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CLINICAL HOMEWORK DIRECTIVES: A QUALITATIVE
EXPLORATORY STUDY

by

Emil F. Harker

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

2000

ABSTRACT

Clinical Homework Directives: A Qualitative
Exploratory Study

by

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Utah State University, 2000

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A qualitative study was conducted to better understand how marriage and family therapists use homework directives in their work with couples. Eleven therapists of different marital therapy orientations were interviewed. Remarkably, all of the therapists reported using clinical homework directives in their practice with couples, including those clinicians who primarily identify themselves with psychodynamic models--models that do not typically include homework in their constructs. Four themes emerged as to why homework is given: (a) to augment or extend the therapy session outside of therapy, (b) to help the clients focus on the therapy process between session, (c) to assess client problems or dynamics for the therapist and the client, and (d) to communicate clients' responsibility for change. Themes concerning the types of homework clients used are (a) behavioral--specific physical actions to do between sessions;

(b) communication exercises; (c) writing assignments; and (d) combinations of behaviors, communication exercises, or writing assignments. Results also indicate that most of the therapists in the study subscribe to more than one model of therapy in their clinical work with couples.

(73 pages)

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INTRODUCTION

Problem

Homework assignments in mental health therapy/counseling are the tasks that clients are requested to do between therapy sessions. Many behavior-oriented family therapy models advocate clinical homework as an integral part of therapy. For example, the Mental Research Institute (MRI) model (Segal, 1991) suggests assigning tasks that interrupt typical behavioral sequences; behavioral models (e.g., Holtzworth-Munroe & Jacobson, 1991) suggest assigning tasks that gather behavioral data or provide experiences for learning new behavior. However, a search of the literature revealed very little evidence of how family therapists actually use clinical homework and why they use it.

Research on homework has been done to measure effectiveness of homework and homework compliance (e.g., Burns & Nolen-Hoeksema, 1991; Edelman & Chambless, 1995; Leung & Heimberg, 1996; Neimeyer & Feixas, 1990; Startup & Edmonds, 1994). However, these studies used predetermined homework assignments with subjects who met specific criteria. In the studies just mentioned, homework was a controlled variable. In day-to-day therapy, homework is not controlled; therapists use clinical judgment in assigning homework.

Existing literature regarding homework comes from the theoretical viewpoints of the models themselves rather than

the therapists' viewpoints. The lack of empirical research in comparison to the theoretical literature on the use of homework suggests that there is a need to gather data to better understand how practicing therapists actually use clinical homework directives, including therapists' understanding about what homework is and why they use it. After we understand better what homework is, how it is used, and why it is used, we can better study its effectiveness. This study was an attempt to qualitatively explore and understand the phenomenon of the use of homework assignments in couples therapy from the viewpoint of clinicians.

Purpose of Research

There are over 350 licensed marriage and family therapists in Utah (personal communication, Sharon Smalley October 12, 1999) doing therapy and assigning homework with no empirical knowledge of whether or not it is effective. They are assigning homework because of their training in particular models of therapy and because their clinical experience tells them it is useful. Before we can research the effectiveness of homework, however, we need to explore which therapists are giving homework and clarify definitions of homework, different practices, and so forth. This research will not attempt to demonstrate effectiveness of homework. The purpose of this study was to understand how a sample of therapists use homework in their work with couples. These

findings will be starting points for further research.

Research Questions

The purpose of this study was to learn more about how family therapists use homework in their work with couples. More specifically, among a sample of family therapists in Utah who have been doing therapy for at least two years,

1. Which therapists (in terms of self identified theoretical model) are giving clinical homework to couples?
2. What do therapists hope to accomplish by giving homework to couples?
3. What types of clinical homework directives are being given to couples?

Clinical homework has received a great deal of attention in family therapy texts across many models of therapy. Some models emphasize homework more than others and some models emphasize certain methods of and reasons for giving homework. In some texts (e.g., Nichols, 1988) it seems as if homework need not be mentioned, as if it is something that can be assumed with no references as to what to assign, how to interpret completion or noncompletion, or how to use the results of the assignment.

Brooks (1992) identified two types of homework. The first type of homework is designed to gather information and promote awareness. For example, the client may be directed to interview his or her mother about how he or she was born and what kinds of things were going on in the family between the ages of birth and three years. The second type of homework is designed to create a change in behavior. Tasks are assigned to produce change in a systematic, step by step fashion (Brooks, 1992). For example, in order for a couple to feel closer, each partner may be assigned to do 10 things for the other throughout the week that would demonstrate affection for the other (Stuart, 1980).

This literature