, asking the therapist, "To what extent does this activity seem relevant to current issues in therapy?" On the one occasion for which this question was applicable, the therapist's response (using the same scale) was 5.

Question 11 of the BSAQ:CPre (which is only answered if the answer to question 6 is, "Yes") asks the client, "How helpful do you think the activity was?" The question asks the client to respond using a Likert scale, where 1 is "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." Again, because the client responded, "No," to question 6 on all occasions, this question as never applicable. Question 14 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you think the activity was?" The therapist's response (using the same scale) on the one applicable session was 3.

Questions 2 and 5 of the BSAQ:CPre and questions 4 and 7 of the BSAQ:TPost – which pertain to the degree to which the client engaged in between-session activities and the perceived helpfulness of these activities – were selected for further analysis. The client's and therapist's responses to each of these questions are plotted over time alongside the client's BDI-II scores from the same session.[18]

[18] Unlike the last set of questions, these questions are in reference to activities from the previous week. Therefore, they are plotted with the BDI-II scores from the same session.

Question 2 of the BSAQ:CPre and question 4 of the BSAQ:TPost ask the client and therapist, “To what extent did you [the client] do what was discussed?” Figure 7 depicts both client and therapist responses to this question over time, as well as the client’s BDI-II scores over time.

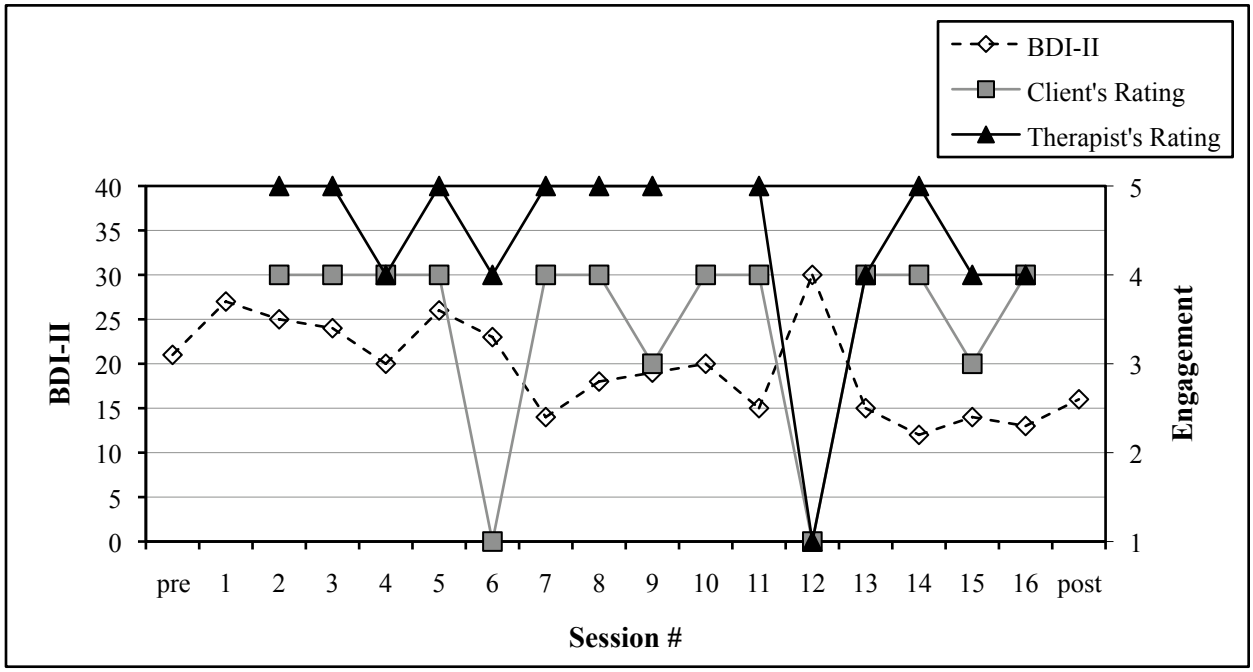

Figure 7. Client 1: Client and therapist reports of client’s level of engagement in discussed activities over the past week plotted with BDI-II. Because the therapist indicated that no such activities were discussed at session 10, this question was not applicable to her on that occasion.

Mr. L. rated the extent to which he engaged in homework activities from the past week as between “Partly” and “Completely” at most sessions. On two occasions, he indicated that he completed the activities only “Partly,” and on two occasions, he indicated that he completed them “Not at all.” The therapist generally rated Mr. L.’s level of engagement in homework activities higher than he did (either “Completely” or between “Partly” and “Completely”), with the exception of session 12, where they both indicated that he did not engage in the activity at all – and where the client reported a significant increase in depressive symptoms on the BDI-II.

Question 5 of the BSAQ:CPre and question 7 of the BSAQ:TPost ask, "If you [the client] did at least part of what was discussed, how helpful do you think the activity was?" Figure 8 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores over time.

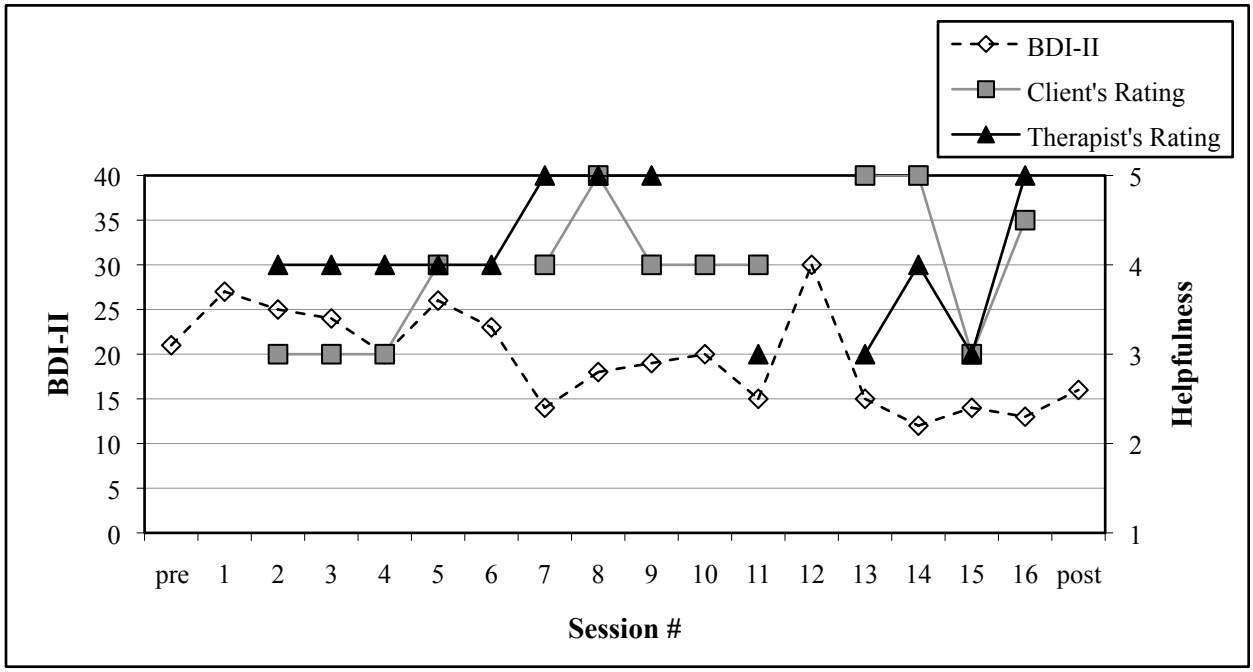

Figure 8. Client 1: Client and therapist perceptions of helpfulness of the past week's activity plotted with BDI-II. Because the therapist indicated that no such activities had discussed at session 10, this question was not applicable to her on that occasion. Both client and therapist indicated that the client did not engage at all in activities at session 12, and the client also indicated that he had not engaged at all at session 6; therefore, on these occasions, this question was also not applicable.

Both Mr. L.'s and the therapist's ratings of the helpfulness of homework activities that he completed ranged between "Moderately Helpful" and "Very Helpful." Mr. L.'s ratings of helpfulness seem to get higher over the course of treatment, with a few exceptions, the most notable of which occurred in session 15. The therapist's ratings are generally higher, but dip into the "Moderately Helpful" range for sessions 11, 13, and 15. Therefore, it appears that, overall, both the client and therapist perceived the client's engagement in activities between sessions to

be helpful. It is notable that an increase in perceived helpfulness by both client and therapist seemed to occur from sessions 5 to 7, a period that was also characterized by a significant dip in the client's BDI-II score. The perceived helpfulness of activities seems to vary more – and differ more between client and therapist – in the latter part of the treatment, following a significant increase in the client's BDI-II score; in the last two sessions, however, the client and therapist were in greater agreement.

In-session discussion of homework activities from past week. Question 1 of the BSAQ:CPost asks the client, "If, during last week's session, you and your therapist discussed any between-session activities that you could do between then and today, were they discussed again today?" This question asks for a yes/no response. The client responded, "Yes," to 13 out of the 15 occasions for which this question was applicable. (He responded, "No," only once, at session 10. Data from week 15 was missing.) Question 2 of the BSAQ:TPost is equivalent, asking the therapist, "If [in last week's session, you discussed any between session activities that the client could engage in between then and today], where they discussed again today?" Again, this question asks for a yes/no response. The therapist responded, "Yes," to this question at 14 out of the 15 applicable sessions. The therapist and client were in agreement that the previous week's activities were not discussed during session 10.

Question 3 of the BSAQ:CPost asks the client, "How helpful do you think your discussion of the activity with your therapist was?" The question asks the client to respond using a Likert scale where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." The client's mean score across the 13 applicable sessions was 4.92 (SD = 0.28). Question 8 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you think

your discussion of the activity with your client was?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 4.38 (*SD* = 0.77).

Questions 4 and 6 of the BSAQ:CPost refer to the discussion of activities that the client may have engaged in over the course of the past week but that weren't discussed in the previous session. Because the client indicated that he did no such activities, none of these questions are applicable. Question 15 of the BSAQ:TPost asks the therapist about the discussion of activities that the client engaged in over the course of the past week but that weren't discussed in the previous session. The question asks, "How helpful do you think your discussion of the activity with your client was?" The question asks the therapist to respond on a Likert scale where 1 is "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." The therapist's response to this question one the one applicable session was 4.

Question 3 of the BSAQ:CPost and question 8 of the BSAQ:TPost – which pertain to the perceived helpfulness of the in-session discussion of already completed activities – were selected for further analysis. The client's and therapist's responses to each of these questions are plotted over time alongside the client's BDI-II scores at the beginning of the following session[19].

Question 3 of the BSAQ:CPost and question 8 of the BSAQ:TPost ask the client and therapist, "How helpful do you think your discussion of the activity with your therapist [client] was?" Figure 9 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

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[19] As with the questions pertaining to the discussion of new activities for the coming week, the author chose to plot these question responses alongside BDI-II scores from the *following* session for two primary reasons. First, the BDI-II was completed by the client prior to each session; therefore, his responses on this measure were recorded prior to his discussing the past week's activities with his therapist. Second, although we might expect his actual engagement in between-session activities to be most relevant to the present week's BDI-II, we would also expect his discussion with the therapist – which may bring about new insight regarding the activities – to be most predictive of BDI-II scores at the following session.

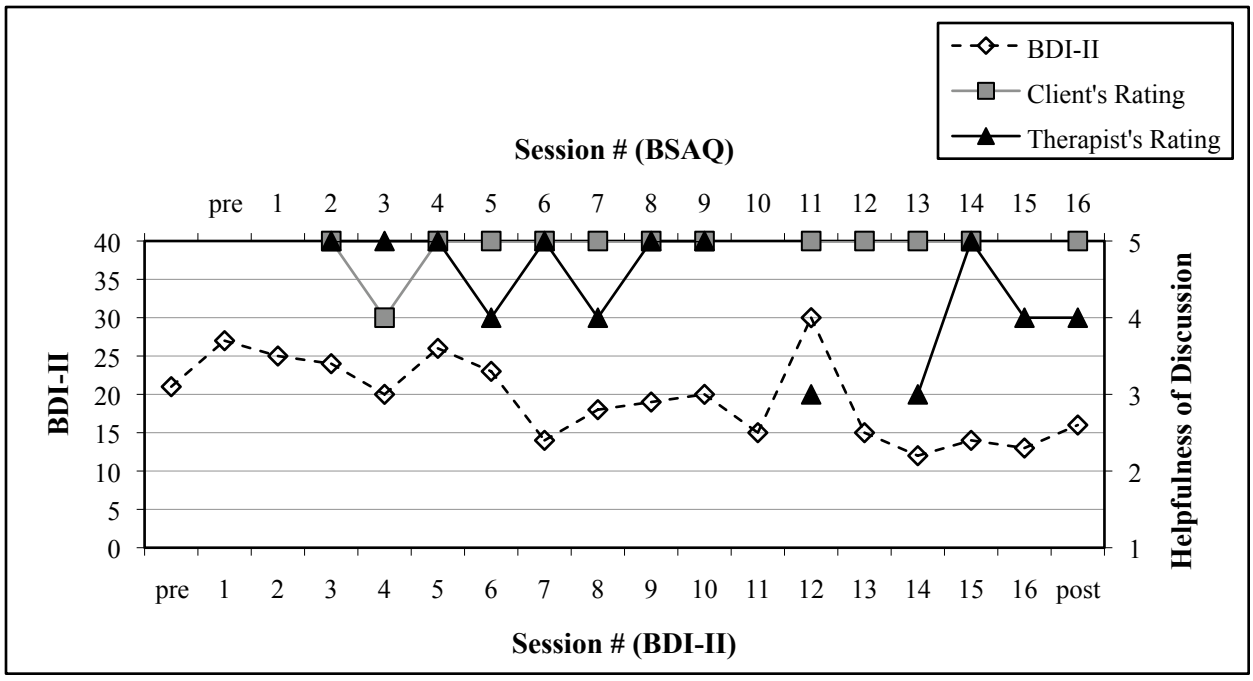

Figure 9. Client 1: Client and therapist perceived helpfulness of discussion plotted with next session's BDI-II. Because the client and therapist indicated that no homework activities were discussed at session 10, this question was not applicable to them on those occasions. The therapist did not respond to this question at session 12, having indicated that the client did not engage in the previously discussed activity at all. Client data from session 15 were missing.

Mr. L. rated the discussion with the therapist of the homework activities that he had engaged in as "Very Helpful" at all applicable sessions other than one (session 3), where he rated it as between "Moderately Helpful" and "Very Helpful." The therapist rated their discussions as either "Very Helpful" or between "Moderately Helpful" and "Very Helpful" at all sessions, with two exceptions, at sessions 11 and 13, where she rated them as only "Moderately Helpful." It is notable that these two exceptions occurred before and after the session in which the client reported the largest increase in depressive symptoms. It is also interesting that on both of these occasions, the client still reported finding the discussion to be "Very Helpful."

Between-Session Activities Questionnaires: Qualitative Results. In addition to the questions discussed above, all of which require either categorical responses (yes/no) or responses on a Likert scale, the BSAQs also ask both the client and the therapist for open-ended

descriptions of activities and discussions. Responses to these questions will be described briefly and some salient themes will be identified.

Discussion of new homework activities for the coming week. Question 8 of the BSAQ:CPost and question 17 of the BSAQ:TPost follow the question of whether or not new between-session activities for the coming week were discussed in the current session. These questions (which are only answered if the answer to the previous question was, "Yes") ask both the client and the therapist, "If so, what was discussed?" Themes that arose from these questions include: raising awareness about how different interpersonal dynamics impact the client's feelings about himself; raising awareness about wishes and fears in interpersonal relationships; raising awareness about how the client's ways of protecting himself from his fears may have interfered with getting his interpersonal needs met; raising awareness about potential opportunities to try out new ways of being with others; actually trying out new ways of being with others and observing how doing so might impact others' reactions as well as his level of satisfaction with relationships; reflecting on feelings about specific relationships (the therapeutic relationship, his relationship with his brother) and how he might state his needs more openly or engage in other forms of metacommunication as a way to create more satisfying relationships. For a comparison of the client's and therapist's responses by session, see Table 2.

Table 2

Client 1: Client and therapist descriptions of new between session activities for the coming week (BSAQ:CPost 8 & BSAQ:TPost 17)

Session	Client (Mr. L.)	Therapist
1	"Thinking about when my identity is positive and when negative."	"Notice the way that different situations provoke different experiences of identity – 'invisible,' 'radioactive,' 'appreciative,' etc."

2	"Monitoring my emotional state to see what emotions/situations trigger longing (on my part) for connection with others."	"[Client] and I agreed that he would identify feelings that precede feelings of longing for empathy."
3	"Discussion of things I might have avoided discussing with previous therapists because I was concerned about being judged, etc."	"[Client] will think of things that have been difficult to talk about in previous therapies – things he's aware he didn't say."
4	"Thinking about other examples of how I dealt with relationships ending in the past (i.e. like my relationship with one therapist ended) and how I may not have handled certain situations well."	"[Client] will think about 'his style' of either discretely expressing his feelings (hiding a gift that won't be discovered until he is no longer present) or not showing closeness or gratitude."
5	"Exploring themes from past relationships in my current situation, try letting someone in during small interactions."	"Look for situations over the next week in which the client encounters situations that invite him in – does he engage or not?"
6	"Continuing last week's assignment this week."	"[Client] will try to do last week's assignment again – take note of interactions and consider being more inviting/engaging."
7	"Continue the past week's activity but looking at what was said, how it felt, and how the other person responded, to try and find an appropriate middle ground between overdisclosing and withholding."	"This week [Client] will again try to be open to interactions with others – he will also take note of the extent to which he 'shares' himself with others."
8	"Continue with last week's activity but add a component that addresses how I felt about approaching the interaction in terms of self-confidence, inadequacies, etc."	"Engage in social contacts and be aware of fears, concerns, and assumptions going in."
9	"Continuing with the assignment but adding an extra component. I'm to monitor what I perceive to be the impact I'm having on others."	"[Client] will engage in interactions with others and note his impact on others."
10	Not applicable	"Re-assigned last week's HW."
11	"Thinking about being "in the moment" in my interactions with others, thinking about treatment ending."	"Pay attention to interactions 'in the moment.'"
12	"Continuing the last activity, focusing on being in the moment. I understand it better now."	"Notice moments when [Client] is 'in the moment' with others.

13	"Continuing previous activity and thinking about how I may have been a passive participant in previous relationships."	"[Client] will continue to note his interactions with others and he'll think about the extent to which he feels like a passive 'participant' in relationships with others."
14	"Thinking more about the role(s) and how I might communicate how I'd like my role with my brother to be to him."	Not applicable
15	No response	"Talk to brother about feelings about their relationship."
16	Not applicable	Not applicable

Question 14 of the BSAQ:CPost and question 23 of the BSAQ:TPost follow the question of how relevant the activity seems to current issues in therapy. These questions ask the client and therapist, "Please describe how it relates to current issues in therapy." Themes that arose from these responses include: discussion of the client's identity, interpersonal needs and fears, the client's contributions to dynamics that are dissatisfying to him, increasing awareness about opportunities to do things differently. These responses also reflect processes of raising awareness and developing insight about the issues being discussed in therapy, beginning to consider opportunities for change, and then generalizing changes discussed in therapy to life outside of therapy and recognizing how these changes impact the client's level of satisfaction with interpersonal relationships as well as feelings about himself. For a comparison of the client's and therapist's responses by session, see Table 3.

Table 3

Client 1: Client and therapist descriptions of the relevance of new homework activities to current issues in treatment (BSAQ:CPost 14 & BSAQ:TPost 23)

Session	**Client (Mr. L.)**	**Therapist**
1	"My sense of identity determines my relationships in ways."	"The issue of identity and the way the client is regarded by others emerged as an important theme in this session."

2	"Involves my desire for attachment to others, some one [*sic*] to be there, just to be there, not to say anything even."	"[Client] has interpersonal needs, but does not yet appear to have good insight into the emotions that are related to these needs."
3	"I had discussed my view of my previous experiences with other female therapists."	"We are focusing on fear of being vulnerable in general & how this is effecting [*sic*] current relationships [between] client and me – talking about prev[ious] therapy could be a less threatening way to approach issue."
4	"I don't have any close relationships and would like to have one or more. Looking at past relationships seems important."	"[Client] experiences loneliness, inferiority, and lack of connection with others – this assignment begins to explore some of his contributions to these experiences."
5	"My current lack of relationships may be related to my experiences in previous relationships."	"[Client] is beginning to identify ways that his behaviors keep people at arms [*sic*] length – this is a way to begin monitoring this in real time and begin to behave differently."
6	"Relationships are an issue for me so it's helpful to look at small relationships."	"[Client] is beginning to discover his ambivalence in IP [interpersonal] interactions. This activity will help him to identify these feelings in real time and try to behave diff[erent] and see if he gets a diff[erent] response."
7	"Right now, therapy is focused on the dynamics of my interactions with others and how I can improve them."	"[Client] wants to feel close to people, but has trouble understanding what he should share, or what information is appropriate to share."
8	"I feel inadequate and lacking in self-confidence when approaching most interactions so it relates directly to my issues in therapy."	"[Client] assumes that people will find him unappealing or uninteresting. This may affect his behavior in interpersonal situations."
9	"An issue I have in therapy is lack of confidence and inadequacy in my relationships with others (i.e. initiating conversations and being received as an equal, etc.)."	"[Client] is just beginning to understand that his non-verbal & explicit beh[avior] could have an impact on others – this will allow him to start monitoring."
10	Not applicable	"See prev[ious] week"
11	"We've discussed being 'in the moment' between the two of us and as therapy comes to an end, I need to transfer the 'in the moment' aspect to others in my life."	"As therapy is coming to a close, [Client] must develop relationships that better meet IP [interpersonal] needs outside of therapy.'"

12	"It's directly related to the issues discussed in therapy (i.e. my desire for more/closer relationships)."	"As therapy is ending, [Client] must develop relationships that can serve as supportive and gratifying in the way that therapy has been."
13	"Very relevant to what we discussed in the session."	"In the last session [Client] felt like therapy 'turned a corner' – he went from being a passive 'study participant' to being an active partner – we will examine the extent to which this applies to other relationships."
14	"I feel I play an inferior role when I'm with my brother. Such roles affect me negatively in developing other relationships."	Not applicable
15	No response	"[Client] should become more of a participant in his relationships and honor his relationships."
16	Not applicable	Not applicable

Client's engagement in homework activities during the past week. Question 3 of the BSAQ:CPre and question 5 of the BSAQ:TPost follow the question of the extent to which the client engaged in between-session activities that had been discussed in the previous session. These questions ask the client and therapist, "If you [the client] did anything related to what was discussed, what specifically did you [s/he] do?" Themes that arose from these responses include: reflecting on dynamics in interpersonal interactions (and sometimes taking notes on his observations); reflecting on the relationship between different emotions and interpersonal wishes/fears; reflecting on patterns in past relationships related to avoiding fears but which may interfere with getting needs met; practicing allowing himself to be more open in interactions with others and observing how this impacts others' responses to him as well as his own feelings about the interactions; and practicing asserting his needs in relationships. For a comparison of the client's and therapist's responses by session, see Table 4.

Table 4

Client 1: Client and therapist's descriptions of the client's engagement in homework activities (BSAQ:CPre 3 & BSAQ:TPost 5)

Session	Client (Mr. L.)	Therapist
1	Not applicable	Not applicable
2	"Monitored interactions with others re: my identity/status."	"He took notes regarding ~5 social interactions and identified feelings of status related to these interactions."
3	"Thought about the emotional states I experience before feeling alone, etc."	"He wrote down experiences and emotions that precede feeling longing."
4	"Thought about stuff I was hesitant to reveal to past therapists."	"He thought about what has been difficult to discuss in previous therapies. He gave it a lot of thought, but was unable to come up with any examples."
5	"Thought about how my 'style' in personal interactions." [*sic*]	"Thought of 2-3 situations that are emblematic of his style – one situation with a former friend and one ex-girlfriend."
6	Not applicable	"He noted situations in which he had interpersonal encounters and thought about his decision to engage/not engage. He felt that he hadn't completed the assignment [because] he didn't take opportunities to 'invite someone in.'"
7	"Observed small interactions with people to see if I was 'letting them in.'"	"He reported on 3 instances in which he allowed himself to interact socially with others."
8	"Monitored small interactions to observe what I shared, how it felt, and what response it resulted in."	"Engaged in conversations with bus driver and at football game – took notes."
9	"I continued the previous activity. I observed what I shared with others in small interactions, how it felt going into it, and afterwards, and what response it elicited."	"Had two interactions and reflected on his expectations and whether or not they were fulfilled."
10	"Continue the previous week's assignment/activity, adding observation of what impact I perceive myself having on others."	Not applicable
11	"Continue previous activity, adding observation of my effect on others (my perceptions)."	"Interactions with guy at [fast food restaurant] and two firemen – paid attention to his impact."

12	Not applicable	Not applicable
13	"Continue the previous week's activities"	"He noted interactions – made a point of talking with his professor."
14	"Continued previous activity plus 'being in the moment' and thinking about roles I'm in/put myself in."	"He noted his feelings during interactions with his brother and on date."
15	"Thought about roles I'm in and role with my brother."	"Thought about how relationship with brother is similar to other relationships."
16	"Continue previous activity, look at role vis-à-vis my brother, ask brother re: 'goofy meds.'"	"He talked to his brother about a comment that felt dismissive to [Client]."

Question 4 of the BSAQ:CPre and question 6 of the BSAQ:TPost ask the client and therapist, "If you [the client] did not do what was discussed or did only part of it, was there a reason why you [s/he] did not do (all of) what was discussed? (e.g. Did you [s/he] forget? Did something get in the way? Did it seem unhelpful?)" The primary theme that emerged from these responses was that of not having enough opportunities to engage in the discussed activity, either because of practical limitations or because the client was feeling depressed, irritable, or otherwise unwell and therefore did not venture out of his apartment for most of the week. It is notable, however, that the client seemed to focus more on the practical limitations than did the therapist and that he seemed to have observed more obstacles to his engaging in activities than she did. For a comparison of the client's and therapist's responses by session, see Table 5.

Table 5

Client 1: Client and therapist descriptions of reasons why client did not do (all of) what was discussed (BSAQ:CPre 4 & BSAQ:TPost 6)

Session	**Client (Mr. L.)**	**Therapist**
1	Not applicable	Not applicable
2	Not applicable	Not applicable
3	Not applicable	Not applicable

4	Not applicable	Not applicable
5	Not applicable	Not applicable
6	"I didn't engage in any encounters during which I could 'let someone in.' There were a few encounters with fast food employees or grocery store employees but not one where I could engage further. Perhaps trying it again this week would help. It seems like a particularly helpful activity but circumstances weren't right to try it."	"[Client] didn't feel that he had the opportunities to engage with others."
7	Not applicable	Not applicable
8	"Didn't have as many opportunities to interact."	Not applicable
9	"My last session was Thursday. I did not venture out of my apt. Fri - Sun. I didn't go to class on Monday as I didn't feel well, so I stayed home. Today (Tues) was the only day I could interact with others."	Not applicable
10	"Was very irritable over two days, stayed in apt. for most of week."	Not applicable
11	"Not many opportunities to make contact with others, stayed in apt. a lot."	Not applicable
12	"Didn't go out all week except once to get groceries. Missed exam due to not feeling well, postponed lunch date, just couldn't make the effort, felt really down. Sorry."	"Feeling depressed, didn't leave house."
13	Not applicable	Not applicable
14	"Didn't have but a few interactions of any appreciable length."	Not applicable
15	"Didn't really have any conversations with anyone other than 'hello,' 'hi,' 'bye,' etc."	Not applicable
16	"I didn't have many opportunities for appreciable contact with others, I did discuss some things with my brother but not everything."	Not applicable

Question 7 of the BSAQ:CPre and question 10 of the BSAQ:TPost follow the question of whether the client engaged in any between-session activities over the course of the week that were not discussed in the previous session. These questions ask," If so, what specifically did you [s/he] do?" Because the client responded with, "No," to the previous question on all occasions, this question was not applicable for him. The therapist responded, "Yes," to the previous question on one occasions. Her response on this occasion (session 16) was, "He engaged in conversation with professor and replied in an open way to email from [administrator]."

Question 9 of the BSAQ:CPre and question 12 of the BSAQ:TPost follow the question of the extent to which activities that the client engaged in that weren't discussed in the previous session were related to previous discussions or suggestions. These questions ask, "If at all related to discussions or suggestions made previously in therapy, what was previously discussed/ suggested?" Again, because the client did not indicate that he had engaged in any such activities, this question was not applicable on any occasions for him. On the one occasion where the question was applicable for the therapist, her response was "Take risks in engaging with others."

In-session discussion of previous week's homework activities. Question 2 of the BSAQ:CPost and question 3 of the BSAQ:TPost ask about the in-session discussion of homework activities from the previous week. Each of these is preceded by a question asking if previously discussed homework activities were discussed again in this session, and then asks, "If so, what was discussed?" The themes that arose from these responses echo those arising from other questions: discussing how interpersonal dynamics impact the client's feelings about himself and contribute to his depression; discussing the client's interpersonal needs that are not currently being met; discussing the client's fears in interpersonal relationships and how these have interfered with his ability to get his needs met; discussing the client's experiences trying out

new ways of interacting with others, his observations about their reactions to him, and his own feelings about the interactions; discussing an experience in which the client took a risk in a particular relationship by asserting his needs and found that his fears were disconfirmed; and discussing the client's attempts to be more fully present in interpersonal interactions. One instance of something different coming out of the discussion was when the client and therapist discussed what had made it difficult for him to complete the assignment. For a comparison of the client's and therapist's responses by session, see Table 6.

Table 6

Client 1: Client and therapist descriptions of their discussion of homework activities from the past week (BSAQ:CPost 2 & BSAQ:TPost 3)

Session	Client (Mr. L.)	Therapist
1	Not applicable	Not applicable
2	"Monitoring my interactions with others re: validation of identity."	"We discussed how interactions with others impact [Client]'s feelings of 'status.'"
3	"Thinking about emotional states I experience that occur that make me feel longing for contact with others."	"What types of emotion precede sense of longing."
4	"Things I might have been hesitant to discuss with previous therapists."	"What has been difficult to talk about in previous therapies."
5	"My 'style' of interaction with others in past relationships, letting people in vs. keeping people out."	"What [Client]'s 'style' is in interpersonal relationships – think of examples."
6	"Looking at small interactions to see if I can or will 'let others in.'"	"Paying attention to interactions and looking for opportunities to 'invite someone in.' Take opportunities to be more engaging."
7	"Monitoring small interactions with others to see if I let others 'in' or self-disclose or not, etc."	"[Client] was to try to be more open and inviting in interactions."
8	"Monitoring small interactions with others to observe what I shared, how it felt, and what response was elicited."	"Engaging in social contact and keeping track of what [Client] shared, how it felt, what was reaction."

9	"Analysis of some of my interactions with others for how I felt about approaching the interaction, what I shared, how I felt afterwards and what response I elicited."	"[Client] was to engage in interactions with others and note his expectations going in."
10	Not applicable	Not applicable
11	"Continuing the previous activity but adding my perception of my effect on others."	"HW [homework] from prev[ious] week – pay attention to [Client]'s impact on others in interactions."
12	"We discussed why I didn't complete the assignment."	"[Client] didn't complete assignment because he was feeling too depressed."
13	"Discussed how I was 'in the moment' in several conversations I had during the week."	"[Client] recalled his interactions with people over the past week – particularly his discussion with his professor."
14	"Being in the moment and, more importantly, the role(s) I find myself in with others."	"Being in the moment, thinking about roles in relationships."
15	No response	"[Client] was to think about relationship w[ith] brother."
16	"The continuation of the previous activity, discussion of matters with my brother."	"Talking to brother about nature of relationship."

Client 2

ADIS-IV-PSU. The results of the ADIS-IV-PSU demonstrated that Ms. D. met criteria for Major Depressive Disorder prior to beginning treatment and that she no longer met criteria at post-treatment follow-up.

BDI-II. Ms. D.'s BDI-II score at pretreatment was 28, indicative of moderate depression, and her BDI-II score at session 1 was 39, indicative of severe depression. With some fluctuation, the trend in her scores is also downward. There was one notable peak in her depression at session 13: after having gone down steadily into the range of mild depression and even into the range of minimal depression (with a score of 4 at session 9), Ms. D.'s BDI-II then increased to 23, again indicative of moderate depression, after which it then made a steady decrease. At the last session (session 16), her score was 2, and at post-treatment follow-up it was 0, both indicative of

minimal depression (see Figure 10).

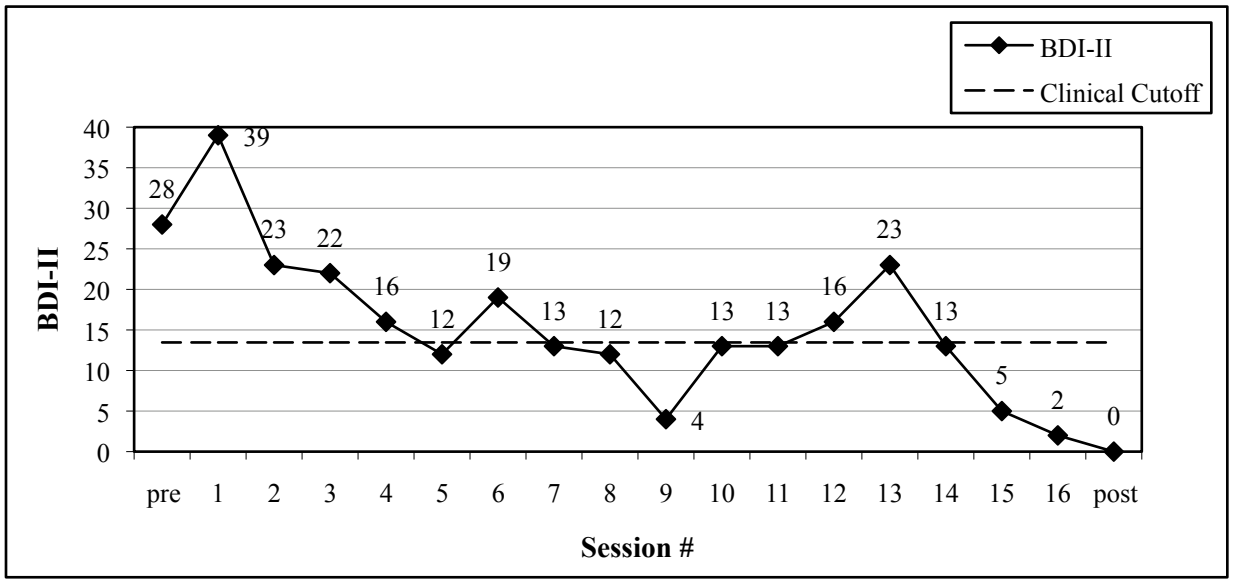

Figure 10. Client 2: BDI-II scores over the course of treatment.

Ms. D.'s change in BDI-II scores over the course of treatment met the first criterion set by Jacobson and Truax (1991): her pre-treatment score (28) was well above the cutoff set by Ogles, Lambert, and Sawyer (1995) for being within two standard deviations of the general population mean (13.46), and her score at post-treatment follow-up (0) was well below this cutoff, demonstrating the movement from a theoretically dysfunctional population to a theoretically functional one.

Ms. D.'s change in BDI-II scores over the course of treatment also met Jacobson and Truax's (1991) second criterion: the difference in her score pre-treatment (28) and that post-treatment (0) is 28, well above the minimal difference of 9 established by Ogles and colleagues (1995) to demonstrate reliable change and thus demonstrating that this change was real change rather than due to measurement error or the random fluctuation of scores. Therefore, this Ms. D.'s change in BDI-II scores pre- to post-treatment meets both criteria set by Jacobson and Truax (1991) for clinically significant change.

Next the author calculated the effect size for this treatment using the same formula proposed by Busk and Serlin (1992) discussed above. This calculation yielded an effect size of 4.31, as compared to the effect size of 1.77[20] established by Shapiro and colleagues (1994) and that of 1.61[21] established by Barkham and colleagues (1996). According to the benchmarks set by Cohen (1988), both of these are considered to be large effect sizes.

IIP-64. IIP-64 data for Ms. D. was available at pre-treatment, session 8, session 16, and post-treatment. At pre-treatment, Ms. D.'s IIP-64 Total Score (indicating the overall level of interpersonal distress and calculated as the mean of all scale items) was 1.63; at session 8, it was 1.41; at session 16, it was 0.66; and at post-treatment follow-up, it was 0.45 (see Figure 11). At pre-treatment, Ms. D.'s IIP-64 total score was above the clinical cutoff of 1.13 established by Safran and colleagues (2005), and at post-treatment follow-up, it was below this clinical cutoff, thus meeting the first criterion for clinically significant change set by Jacobson and Truax (1991).

Next, the author considered whether or not Ms. D.'s change in IIP-64 scores over the course of treatment met the second criterion of reliable change. The change in the IIP-64 total score from pre- to post-treatment was 1.18, higher than the RCI of 0.67, calculated above from the standard error reported by Safran and colleagues (2005). Therefore, Ms. D.'s change in IIP-

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[20] As noted above, Shapiro and colleagues (1994) do not actually report the effect size for PI therapy alone. These authors report the effect size of 1.77 across both PI and CB treatments. They also report that CB was found to be slightly more effective (on the BDI-II) than PI in their sample. Therefore, the reported effect size of 1.77 can be assumed to be slightly higher than that for PI therapy alone in this study. Thus comparing the effect size of the present treatment to this effect size of 1.77 results in a more conservative test, given that the effect size of PI therapy alone would have been slightly lower.

[21] Also as noted above, Barkham and colleagues (1996) also do not report the effect size for PI therapy alone. However, they do report that they did not find any significant differences between PI and CB treatments. Therefore, this effect size (across both treatments) can be assumed to apply to the PI treatment in that study.

64 total scores from pre- to post-treatment meets both criteria set by Jacobson and Truax (1991) for clinically significant change.

Again, because there was only one pre-treatment measurement of the IIP-64, the effect size could not be calculated for each case individually. Therefore, the effect size for changes in the IIP-64 could only be calculated across the two cases (see below).

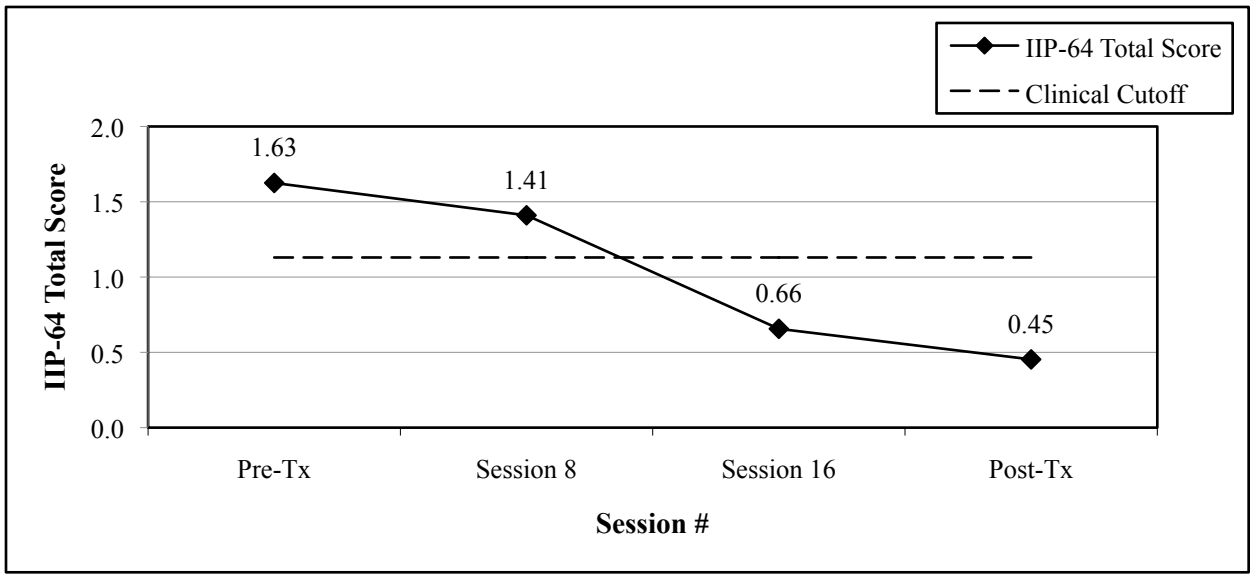

Figure 11. Client 2: IIP-64 Total Score over the course of treatment.

CALPAS. Means of CALPAS scores across treatment for both client and therapist ratings are shown in Table 7. Generally, it appears that both client and therapist ratings of alliance were, on average, quite high. As with the first case, client ratings tended to be slightly higher than therapist ratings; likewise, client ratings appear to have varied less than therapist ratings (lower *SD*s), again suggesting that the therapist may have been more responsive to small changes in the alliance than was the client. Also as with the first case, the lowest ratings and highest variability appeared in ratings across sessions in the area of Patient Working Capacity (PWC), suggesting that both client and therapist perceived the client to have some difficulties making optimum use of therapy at times and also that they perceived this ability to fluctuate or

vary from one session to the next more than some other areas of alliance. Interestingly, the therapist's rating of Working Strategy Consensus (WSC) was also lower than his ratings on other areas of the alliance (although still relatively high), suggesting that he perceived agreement on treatment goals between himself and the client to be somewhat lower at times.

Table 7

Client 2: Client and Therapist Mean Ratings of Therapeutic Alliance

	Patient Commitment (PC)	**Patient Working Capacity (PWC)**	**Therapist Understanding & Involvement (TUI)**	**Working Strategy Consensus (WSC)**	**CALPAS Total Score**
Patient Ratings (CALPAS-P)	6.71 (*SD* = .29)	6.01 (*SD* = .40)	6.45 (*SD* = .30)	6.48 (*SD* = .27)	6.41 (*SD* = .23)
Therapist Ratings (CALPAS-T)	6.31 (*SD* = .60)	5.91 (*SD* = .70)	6.28 (*SD* = .34)	5.96 (*SD* = .63)	5.97 (*SD* = .63)

Between-Sessions Activities Questionnaires: Quantitative Results. As above with Client 1, each of the questions in these questionnaires will be discussed briefly in turn, and client and therapist responses to analogous questions will be compared. Also as above, several of these questions were also selected for further analysis. These questions were selected based on the author's belief that they most closely reflected aspects of the use of between-session activities that were most likely to predict therapeutic change.

Results are presented in the following order: (1) questions pertaining the client's and therapist's discussion of new between-session activities for the coming week; (2) questions pertaining to the client's engagement in between-session activities during the past week; (3) questions pertaining to the client's and therapist's in-session discussion of between-session activities from the past week.

Discussion of new homework for the coming week. Question 7 of the BSAQ:CPost asks the client, "In the session you just had, did you and your therapist discuss any between-session activities that you could do between now and the next time you meet? (NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" The question asks for a yes/no response. The client responded, "Yes," to this question on 14 out of the 15 applicable sessions[22], indicating that no such activities were discussed in session 6. Question 16 of the BSAQ:TPost is equivalent, asking the therapist, "In the session you just had, did you and your client discuss any between-session activities that s/he could do between now and the next time you meet? (NOTE: Between-session activities can include anything the client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" The therapist responded, "Yes," to this question on 14 of the 15 applicable occasions, also indicating that no such activities were discussed in session 6. Therefore, the therapist and client agreed that homework activities for the coming week had been discussed in 14 out of 15 sessions, and they were in agreement that no homework activities were discussed at session 6.

Question 9 of the BSAQ:CPost asks the client, "On the following scale, please indicate the degree to which <u>you</u> contributed to the development of this idea." The question asks the client to respond using a Likert scale where 1 is, "Not at all," 3 is, "Moderately," and 5 is, "Completely." The client's mean response across the 14 applicable sessions[23] was 3.36 (*SD* =

[22] This question, as well as all other questions about future homework activities, was not applicable at session 16 (the last session).
[23] This question, as well as all other questions about the discussion of future activities, was not applicable at the session for which the client/therapist indicated that no such activities were discussed.

1.22). Question 19 of the BSAQ:TPost is equivalent, asking the therapist, "On the following scale, please indicate the degree to which the client contributed to the development of this idea." Using the same scale, the therapist's mean response across the 14 applicable sessions was 3.71 (*SD* = 1.14).

Question 10 of the BSAQ:CPost asks the client, "On the following scale, please indicate the degree to which your therapist contributed to the development of this idea." Using the same scale mentioned for the previous question, the client's mean response across the 14 applicable sessions was 3.36 (*SD* = 1.08). Question 18 of the BSAQ:TPost is equivalent, asking the therapist, "On the following scale, please indicate the degree to which you contributed to the development of this idea." Using the same scale, the therapist's mean response across the 14 applicable sessions was 3.57 (*SD* = 0.94).

Question 11 of the BSAQ:CPost asks the client, "To what degree did you feel that you and your therapist collaborated in developing the idea?" Using the same scale, the client's mean response across the 14 applicable sessions was 3.57 (*SD* = 0.94). Question 20 of the BSAQ:TPost is equivalent, asking the therapist, "To what degree did you feel that you and your client collaborated in developing the idea?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 3.93 (*SD* = 0.73).

Question 12 of the BSAQ:CPost asks the client, "If your therapist made a suggestion or recommendation, how direct/indirect was her suggestion/recommendation?" Using a Likert scale, where 1 is, "Very indirect," 3 is, "Moderately direct," and 5 is, "Very direct," the client's mean response across the 14 applicable sessions[24] was 4.00 (*SD* = 1.08). Question 21 of the BSAQ:TPost is equivalent, asking the therapist, "If you made a suggestion or recommendation,

[24] The client did not respond to this question at session 11 even though it would have been applicable. Therefore, this is the mean across 13 sessions.

how direct/indirect was your suggestion/recommendation?" Using the same scale, the therapist's mean response across the 14 applicable sessions was 4.14 (*SD* = 0.53).

Question 13 of the BSAQ:CPost asks the client, "To what extent does this activity seem relevant to current issues in therapy?" Using a Likert scale where 1 is "Not at all relevant," 3 is, "Moderately relevant," and 5 is, "Very relevant," the client's mean response across the 14 applicable sessions was 4.93 (*SD* = 0.27). Question 22 is equivalent, asking the therapist, "To what extent does this activity seem relevant to current issues in therapy?" Using the same scale, the therapist's mean score across the 14 applicable sessions was 4.71 (*SD* = 0.47).

Question 15 of the BSAQ:CPost asks the client, "How helpful do you believe such an activity could be?" On a Likert scale where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful," the client's mean response across the 14 applicable sessions was 4.86 (*SD* = 0.36). Question 24 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you believe such an activity could be?" On the same scale, the therapist's mean score across the 14 applicable sessions was 4.29 (*SD* = 0.47).

Questions 9, 10, 13, and 15 of the BSAQ:CPost and questions 19, 20, 22, and 24 of the BSAQ:TPost – which pertain to the client's contribution to the development of the homework activity, the degree of collaboration in the development of the activity, the perceived relevance of the activity, and the perceived potential helpfulness of the activity – were selected for further analysis. The client's and therapist's responses to each of these questions are plotted over time alongside the client's BDI-II scores at the beginning of the following session[25].

[25] As with client 1, the author chose to plot the question responses alongside BDI-II scores from the *following* session for two primary reasons. First, the BDI-II was completed by the client prior to each session; therefore, his responses on this measure were recorded prior to any in-session discussion of new activities. Second, we might expect these aspects of the use of between-

Question 9 of the BSAQ:CPost and question 19 of the BSAQ:TPost ask the client and therapist, "On the following scale, please indicate the degree to which you [the client] contributed to the development of this idea." Figure 12 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

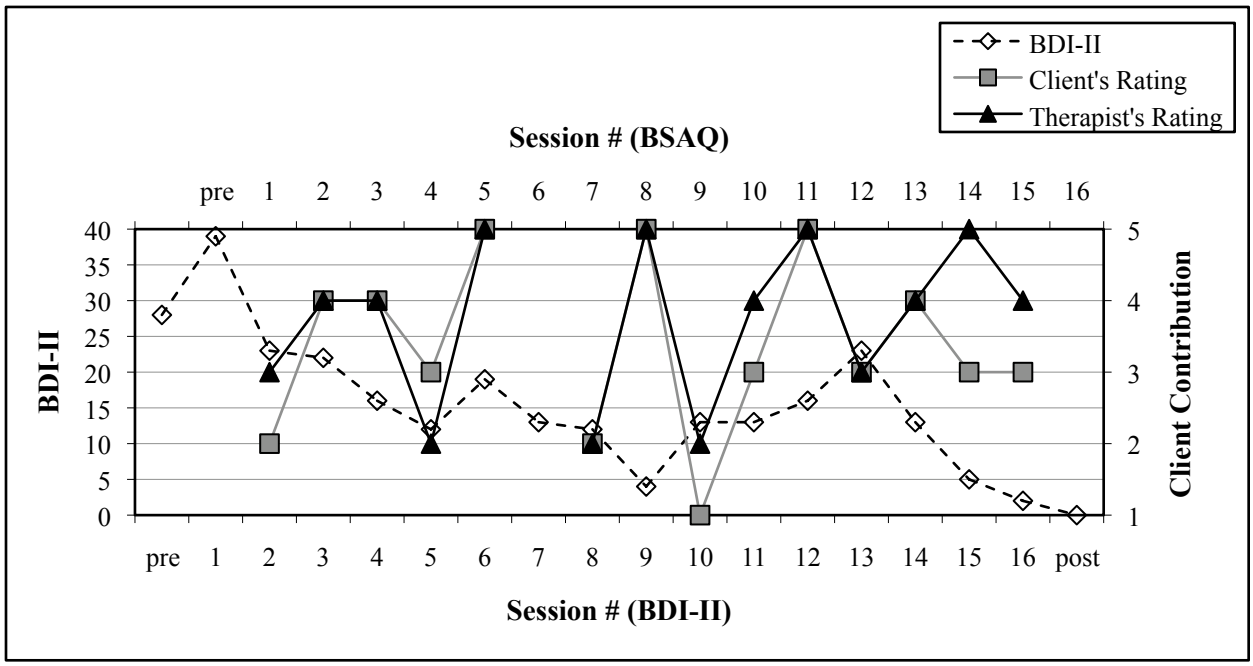

Figure 12. Client 2: Client and therapist perceptions of client's contribution to the development of the homework activity plotted with the following session's BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion.

Ms. D.'s and the therapist's ratings of her contributions to the development of ideas for homework activities appear to be very much in line with one another. There is a fair amount of variability in their perceptions of her contributions across sessions, ranging from "Not at all" to "Completely" but with most ratings falling in the middle of the range. It is notable that a trend in increasing contribution between sessions 2 and 5 is accompanied by a general trend in decreasing

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session activities – their perceived relevance and potential helpfulness – to be most predictive of BDI-II scores at the following session.

BDI-II scores, albeit with a slight increase in session 6. At session 8 both Ms. D. and her therapist rated her contribution as "Completely," and this was accompanied by a decrease in depressive symptoms at the following session. Finally, it is also notable that both client and therapist rated Ms. D.'s contributions as relatively lower leading up to session 13, in which she experienced a peak in depressive symptoms, and that in the following sessions her contributions appear to have increased again accompanied by a decrease in the BDI-II.

Question 11 of the BSAQ:CPost and question 20 of the BSAQ:TPost ask the client and therapist, "To what degree did you feel that you and your therapist [client] collaborated in developing the idea?" Figure 13 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

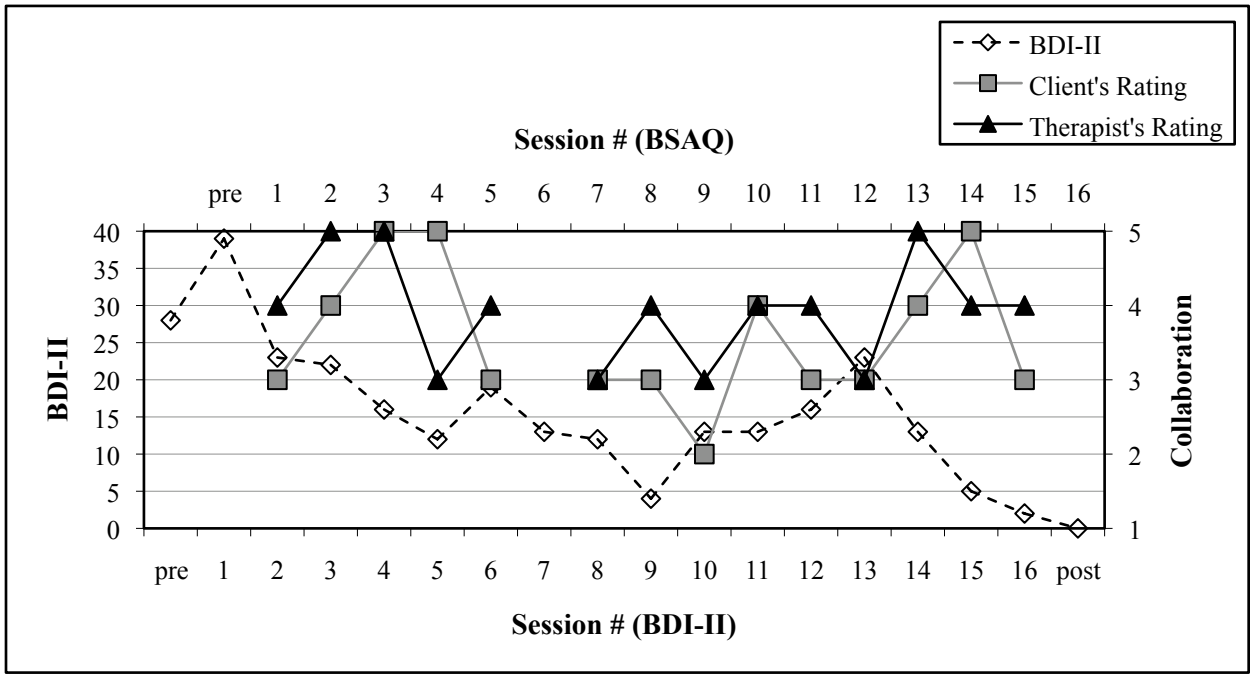

Figure 13. Client 2: Client and therapist perceptions of collaboration in the development of the homework activity plotted with the following session's BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion.

Ms. D.'s and the therapist's perceptions of their collaboration in the development of homework activities also appears to be relatively similar. It is notable that they appear to be engaging in a fair amount of collaboration from the start of treatment, with an increase over sessions 1, 2, and 3 being associated with a decrease in BDI-II scores. There appear to have been somewhat less collaboration in the middle part of treatment leading up to the peak in BDI-II at session 13. Then again toward the end of treatment, both client and therapist report more collaboration, and we see a simultaneous decrease in depressive symptoms.

Question 13 of the BSAQ:CPost and question 22 of the BSAQ:TPost ask the client and therapist, "To what extent does [the discussed] activity seem relevant to current issues in therapy?" Figure 14 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

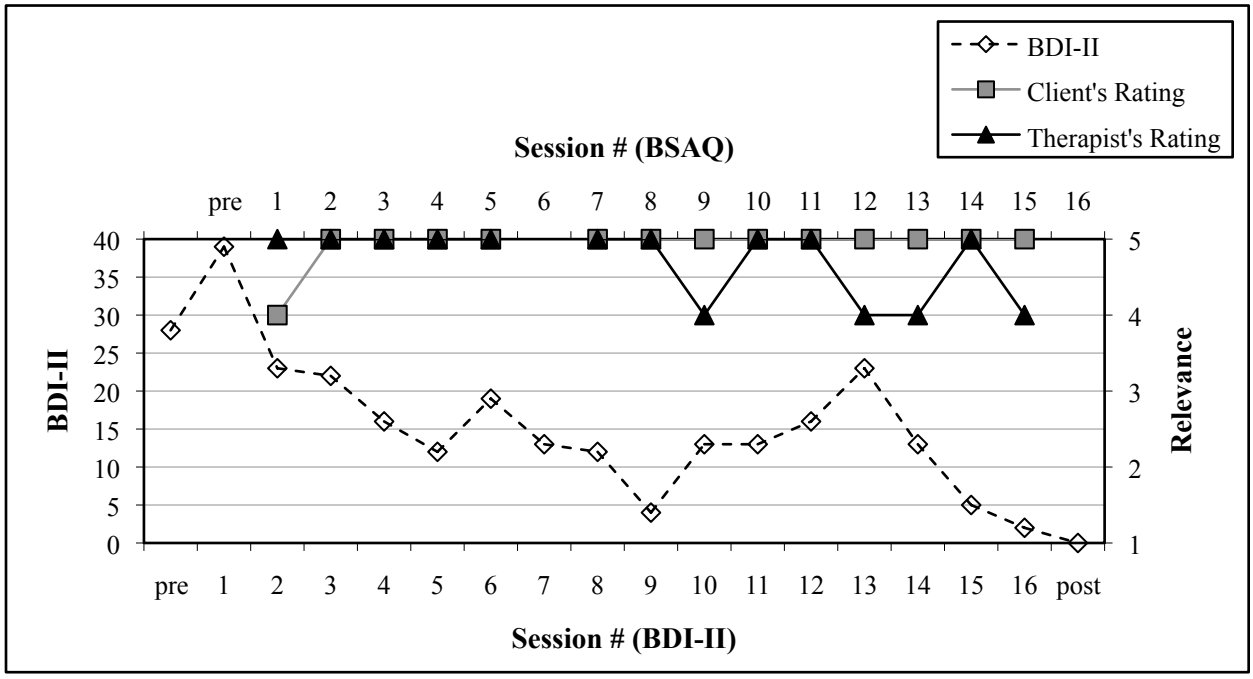

Figure 14. Client 2: Client and therapist perceived relevance of discussed activity plotted with the following session's BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion.

Ms. D. rated the relevance of homework activities as somewhere between "Moderately Relevant" and "Very Relevant" at session 1 and as "Very Relevant" at every session after that in which she indicated that such activities had been discussed. The therapist rated the activities as either "Very Relevant" or between "Moderately Relevant" and "Very Relevant" at all sessions in which he indicated that such activities had been discussed. Therefore, both Ms. D. and the therapist generally saw the homework activities they discussed as quite relevant to current issues being discussed in therapy more generally. Again, the relative lack of variability in ratings on this item preclude exploration of its relationship with changes in the BDI-II over time. However, it may be notable that at sessions 9 and 12, when the therapist rated the relevance of homework activities as slightly lower (although still quite high), these sessions were followed by an increase in the client's BDI-II score.

Question 15 of the BSAQ:CPost and question 24 of the BSAQ:TPost ask the client and therapist, "How helpful do you believe such an activity could be?" Figure 15 depicts client and therapist responses to this question over time as well as the client's BDI-II scores (lagged by one session) over time.

Ms. D. rated the potential helpfulness of homework activities for the coming week as either "Very Helpful" or between "Moderately Helpful" and "Very Helpful" at all sessions for which she indicated that such activities had been discussed, with the majority of sessions (all but 2) rated as "Very Helpful." The therapist also rated the potential helpfulness of homework activities for the coming week as either "Very Helpful" or between "Moderately Helpful" and "Very Helpful" at all sessions for which he indicated that such activities had been discussed. Overall, the client seemed to perceive homework activities as having slightly higher potential helpfulness than did the therapist at most sessions, although they both seemed to perceive the

activities as being likely to be quite helpful. It is interesting that the slight dip in potential helpfulness of the discussed activity reported by the therapist between sessions11 and 12 is followed by an increase in the client's BDI-II scores for the following session. However, this observation should be interpreted carefully, given the overall lack of variability in ratings of perceived helpfulness and also fact that other variations in the therapist's ratings of perceived helpfulness are not associated with such changes in BDI-II.

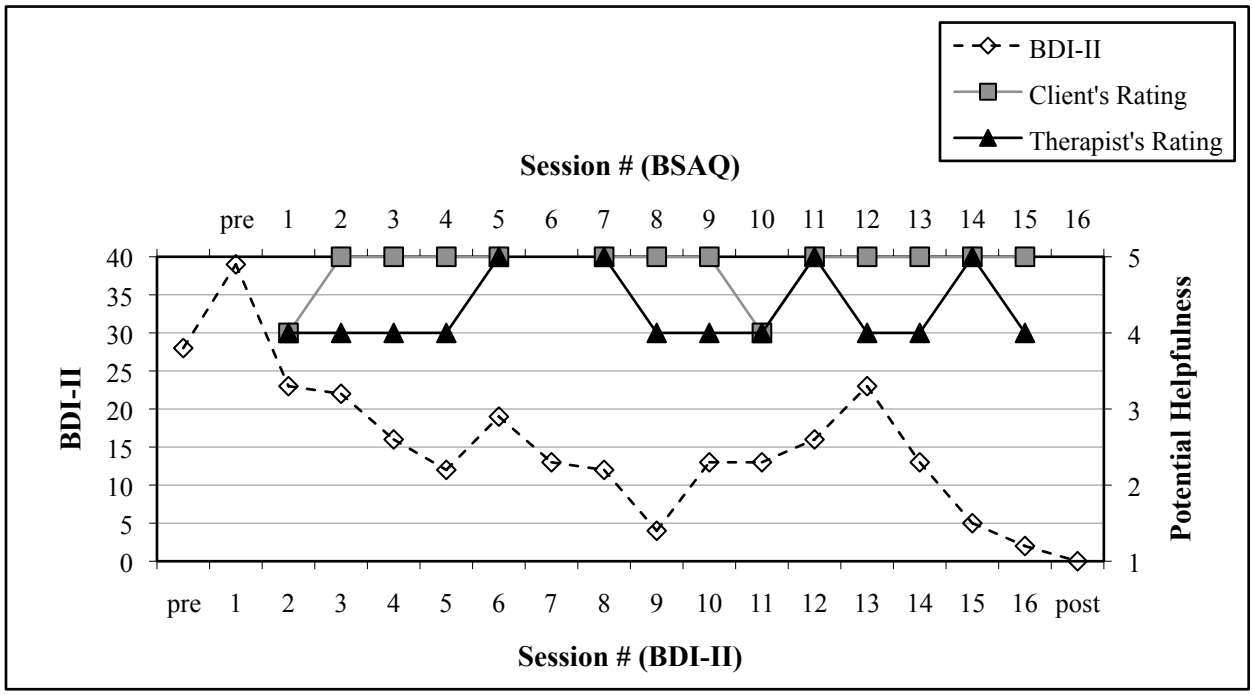

Figure 15. Client 2: Client and therapist perceptions of potential helpfulness of the discussed activity for the coming week plotted with the following session's BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion.

Client's engagement in homework activities during the past week. Question 1 of the BSAQ:CPre asks the client, "In last week's session, did you and your therapist discuss any between-session activities that you could do between then and today's session? (NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/

discussion.)" This question asks for a yes/no response. The client responded with "Yes" to 14 out of 15 sessions for which this question was applicable.[26] The client responded "No" at session 7. Therefore, the client indicated that she remembered discussing between-session activities in the previous session at all sessions except the one (session 6) at which she had also indicated immediately after the session that no such activities had been discussed. Question 1 of the BSAQ:TPost asks the therapist an analogous question: "In last week's session, did you and your client discuss any between-session activities that s/he could do between then and today's session? (NOTE: Between-session activities can include anything your client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)" Again, this question asks for a yes/no response. The therapist responded with "Yes" on 14 out of the 15 sessions for which this question was applicable. The therapist also responded "No" at session 7. Therefore, the therapist and client were in agreement that between-session activities had been discussed at all sessions other than session 6.

Question 2 of the BSAQ:CPre (which is only answered if the response to question 1 was "Yes") asks the client, "To what extent did you do what was discussed?" The questions asks the client to respond using a Likert scale, where 1 is, "Not at all," 3 is, "Partly," and 5 is, "Completely." The client's mean response to this question across the 14 sessions for which it was applicable[27] was 4.08 (SD = 0.95). Question 4 of the BSAQ:TPost is analogous, asking the

[26] As with all questions referring to previous sessions or activities, this question was not applicable at the first session.

[27] The client did not respond to this question at session 15. Therefore, this is the mean across 13 sessions.

therapist, "To what extent did the client do what was discussed?" On the same scale, the therapist's mean response across the 12 applicable sessions[28] was 4.42 (*SD* = 0.51).

Question 5 of the BSAQ:CPre asks the client, "If you did at least part of what was discussed, how helpful do you think the activity was?" Again, the client is asked to use a Likert scale, where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." The client's mean response to this question across the 13 applicable sessions[29] was 4.15 (*SD* = 0.90). Question 7 of the BSAQ:TPost is equivalent, asking the therapist, "If the client did at least part of what was discussed, how helpful do you think the activity was?" Using the same scale, the therapist's mean response across the 13 applicable sessions was 4.46 (*SD* = 0.66).

Question 6 of the BSAQ:CPre asks the client, "Did you engage in any activities relevant to therapy that you and your therapist did not discuss in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" This question asks for a yes/no response. The client answered, "Yes," to this question at 6 out of the 15 sessions for which it was applicable. Question 9 of the BSAQ:TPost is equivalent, asking the therapist, "Did you and the client discuss any activities relevant to therapy that the client engaged in this past week but that were not discussed in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" The therapist responded, "Yes," to this question on 4 out of the 15 sessions for which it was applicable. However, the client and therapist were only in agreement on this question on one occasion (session 11). Therefore, there

[28] This question and all other questions about activities from the previous week were not applicable for sessions in which the therapist indicated that previously discussed activities were not discussed again in the current session.

[29] This question was not applicable for a session where the client reported that she could not remember what had been discussed at the previous session (session 15).

were 5 occasions where the client responded "Yes" to this question, but the therapist responded "No," and 3 occasions where the therapist responded "Yes" and the client responded "No."

Question 8 of the BSAQ:CPre (which is only answered if the response to question 6 was "Yes") asks the client, "To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?" The question asks the client to respond using a Likert scale where 1 is, "Not at all related," 3 is, "Moderately related," and 5 is, "Completely related." The client's mean response across the 6 sessions for which this question was applicable was 2.83 (*SD* = 1.47). Question 11 of the BSAQ:TPost is equivalent, asking the therapist, "To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?" The therapist's mean response across the 4 sessions for which this question was applicable was 3.25 (*SD* = 0.96).

Question 10 (which is also only answered if the answer to question 6 is, "Yes") of the BSAQ:CPre asks the client, "To what extent does this activity seem relevant to current issues in therapy?" The question asks the client to respond using a Likert scale where 1 is, "Not at all relevant," 3 is, "Moderately relevant," and 5 is, "Completely relevant." The client's mean response across the 6 sessions for which the question was applicable was 4.33 (*SD* = 0.82). Question 13 of the BSAQ:TPost is analogous, asking the therapist, "To what extent does this activity seem relevant to current issues in therapy?" The therapist's mean response across the 4 sessions for which this question was applicable was 4.50 (*SD* = 0.58).

Question 11 of the BSAQ:CPre (which is only answered if the answer to question 6 is, "Yes") asks the client, "How helpful do you think the activity was?" The question asks the client to respond using a Likert scale, where 1 is "Not at all helpful," 3 is, "Moderately helpful," and 5

is, “Very helpful.” The client’s mean response across the 6 sessions for which this question was applicable was 4.50 (*SD* = 0.55). Question 14 of the BSAQ:TPost is equivalent, asking the therapist, “How helpful do you think the activity was?” The therapist’s mean response across the 4 sessions for which this question was applicable was 4.50 (*SD* = 0.58).

Questions 2 and 5 of the BSAQ:CPre and questions 4 and 7 of the BSAQ:TPost – which pertain to the degree to which the client engaged in between-session activities and the perceived helpfulness of these activities – were selected for further analysis. The client’s and therapist’s responses to each of these questions are plotted over time alongside the client’s BDI-II scores at the beginning of the same session.[30]

Question 2 of the BSAQ:CPre and question 4 of the BSAQ:TPost ask the client and therapist, “To what extent did you [the client] do what was discussed?” Figure 16 depicts both client and therapist responses to this question over time, as well as the client’s BDI-II scores over time.

Ms. D. rated the extent to which she engaged in homework activities from the past week as either “Completely” or between “Partly” and “Completely” at most sessions. On two occasions, she indicated that she only completed activities “Partly,” and on one, she indicated that she completed them between “Not and all” and “Partly.” The therapist rated the extent to which Ms. D. engaged in such activities as either “Completely” or between “Partly” and “Completely” at all sessions for which the question was applicable. Notably, on the one occasions where Ms. D. indicated that she completed the homework between “Not and all” and “Partly,” the therapist indicated that they had not discussed the activity again, and so he did not answer this question on that occasion. Also notable is the fact that the session in which the client

[30] Unlike the last set of questions, these questions are in reference to activities from the previous week. Therefore, they are plotted with the BDI-II scores from the same session.

rated her engagement the lowest was also characterized by a peak in the BDI-II. In the following session, she rated her engagement as "Completely" and this session was accompanied by a decrease in the BDI-II, which continued in the following sessions.

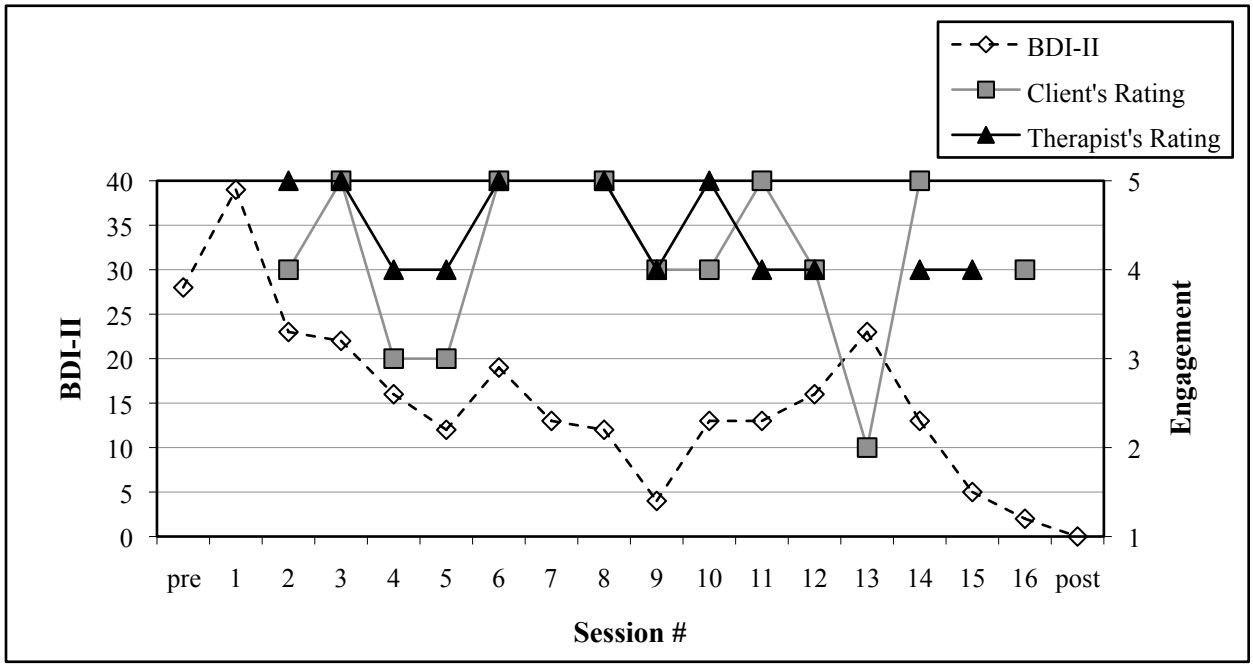

Figure 16. Client 2: Client and therapist reports of client's level of engagement in discussed activities over the past week plotted with BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion. The client did not respond to this question at session 15.

Question 5 of the BSAQ:CPre and question 7 of the BSAQ:TPost ask, "If you [the client] did at least part of what was discussed, how helpful do you think the activity was?" Figure 17 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores over time.

Ms. D. indicated that she found homework activities to be "Moderately Helpful," between "Moderately Helpful" and "Very Helpful," or "Very Helpful" on all occasions where she indicated completing such activities. The therapist generally rated the helpfulness of homework activities slightly higher than did Ms. D. ("Very Helpful" or between "Moderately Helpful" and "Very Helpful" on all but one occasion). Ms. D. and the therapist were in

agreement that the homework was only "Moderately Helpful" at session13, notably coinciding with a peak in Ms. D.'s BDI-II.

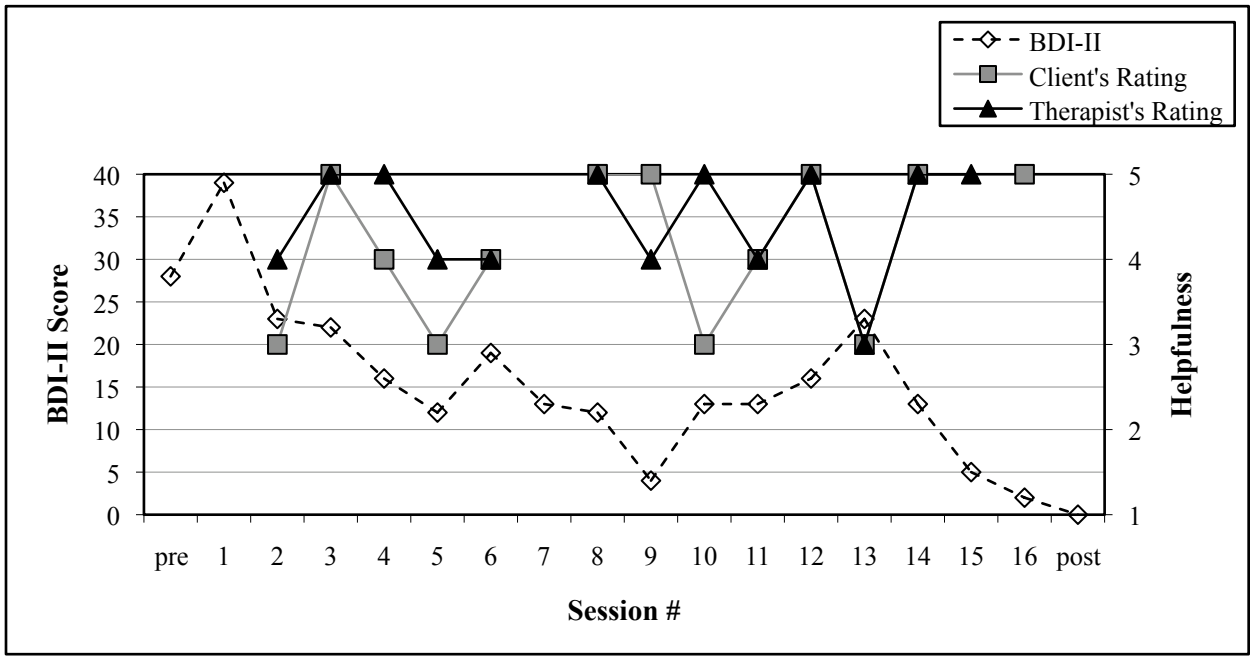

Figure 17. Client 2: Client and therapist perceived helpfulness of past week's activity plotted with BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 6, this question was not applicable to either of them on that occasion. The client did not respond to this question at session 15.

In-session discussion of homework activities from past week. Question 1 of the BSAQ:CPost asks the client, "If, during last week's session, you and your therapist discussed any between-session activities that you could do between then and today, were they discussed again today?" This question asks for a yes/no response. The client responded, "Yes," to 11 out of the 14 occasions for which this question was applicable.[31] Question 2 of the BSAQ:TPost is equivalent, asking the therapist, "If [in last week's session, you discussed any between session activities that the client could engage in between then and today], where they discussed again today?" Again, this question asks for a yes/no response. The therapist responded, "Yes," to this

[31] This question was not applicable to session 1 and it was not applicable to the session following that in which she had indicated that no between-session activities had been discussed.

question at 12 out of the 14 applicable sessions. The therapist and client were in agreement that the previous week's activities were not discussed during session 13. However, at sessions 11 and 14, the therapist indicated the previously discussed activities were discussed again, whereas the client indicated that they were not. Additionally, at session 16, the client indicated that the previously discussed activities were discussed again, whereas the therapist indicated that they were not. Therefore, there were three occasions on which the client and therapist disagreed on this question.

Question 3 of the BSAQ:CPost asks the client, "How helpful do you think your discussion of the activity with your therapist was?" The question asks the client to respond using a Likert scale where 1 is, "Not at all helpful," 3 is, "Moderately helpful," and 5 is, "Very helpful." The client's mean score across the 11 applicable sessions was 4.27 (SD = 0.47). Question 8 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you think your discussion of the activity with your client was?" Using the same scale, the therapist's mean response across the 12 applicable sessions was 4.31 (SD = 0.48).

Questions 4 of the BSAQ:CPost asks the client about the discussion of activities that she engaged in over the course of the past week but that weren't discussed in the previous session. The question asks, "If, over the course of the past week, you engaged in any between-session activities that had not been suggested/discussed in last week's session, were they discussed today? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" The question asks for a yes/no response. The client responded "Yes" to 5 out of the 6 applicable sessions.[32] Therefore, on one occasion, she indicated that she had engaged in between-session activities that had not previously been

[32] This question only applies to sessions where the client indicated that she had engaged in some such activity.

discussed and they were not discussed in session that day. On all other occasions where she engaged in such activities, she indicated that they were discussed. Question 9 of the BSAQ:TPost is equivalent, asking the therapist, "Did you and the client discuss any activities relevant to therapy that the client engaged in this past week but that were not discussed in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)" The therapist responded "Yes" to this question on 4 occasions. Interestingly, the client and therapist were in agreement on only one occasion about having discussed such activities. Therefore, on 3 occasions, the therapist indicated that they had discussed such activities, but the client had not indicated that she thought she had engaged in such activities or that they had been discussed, and on 4 occasions, the client indicated that such activities were discussed, but the therapist indicated that they were not.

Question 6 of the BSAQ:CPost refers to the discussion of activities that the client may have engaged in over the past week but which had not been discussed in the previous session and asks the client, "How helpful do you think your discussion of the activity with your therapist was?" The question asks the client to respond on a Likert scale where 1 is "Not at all helpful," 3 is "Moderately helpful," and 5 is "Very helpful." The client's mean response to this question across the 5 applicable sessions was 3.80 (SD = 0.84). Question 14 of the BSAQ:TPost is equivalent, asking the therapist, "How helpful do you think your discussion of the activity with your client was?" Using the same scale, the therapist's mean response across the 4 applicable sessions was 4.50 (SD = 0.58).

Question 3 of the BSAQ:CPost and question 8 of the BSAQ:TPost – which pertain to the perceived helpfulness of the in-session discussion of already completed activities – were selected

for further analysis. The client's and therapist's responses to each of these questions are plotted over time alongside the client's BDI-II scores at the beginning of the following session.[33]

Question 3 of the BSAQ:CPost and question 8 of the BSAQ:TPost ask the client and therapist, "How helpful do you think your discussion of the activity with your therapist [client] was?" Figure 18 depicts both client and therapist responses to this question over time, as well as the client's BDI-II scores (lagged by one session) over time.

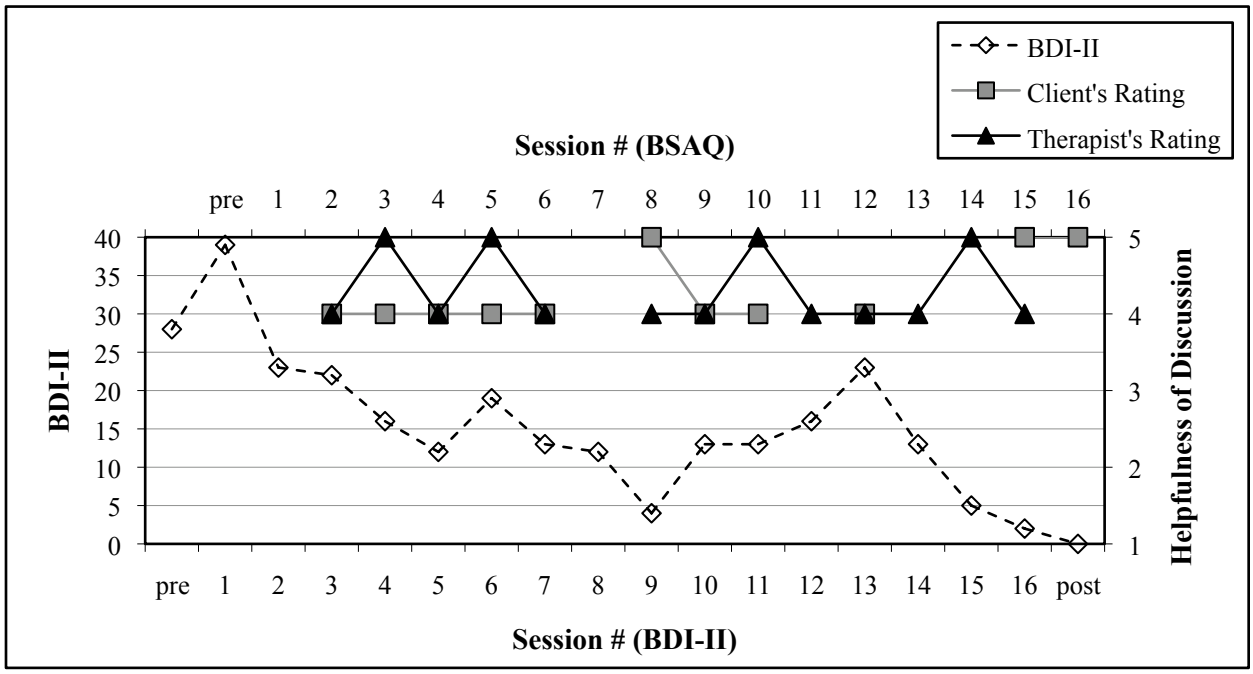

Figure 18. Client 2: Client and therapist perceived helpfulness of discussion plotted with next session's BDI-II. Because both the client and therapist indicated that no such activity was discussed at session 7 and the client indicated that no such activity had been discussed at session 13 and 14, this question was not applicable to them on these occasions.

[33] Again, as with the questions pertaining to the discussion of new activities for the coming week, the author chose to plot these question responses alongside BDI-II scores from the *following* session for two primary reasons. First, the BDI-II was completed by the client prior to each session; therefore, his responses on this measure were recorded prior to his discussing the past week's activities with his therapist. Second, although we might expect his actual engagement in between-session activities to be most relevant to the present week's BDI, we would also expect his discussion with the therapist – which may bring about new insight regarding the activities – to be most predictive of BDI-II scores at the following session.

Both Ms. D. and the therapist rated their discussion of the past week's homework activities to be quite helpful: either "Very Helpful" or between "Moderately Helpful" and "Very Helpful." It is notable that there were several sessions (11, 13, and 14) where the therapist indicated that the discussion of activities from the past week was helpful, but where the client indicated that such activities were not discussed at all. These sessions also lead up to the notable peak in BDI-II scores at session 13. There was also one occasion (session 16), where the client indicated that the discussion of activities from the past week was very helpful, but the therapist indicated that such activities were not discussed.

Between-Session Activities Questionnaires: Qualitative Results. In addition to the questions discussed above, all of which require either categorical responses (yes/no) or responses on a Likert scale, the BSAQs also ask both the client and the therapist for open-ended descriptions of activities and discussions. Responses to these questions will be described briefly and some salient themes will be identified.

Discussion of new homework activities for the coming week. Question 8 of the BSAQ:CPost and question 17 of the BSAQ:TPost follow the question of whether or not new between-session activities for the coming week were discussed in the current session. These questions (which are only answered if the answer to question previous question was "Yes") ask both the client and the therapist, "If so, what was discussed?" Themes that arose from these questions include: raising awareness about wishes and fears in interpersonal relationships; developing self-compassion by raising awareness of and appreciating the protective purpose defenses have served in the past, while at the same time raising awareness of how they are interfering with the client getting her needs met; raising awareness about dynamics in interpersonal relationships that contribute to the client's depression (e.g., putting her needs aside

for others); raising awareness about the client's own contribution to these dynamics; raising awareness of opportunities to try out new ways of being with others (e.g., asserting needs); actually trying out new ways of being with others and observing how this might impact others' reactions to her as well as the client's feelings about herself and the relationship; and setting appropriate interpersonal boundaries. For a comparison of the client's and therapist's responses by session, see Table 8.

Table 8

Client 2: Client and therapist descriptions of new between session activities for the coming week (BSAQ:CPost 8 & BSAQ:TPost 17)

Session	Client (Ms. D.)	Therapist
1	"Coming up with pro/con list of potential friendships."	"What positives and negatives things she could contribute to a friendship."
2	"Look at feelings related to the ending of a friendship, why it's hard/painful, and why I feel it should last forever."	"Why are relationships ending so hard and painful. Why does she expect them to last forever."
3	"To look at my defenses, see and appreciate how it's helped and explore what it would be/look like if I were to lower them."	"Talk about her feelings toward how she has used fear to protect herself from getting close to others. Specifically, describe her appreciation of her fear and also what it would be like to lower that fear and let people closer."
4	"To write about how to potentially lose of a friend is effecting [*sic*] me and my behaviors. To also look at how I feel with daily contact with a friend and what it will be like to have that contact decrease. To think about how it will feel to talk about the rape."	"Her feelings and behaviors about her friend, [Name], leaving work. Also tie in why she wants friendships to last forever, and finally talk about how it feels to have a day-to-day friendship decrease to less contact over time."
5	"Thoughts/feelings toward [Partner] spending time alone with [Other woman]."	"Her thoughts and feelings about [Other woman] staying with [Partner] for a weekend in December."
6	Not applicable	Not applicable
7	"Become more aware of/take notice to times when I put my needs aside for others."	"Become aware when she put her own needs aside for other people."

8	"Continuing to notice and test getting my needs/wants met. Also noticing when I become avoidant and what triggers avoidance behaviors."	"Continuing to be aware of when she puts her needs aside and thinking about the things she avoids."
9	"Why I don't listen to and act upon my judgments of people."	"Why does she not listen to her red flags and her judgments about the trustworthiness of people. Why does [she] still accommodate them."
10	"Draft a letter to my mom as if she was my manager. Taking the confidence I have at work and applying to personal life."	"Letter to her mother stating her needs."
11	"Continue to be aware and stand up for myself to [Partner]."	"Continue to stand up to [Partner]."
12	"Think about what will make me happy. What do I want to be happy."	"Have her think what makes her happy in the context of relationships."
13	"Thinking/writing about what it would look like for me to be taking care of myself."	"What would taking care of herself look like."
14	"Putting in practice – not taking on others' problems and encouraging them to solve their own problems."	"Practicing not taking on other people's problems."
15	"(1) Think about our last session, how I feel about it… (2) Going out with friends more."	"Make an effort to be more social. Think about our last session."
16	Not applicable	Not applicable

Question 14 of the BSAQ:CPost and question 23 of the BSAQ:TPost follow the question of how relevant the activity seems to current issues in therapy. These questions ask the client and therapist to, "Please describe how it relates to current issues in therapy." Themes that arose from these responses included: interpersonal wishes and fears, the ways in which the client's defenses contribute to interpersonal dynamics that are dissatisfying to her, and increasing awareness about opportunities to do things differently. These responses also reflect processes of raising awareness and developing insight about issues being discussed in therapy, beginning to consider opportunities for change, and then generalizing changes discussed in therapy to life outside of therapy and recognizing how these changes impact the client's level of satisfaction with

interpersonal relationships as well as feelings about herself. For a comparison of the client's and therapist's responses by session, see Table 9.

Table 9

Client 2: Client and therapist descriptions of the relevance of new homework activities to current issues in treatment (BSAQ:CPost 14 & BSAQ:TPost 23)

Session	Client (Ms. D.)	Therapist
1	"Addresses anxiety about making friendships but also shows how they can be beneficial."	"Client has fears around developing new relationships. Activity has her break down positive aspects of her contribution to relationship and what her fears are about what might go wrong."
2	"I fear the end of friendships so much I do not form new ones."	"[Client] is having issues starting and maintaining friendship because of her fear that it will end. Exploring her fear and pain about past relationships ending may help her in developing new friendships."
3	"Learning what a good degree of defense looks like. Relearning how to let others in."	"Her fear gets in the way of developing close relationships."
4	"It looks at my anxieties towards losing a friend. And also challenges me to look at my feeling about sharing a traumatic event."	"Client has lots of issues with friends leaving her life."
5	"Looking at what feelings (like anxiety & fear) come up when I think about a relationship and why they come up."	"[Other woman] is a threat to her relationship with [Partner]. Client always feels that [Partner] will some day leave her." [*sic*]
6	Not applicable	Not applicable
7	"I show a pattern of putting my needs aside and in order to make a change I first need to be aware of when it's happening."	"One of client's major issues is constantly putting her needs aside for other people."
8	"Finding me, knowing my needs and wants, and going after them."	"Client wants to be more assertive, recognizing when she sets her needs aside and when she avoids situations when her needs clash with the needs of another is important in becoming more assertive."

9	"How I interact with people and put others before my own safety."	"Client not listening to herself, and putting not only her needs but safety aside to help others."
10	"Having confidence to getting my needs/wants met in life." [*sic*]	"[Client] has a lot of trouble expressing what she needs from her significant others."
11	"Helps to get my needs met, to be happy and strong for myself."	"One of client's core issues is not letting the people around know how she is feeling when they are treating her badly."
12	"Help me gain an understanding of what I want/need to be happy."	"Helping client begin to be aware of what she needs in a relationship to be happy."
13	"As I start to state my needs, what am I doing to make them happen."	"Client learning to take care of herself fits into developing a feeling of valuing her needs."
14	"Helps me find, build, and maintain boundaries in relationships."	"[Client] constantly sets aside her needs for others, and a lot of the times takes on their problems as her own."
15	"(1) Next session is our last, and it will be the end of this chapter. (2) Relates back to beginning sessions on making/maintaining friendships."	"[Client] feels like she wants to put in practice what she's learning in therapy into developing new friendships."
16	Not applicable	Not applicable

Client's engagement in homework activities during the past week. Question 3 of the BSAQ:CPre and question 5 of the BSAQ:TPost follow the question of the extent to which the client engaged in between-session activities that had been discussed in the previous session. These questions ask the client and therapist, "If you [the client] did anything related to what was discussed, what specifically did you [s/he] do?" Themes that arose from these responses include: raising awareness of interpersonal wishes and fears; reflecting on and observing the client's defenses against her fears and how these might get in the way of herhaving more satisfying relationships; reflecting on dynamics in interpersonal interactions and how these impact the client's feelings about herself; and appreciating the protective purpose defenses have served in the past. For a comparison of the client's and therapist's responses by session, see Table 10.

Table 10

Client 2: Client and therapist's descriptions of the client's engagement in homework activities (BSAQ:CPre 3 & BSAQ:TPost 5)

Session	Client (Ms. D.)	Therapist
1	Not applicable	Not applicable
2	"Wrote a pro and con list for several friends I would like to get closer with."	"Wrote about her feelings related to her friends and her worry that she has painted [Partner] in a bad light to her friends."
3	"Wrote about why I fear the end of some relationships and why I feel they should last forever."	"She wrote about why relationships coming to end are so painful and why she needs them to last."
4	"Looked at how my defenses towards relationships has [*sic*] helped me, started to look at how I would act without/lowering those defenses."	"Told her boyfriend about her feelings regarding feeling more control if she started sex, and needing him to be understanding of her feelings. Also she recognizes it was an old defense and started to let go of it with her boyfriend."
5	"Thought about my actions/feelings related to [Friend] leaving [work]. How the relationship would change when interactions decreased."	"Told [Partner] that she felt like he was threatening her when he got frustrated when she did not feel like having sex."
6	"Wrote about my thoughts and feelings toward [Partner] spending time alone with [Other woman]."	No response
7	Not applicable	Not applicable
8	"Watched for when I 'gave in' or did not state my feelings about something & put others before myself."	"She testing [*sic*] not putting her needs aside with her boyfriend and found out that it was ok and did not ruin her relationship"
9	"Noticed when I put others before myself and tried to reduce this behavior."	"Told [Partner] that he was upsetting her and asked him to stop."
10	"Think/journal about why I ignored 'red flags' and why I still don't listen to my judgment about people."	No response
11	"Drafted a letter to mom as if I were interacting with a manager."	"Told [Partner] that she did not like the way he was treating her and speaking to her."

12	"Spoke with [Partner] when he upset me or when I felt my needs/wants were not being met."	"Told her boyfriend that she was angry with him."
13	"Though/wrote about what could make me happy."	"She express [*sic*] her needs about several things to [Partner]."
14	"Thought about things I could do and how I would react to get my needs met/be heard."	"Told [Partner] that she was no longer interested in helping him with the [Other woman] situation."
15	No response	"Told [Partner] when she was willing and not willing to talk about [Other woman]. Told [Work colleague] to make her own decisions."
16	"Thought about and prepare [*sic*] for the last session."	Not applicable

Question 4 of the BSAQ:CPre and question 6 of the BSAQ:TPost ask the client and therapist, "If you [the client] did not do what was discussed or did only part of it, was there a reason why you [s/he] did not do (all of) what was discussed? (e.g. Did you [s/he] forget? Did something get in the way? Did it seem unhelpful?)" Themes that emerged from these responses included: having difficulty focusing or concentrating on the activity; feeling too busy or overwhelmed to engage in the activity; avoiding due to fear of the potential outcome of the activity; and feeling too distressed to engage because of upsetting interpersonal events during the week. For a comparison of the client's and therapist's responses by session, see Table 11.

Table 11

Client 2: Client and therapist descriptions of reasons why client did not do (all of) what was discussed (BSAQ:CPre 4 & BSAQ:TPost 6)

Session	**Client (Ms. D.)**	**Therapist**
1	Not applicable	Not applicable
2	"Had trouble focusing/coming up with answers."	Not applicable
3	Not applicable	Not applicable

4	"Had a busy week and little time to look at activity, was difficult to concentrate on activity."	"Did[n't] finish the friendship part, she had a busy week."
5	"Holiday week and had little time to sit in a quiet place."	No response
6	Not applicable	Not applicable
7	Not applicable	Not applicable
8	Not applicable	Not applicable
9	No response	No response
10	No response	Not applicable
11	Not applicable	No response
12	"Scared to confront him with entire problem."	No response
13	"Couldn't focus."	"She had a hard time focusing on the activity because of the stress she is experiencing with her boyfriend."
14	Not applicable	No response
15	"I can't remember at this time what was discussed (2 weeks since last session)."	No response
16	No response	Not applicable

Question 7 of the BSAQ:CPre and question 10 of the BSAQ:TPost follow the question of whether the client engaged in any between-session activities over the course of the week that were not discussed in the previous session. These questions ask," If so, what specifically did you [s/he] do?" Themes that emerged from these responses included: reflecting on emotional and behavioral reactions to certain types of interpersonal situations; recognizing fears in interpersonal relationships and how they influence her behavior; reflecting on patterns of protecting herself and how these might have been adaptive at one time but are now getting in her way; reflecting on ambivalence about asserting her needs; taking steps to assert her needs more fully in an intimate relationship; reflecting on motivations and patterns of behavior across

situations; engaging in self-soothing when distressed; reading a self-help book related to problematic interpersonal patterns; reaching out to more positive social contacts to maintain relationships; and journaling as a means of facilitating the aforementioned types of reflection. For a comparison of the client's and therapist's responses by session, see Table 12.

Table 12

Client 2: Client and therapist descriptions of activities the client engaged in over the past week but which had not been previously discussed in last session (BSAQ:CPre 7 & BSAQ:TPost 10)

Session	Client (Ms. D.)	Therapist
1	Not applicable	Not applicable
2	Not applicable	Not applicable
3	Not applicable	Not applicable
4	"Looked at behaviors to avoid sex, how they've been useful and why I do them."	Not applicable
5	Not applicable	Not applicable
6	Not applicable	"[Partner] talking to a woman online and that he is going to have drinks with her tonight. [*sic*] Discussed client's reaction. Client said she was open to threesomes."
7	Not applicable	"Telling [Partner] that she did not want [Other woman] around, but then thinking about it more, once [Partner] indirectly stated that he would like [Other woman] to be with them. Talk about her ambivalence around her needs."
8	"Journaled about why I feel I do this (put others first) and how it related or showed up in other times of my life."	Not applicable
9	Not applicable	Not applicable
10	"Self-talk to calm myself when I became upset due to strong emotions related to a memory."	Not applicable

11	"Talked with [Partner] about the way he talks to me, letting him know that I don't like it and something needs to change."	"How [Partner] treats her when he is upset with other people in their life. He ignores her and speaks to her disrespectfully."
12	Not applicable	Not applicable
13	"Started reading 'Stop Walking on Eggshells' and thought about how it related to [Partner] and myself."	Not applicable
14	Not applicable	Not applicable
15	"Trying to contact and talk to my friends (that I don't see all the time) more to maintain the friendship."	Not applicable
16	Not applicable	"[Client] expressing her needs about what she wants out of life and her relationship with [Partner]. She is moving away to take a job in [Other state] that was offered by her brother."

Question 9 of the BSAQ:CPre and question 12 of the BSAQ:TPost follow the question of the extent to which activities that the client engaged in that weren't discussed in the previous session were related to previous discussions or suggestions. These questions ask, "If at all related to discussions or suggestions made previously in therapy, what was previously discussed/ suggested?" Themes that emerged from these responses included: reflecting on interpersonal fears; becoming more aware of interpersonal needs; recognizing both adaptive and maladaptive aspects of defenses; taking steps to assert needs; raising awareness of her own positive qualities that facilitate connections with others; and applying a similar type of assignment to a different interpersonal dynamic. For a comparison of the client's and therapist's responses by session, see Table 13.

Table 13

Client 2: Client and therapist descriptions of how activities that had not been discussed in last session are related to discussions or suggestions previously in therapy (BSAQ:CPre 9 & BSAQ:TPost 12)

Session	Client (Ms. D.)	Therapist
1	Not applicable	Not applicable
2	Not applicable	Not applicable
3	Not applicable	Not applicable
4	"Same type of assignment related to relationships. How my avoidance has been helpful."	Not applicable
5	Not applicable	Not applicable
6	Not applicable	"Her insecurity about relationships."
7	Not applicable	"Recognizing her needs and being able to state them."
8	"Looking at when I put up defenses and how they are/were used, what purpose they served."	Not applicable
9	Not applicable	Not applicable
10	"Looking at how I used behaviors to protect myself or push others away."	Not applicable
11	"Recognizing when my needs are not being met."	"The client be able to tell [Partner] when he has been disrespectful and hurtful." [*sic*]
12	Not applicable	Not applicable
13	Not applicable	Not applicable
14	Not applicable	Not applicable
15	"To look at what I bring to a friendship and ways I can connect with people."	Not applicable
16	Not applicable	"That [Client] express what she needs from [Partner]. She wants him to come with her and leave [Town] to start a life together."

In-session discussion of previous week's homework activities. Question 2 of the BSAQ:CPost and question 3 of the BSAQ:TPost ask about the in-session discussion of homework activities from the previous week. Each of these is preceded by a question asking if

previously discussed homework activities were discussed again in this session, and then asks, "If so, what was discussed?" The themes that arose from these responses echo those arising from other questions: reflecting on wishes and fears in interpersonal relationships; reflecting on the way she views herself and expects others to respond to her; reflecting on both adaptive and maladaptive functions of defenses that may be getting in the client's way of getting her needs met; gaining awareness of times when the client sets her own needs aside for others and what might be motivating this; and taking risks to assert her needs. Additional themes included reflecting on emotional reactions to completing the homework activity or sharing her observations with the therapist in session as well as reflecting on how she felt about the upcoming end of therapy. For a comparison of the client's and therapist's responses by session, see Table 14.

Table 14

Client 2: Client and therapist descriptions of their discussion of homework activities from the past week (BSAQ:CPost 2 & BSAQ:TPost 3)

Session	Client (Ms. D.)	Therapist
1	Not applicable	Not applicable
2	"How it felt looking at pros and cons of friendships and what it was like sharing that with therapist."	"Pro cons about her friends and they [*sic*] way she felt about her friend's possible impression of her."
3	"How it felt to look at my fears, what my anxiety looks like."	"Her conclusion that she needs to feel worthy of other people in her relationships."
4	"How my avoidance towards relationships has been helpful and how it's hindered me."	"The purpose her defense serves in terms of protecting herself from getting closer to people. Specifically sexual relations with her boyfriend."
5	"Looked back at why I feel friendships should last forever."	"How come client wants friendships to last forever. Also talked about the threat she feels about people leaving her."

6	"How I'm feeling towards [Partner] spending time with [Other woman]. The feelings about being excluded and the acceptance that they may be intimate with each other."	"Client's reaction to [Partner] seeing [Other woman] again."
7	"No between session activity were assigned [*sic*]."	Not applicable
8	"What it was like to notice and even act when I felt my needs were not being met."	"Client keeping track of the times she was setting her needs aside for others. She tested not putting her needs aside with her boyfriend and found out that it was ok and did not ruin her relationship."
9	"When I was being assertive before getting angry and what kind of follow up I could do."	"Her standing up for her needs with [Partner]."
10	"Why did it bring up anxiety to think about? Why do I feel 'stupid' for not seeing/heeding red flags."	"Her reasons for ignoring her red flags."
11	Not applicable	"Briefly at the end of the session we talked about the letter she would write to her mother."
12	"How I was able to express my wants/needs to [Partner]. What I said and his reactions."	"Client talking to her boyfriend about how she feels when he treats her badly."
13	Not applicable	Not applicable
14	Not applicable	"[Client] standing up for herself. Continuing to practice setting and keeping boundaries with [Partner]."
15	"What it's like to not take on the drama of others. How I worked through the anxieties, what made it easy/hard to do."	"Putting into practice being assertive and not taking on other people's problems."
16	"What this relationship ending means, what was taken away from therapy."	Not applicable

Analyses Across Cases

In addition to calculating the effect size for changes in BDI-II scores across treatment for each case individually, the author also calculated the effect size across both cases. Beeson and Robey (2006) argue that, even though it is possible to use fewer measurements, a minimum of three pre-treatment and two post-treatment measurements should be used; calculations across

both cases allowed for additional measurements. Using the same formula proposed by Busk and Serlin (1992) discussed above, this calculation yielded an effect size of 2.77, as compared to the effect size of 1.77[34] established by Shapiro and colleagues (1994) and that of 1.61[35] established by Barkham and colleagues (1996).

Additionally, using both cases, it was also possible to calculate effect size for change in the IIP-64 across treatment. Using this same formula, this calculation yielded an effect size of 3.05, as compared to the effect sizes of 1.02[36] found by Shapiro and colleagues (1994) and 0.75[37] found by Barkham and colleagues (1996).

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[34] As noted above, Shapiro and colleagues (1994) do not actually report the effect size for changes in BDI-II for PI therapy alone. These authors report the effect size of 1.77 across both PI and CB treatments. They also report that CB was found to be slightly more effective (on the BDI-II) than PI in their sample. Therefore, the reported effect size of 1.77 can be assumed to be slightly higher than that for PI therapy alone in this study. Thus comparing the effect size of the present treatment to this effect size of 1.77 results in a more conservative test, given that the effect size of PI therapy alone would have been slightly lower.

[35] Also as noted above, Barkham and colleagues (1996) also do not report the effect size for changes in BDI-II for PI therapy alone. However, they do report that they did not find any significant differences between PI and CB treatments. Therefore, this effect size (across both treatments) can be assumed to apply to the PI treatment in that study.

[36] Shapiro and colleagues (1994) do not report the effect size for changes in IIP-64 scores for PI therapy alone. These authors report the effect size of 1.02 across both PI and CB treatments. However, they do report that they did not find any significant differences between PI and CB treatments in this regard. Therefore, this effect size (across both treatments) can be assumed to apply to the PI treatment in that study.

[37] Barkham and colleagues (1996) do not report the effect size for changes in IIP-64 scores for PI therapy alone. These authors report the effect size of 0.75 across both PI and CB treatments. They also report that CB was found to be slightly more effective (on the IIP-64) than PI in their sample. Therefore, the reported effect size of 0.75 can be assumed to be slightly higher than that for PI therapy alone in this study. Thus comparing the effect size of the present treatment to this effect size of 0.75 results in a more conservative test, given that the effect size of PI therapy alone would have been slightly lower.

Chapter 5

Discussion

The purpose of the present study was to provide a preliminary investigation of the systematic use of homework in psychodynamic-interpersonal psychotherapy for depression. Based on the analysis of two cases, the author sought to address questions related to the compatibility of homework with this treatment model and the ease of the proposed integration, as well as the effectiveness of this integrative treatment relative to that of psychodynamic-interpersonal treatment that does not explicitly or systematically make use of homework. Overall, the results support the hypotheses regarding these questions. Also explored were various aspects of homework use within this treatment model and how they relate to one another and to symptom change over time. Each of these points will be discussed in turn.

Hypothesis Testing

The first hypothesis – that the systematic use of homework would be found to be compatible with the provision of psychodynamic-interpersonal therapy – was supported. This conclusion is based on the following observations, which are detailed further below: therapists provided psychodynamic-interpersonal therapy; the treatment included the discussion of homework activities at almost every session; clients reported engaging in homework activities at almost every session; these activities were perceived by clients and therapists to be highly relevant to the work of therapy more generally; their free-response descriptions of homework activities further demonstrate their theoretical relevance; and the inclusion of homework does not appear to have negatively impacted the therapeutic relationship.

Although the author did not complete systematic ratings or have any other observer ratings of therapist's adherence to the treatment model, she did watch every session in its entirety

and took detailed notes guided in part by a measure of adherence designed for previous studies using this treatment model (SPRS; Shapiro & Startup, 1990). Based on her observations, she estimated that the therapists' adherence to the treatment model to be high. For example, in both cases, therapists focused on understanding problematic patterns in relationships and how these may have been contributing to clients' depressive symptoms; drawing connections between patterns observed in past relationships, current relationships outside of therapy, and the therapeutic relationship as a way of understanding these problematic patterns; deepening emotions in the here-and-now by responding to verbal and non-verbal cues; and understanding clients' wishes and fears in interpersonal relationships, all hallmarks of psychodynamic-interpersonal therapy (Hobson, 1985). They also each took a collaborative stance, inviting an atmosphere of mutual negotiation of meaning (making tentative hypotheses, inviting correction of misunderstanding and acknowledging mistakes, and using "I" and "we" language); they made use of understanding hypotheses (statements of how the therapist imagines the client may be feeling), linking hypotheses (statements of how the therapist imagines feelings in session may be related to feelings in other situations both inside and outside of session), and explanatory hypotheses (statements that introduce possible ways of understanding problematic patterns, usually related to some underlying conflict between a wish and a fear); and they made use of emotionally evocative metaphors developed collaboratively with clients (Hobson, 1985). Thus while specific ratings of adherence are not available, it seems reasonable to conclude that the treatment provided was consistent with the psychodynamic-interpersonal model.

Across both cases, both clients and therapists reported that they discussed homework activities for the coming week in almost all sessions. In fact, both clients and both therapists reported that such activities were discussed in all but one session in each case. Not only did

therapists and clients report discussing potential activities for the coming week, but they also indicated that, to a large extent, clients actually engaged in such therapeutically relevant activities between most sessions.

Furthermore, both clients' and therapists' ratings of the relevance of these homework activities to issues currently being discussed in treatment more generally were very high, indicating that they saw the homework as furthering treatment goals and extending the in-session work into the time between sessions. This finding suggests that the use of homework was successfully and seamlessly integrated into the psychodynamic-interpersonal treatment model and demonstrates that clients and therapists found it to be theoretically consistent with the rest of their work. Further supporting this assertion are clients' and therapists' free-response descriptions of homework activities and their relevance to treatment goals. Common themes across both treatments for homework activities included raising awareness of interpersonal dynamics, interpersonal wishes and fears, ways in with defenses may interfere with getting needs met; recognizing opportunities for trying out new ways of being in relationships; taking risks to try out these new ways of being (e.g., being more open, asserting needs); observing how others respond differently when they try out these new ways of being, and reflecting on how these different responses might impact their degree of satisfaction in relationships. These themes are directly related to important components of the treatment model more generally (as well as of the discussions taking place in session in both cases), thus further demonstrating the successful assimilation of homework.

Finally, results from the CALPAS-P and CALPAS-T show that both clients and therapists rated the therapeutic alliance to be quite high, suggesting that the inclusion of homework did not have a detrimental effect on the alliance. Of particular interest here are

clients' perceptions of therapists' abilities to understand and be attuned to clients' experiences (TUI) as well as agreement on treatment goals and the manner in which to address those goals (WSC). Client ratings of both of these areas of alliance were quite high, suggesting that they did not experience the inclusion of homework as interfering with these important aspects of the alliance.[38]

The author's second hypothesis – that the treatment would be effective in treating clients' depression, and that it would be at least as effective as (and possibly more effective than) empirically supported psychodynamic therapies that do not explicitly and systematically make use of homework – was also mostly supported. Again, each aspect of this hypothesis will be discussed in detail below.

Both clients seemed to benefit from this integrative treatment. Consistent with the author's hypothesis, at post-treatment follow-up, neither client continued to meet criteria for Major Depressive Disorder. One client (Ms. D.) appeared to have benefited quite dramatically: although her BDI-II scores early in treatment were in the moderate to severe range, by the end of treatment, she was reporting minimal depressive symptoms, and her BDI-II score at post-treatment follow-up was 0. Consistent with the author's hypothesis, this client's change in depressive symptoms over the course of treatment met criteria for clinically significant change. What is more, this client also experienced a clinically significant decrease in distress related to interpersonal problems (IIP-64) over the course of this 16-session treatment, thus exceeding the author's hypothesis in this regard.

The other client's (Mr. L.) experienced less dramatic changes and did not meet criteria for clinically significant change in depressive symptoms from pre- to post-treatment as had been

[38] Because previous studies of PI therapy without homework did not include data on the alliance, we cannot compare this aspect of the treatments.

hypothesized. As discussed above, however, this client reported a 6-point increase in depressive symptoms between pre-treatment screening and session 1, quite to the contrary of what we might expect: previous research on expectancy effects would suggest that simply knowing that he was about to start treatment might have given the client a sense of hope or might have led him to feel an increased sense of self-efficacy for having taken such a step to begin addressing his difficulties, thus leading to a decrease in distress (Frank, 1961). The reasons for this client's increase in depressive symptoms prior to the commencement of treatment are unclear.[39] However, it is worth noting that the change in depressive symptoms from session 1 (as opposed to pre-treatment screening) to post-treatment follow-up is, in fact, large enough to be considered reliable. Taken with the fact that the client's BDI-II scores over the last few sessions hovered around the clinical cutoff, with sessions 14 and 16 dipping just below, it seems reasonable to say that this change comes close to meeting criteria for clinical significance. The issue of clinical significance aside, this client nonetheless demonstrated some notable improvements over the course of his treatment, albeit less dramatically so than did the other client. (Differences between these two cases that may have contributed to the differential degrees to which they benefited from the treatment are outlined further below.)

The prediction that this integrative treatment would be found to be at least as effective and possibly more effective than comparable psychodynamic-interpersonal treatments that did not explicitly or systematically make use of homework – was also supported. Effect sizes for changes in depressive symptoms across both cases were larger than those found by both Shapiro and colleagues (1994) and Barkham and colleagues (1996). In fact, as noted previously, because the effect size reported by both of these groups of authors included both PI therapy and CB

[39] In fact, both clients reported an increase in depressive symptoms between pre-treatment screening and session 1 for unknown reasons.

therapy (the authors did not report them separately), and because Shapiro and colleagues (1994) reported that they found CB therapy to be slightly more effective than PI therapy in reducing symptoms assessed by the BDI-II, this favorable comparison is actually a more conservative one, given that the effect size for PI therapy alone was presumably slightly smaller than the one reported (Barkham et al., 1996, on the other hand, found no significant differences for changes in the BDI-II across treatments)[40].

Likewise, although effect sizes could not be calculated for changes in interpersonal problems (IIP-64) for each individual case due to the lack of multiple baseline measurements, the effect size across the two cases is notably larger than those found by both Shapiro and colleagues (1994) and Barkham and colleagues (1996). As with the BDI-II, both of these groups of authors also reported effect sizes for the IIP-64 across both treatments (not each treatment individually). Therefore, because Barkham and colleagues (1996) reported that they found CB therapy to be very slightly more effective than PI therapy in reducing interpersonal distress reported on the IIP-64, this favorable comparison is also more conservative, given that the effect size for PI therapy alone was presumably slightly smaller than the one reported (in the case of the IIP-64, Shapiro et al., 1994, found no significant differences between treatments)[41].

There are a number of limitations in the design of this study that impact the conclusions that can be drawn from these findings. The most notable of these will be enumerated here, while others will be discussed further below. First, due to the small sample size, we cannot conclude that the addition of homework improves the effectiveness of this treatment. Additionally, the fact

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[40] Furthermore, given that the effect sizes for the BDI-II reported by both studies included both PI and CB treatments, these favorable comparisons are not only to PI therapy that does not explicitly include homework but also to CBT.

[41] Similarly, given that the effect sizes for the IIP-64 reported by both studies included both PI and CB treatments, these favorable comparisons are not only to PI therapy that does not explicitly include homework, but also to CBT.

that there may have been a number of significant differences between the clients included in this study and those included in the comparison studies (beyond the inclusion of homework in treatment) further limits the possibility of such conclusions. It is also possible that such factors as therapist and investigator allegiance may have played a role in the relative success of this treatment.

With regards to the question of feasibility, while these findings certainly suggest that such an integrative treatment is feasible, it might be argued that the conditions under which the treatment was conducted may be significantly enough different from those in other contexts to limit the generalizability of this feasibility: the author not only developed and wrote the treatment manual for the integration of homework into this treatment model, but also trained therapists, supervised them in their work, and conducted the analyses of the data; it is therefore possible that the success of the treatment may, in part, be due to her investment in and intimate knowledge of this treatment and her involvement in all steps of the process of conducting this study.

Keeping all of these limitations in mind, however, the results of this preliminary study tentatively suggest that this integrative treatment might be at least comparably effective to the original, and we might further conclude that the possibility that it may improve the effectiveness at least warrants further investigation.

Beyond Hypothesis Testing: Toward a Theory of Homework in Psychodynamic Therapy

Despite the fact that this study's small sample limits the degree to which the aforementioned findings can be generalized, case studies can nonetheless provide important information about the therapy process, complementing that which can be learned from larger scale studies. At the very least, the case studies presented here indicate that the seamless

integration of theoretically consistent homework activities into psychodynamic-interpersonal psychotherapy is possible and that such activities may potentially contribute to the process of change in this form of therapy.

Some researchers who specialize in single case research have asserted that rich observations drawn from a few individual cases – including observations of both commonalities across cases and discrepancies between them – can be used to draw meaningful conclusions about complex phenomena and to build or further develop theories about these phenomena (e.g., Stiles, 2009; Campbell, 1975). Campbell (1975) points out that case studies allow for the comparison of many observations from a single case to many statements of a particular theory and therefore can be especially useful in building and developing theories. Of course, with only one or two cases, the confidence that we can have in an observation concerning a specific aspect of the theory may be quite low. More cases would be required to improve our confidence in the generalizability of a given observation. Nonetheless, as Campbell (1975) argues, case studies bring many observations to bear on a number of different aspects of the theory: if the observations are consistent with the theory, this may increase our confidence in any single aspect of the theory only a small amount but our confidence in the theory as a whole more substantially, because a number of theoretically-consistent observations have been made. Furthermore, as Stiles (2009) argues, theory building through case studies allows us to make use of the logical process of abduction – that is, by incorporating observations from a single case, a theory can be modified incrementally to incorporate these new observations. Any such modifications must be consistent with the existing theory and must explain previous observations that were addressed by the theory in addition to new ones.

What follows are a number of proposed theoretical statements regarding the use of homework in psychodynamic-interpersonal therapy. These statements are grounded in the psychodynamic-interpersonal model (Hobson, 1985). However, because this model does not include theoretical statements specifically about the use of homework, such statements must be viewed as logical deductions of the theory – that is, statements that are logically consistent with the theory and based on premises already present in the theory – and then further supported and modified (through the process of abduction) by observations from the two cases presented here. First, relevant observations are enumerated, followed by the proposed theoretical statements.

Client contribution, degree of collaboration, and therapist directiveness. As mentioned earlier, various definitions of psychotherapy homework have differed in the degree to which they assume explicitness and directiveness in the recommendation of homework activities and the degree to which such activities are prescribed versus developed collaboratively. Several questions from the BSAQ questionnaires address aspects of this issue: questions relating to (1) the therapist's contribution to a homework idea, (2) the client's contribution to the idea, (3) the degree of collaboration between the two in the development of the idea, and (4) the therapist's level of directiveness or explicitness in making a recommendation.

It was predicted that these factors might be related to changes in depressive symptoms over time in light of the importance placed in this treatment model on both the mutual negotiation of a shared experience through the therapeutic relationship (collaboration) and also the movement from passivity to activity (engagement and contribution) (Hobson, 1985). Mutuality and negotiation are seen as important in their contribution to what Hobson calls the "mutual creation and expansion of a common 'feeling-language.'" He explains: "It [is] not merely a matter of talking about events. It [is] a dialogue, a meeting, a talking-with in mutual

trust – a personal conversation. A simultaneous giving and receiving. A finding and being found" (p. 7). Such a dialogue requires "a two-way mutually-adapting conversation. A conversation [that] takes account of the varying responses of the other person, with a continuing reinterpretation of what is attributed to him, especially as regards feelings, motives, and changing meanings" (p. 188). Thus, it was thought that, in this way, the process of collaboration in the development of homework activities (as in other aspects of the therapeutic work) might play a role in the development of more genuine, satisfying, and adaptive ways of relating to others.

Similarly, the movement from passivity to activity – or "an acceptance of responsibility, of personal commitment" (Hobson, 1985, p. 40) involves the client's recognizing his own contribution to his experiences, including his difficulties. Such acceptance of responsibility can be daunting because it can imply blame (or at least because it removes the possibility of blaming some external source). However, it also brings with it the possibility of choice – the choice to do something different in the hopes of effecting a different and more satisfying outcome – and is therefore empowering. In this way, clients learn that they have the ability to impact their own experiences. Thus, it was thought that the ability and willingness to play a more active role (or to take on more of an active role over time) in the development of homework activities might be related to the acceptance of more personal responsibility. Furthermore, in being active in this way, it seems likely that clients might accept more responsibility for what they learn through engaging in such activities.

Across both cases, there was some evidence to suggest a relationship between clients' levels contribution to homework ideas on the one hand and changes depressive symptoms on the other: in both cases, several sessions in which the clients seemed to engage more fully in contributing to homework ideas were associated with decreases in depressive symptoms;

likewise, several sessions characterized by decreases in the client's contribution were associated with increases in depressive symptoms. There was also some evidence from both cases to suggest a similar relationship between the degree of collaboration in the development of the idea and depressive symptoms over time, with higher levels of collaboration seeming to be associated with decreases in depressive symptoms.

Some interesting differences also arose between the two cases in these respects. In the case of Mr. L., it appears that the therapist contributed more to the development of homework activities than did the client and that there was relatively less collaboration in the development of such activities. (In fact, in sessions, the therapist regularly invited the client to suggest activities or collaborate with her in developing homework ideas, but the client regularly responded by saying that he did not know what to suggest. Only toward the end of treatment did he begin to show more initiative in suggesting activities for the coming week, and these suggestions were typically only slight variations on previous recommendations of the therapist[42].)

In contrast, Ms. D. and her therapist seemed to contribute to homework ideas more equally and to have a higher level of collaboration in the development of such activities. Interestingly, the difference here appears to lie less in the therapist's contribution and more in the client's: ratings of therapist contributions are only slightly lower than those in the first case; however, ratings of client contributions are notably higher. This finding seems to suggest that contributions of the therapist do not come at the expense of contributions of the client. That is, the therapist can contribute quite significantly to a homework idea, while at the same time inviting the client to contribute as well.

[42] These are the author's observations from having watched video recordings of the treatment.

With regards to the degree of collaboration, another interesting difference between cases is worth noting. Although Ms. D.'s therapist rated their level of collaboration significantly higher than did Mr. L.'s therapist, Mr. L. actually rated their level of collaboration as slightly higher than did Ms. D. It is possible that the degree to which any given individual felt that collaboration had occurred may have been influenced by different factors. For instance, although Mr. L. seems to have contributed relatively less to homework ideas than did his therapist, it is possible that his therapist's collaborative attitude (inviting his contributions, checking in with him to see how he felt about her suggestions, giving him several alternatives from which he could choose[43]) may have led him to feel that a higher degree of collaboration took place than did his therapist. She, on the other hand, may have based her relatively lower ratings on the fact that Mr. L. made relatively few contributions to the homework ideas and left much of the work of developing ideas to her. On the other hand, Ms. D. seems to have contributed relatively more to homework ideas, although she simultaneously seemed to view collaboration as slightly lower (although still relatively high). It is possible that, because of her more active role in contributing to homework ideas, her therapist did not have to work as hard to invite collaboration, thus placing less emphasis on the collaborative effort in session. It is also possible that Ms. D. felt more personal responsibility in developing some activities and therefore attributed less of the development to collaboration with the therapist. Her therapist, on the other hand, may have felt that a higher degree of collaboration took place because Ms. D. was taking such an active role in contributing to ideas, thus sharing in the responsibility more equally with him.

Another interesting difference can be found in the relative differences between how clients and therapists viewed the therapist's contributions to homework ideas. Mr. L. rated his

[43] Again, these are the author's observations from having watched video recordings.

therapist's contributions to the homework ideas as higher than the therapist did. Ms. D., on the other hand, rated her therapist's contributions as slightly lower than the therapist did. Although this latter difference appears to be rather small, it is possible that these differences reflect a tendency for Mr. L. to view the therapist as overly responsible for homework ideas (possibly downplaying his own contributions), and for Ms. D. to take more responsibility or ownership for the ideas developed with her therapist.

Despite the notable differences in the degree of therapist and client contribution to homework ideas and the amount of collaboration, both pairs of clients and therapists seemed to view recommendations made by the therapist as quite direct, suggesting that therapists can be very explicit about discussing homework activities while still encouraging client involvement and collaboration. This observation is consistent with Hobson's (1985) assertion:

> To be tentative is not to be vague. A therapist's statements should be definite (i.e. clearly 'owned' by him). He does his best to be accurate but does not know which answers are right for the patient. He conveys his wish to be corrected. He hopes for communication which will lead to dialogue, with an adjustment of misunderstanding (p. 197).

Based on these observations, the following theoretical statements are proposed regarding the client's contribution, the degree of collaboration, and the therapist's directiveness:

1. *Greater client engagement in and contribution to the development of homework ideas – consistent with the acceptance of responsibility and personal commitment – is likely to be associated with and contribute to positive change.*
    a. *Clients who are able to take such responsibility from the beginning of treatment may benefit more from treatment.*

   b. *Clients who are able to take increasing responsibility over the course of treatment – that is, to move from a state of passivity to one of activity – may also benefit more from treatment.*
   c. *Clients who are unable or unwilling to take an active role in developing homework activities (as well as in other aspects of therapy) may benefit less from treatment*[44].

2. *Greater collaboration between client and therapist in the development of homework activities – associated with a style of relating characterized by mutuality and negotiation – is likely to be associated with and contribute to positive change.*
   a. *This association may be partly due to the role that such collaboration plays in encouraging the mutual negotiation of shared experience through the therapeutic relationship (and vise versa), which is thought to contribute to positive change.*
   b. *This association may also be partly due to a relationship between collaboration and client contribution, where greater felt collaboration may encourage clients to take greater responsibility in contributing to the development of homework activities over time, and this greater contribution may in turn be associated with positive change.*
3. *Clients' and therapists' perceptions of collaboration may be influenced by different aspects of their interactions. The therapist's perception may be influenced more by the client's level of engagement and contribution, whereas the client's perception may be*

[44] Of course, if a pattern of passivity is identified as a focus of treatment and the client is able to recognize and take responsibility for his role in such a pattern (as in the case of Mr. L.), it is possible that the therapist may help the client move from a state of passivity to one of activity and thus benefit more from treatment.

influenced more by the therapist's collaborative style (inviting client involvement or feedback).

4. *Consistent with a therapeutic stance of responsibility and openness to negotiation, therapists may actively contribute to the development of homework activities and be explicit and direct in their recommendations or suggestions, while simultaneously inviting client contributions, demonstrating openness to client modifications, and encouraging collaboration in development of these activities.*

Client-initiated activities. Client-initiated activities include any therapeutically relevant activities which clients completed between sessions and which had not been explicitly discussed as activities for that week. These might include activities that had been discussed or recommended for previous weeks and which the client has decided to continue. However, they may also include activities not previously discussed or discussed only indirectly (implied). Engagement in such activities can be seen as related to the client's level of contribution to the development of homework activities in session (discussed above), although it demonstrates an additional degree of independence and potentially creativity. In this way, it was thought that such client-initiated activities might be related to positive change for the same reasons enumerated above regarding the acceptance of responsibility and the movement from passivity to activity. On the other hand, however, given that the client has come up with the idea on his or her own, the development of ideas for such activities does not involve collaboration with the therapist; therefore they are seen as categorically different, while having some similar qualities.

Mr. L. did not report engaging in any self-initiated activities, and his therapist reported only one occasion on which she thought that he had done so. Ms. D., on the other hand, seems to have engaged in more self-initiated activities as reported by both her and her therapist. It is

notable that they sometimes disagreed about when this had occurred, suggesting that such client-initiated activities were not as systematically discussed in the following session as the ones that had developed in the previous session together.

In the case of Ms. D., ratings of how relevant these self-initiated activities were to treatment more generally as well as their degree of helpfulness were quite high. However, ratings of how directly these activities were related to previously discussed activities or recommendations (i.e., previously discussed but not discussed in the last session as an activity for this particular week) were in the moderate range, suggesting that Ms. D. took the initiative to engage in new and potentially creative – but still highly relevant and helpful – activities on her own. On the other hand, on the one occasion when Mr. L.'s therapist indicated that he engaged in an activity between sessions that had not been discussed in the previous session, she indicated that this activity was completely related to previously discussed activities from earlier sessions, that it was highly relevant to treatment goals, but that it was only moderately helpful.

It seems notable that Ms. D. both played a more active role in developing homework ideas with the therapist in session and also engaged in more self-initiated activities outside of sessions. It is possible that higher engagement in the development of such ideas in session may have encouraged Ms. D. to look for additional opportunities outside of session. It is also possible, however, that she simply approached both situations with a higher sense of responsibility and agency in her own treatment than did Mr. L. Although no causal relationship can be established, it is nonetheless notable that level of engagement in in-session discussions of activities seems to be related to the client's ability to take initiative to look for opportunities to work toward therapeutic goals outside of session on her own as well.

Based on these observations, the following theoretical statements are proposed regarding client-initiated homework activities:

1. *Clients' engagement in self-initiated activities may both encourage and be encouraged by a greater acceptance of responsibility and personal commitment and therefore is likely to be associated with positive change.*
2. *Greater client contribution to the development of homework activities in session with the therapist may be associated with greater likelihood to engage in self-initiated activities between sessions.*
    a. *This association may be due to a causal relationship, where greater contribution in session encourages the client to take initiative in developing his or her own activities without the therapist's help between sessions.*
    b. *On the other hand, this association may be due to a client's general acceptance of responsibility and personal commitment being associated with both greater contribution in session and greater initiative outside of session.*
3. *Greater creativity in developing client-initiated activities (i.e. developing activities that are less related to activities previously discussed with the therapist) may demonstrate a higher acceptance of personal responsibility and may therefore be associated with greater positive change.*

Client engagement and obstacles to engagement. Previous research has demonstrated that homework only contributes to the effectiveness of CBT insofar as it is actually completed by clients (e.g., Burns & Spangler, 2000; Kazantzis et al., 2000). Therefore, it seems likely that the same would be the case in psychodynamic-interpersonal therapy. It is not the mere suggestion or discussion of potential activities that is thought to contribute to treatment but rather the client's

completion of such activities. Furthermore, because greater engagement might demonstrate a greater personal commitment to change, discussed further above, it was also thought that greater engagement would be related to greater treatment gains for this reason as well. It was therefore predicted that greater engagement in homework activities (often referred to as "compliance" within the CBT model) would be associated with greater improvement. It was also predicted that, like in CBT (e.g., Beck & Tompkins, 2006), failure to complete previously discussed activities would provide important information about obstacles to engagement that might contribute to the formulation of the client's problems as well as to the development of more relevant and/or palatable homework activities in the future.

Both clients and therapists reported that clients generally engaged in previously discussed homework activities to a relatively high extent with some instances of lower engagement. Overall, Mr. L. seemed to consider his level of engagement to be somewhat lower than did his therapist, potentially reflecting a tendency to be self-critical or to focus on the negative rather than what actually was accomplished. Although Ms. D. and her therapist sometimes differed in their assessment of her level of engagement, there was not as clear a pattern to the relationship between their ratings.

Both clients reported quite low engagement coinciding with a significant peak in depressive symptoms approximately three quarters of the way through treatment. (Interestingly, in both cases, this session was followed by one in which the clients engaged in homework activities more fully and also reported notable decreases in depressive symptoms.) Mr. L. indicated at the session in question that he had not engaged in homework activities because he had been too depressed to make any effort or even to leave his apartment. On several other occasions when he indicated lower engagement, he likewise reported that he had lacked

opportunities due to having felt too depressed or irritable to seek them out. At the session characterized by a peak in depressive symptoms and low engagement in homework activities, Ms. D. indicated that she had been unable to focus on the homework because she had been quite upset by dynamics in her relationship with her partner that week. These comments highlight the reciprocal nature of the relationship between engagement in homework activities and depressive symptoms: although engagement in such activities may help address the client's depressive symptoms, these symptoms may also interfere with his or her ability to engage in such activities, because of either low motivation or emotional dysregulation.

Other obstacles to engagement reported by Mr. L. included lack of opportunity, not because of being too depressed, but simply because he felt that such opportunities were unavailable to him. Other obstacles reported by Ms. D. included difficulty concentrating, inadequate time due to a busy schedule, or avoidance due to fears related to the potential outcome of the activity. Unlike Mr. L., rather than having a lack of opportunity, Ms. D. seemed to struggle at times with completing the homework due to feeling overwhelmed by the number of things that required her attentions throughout the week. From these observations, it is clear that obstacles to engagement in homework activities may differ for different clients. Perhaps even more importantly, these observations highlight that discussing obstacles to engagement can provide therapists with useful information about aspects of clients' life outside of therapy that may be contributing to their difficulties (e.g., lack of opportunities for engagement, chaotic interpersonal relationships, difficulties with emotion regulation).

From these observations, the following theoretical statements are proposed regarding clients' engagement in homework activities and obstacles to their engagement:

1. *It is likely that there is a reciprocal relationship between depressive symptoms and level of engagement in homework activities.*
    a. *Greater levels of engagement may contribute to improvement in symptoms. Therefore, clients who engage more fully may benefit more from treatment, while those who do not engage as much may benefit less.*
        i. *Greater engagement may lead to greater treatment gains because it may be associated with a greater acceptance of responsibility and personal commitment on the part of the client.*
        ii. *Greater engagement may lead to greater treatment gains because it allows clients to receive more benefit from the homework activities themselves.*
    b. *On the other hand, greater levels of depression may also interfere with clients' ability to engage in homework activities.*
        i. *Depression may interfere with engagement due to decreased motivation.*
        ii. *Depression may also interfere with engagement due to emotional dysregulation.*
2. *Clients may experience different types of obstacles to engagement in homework activities, including lack of opportunity (either due to low motivation to seek out such opportunities or to the lack of available opportunities), busyness or feeling overwhelmed by life events, or fears of the potential outcome of completing the activity, among others.*
3. *Discussing obstacles to engagement can provide important information about aspects of clients' lives outside of therapy that may be contributing to their difficulties. Therefore, "failures" to complete homework activities may in fact be just as useful as "successes" if they are discussed.*

Perceived relevance. As discussed at some length above, the relevance of homework activities to treatment goals more generally is thought to be important for several reasons. First, as mentioned above, the more relevant the activities feel to the client, the less they will experience the therapist's recommendations as jarring or inconsistent with the rest of treatment. Additionally, as Ledley and Huppert (2006) point out, "the purpose of homework is not just for patients to *do* something, but to do something that will move along the therapy process" (p. 11, italics in original). Therefore, it is important that the therapist's suggestions for homework activities pertain directly to the work done in session. Furthermore, it seems likely that it is also important for clients to be made aware of how homework activities relate to their treatment goals; not only may such understanding make them feel more motivated to engage in the activity, but it also has the potential to facilitate a greater understanding of their difficulties through their engagement in the activity.

As previously mentioned, client and therapist ratings of the relevance of homework activities to in-session work were quite high overall. Given the relative lack of variability in these ratings, few conclusions can be drawn. However, in the absence of such observations, the following theoretical statements are still offered tentatively:

1. *The more relevant homework activities are to treatment goals and to in-session work, the more helpful they will be experienced as being and the more they will contribute to positive change.*
    a. *The more clients perceive homework activities to be relevant to their treatment goals, the more likely they are to engage in them fully between sessions.*

b. *The more clients understand how homework activities are relevant to their treatment goals, the more helpful they will be in facilitating understanding and the more they will contribute to positive change.*

Perceived helpfulness. It was predicted that clients' perceptions of how potentially helpful a homework activity might be before engaging in it would likely be positively associated with their level of engagement in that activity, thus highlighting the importance of eliciting client feedback in the development of activities. It was also predicted that perceptions of how helpful activities were after the fact would be positively associated with decreases in depressive symptoms. It was thought that clients' experiences of having engaged in a homework activity outside of therapy and finding that activity to be helpful would give the client an increased sense of self-efficacy or personal responsibility in their treatment – that is, it would increase awareness of their own abilities to influence their experiences – and would therefore be associated with decreases in depressive symptoms for reasons discussed above.

In both cases, clients and therapists seem to have perceived homework activities as having a relatively high potential to be helpful prior to the client's engagement in them. Variations in these ratings are quite small, limiting the observations that can be made about them. With regards to perceptions of actual helpfulness after the fact, again, homework activities in both cases were perceived to be generally quite helpful, with Ms. D. and her therapist both rating homework activities as having been slightly more helpful than did Mr. L. and his therapist. Interestingly, in Mr. L.'s case, there were instances in which an increase in perceived helpfulness was associated with a decrease in depressive symptoms. On one instance, the opposite was true for Ms. D.: a decrease in perceived helpfulness was associated with an increase in depressive symptoms. However, other variability in the helpfulness of Ms. D.'s activities was not associated

with such changes in depressive symptoms. Therefore, these observations should be interpreted tentatively but suggest a potential relationship between how helpful activities were perceived to be and changes in depressive symptoms over time.

Unfortunately, due to the lack of variability in ratings of the relevance of homework activities, relationships between relevance and perceived helpfulness could not be explored.

From these limited observations, a few tentative theoretical statements are proposed regarding the perceived helpfulness of homework activities:

1. *Clients' perceptions of how helpful a homework activity could be will be positively associated with their level of engagement in that activity over the following week.*
2. *Therefore, eliciting client feedback in the development of activities and helping clients' understand how activities are relevant to treatment goals and how they could be helpful will be likely to increase their engagement in homework activities.*
3. *Clients' perceptions of how helpful a homework activity was after having completed it will be positively associated with treatment gains.*
    a. *This association may in part be due to the fact that, almost by definition, activities that are more helpful will be more likely to contribute to treatment gains.*
    b. *This association may also in part be due to the fact that clients' experiences of engaging in activities they perceive to be helpful may contribute to an increased sense of self-efficacy, personal responsibility, and choice, and may thus contribute to treatment gains.*

In-session discussion. It was predicted that the discussion of clients' experiences engaging in homework activities after they had completed them would also be a significant contributor to positive change in this model. Given that the primary process through which

change is thought to occur in this model is insight stemming from experiencing (emotional and relational experiencing), it was thought that discussing between-session experiences with the therapist would help clients further process, integrate, and consolidate that which has been experienced out of session. Through such discussion, therapists might also raise clients' awareness of aspects of their experiences that they had not previously recognized or highlight the importance of certain aspects of the experience. Furthermore, discussing between-session experiences with the therapist could facilitate understanding of how dynamics in the client's relationships outside of therapy may be related to dynamics in the therapeutic relationship, a process that is thought to promote positive change in this treatment model.

Both clients and therapists indicated that on most occasions in which homework had been previously discussed, it was discussed again in the following session. On three occasions, Ms. D. and her therapist were in disagreement about whether or not activities were discussed again. Reasons for these disagreements are unclear. On each occasion, either the client or the therapist described the discussion in the free response portion of the BSAQ, and from watching videos of sessions, the author was able to confirm that such discussions did, in fact, take place. Therefore, it seems that on these occasions, either the client or the therapist simply forgot that part of the discussion while filling out the questionnaire or forgot that it related to something that had been previously discussed as homework. It is possible, however, that this may reflect a less systematic approach to discussing homework activities.

Discussions of homework activities were generally perceived by both clients and therapists to be quite helpful. Ms. D. rated discussions of her self-initiated homework activities as having been slightly less helpful than discussions of activities previously discussed with the therapist, although she rated both of these generally high. Interestingly, her therapist rated the

discussions of client-initiated activities as very helpful, possibly reflecting a difficulty for the therapist to differentiate between the helpfulness of an activity he had not previously heard about and the helpfulness of the discussion of that activity.

Notably, there were a number of sessions in each case in which clients and therapists rated their discussions of the homework activity as more helpful than they rated the client's engagement in the activity itself. It appears, therefore, that at times, discussing the activity in session with the therapist may have helped clients come to a greater understanding or more fully integrate or consolidate their experiences between sessions than they had been able to do on their own, thus highlighting the importance of the discussions.

In one session when Mr. L. had not completed the homework activity at all, it is interesting to note that the discussion of what had made it difficult for him to engage in the activity was actually seen as quite helpful – moderately so by the therapist, but extremely so by the client. This again highlights the fact that important and helpful information and increased understanding can emerge even from experiences of "failure" to complete homework activities just as it can from experiences of successfully completed activities.

Based on these observations, the following theoretical statements are proposed regarding the in-session discussion of completed homework activities:

1. *Explicit and systematic discussion of homework activities with the therapist may help clients more fully understand, integrate, and consolidate their experiences between sessions, thus making them better able to benefit from homework activities.*
2. *Discussions of homework activities can be experienced as very helpful even when clients did not actually complete them. In these cases, discussions of obstacles to completing homework activities may be as fruitful as discussions of successfully completed activities.*

Some general observations. Exploring some more general differences between the two cases that may have contributed to the differential degrees to which the clients benefited from treatment may shed light on important moderators of change in this form of treatment more generally and from homework specifically. One significant difference between the two cases was the fact that Mr. L. had few significant relationships in his life on which to work and relatively few meaningful interpersonal interactions outside of therapy, whereas Ms. D. had several significant relationships and a number of sources of interpersonal contact outside of therapy. Therefore, although Ms. D.'s interpersonal patterns were problematic and a source of distress for her at the outset of therapy, we might say that she at least had something to work with. She was therefore better able to make use of what she learned in therapy in generalizing it to her relationships outside of therapy. Mr. L., on the other hand, had relatively fewer opportunities to generalize the changes toward which he was working. He did make significant strides in the context of the therapeutic relationship (e.g., in asserting his needs to the therapist, taking risks and allowing her to see his vulnerabilities, being more present with her in their interactions), and these changes did seem to be associated with a decrease in depressive symptoms. However, the relationships he had outside of therapy were fewer and less significant to him. Notably, on several occasions, he even commented (both in session and in his answers to free-response questions on the BSAQ) that he felt that he had no (or few) opportunities to reflect on various interpersonal dynamics because he had no meaningful interactions throughout the week. Therefore, much of his work outside of sessions focused on promoting his gaining awareness of his own motivations, wishes, and fears in relationships, or on trying to be more open to interpersonal interactions (even small ones, such as interactions with customer service workers) rather than reflecting on and working to shift dynamics in more significant relationships. It

seems likely that the relatively fewer opportunities he had to do this work may have contributed to the fact that he experienced less dramatic change over the course of the treatment than did Ms. D.

Furthermore, as the discussion above highlights, Ms. D. seemed to take a notably more active role in her own treatment, including in developing and engaging in homework activities than did Mr. L. In fact, a salient theme that emerged in last three sessions of Mr. L.'s treatment was his tendency to play the role of a "passive participant" in relationships as well as the ways in which this dynamic had been playing out in session with the therapist. It is possible that his tendency to remain more passive (which is demonstrated through much of the above discussion) may have made it more difficult for him to benefit from treatment. However, it is also possible that, had treatment continued, Mr. L. might have been able to continue to become more active in treatment as well as in other areas of his life.

Based on these observations, the following theoretical statements are proposed in addition to those discussed above under different topic areas:

1. *Clients who have fewer opportunities for meaningful interpersonal interactions outside of therapy may have greater difficulty benefitting from the treatment. Conversely, clients who have more opportunities for such interactions – even if they are distressing or problematic at the outset of treatment – may be more likely to befit.*
2. *Clients who take a more active role in their treatment – both in session and with regards to homework activities – may be more likely to benefit from treatment, while those who remain more passive in both of these areas may benefit less.*
    a. *Explicit discussion of some clients' passivity may facilitate them taking a more active role, thus allowing them to benefit more fully from treatment.*

Limitations and Future Directions

The present study has several limitations. First, as mentioned above, the fact that the study includes only two cases limits the degree to which the observations can be generalized. Nonetheless, these cases demonstrate that it is possible to successfully integrate homework into the psychodynamic-interpersonal model in a theoretically consistent manner and that the ensuing treatment can be at least as effective as (and possibly more effective than) psychodynamic-interpersonal therapy that does not explicitly or systematically include homework. Again, given the limitations regarding generalizability as well as the fact that no variables were manipulated, we cannot conclude that the addition of homework actually improves the effectiveness of this form of therapy. Larger scale studies in which the variable of homework inclusion could be manipulated and with the statistical power to test for such a relationship would be required for such conclusions to be drawn.

Also as mentioned above, it is possible that such factors as therapist and investigator allegiance may have played a role in the relative success of this treatment or that the author's involvement in all stages of the process of conducting this study (from development of the treatment manual to training and supervising therapists and analyzing and interpreting data) may have played a role. As noted above, the author's involvement may have created relatively unique conditions for the treatment, and it is possible that under different conditions, the treatment would be less feasible. Nonetheless, even if the conditions were relatively unique, these findings still suggest that it is possible to provide such an integrative treatment, even if only under very particular conditions.

Next, the absence of a systematic adherence check involving an established adherence measure to ensure that the treatment provided was consistent with the psychodynamic-

interpersonal model reduces the strength of some of the conclusions that can be drawn from this study. Nonetheless, the author's extensive study of and familiarity with this treatment model and the fact that she viewed digital video recordings of every session and judged the adherence to be high suggests that such conclusions are reasonable. Future studies involving such an adherence check using the SPRS (Shapiro & Startup, 1990) would lend further support to these claims. However, because the Prescriptive (CBT) subscale of the SPRS contains an item related to the recommendation of between-session activities (meaning that such activities are considered to be consistent with CBT and not with PI therapy), this item would need to be removed. Alternatively, this item could be used as an adherence check for the use of homework, but it would need to be disregarded in measuring adherence to the PI model.

Another notable limitation to the present study was the limited number of baseline measurements for both the BDI-II and IIP-64 at both pre-treatment and post-treatment. As discussed above, additional baseline measurements during each of these time periods would have strengthened the conclusions regarding the amount of change that occurred over the course of treatment. There are, however, drawbacks to collecting additional baseline measurements, such as requiring clients to wait longer before beginning treatment and requiring them to come in to complete such measures when they would not otherwise be coming to the clinic, thus increasing the burden on the participating clients.

An additional limitation was the lack of variability in client and therapist responses to some of the questions about various aspects of homework use, such as the degree to which homework activities were experienced as relevant to treatment more generally. This lack of variability limited the degree to which relationships between these variables and depressive symptoms over time could be explored. Conducting additional case studies may increase the

variability available and allow such relationships to be explored further. Conducting studies either of longer treatments involving a greater number of sessions or ones where measurements (e.g., BDI-II) are taken at several points between sessions may also increase the power to conduct time series analyses that could more clearly demonstrate such relationships.

Despite its limitations, however, the present study begins to fill a gap in the literature and has a number of important implications for practice, training, and future research, each of which will be discussed in turn.

Implications for Practice. Although the findings presented here regarding the effectiveness of this integrative treatment must be considered tentatively given the small sample size, it is clear that the treatment has the potential to be quite effective in some cases. Psychodynamic practitioners working with clients who seem to be having difficulty translating awareness or insight gained in session into changes in ways of being outside of session, or who seem to be having difficulty gaining that awareness or insight in the first place, may find it especially helpful to incorporate homework activities into their work. Such activities can provide clients with opportunities for consolidation of insights (or "working through") or for generating new insights. The treatment manual developed by the author and included here as Appendix A (Nelson, 2007) may serve as a guide for such practitioners. Additional reasons for considering the integration of homework – such as communicating a message to clients about the importance of taking an active and collaborative role in therapy or helping both client and therapist gather information to better understand the nature of the problem – are outlined in this manual.

Psychodynamic therapists who wish to make use of homework in their practices are encouraged to consider doing so systematically; that is, they are encouraged to consider suggesting homework activities on a regular basis or regularly encouraging their clients to

suggest activities themselves. (The occasional use of homework may still be quite helpful, as discussed by Stricker, 2006b, although the present study does not address the degree to which such less systematic use of homework may be experienced as fully integrated into the treatment model by clients. Furthermore, it seems likely that encouraging clients to regularly think about how they might make use of their time between sessions would be more likely to communicate a sense of responsibility to them than would occasional recommendations.)

Therapists are also encouraged to ensure that their recommendations for homework activities are relevant to the treatment more generally and that this relevance is made clear to clients. They are encouraged to work collaboratively with clients and to invite client contributions to the development of ideas for homework activities to ensure that clients see such activities as relevant and helpful to them – and because greater engagement and collaboration may be therapeutic in themselves. Therapists can be explicit and direct in making suggestions while at the same time inviting involvement, feedback, and modification of their ideas from clients. As always, therapists are encouraged to remain attuned to clients' reactions to their suggestions and address these reactions with clients in a curious and supportive manner. While it is possible that some clients (especially those who may be more reactive or sensitive to feeling controlled by others) may experience therapist recommendations negatively, such reactions, if addressed appropriately, can provide additional opportunities for understanding client dynamics that may be contributing to their difficulties. Noting at the outset of treatment that the therapist may make such suggestions along the way, as was done by both therapists in this study, may reduce clients' potential reactivity when suggestions are made. Nonetheless, recommendations for homework activities should always be considered within the context of the therapeutic relationship.

Therapists are further encouraged to be aware that even when clients are not actively participating in the development of homework activities with the therapist, the therapist's attitude of inviting feedback, checking in with the client regarding whether or not activities seem helpful and relevant, and possibly making several suggestions from which the client might choose can still communicate a collaborative stance that can positively impact the therapeutic relationship and that may encourage clients to become more involved over time.

In cases where clients appear to take a more passive stance toward the development of homework activities – or to treatment more generally – therapists are encouraged to address this pattern directly (although in a supportive and curious manner) with their clients. They may wish to explore whether clients take a similar stance in other relationships and whether this pattern may be related to the client's presenting problems. Therapists can work with clients to encourage them to begin taking more responsibility and thus move from a state of passivity to one of activity, both in their approach to treatment more generally and to homework specifically. In this way, therapists are encouraged to view clients' engagement in homework (both the process of developing ideas and engaging in activities between sessions) as diagnostic in the sense that it can inform a more complete understanding of the client's difficulties.

Therapists may wish not only to make suggestions for homework activities or discuss such activities with their clients, but they also may wish to encourage clients to look for additional opportunities on their own for extending in-session work to the time between sessions. Such client-initiated activities may facilitate greater acceptance of responsibility on the part of clients and may help them learn to play a more active role in generalizing the work in therapy to their lives outside of therapy. Therapists should be aware that there may be a tendency to be less systematic in discussing such client-initiated activities and may therefore wish to find ways to

check in with clients about how they have been working toward treatment goals throughout the week.

Additionally, therapists should be aware that when clients do not complete homework activities that have been discussed, discussing the reasons for clients' lack of engagement may prove fruitful: such a discussion may show that clients thought that the discussed activity was not very relevant to their treatment goals or did not seem very helpful, and such information can be taken into account in the development of future activities. Furthermore, such discussion demonstrates the therapist's respect for the client as an active participant in his or her treatment and encourages collaboration and negotiation. Additionally, such discussions can elucidate obstacles to engagement that may provide important information about contingencies in the client's life, difficulties with motivation, or lack of opportunities for engagement, among other things. Therapists are encouraged to keep in mind that it is important to be systematic in discussing activities after they have been recommended, as the discussion may prove to be as helpful if not more so than the activity itself, assisting clients in integrating or consolidating what was learned through the homework.

Finally, therapists should keep in mind that homework is intended to facilitate and expand upon in-session work – not replace it. Especially within this particular model of psychodynamic therapy, which places special emphasis on the here-and-now experience in session within the therapeutic relationship, therapists should be careful to keep in-session work as the primary focus and to be aware of the balance between discussion of homework activities and discussion of the present experience. It is likely that the discussion of homework activities can be integrated into the here-and-now work, for instance by focusing on the client's current

experience of sharing what happened between sessions with the therapist or by drawing connections between such experiences and dynamics in the therapeutic relationship.

Implications for Training. Although the findings of this study might suggest that homework could be viewed as a common factor having the potential to cut across theoretical orientations, it is important for therapists in training to understand that homework may look very different across different orientations. They should also be aware that the same types of interventions may be experienced quite differently and have very different impacts in these disparate contexts. Therefore it would be important for such therapists in training first to become familiar with the psychodynamic-interpersonal treatment model, to understand its theory of psychopathology and theory of change, and to gain a firm grasp of its principles before attempting to integrate homework into the model. An understanding of the types of homework activities that may prove most helpful or how they may flow out of in-session discussion will follow from an understanding of the basic tenets of the model. This recommendation is consistent with those of Castonguay (2000), who argues that trainees should be taught to explore integration only after they are firmly grounded in "pure-form" treatment models to ensure that choices regarding integrative interventions are based in a conceptual understanding of a client's pathology and how to bring about change. Such an understanding will allow the therapist in training to integrate homework in a manner informed by her understanding of a client's case formulation and the model's basic principles of change. Additional implications for training may be informed by future research, as noted below.

Future directions in Research. The findings of the present study point to a number of exciting directions for future research. First, given the criteria for "probably efficacious treatments" set out by Chambless and colleagues (1998), only one additional case study

demonstrating the effectiveness of this integrative treatment as compared to previously established treatments for depression would be required to meet these criteria. The author plans to complete such a third case in order to demonstrate probable efficaciousness by these standards. Replication by at least one independent research team resulting in a total of at least 9 cases (6 additional) could then establish this integrative treatment as a "well-established treatment" by these criteria (Chambless et al., 1998). Investigation by an independent research team under different conditions (with training and supervision provided by individuals other than the present author) may also begin to address the question of whether or not the provision of this treatment is feasible outside the relatively unique conditions of the present study.

Next, to address the question of whether the integration of homework actually improves the effectiveness of psychodynamic therapy, a randomized control trial could be conducted using an additive design, where psychodynamic-interpersonal therapy is compared to psychodynamic-interpersonal therapy plus homework. Such larger scale studies may also provide opportunities for exploring client factors that may influence the effectiveness of homework within this treatment model and thus serve as moderators of homework effectiveness. Of particular interest might be client factors such as passivity, reactivity, avoidance, or assertiveness. The results of such studies may provide information about the types of clients who may benefit the most from the integration of homework into this treatment model.

More comprehensive qualitative analyses of the clients' and therapists' responses to free-response questions on the BSAQ would likely also provide important information about the types of homework that clients and therapists found most helpful and relevant and the processes of change involved. Such analyses might also elucidate how different types of assignments might

be more or less helpful during different phases of treatment or to address different types of interpersonal difficulties.

It might also be interesting to investigate the use of homework as it is used less systematically – that is, in "treatment as usual." As Kazantzis & Deane (1999) and Fehm & Kazantzis (2004) have demonstrated, psychodynamic therapists report using homework in their practices at least some of the time. Gaining a better understanding of how they are making use of it (the types of activities they recommend, how explicitly or with how much directiveness they make these recommendations, etc.) could inform our theory of homework in psychodynamic therapy.

To better understand therapists' experiences of integrating homework into this treatment model, it could be illuminating to conduct interviews with them and to perform a qualitative analysis (possibly using grounded theory methodology) on their responses. The results of such an analysis might give us important information about how therapists made decisions regarding homework recommendations, their experiences of balancing the here-and-now focus of this treatment with an attention to between-session activities, or other such information that could be especially useful in training.

Finally, the use of homework could be further explored in other treatment models, such as humanistic, existential, or emotion-focused models, or in the treatment of different presenting problems (e.g., anxiety disorders, eating disorders, personality disorders). Comparisons across theoretical orientations or across the treatment of different disorders can help us further understand differences in the function and impact of homework in different contexts.

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Appendix A

Treatment Manual
For Use of Between-Session Activities ("Homework")
In Psychodynamic-Interpersonal Psychotherapy for Depression[45]

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Outline:

1. What do we mean by psychotherapy "homework"?
2. Potential benefits of homework
3. PI-specific homework: Specifically addressing the fundamental principles of psychodynamic-interpersonal therapy through between-session activities
4. Guidelines for using between-session activities in PI therapy

1. What do we mean by psychotherapy "homework"?

Before we can discuss the use of homework[46] in psychotherapy, we must understand what is meant by the term "homework." For the purposes of this manual, we are defining homework as any activities the client engages in between sessions that are relevant to treatment.

This may include direct suggestions made by the therapist to the client about activities[47] in which to engage between sessions. Therapists might suggest that clients pay attention to a

[45] This manual was prepared to be used with Psychodynamic-Interpersonal Psychotherapy as described in Hobson (1985).

[46] Throughout this document, the words "homework" and "between-session activities" are used interchangeably. Because of connotations associated with the word "homework," however, therapists may wish to avoid using this term with clients. This and other considerations regarding guidelines for suggesting homework activities will be discussed in section 4.

particular thought, make note of a certain kind of experience, try out a new way of interacting with a significant other, or engage in some other activity during the week. Such direct suggestions may include specific suggestions for this particular week (e.g. if the client and therapist have been discussing a particular interpersonal dynamic, the therapist may suggest that the client pay attention to this dynamic in other relationships), or they may include more general suggestions that apply across the course of therapy (e.g. the therapist may suggest that the client try to remember his dreams and write them down whenever they occur).

Homework may also include more indirect suggestions, such as making the comment, "I wonder whether it might be helpful to..." or "I wonder what would have happened if you had..."

Likewise, homework can also include ideas that the therapist and client develop together for activities the client will engage in between sessions, or even activities the client suggests on his own accord and discusses with the therapist.

Finally, homework may include therapeutically relevant activities the client engages in without previously discussing them with the therapist. Because the purpose of this manual is to help therapists make systematic use of homework in their work with clients, we will deal less with this last type of homework; however, as we will discuss, therapists can make it more likely that clients engage in self-initiated activities by talking with them about the importance of between-session activities, by encouraging client input in the activities they develop together, and by giving positive feedback and showing interest when clients report self-initiated activities.

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[47] The word "activities" is used here in a very general sense. We refer here to both observable behavior as well as non-observable behaviors, such as thinking, reflecting, or paying attention to experiences.

2. Potential Benefits of Homework

There are a number of ways in which homework can enhance the work done in psychotherapy. What follows is a list of various benefits that seem particularly relevant to the use of homework in PI therapy.

1. The explicit use of homework communicates a message to clients about the nature of therapy and the role of the client.

In suggesting that clients engage in therapeutic activities between sessions, therapists communicate a message to clients about the nature of therapy and about the client's role. In doing so, therapists let clients know that they must be active participants in their treatment rather than passive recipients of it. Together with such communications in session, the suggestion of between-session activities can encourage clients to view therapy as a collaborative endeavor in which both they and the therapist are active participants. This is especially important in PI therapy, which emphasizes mutuality and the shared nature of the therapeutic endeavor.

This implicit communication also increases clients' expectations about the process and outcome of psychotherapy – what Frank (1961) describes as the provision of a "myth." According to Frank, increasing clients' expectations about therapy can lead to a reversal of demoralization and can promote the expectation of recovery. In turn, expectations of recovery, as we know from research on the placebo effect, can promote actual recovery. The recommendation of homework activities can serve as one means for implicitly communicating such a message.

2. Homework assignments allow clients and therapists to gather information in order to better understand the nature of a problem and how therapy can be used to address it.

The initial discussion between therapist and client of the factors contributing to the client's current difficulties and of the reasons for seeking treatment is often inadequate in providing the therapist with a full understanding of all the issues that are relevant to treatment. Homework can help elaborate this initial picture. Because PI therapy assumes that the client's problems are largely due to significant disturbances in interpersonal relationships, gathering information about the problematic patterns in these relationships can aid in developing a formulation of the client's problems.

Between-session activities likewise continue to provide information throughout the course of treatment by drawing attention to changes the client is making or to his lack of progress in certain areas. This ongoing stream of information can be used as feedback to shape the treatment: the results of the client's completion (or lack thereof) of between-session activities gives the therapist and client more information about the client's particular difficulties, specific strengths, and important interpersonal dynamics that exist in the client's life and that contribute to his problems.

3. Homework assignments give clients opportunities to raise awareness or achieve insight.

Merely paying attention to experiences outside of treatment can help clients achieve insight into problematic interpersonal patterns. Upon entering treatment, many clients are unaware of the role their interpersonal relationships play in contributing to and maintaining their depression (as well as other conditions that may have led them to seek treatment). Although the therapist and client will certainly explore these dynamics and their contribution to the client's

distress within the context of their own relationship, paying attention to particular interpersonal dynamics outside of session or paying attention to the interpersonal antecedents of increases in the client's distress can raise clients' awareness not only of the problematic interpersonal dynamics of which they may have previously been unaware, but also the relationship between these dynamics and the distress that brought them to treatment.

Additionally, although psychodynamic therapy has traditionally focused more attention on how insight can lead to behavior change than it has on the converse – behavior change leading to insight – trying out new behaviors or new ways of interacting can likewise help clients achieve insight. As Wachtel (1993) argues, patients' attempts to make changes in their lives outside of therapy not only result in these changes *per se*, but also provide them with new perspectives from which to view their lives and their difficulties, which, in turn, lead to "insights that are a *product* of change rather than its cause" (p. 51, italics in original). He therefore maintains that direct suggestions from the therapist can actually serve to promote insight and thus augment the work that is done in session:

> Insight. . . is enhanced. . . by the patient's being helped to take new actions in the world that bring him into a different position vis-à-vis his conflicts and provide a new vantage point from which to view himself and his feelings and aims. The synergistic interaction between achieving insight and taking active steps to change troubling life patterns renders anachronistic some formulations of the therapeutic process that cast the therapist solely in the role of furthering understanding... (pp. 48-49)

Likewise, paying attention to particular interpersonal dynamics or engaging in behaviors that raise their awareness of these dynamics may also increase clients' awareness of their own responsibility in maintaining patterns for which they previously felt little or no responsibility. Furthermore, as clients come to understand these patterns and how they relate to their distress, they can be encouraged to try out new ways of being in relationships – both with the therapist

and with others outside of therapy. Engaging in such exploration and experiencing the relational consequences of different ways of being can increase insight and bring about new perspectives on self and others in relationship.

4. Engaging in homework activities increases the amount of time clients spend doing therapeutic work.

The average client spends approximately one hour per week in therapy. This means that for every hour spent in therapy, the client spends approximately 161 hours not in therapy. Subtract time for sleep, and a client still has over 100 hours of non-therapy time for every hour of therapy. Looking solely at time, therapists who want to impact a client's life are at a clear disadvantage in comparison to all the other influences acting on a client outside of therapy. Thus, a significant benefit of using homework is the fact that it extends the amount of time clients spend engaging in therapeutic work.

5. Homework gives clients opportunities to engage in therapeutic work in different contexts outside of therapy.

Homework not only extends the amount of time clients spend doing therapeutic work; it also increases the number of different contexts in which such work is done. Most importantly, homework extends therapeutic work into the client's natural environment. Most therapists would agree that gains made in a therapeutic setting do clients little good if they do not translate into change outside of that setting. Circumstances and contingencies often exist outside of therapy that contribute to or help maintain clients' problems; thus without addressing problems in their

contexts, clients will be less likely to generalize changes made in therapy to their lives beyond the therapist's door.

Generalizing therapeutic change is critically important in any therapeutic approach that focuses on interpersonal problems precisely because of the interpersonal contingencies that exist in the outside world that contribute to clients' difficulties. In PI therapy, the therapist works with the client to understand his interpersonal patterns and explore new ways of being in the therapeutic relationship with the hope that these new ways of being will translate into the client's relationships outside of therapy as well. While much of the work will be done within the context of the therapeutic relationship, between-session activities can be very helpful in promoting this process of generalization.

6. Homework gives clients opportunities to engage in therapeutic work without the therapist present.

Although PI therapy emphasizes – perhaps even more than do most psychodynamic therapies – the importance of the therapeutic relationship, there are still several benefits to having the client also engage in some therapeutic activities without the therapist present. Even after developing new ways of relating with the therapist, clients may still believe that they would be unable to have the same experience with others or take the risk of making changes in other relationships without the reassuring presence of the therapist. Homework can help clients become less reliant upon their therapists by creating opportunities for them to try out new ways of being on their own. Clients' realization that they can successfully manage problems on their own, or that they can effectively influence their own experiences, serves to increase their sense of self-efficacy and of responsibility in their own lives. An improved sense of self-efficacy may

be particularly important for those clients whose belief in their own abilities to improve their situation has been compromised by previous unsuccessful attempts at change.

Clients who come to believe that they have the power to improve their own lives are also more likely to invest themselves in therapy, be motivated to make beneficial changes, and be optimistic about the future, all factors which contribute to positive outcome. Beyond these factors, engaging in the therapeutic work without the therapist present helps to ensure that clients will be able to act as their own therapists once treatment is over. Overseeing their own between-session treatment fosters clients' ability to manage their post-session treatment, both in maintaining treatment gains and in preventing relapse.

7. Homework contributes to clients' consolidation or integration of in-session changes ("working through").

Engaging in between-session activities contributes to clients' consolidation of in-session changes because it provides clients with more opportunities to engage in therapy-relevant activities and to enter into therapeutic experiences in a variety of contexts outside of session.

Within the context of the therapeutic relationship, PI therapy encourages the client and therapist to explore interpersonal dynamics that may be contributing to the client's difficulties and seek new ways of being in relationship with one another. Because such patterns are likely to be deeply ingrained and well rehearsed, however, clients are likely to resist changes even after they have achieved insight. Likewise, even after they have tried out new ways of being within the relatively safe context of therapy, they may resist making such changes in their lives outside of therapy. When insight and change within the session do not lead to changes outside of session, the therapist may explore with the client his resistance to making such changes and encourage

him to experiment with new ways of being in other relationships as he has done with the therapist. Increased awareness of and insight into a problem through repetitive reality testing, combined with experimentation with and practice of more adaptive ways to manage the problem and improved ability to generalize these gains to other contexts make it more likely that clients will overcome resistance to changing their long-established defensive patterns and integrate these new ways of thinking, feeling, and behaving into their more intrinsic or habitual ways of being.

3. PI-Specific Homework: Specifically Addressing the Fundamental Principles of Psychodynamic-Interpersonal Therapy through Between-Session Activities

Just as work in session should focus on achieving therapeutic goals by means of the fundamental principles set forth by PI therapy, so should between-session activities focus on promoting change through these same principles.

Fundamental to PI therapy is the assumption that the client's presenting problems – both problems that are clearly relational as well as those which do not appear to be interpersonal at first glance – are due to disturbances of significant interpersonal relationships (Hobson, 1985). Based on this assumption, then, the therapist attempts to help the client resolve these interpersonal difficulties by means of the therapeutic relationship, in which the client's interpersonal problems are revealed, explored, and understood, and in which alternative solutions are generated and problematic patterns are ultimately modified. The use of between-session activities can be beneficial in each of the aforementioned stages of this process.

A. Formulation of the Client's Problems

PI therapy differs from some other forms of psychodynamic therapy in that formulations of the client's difficulties come primarily from observation of the client's here-and-now feelings within the therapeutic context rather than lengthy discussions of difficulties occurring outside of therapy. Therefore, although a formulation will undoubtedly incorporate information the therapist obtains by listening to what the client says *about* his problems (or what might be learned about his problems outside therapy by means of between-session activities), it will most heavily rely upon information presented in the here-and-now of the therapeutic relationship, either through the client's verbal or nonverbal enactments. Formulations will then be communicated and revised collaboratively in the ongoing therapeutic conversation.

Considering the vast amount of information communicated in a given interaction, however, how does the therapist know what to look for in the here-and-now? Some clients' problematic ways of relating may be so obvious that therapists need little information about what is going on outside of therapy to recognize them. Others, however, will be less overt. Information about the client's problematic interpersonal patterns outside of therapy can alert the therapist to patterns she should be looking for in the client's interactions with her in session. Even if such patterns are likely to play out in such a way as to be recognized eventually even in the absence of such prior knowledge, this prior knowledge can certainly speed up the process – a fact which is especially important in time-limited therapy.

During the first session, the client will likely communicate the nature of his problems, at least in part, as he sees them. When a client enters therapy complaining of relational problems, the therapist will immediately have an idea of the types of patterns to look for in the therapeutic relationship (namely, patterns reminiscent of or likely leading to those described as occurring

outside therapy). However, when a client's complaints are not manifestly interpersonal in nature or when he does not see them as such, the therapist may be less prepared to identify problematic patterns as they arise in session. Likewise, even when the client's chief complaints are interpersonal, he may be unaware of important dynamics contributing to these problems and thus unable to report them as effectively to the therapist.

Between-session activities may be used to gather further information about the nature of the client's difficulties, thus enhancing the therapist's – and ultimately the client's – ability to recognize these patterns as they play out in session. Here, any number of possible suggestions could be made and the most appropriate suggestion will depend on the nature of the client's difficulties. For instance, with a depressed client who reports being unaware of any interpersonal dynamics which could be contributing to his distress (or with a client who may recognize problematic interpersonal relationships but has little awareness of his own role in these patterns) the therapist might suggest that the client pay attention to times throughout the week when he feels especially distressed. She might suggest that, in these moments, he reflect upon his current distress and notice both the potential antecedents and potential consequences of his experience. This might elucidate relational patterns contributing to or maintaining the client's depression of which he had been previously unaware. With this new awareness, the client and therapist can better explore this dynamic within their own relationship. (Thus, in this example, the suggestion of a between-session activity would have both aided the therapist in noticing problematic dynamics as they play out in the relationship, as well as raised the client's awareness of how his depression is associated with his patterns of relating with others, a point which will be further discussed in the following section.)

B. Exploring and Understanding Problematic Interpersonal Patterns

The distinction between the formulation stage and the exploration/understanding stage is somewhat artificial, as formulation of problems will continue throughout the course of therapy. However, once the therapist and client have agreed on central problems to guide their work, they can go on to explore these problems both within their own relationship and as they pertains to other relationships outside of therapy.

Hobson delineates a number of processes which make up what he calls "personal problem-solving" within the Conversational Model (Hobson, 1985, p. 195-6):

(1) "An apprehension of, and 'staying with,' immediate experiencing;"

(2) "A process of discriminating, symbolizing, and ordering experiences; especially by creative expression in living symbols (using, for example, figurative language and metaphor);"

(3) "'Owning' experiences (thoughts, wishes, feelings – especially in relation to persons) in a movement from passivity to activity, characterized by accepting responsibility for actions and acts which, formerly, have been disclaimed by means of avoidance activities, usually associated with conflict;"

(4) "Mutual correction of misunderstanding by: adjustment of ineffective communication; promotion of dialogue;"

(5) "Learning different ways of achieving personal 'knowing' especially by dealing with misunderstanding."

What follows is a discussion of how the use of between-session activities may be used to facilitate each of these processes.

(1) *"An apprehension of, and 'staying with,' immediate experiencing"* (Hobson, 1985, p. 195).

Whereas the therapist will certainly encourage the client to stay with and deepen his emotional experiencing in session, it can also be helpful to encourage the client to do so in other contexts outside of therapy, especially in the contexts of other relationships or when reflecting on these relationships. The therapist might explain to the client that staying with his emotions can help him to develop greater awareness of potential antecedents and consequences of his feelings in relation to others as a first step toward discovering new, healthier solutions to the interpersonal problems underlying the distressing feelings. She might then suggest that he pay attention throughout the week to times when he experiences particular relevant emotions and to stay with these feelings and notice both what may have led to them and also what the relational consequences of the feelings may be.

The therapist might suggest that the client keep a journal in which he makes notes about his experiences so as to be able to remember and discuss them with the therapist in session. With some clients, the therapist may even give the client a worksheet to take home, detailing various aspects of his experience to which he might attend and about which he might make notes so as to provide information to be used in session. However, the use of such worksheets should be carefully considered, taking into account the client's level of reactance and the potential for adverse affects on the therapeutic relationship, as will be discussed below in section 4.

(2) *"A process of discriminating, symbolizing, and ordering experiences; especially by creative expression in living symbols (using, for example, figurative language and metaphor)"* (Hobson, 1985, p. 195).

In many of the examples Hobson gives throughout his book, powerful symbols or metaphors which serve to organize experience come from dreams reported by clients. In order to encourage that clients pay attention to their dreams and remember them, the therapist may suggest that the client try to remember and bring up in session any dreams he remembers having, or she might suggest that he keep a dream journal in which he records his dreams as soon as he wakes up each morning. This may help the client pay closer attention to and remember his dreams and subsequently to bring them up in session with the therapist where they might provide useful symbols for organizing experiences. The therapist might also recommend that the client reflect on his own outside of session on possible symbols and meanings to be found in his dreams, as well as to allow himself to stay with or deepen the emotional experience that can be associated with such meaning. The therapist should also encourage the client to and to bring these up in session for further discussion and exploration.

Hobson also distinguishes between "passive fantasy" (when a though occurs as "an involuntary intrusion," such as in a dream), "active fantasy" (which is "promoted by an expectant, intuitive attitude"), and imaginative activity (which involves a "viewing the fantasy process critically by the use of straight-line thinking" or attempting to make sense of the fantasy) (Hobson, 1985, p. 100). He suggests that passive fantasies may be used as starting points for more active exploration and hence emphasizes the importance of discussing clients' dreams. However, this more active exploration or active fantasy requires "an active willingness to allow images to emerge, and to accept them as 'mine'" (Hobson, 1985, p. 101). While such exploration is beneficial within the therapy session, therapists may recommend to clients that they engage in such active fantasy on their own and likewise try to make sense of their fantasies as they test them out in everyday life.

(3) *"'Owning' experiences (thoughts, wishes, feelings – especially in relation to persons) in a movement from passivity to activity, characterized by accepting responsibility for actions and acts which, formerly, have been disclaimed by means of avoidance activities, usually associated with conflict"* (Hobson, 1985, pp. 195-6).

Between-session activities may be used to help raise clients' awareness of their responsibility in these disclaimed actions. For example, if a client expresses the feeling that he has no responsibility for or control over certain types interpersonal experiences but rather that they are "happening to him," the therapist might suggest that the client pay attention to times when he feels this way and try to become aware of any ways in which his own feelings or behavior may be contributing to or maintaining the dynamic – or conversely, if he can imagine any alternatives to his behavior that might cause the interaction to play out differently. (Clearly, these achieve the same end – the latter is merely less confrontational and therefore possibly easier for some clients to consider.) The therapist might also recommend that the client reflect on potential conflict or ambivalence about change in these situations and become aware of how his seeming passivity may be a means of avoiding such conflict.

Likewise, as the therapist and client discover together ways in which the client has been avoiding responsibility for his actions through seeming passivity, the therapist may encourage the client to notice situations outside of therapy in which this is also occurring. She may recommend that he pay attention to particular types of situations, to stay with and deepen his experiencing in and about such situations, and reflect on what he may be avoiding and try to understand this avoidance as well as the relational consequences of his seeming passivity. Again, she may encourage him to record such reflections in a journal so that they can be remembered

and discussed in session, or, as previously mentioned, to record such reflections on worksheets designed by the therapist.

(4) *"Mutual correction of misunderstandings by: adjustment of ineffective communication; promotion of dialogue"* (Hobson, 1985, p. 196). Hobson (1985) emphasizes the importance of "negotiation" and the correction of misunderstandings in the development of a relationship between the therapist and client. Through dialogue with the therapist and examination of misunderstandings in session, the client learns to interpret what the therapist is communicating in new ways and to express himself more effectively in ways that minimize misunderstandings. As the client learns to do this more with the therapist in session, the therapist can encourage the client to try to examine such communication patterns in other relationships outside of session. For instance, the therapist may note that the client has made such changes in session and point out how the changes have benefited their communication and improved their relationship. She may then suggest that it might be helpful to see if miscommunications may be contributing to any of the client's relational difficulties outside of session and apply what has been tried in session to these relationships. The generalization of changes made in session to the client's life outside of therapy will be further discussed below.

(5) *"Learning different ways of achieving personal 'knowing' especially by dealing with misunderstanding"* (Hobson, 1985, p. 196). As mentioned above, Hobson (1985) stresses that the mutual and repeated correction of misunderstanding is central to the development of a "feeling language" and a relationship through which the client comes to understand himself in relation to others. As the client learns about himself (i.e. raises his awareness of himself, his

relational patterns, motivation, etc.) in therapy and sees how doing so has benefited the therapeutic relationship, the therapist may suggest that the client try to (1) reflect upon his experience as he is interacting with others and (2) use his personal knowing or discovery to engage in new ways of relating.

Use of Hypotheses

As part of the exploration of interpersonal patterns, the therapist makes hypotheses intended to promote "exploration and organization of feeling" (Hobson, 1985, p. 197). Hobson discusses three types of hypotheses: (1) understanding, (2) linking, and (3) explanatory. Through these hypotheses, the therapist hopes to (1) understand – and convey a desire to understand – what the client is feeling; (2) make parallels "on the basis of observed recurrent patterns" between events or experiences within therapy at different times and between events or experiences in therapy and those outside of therapy; and (3) explore potential reasons or explanations for these patterns (usually involving a desire to avoid some feared outcome) (Hobson, 1985, p. 198). Between-session activities have a great potential to aid especially in the development of linking and explanatory hypotheses.

It is possible that the client will discuss experiences outside of therapy that directly relate to experiences or dynamics within session in relation to the therapist. As the client and therapist begin to notice such patterns together, it may become more likely for the client to report such experiences from outside of session. However, some clients may have difficulty making such connections or even seeing their relational patterns as problematic or associated with the problems that brought them to therapy in the first place. In such instances, the therapist might suggest between-session activities to promote such awareness. For instance, the therapist might

try to raise the client's awareness of a particular dynamic as it plays out in their relationship in session. She might then suggest that the client pay special attention to these dynamics as they play out in relationships outside of therapy. She may suggest that the client keep a journal, noting down such instances as well as his feelings about them for later discussion in session. Hobson (1985) describes the use of linking hypotheses, in which the therapist and client draw parallels between experiences and dynamics in session and those outside of session. By asking the client to look actively for parallels between dynamics playing out in session and those in his other relationships as they manifest themselves between sessions, the therapist can not only increase the likelihood of such parallels being drawn but also encourage the client to play a more active role in their mutual discovery.

Likewise, suggestions for between-session activities may be useful in the development of explanatory hypotheses. In order to explore potential reasons for particular patterns or dynamics, the therapist might suggest that the client pay attention to and stay with his feelings during these situations or immediately afterward and try to identify what his wishes and fears may be in the situation or what he may be trying to achieve and/or avoid. Again, she may suggest that he keep a journal in which he records such reflections so that they might later be discussed in session with the therapist.

C. Modifying Problematic Patterns: Trying Out New Ways of Being in Relationships

Perhaps the most obvious way in which between-session activities can facilitate therapeutic work is in the translation of what has been learned in session with the therapist to the client's life outside of therapy. Throughout the course of therapy, the therapist and client discover and explore problematic interpersonal patterns within their own relationship and discuss

how these dynamics may relate to those in the client's other relationships, thus gaining insight into more general relational patterns that may be contributing to the client's difficulties. As mentioned above, however, for real change to occur, this achievement of insight must be followed by the more drawn-out process of "working through" in which the therapist and client try to find new solutions to replace those found to be problematic and work to overcome the client's resistance to changing such long-established patterns. This may begin with a search for alternative solutions to problems or modification of patterns, as well as an exploration of resistance to such change, within the therapeutic relationship. However, it will necessarily also involve such innovation in other relationships.

In PI therapy, the focus is on elucidating problematic patterns and making changes within the therapeutic relationship with the hope that doing so will allow the client to make such changes in his other relationships outside of therapy. Some patients may take the initiative and begin to try out new ways of being in other relationships once they have explored these new alternatives with the therapist. However, if this does not occur, the therapist can encourage the client to try out a new way of being outside of therapy as well. As Hobson (1985) argues, "The conversation of psychotherapy involves doing: responsible acting with choice and commitment. There are times when it is imperative to say to Joe Smith: 'Look! You can go on just experiencing here forever with me, but it's high time you did something about those problems with your boss and the party. I don't know what. Only you can choose'" (p. 42). While, as Hobson mentions, the therapist cannot make the decision of how to act for the client, she can certainly help him consider possible alternatives and encourage him to follow through on his plan. She can also encourage him to reflect on his resistance to such change in other relationships and work to overcome such resistance.

4. Guidelines for Using Between-Session Activities in PI Therapy

Having discussed potential benefits of using homework as well as how they might be used to facilitate the work of PI therapy, we will now turn our attention to *how* therapists should go about incorporating homework into their work with clients. What follows is a set of guidelines, many of which apply across orientations, but which are likely to be particularly relevant to PI Therapy.

1. Homework assignments should be communicated clearly and specifically.

When therapists intend to make direct recommendations to clients[48], they should strive to communicate such recommendations clearly and specifically. Because miscommunication has been cited as a major source of noncompliance (e.g. Ley, Jain, & Skilbeck, 1976; Mazzulo, Lasagna, & Griner, 1974), ensuring that the client understands what the therapist is recommending should increase the likelihood of his following through on such recommendations.

In order to ensure that her recommendations are clear to the client, the therapist might include specific details, such as particular circumstances under which the client might engage in the recommended activities or how often or for how long he might engage in them (depending on the recommendation such details may be more or less appropriate).

The therapist may also confirm that the client understands what the therapist has recommended by asking him to describe what he plans to do. In describing his understanding of what the therapist has recommended, the client may discover that he has questions or did not understand some part of what the therapist has said, or it may become clear to the therapist that

[48] As will be discussed below, there may be occasions on which the therapist may wish to make her recommendations less direct.

the client has misinterpreted her suggestion. In either case, further discussion can ensure that the client understands the recommendation, making it more likely that he will follow through on it.

2. Homework assignments should be framed in a non-threatening manner.

The manner in which the therapist frames a suggestion will likely have a significant impact on the client's response to the suggestion – both in terms of his attitude toward following the suggestion itself as well as his feelings about the therapist and the therapeutic relationship in light of the suggestion.

Although for the purposes of this manual, we have been using the word "homework," therapists may wish to avoid this word with their clients. It is recommended that therapists use whatever terms seem least intimidating or threatening to them – whether this be "between-session activity," "interpersonal experiment," or some other words of their choosing. Because the word "homework" often evokes images of school and demands placed on them by teachers, it is likely that this word may be off-putting to some clients. Likewise, using such a word may imply a power dynamic in which the therapist is thought of as giving "assignments" which the client is then obligated to complete. Because of the importance of the therapeutic relationship in PI therapy, it is especially important that the therapist pay attention to any indication of the development of such a dynamic and address it with the client.

The framing issue is not just one of terminology, however. Whether therapists use the term "homework" or some other less intimidating term, framing also includes the ways in which the therapist introduces her recommendations and responds to noncompliance or partial compliance on the part of the client. The most appropriate way to frame homework is likely to differ from one client to another. As Stricker (2006) notes, clients who are low in reactance

(resistance to being controlled by others) are likely to perceive direct suggestions as supportive, indicating the therapist's care and concern for them, whereas clients who are high in reactance are more likely to perceive such direct suggestions as infringing on their personal autonomy and therefore as threatening.

Therefore, depending on characteristics of the client, the therapist may choose to frame their suggestions differently. In the case of a client with relatively low reactance, the therapist might offer suggestions directly (e.g. "Perhaps between now and the next time we meet, you could try..." or "I think it might be helpful if you were to try..."). In this case, the therapist might still make it clear to the client that he is not obligated to do what the therapist has suggested (for instance, by asking how he feels about the suggestion) but can decide for himself whether or not it seems helpful. Of course, his decision not to try something that could be helpful might become material for exploration, but it should be clear that the client is responsible for making a choice of whether or not to follow the therapist's suggestion – both to minimize the risk of creating a detrimental power dynamic and also to encourage the client to see himself as responsible for making his own decisions.

With a more reactive client, on the other hand, the therapist might make a suggestion more indirectly, (e.g. "I wonder if it might be helpful to..." or "I wonder what would happen if you..." The therapist may make even less direct suggestions, for instance, by saying, "It sounds as if it's been difficult for you to talk to so-and-so about how you're feeling," thus suggesting that talking to so-and-so might be a good idea without directly saying so.) This more indirect manner of suggestion allows the client to feel more in control; even if he does choose to follow the therapist's somewhat veiled suggestion, he can feel responsible for deciding to do so, and, in some cases, may even take credit for the idea himself.

Of course, even with highly reactive clients, therapists may need to make direct suggestions or discuss the client's choice not to follow through on suggestions when doing so is clearly in the client's best interest, such as when changes in session have not translated into changes outside session. Likewise, the client's reactance may be a significant issue in his interpersonal relationships and may need to be discussed. If the therapist offers suggestions in a nonthreatening manner and the client responds defensively, this can provide an opportunity to explore a dynamic that likely occurs with others outside of treatment as well and likely contributes to the individual's difficulties. Therefore, it is not suggested that the therapist avoid making any recommendations that could raise the client's defenses, but rather that, if she makes such recommendations, she be attuned to the client's reactions and explore them with him.

3. The rationale for homework assignments, including the relevance of homework assignments to treatment goals, should be conveyed clearly and explicitly to clients.

Making sure that clients understand the rationale behind therapists' suggestions is important, because if they understand how these activities will contribute to their treatment, they will be more likely to find the activities meaningful and thus engage in them. Such explanation of how homework can be helpful is also likely to contribute to clients' expectations for positive change, which, as discussed earlier, has been associated with actual change.

During the first session, the therapist should discuss with the client what he can expect from the treatment as well as the rationale for the treatment. As part of this discussion, the therapist should explain to the client that throughout the course of treatment the therapist may make suggestions for things the client could do between sessions to facilitate their work. At this time, she should give a general explanation of the rationale for making such suggestions. For

instance, the therapist might say, "At various times I might make suggestions for things you could do outside of therapy that could facilitate our work here. For instance, I might suggest that you pay attention throughout the week to a particular feeling or to an interpersonal dynamic that we've been exploring in here. While we can learn a lot from the work we do here in session, this can help us find out more about what is contributing to your difficulties and therefore address them more effectively. Also, as we learn more about the factors contributing to your feelings of depression, we can explore together in here new ways of understanding what's going on and new ways of interacting with people. And as we explore these things in here together, I might also make some suggestions for how you could try out new ways of doing things outside of here so that the work we do in therapy helps you have more satisfying interactions and relationships outside of therapy. Does that make sense?"

Likewise, when giving a particular suggestion, the therapist may explain to the client why she believes it would be helpful. Therefore, if she is suggesting that the client try to pay attention to times throughout the week when he feels a particular emotion and to reflect on the interpersonal circumstances that might be related to this feeling, she might say, "This can help us in a couple of ways. First, it can help us better understand how various types of interpersonal dynamics might be related to this feeling and what the feeling is really about. Also, it's possible that you might start to notice some ways you could affect these dynamics that would feel more satisfying to you and make it less likely that you feel [depressed, angry, hopeless, etc.]." Obviously, the rationale the therapist gives will depend on the purpose of the particular suggestion as well as characteristics of the client that might make him more or less amenable to various explanations. Likewise, there may be times when similar suggestions have been made and rationales discussed in the past; therefore, it may not be necessary to give a rationale for

every suggestion, but the therapist should at least keep in mind whether or not it is likely that the client understands her reason for making the particular suggestion and how it might contribute to achieving his goals for treatment.

4. Homework assignments should be tailored to clients' unique situations and needs.

The content and nature of homework should be sensitive to client differences and developed with the particular client in mind. Therefore, therapists will necessarily make different suggestions to different clients based on characteristics of the individual client, the client's personal circumstances, and the therapeutic relationship. Furthermore, therapists should be guided not only by their understanding of the client's difficulties (including level and type of symptomology as well as treatment goals), but also by their knowledge of the client's predilections, capacities, motivation, and practical factors in the client's life.

Clearly, there are a number of different factors that therapists need to keep in mind when considering the unique situation of a particular client. The remaining guidelines are aimed at helping therapists tailor homework interventions to specific aspects of clients' unique situations.

5. Homework assignments should be tailored to client capabilities and should make use of client strengths.

In order to customize homework assignments for a particular client, therapists need to keep in mind a number of different aspects of the client's situation – including their capabilities, strengths, and resources. When making a suggestion, therapists should consider the difficulty of the activity suggested, especially as it relates to the client's current abilities and resources. Suggestions of activities at which the client is likely to "fail" (or feel that he has failed) should be

avoided, especially early on. Instead, the therapist should begin by suggesting activities at which the client can succeed. This serves several purposes: it fosters self-confidence; it creates positive expectations for therapy; and it encourages compliance with current and future recommendations. Such considerations are especially important for clients who have been demoralized by long-standing problems or previous failed attempts at change.

It can also be beneficial to focus on specifically utilizing clients' strengths and resources in homework and to work on developing clients' strengths, as opposed to focusing solely on their weaknesses. Therefore, for example, therapists may want to encourage clients to reflect not only on problematic interpersonal interactions, but also on other interactions that might highlight the client's interpersonal strengths. Not only can this increase clients' sense of mastery (thus increasing motivation and likelihood of compliance with this and future recommendations), but it might also encourage clients to wonder about what makes the two types of interactions different. This, in turn, might add to their understanding of the more problematic patterns and help them see alternative ways of being in these relationships.

6. Homework assignments should flow out of and build upon work that occurs in session and should be directly related to treatment goals.

As Ledley & Huppert (2006) point out, "the purpose of homework is not just for patients to *do* something, but to do something that will move along the therapy process" (p. 11). Thus the therapist's suggestions for between-session activities should pertain directly to the work done in session and should therefore not be planned too far in advance. The development of suggestions that are relevant to the work done in session is described in more detail in section 3 above.

7. When possible, homework assignments should be developed collaboratively, and client-initiated assignments should be encouraged.

Active collaboration with clients to develop between-session activities ensures that the activities are tailored to clients' individual situations and needs and that they are experienced by the client as personally relevant. Encouraging collaboration also gives the client more responsibility in his own treatment. Such increased responsibility will likely contribute to his experiencing activities as relevant and meaningful (thus making it more likely that the client will actually complete them), but will also help him learn how to manage his own treatment, thus making it more likely that the client will continue therapeutic work after treatment is officially over. Furthermore, encouraging the client to be an active participant in the treatment and take responsibility for making decisions regarding his treatment can facilitate the client's movement from a position of passivity (or viewing himself as passive) to one of an active agent, responsible for making choices and deciding upon courses of action in his life.

To encourage the collaborative development of between-session activities, therapists might ask clients what they think might be helpful to work on between sessions. For instance, the therapist might say, "If we want to learn more about how this feeling of depression might be connected to the problems you've been experiencing in your relationships with so-and-so, what do you think you might be able to do between now and the next time we meet that could help us understand that better?" If clients suggest activities that are less optimal from the therapists' perspective, therapists should use Socratic questioning to lead clients toward more effective activities. If clients are unable to develop their own ideas or are hesitant to do so, the therapist might suggest an idea and ask the client to help her in further developing the idea or she might offer several suggestions and ask the client what he thinks will be most helpful. While clients

may be less able to develop optimal ideas for between-session activities at the beginning of their treatment, after the therapist has made suggestions on several previous occasions, clients may be better able to come up with such ideas on their own and can move toward a more active role in these collaborations.

Even when therapists make specific suggestions without soliciting ideas from clients, they should be sure to solicit some feedback from clients, for instance, asking clients if they are comfortable with the idea or if they think the activity recommended will be helpful. Then, if the clients are uncomfortable with the therapist's recommendation or wish to change it in some way to make it more meaningful or relevant, they can negotiate a more acceptable assignment with the therapist. Furthermore, asking clients how they feel about an assignment and whether or not it is acceptable to them lets them know that they have a say in the process and that the therapist does not expect them to engage in activities that make them uncomfortable or that seem irrelevant or unhelpful to them.

In addition to fostering collaboration with clients in developing homework activities, therapists should encourage clients to initiate such activities themselves. Therapists can give such encouragement directly or indirectly either by suggesting that clients come up with their own ideas for activities or by reinforcing those ideas with which clients present them.

Encouraging clients to initiate their own activities communicates respect for clients' personal authority and trust in clients' self-realizing potential. Sending such a message to clients is likely to increase their self-confidence, promote positive expectations of therapy, and boost belief in their own abilities to affect change.

As mentioned previously, encouragement of collaboration and client-initiated activities may be especially useful with clients who are high in reactance/resistance. Because such clients

may be more likely to perceive direct suggestions from the therapist as infringing on their personal authority, therapists may wish to give these clients more responsibility and freedom to formulate their own ideas for homework.

8. Homework assignments should incorporate client feedback from previous assignments.

In addition to utilizing in-session cues and working collaboratively with clients to develop ideas for between-session activities, therapists can customize their recommendations by soliciting and incorporating clients' feedback from previous activities. When activities are discussed in subsequent sessions, therapists can ask clients about any obstacles or difficulties they encountered. They can also inquire about aspects of the activities that clients found relevant and helpful versus those they found impractical and less useful. Not only will such information be useful in the development of future recommendations, but the solicitation of the client's feelings about the activity may encourage an important dialogue about what was learned or about the effect of the therapist's recommendations on the therapeutic relationship.

9. Homework noncompliance should be recognized and used as an additional source of feedback.

Many of the guidelines outlined above focus on promoting homework compliance as a way of increasing its effectiveness. However, even if they follow all of the aforementioned guidelines, therapists are bound to encounter noncompliance at least occasionally. In such cases, noncompliance should be used as a source of information about clients' difficulties and as a means of adapting assignments to their individual situations and needs. Likewise, it can give therapists important information about dynamics contributing to clients' inability to take steps

that could help them make positive changes. By identifying these dynamics and exploring them, the therapist can then help the client develop new patterns that may contribute to his ability to make such changes.

Partial compliance can likewise provide useful information to clients and therapists. The fact that a client has not fully followed a recommendation does not mean that learning has not taken place or that useful information has not been gained. Furthermore, as in the case of noncompliance, partial compliance can provide therapists with information about potential obstacles the client may have experienced in attempting to complete the assignment. As described above, this information can then be incorporated into future therapeutic work both in and out of session.

10. Therapists should help clients articulate what they have learned from both "successful" and "unsuccessful" homework assignments.

One of the important and distinctive benefits of assigning homework in therapy is the fact that it provides clients with additional opportunities understanding and learning. It is thus helpful for therapists to assist clients in understanding and articulating exactly what they have learned from these activities and to "mark" such learning for them by explicitly articulating what was gained by the experience.

11. *Additional PI-specific guidelines and caveats:*

While the preceding guidelines are likely to apply across theoretical orientations, there are several additional guidelines that apply specifically to using homework in PI therapy.

(a) Discussion of between-session activities should focus on feelings rather than on lengthy accounts of what happened between sessions. Clearly, recommending that the client engage in between-session activities necessitates some subsequent discussion of events that occurred between sessions. If therapists do not ask the client in subsequent sessions about the activities they have recommended, the client may come to believe that following such recommendations is not important. Furthermore, without discussing them in session, therapists and clients cannot then use what was learned outside of session to inform their work together in session.

When the therapist asks the client, for instance, to pay attention to particular types of interpersonal experiences, there will then need to be a discussion of these experiences. However, the therapist should keep in mind that, in general, she wants to steer the client away from lengthy accounts of between-session events and toward his feelings – both what he noticed himself feeling at the time and what he feels now in the present when recalling it. Therefore, while there will no doubt need to be some discussion of events (what the client did or said, what another person did or said), the therapist should be careful not to get caught up in these accounts to the exclusion of an exploration of feelings.

(b) Between-session activities should supplement and facilitate in-session work in the here-and-now of the therapeutic relationship – not replace it. While the recommendation of between-session activities is thought to facilitate in-session work, therapists should be careful to keep the primary focus of the session on the here-and-now of the therapeutic interaction. Therapists may wish to spend a specific amount of time – for instance, 10 minutes – discussing what was learned from a between-session activity in order to ensure that such discussion does not dominate the session. It is likely that the discussion of between-session activities can be integrated into a

conversation in the here-and-now, in which case, such time limits may be less necessary. However, therapists should try to keep in mind the importance of protecting the here-and-now focus of therapy and to strike a balance between learning from the client's life outside of therapy and learning from the interaction in session.

(3) Recommendations for between-session activities should always be considered within the context of the therapeutic relationship. As previously mentioned above in the discussion of framing recommendations in a nonthreatening manner, the way in which a therapist makes a particular recommendation can have important implications for the therapeutic relationship, and therapists should keep this in mind whenever they make a recommendation to a client. This may mean making suggestions less directly with some clients if the therapist believes that a direct suggestion will be difficult for the client to hear without becoming defensive. However, this does not mean that therapists should always avoid making suggestions that could have this effect. In fact, the client's reaction to the therapist's recommendation could provide an opportunity to explore an interpersonal dynamic that could have important implications in the client's relationships. Rather, before making a suggestion, the therapist should consider it within the context of the relationship and keep in mind potential effects it may have on the relationship. She should not feel that she needs to avoid making any suggestions that could affect the relationship – for, in fact, this will be impossible – but rather be willing to explore these effects and be attuned to the client's reactions to her suggestion as they pertain to the relationship and explore such reactions with the client.

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Appendix B

Between-Session Activities Questionnaire: Client
Pre-Session

1. In last week's session, did you and your therapist discuss any between-session activities that you could do between then and today's session? **(NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)**

Yes ___ No ___ (If "No," skip to question 9.)

2. To what extent did you do what was discussed?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Partly Completely

3. If you did anything related to what was discussed, what specifically did you do?

_____

_____

4. If you did not do what was discussed or did only part of it, was there a reason why you did not do (all of) what was discussed? (e.g. Did you forget? Did something get in the way? Did it seem unhelpful?)

_____

_____

5. If you did at least part of what was discussed, how helpful do you think the activity was?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Helpful Moderately Helpful Very Helpful

6. Did you engage in any activities relevant to therapy that you and your therapist did not discuss in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)

Yes ___ No ___ (If "No," skip to end.)

7. If so, what specifically did you do?

_____

_____

8. To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?

1	2	3	4	5
Not at all Related		Moderately Related		Completely Related

9. If at all related to discussions or suggestions made previously in therapy, what was previously discussed/suggested?

_____

_____

10. To what extent does this activity seem relevant to current issues in therapy?

1	2	3	4	5
Not at all Relevant		Moderately Relevant		Completely Relevant

11. How helpful do you think the activity was?

1	2	3	4	5
Not at all Helpful		Moderately Helpful		Very Helpful

Appendix C

Between-Session Activities Questionnaire: Client Post-Session

<u>Section 1: Discussion of Previous Between-Session Activities</u> (Beginning with second session):

1. If, during last week's session, you and your therapist discussed any between-session activities that you could do between then and today, were they discussed again today?

Yes ___ No ___ (If, "No," skip to question 4.)

2. If so, what was discussed?

_____

_____

3. How helpful do you think your discussion of the activity with your therapist was?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all Helpful		Moderately Helpful		Very Helpful

4. If, over the course of the past week, you engaged in any between-session activities that had not been suggested/discussed in last week's session, were they discussed today? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)

Yes ___ No ___ (If, "No," skip to section 2.)

5. If so, what was discussed?

_____

_____

6. How helpful do you think your discussion of the activity with your therapist was?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all Helpful		Moderately Helpful		Very Helpful

Section 2: Discussion of New Between-Session Activities (Beginning with first session):
7. In the session you just had, did you and your therapist discuss any between-session activities that you could do between now and the next time you meet? **(NOTE: Between-session activities can include anything you might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)**

Yes ___ No ___ (If "No," skip to end.)

8. If so, what did you discuss?

_____

_____

9. On the following scale, please indicate the degree to which you contributed to the development of this idea:

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Moderately Completely

10. On the following scale, please indicate the degree to which your therapist contributed to the development of this idea:

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Moderately Completely

11. To what degree did you feel that you and your therapist collaborated in developing the idea?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Moderately Completely

12. If your therapist made a suggestion or recommendation, how direct/indirect was her suggestion/recommendation?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Very Indirect Moderately Direct Very Direct

13. To what extent does this activity seem relevant to current issues in therapy?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Relevant Moderately Relevant Completely Relevant

14. Please describe how it relates to current issues in therapy:

_____

_____

15. How helpful do you believe such an activity could be?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all Helpful		Moderately Helpful		Very Helpful

Appendix D

Between-Session Activities Questionnaire: Therapist Post-Session

<u>Section 1: Discussion of Previous Between-Session Activities</u> (Beginning with second session):

1. In last week's session, did you and your client discuss any between-session activities that s/he could do between then and today's session**? (NOTE: Between-session activities can include anything your client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)**
Yes ___ No ____ (If, "No," skip to question 7.)

2. If so, were they discussed again today?
Yes ___ No ___

3. If so, what was discussed?

_____

_____

4. To what extent did the client do what was discussed?

1 - - - - - - - - - - - - - - 2 - - - - - - - - - - - - - - 3 - - - - - - - - - - - - - - 4 - - - - - - - - - - - - - - 5
Not at all Partly Completely

5. If the client did anything related to what was discussed, what specifically did s/he do?

_____

_____

6. If the client did not do what was discussed or only did part of it, was there a reason why s/he did not do (all of) what was discussed? (e.g. Did s/he forget? Did something get in the way? Did it seem unhelpful?)

_____

_____

7. If the client did at least part of what was discussed, how helpful do you think the activity was?

1	2	3	4	5
Not at all Helpful		Moderately Helpful		Very Helpful

8. How helpful do you think your discussion of the activity with your client was?

1	2	3	4	5
Not at all Helpful		Moderately Helpful		Very Helpful

9. Did you and the client discuss any activities relevant to therapy that the client engaged in this past week but that were not discussed in last week's session? (This might include activities that were not previously discussed or activities discussed earlier in therapy but not in last week's session.)
Yes ___ No ___ (If, "No," skip to section 2.)

10. If so, what was discussed?

_____

_____

11. To what extent was this activity related to suggestions/discussions of between-session activities made previously in treatment (not in last week's session)?

1	2	3	4	5
Not at all Related		Moderately Related		Completely Related

12. If at all related to discussions or suggestions made previously in therapy, what was previously suggested/discussed?

_____

_____

13. To what extent does this activity seem relevant to current issues in therapy?

1	2	3	4	5
Not at all Relevant		Moderately Relevant		Completely Relevant

14. How helpful do you think the activity was?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all Helpful		Moderately Helpful		Very Helpful

15. How helpful do you think your discussion of the activity with your client was?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all Helpful		Moderately Helpful		Very Helpful

<u>Section 2: Discussion of New Between-Session Activities</u>:

16. In the session you just had, did you and your client discuss any between-session activities that s/he could do between now and the next time you meet? **(NOTE: Between-session activities can include anything the client might do between sessions that is relevant to treatment AND can include both direct suggestions/discussion and indirect suggestions/discussion.)**

Yes ___ No ___ (If "No," skip to end.)

17. If so, what did you discuss?

_____

_____

18. On the following scale, please indicate the degree to which <u>you</u> contributed to the development of this idea:

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all		Moderately		Completely

19. On the following scale, please indicate the degree to which <u>the client</u> contributed to the development of this idea:

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all		Moderately		Completely

20. To what degree did you feel that you and your client collaborated in developing the idea?

1 - - - - - - - - - - - - - -	2 - - - - - - - - - - - - - -	3 - - - - - - - - - - - - - -	4 - - - - - - - - - - - - - -	5
Not at all		Moderately		Completely

21. If you made a suggestion or recommendation, how direct/indirect was your suggestion/recommendation?

1	2	3	4	5
Very Indirect		Moderately Direct		Very Direct

22. To what extent does this activity seem relevant to current issues in therapy?

1	2	3	4	5
Not at all Relevant		Moderately Relevant		Completely Relevant

23. Please describe how it relates to current issues in therapy:

_____

_____

24. How helpful do you believe such an activity could be?

1	2	3	4	5
Not at all Helpful		Moderately Helpful		Very Helpful

VITA

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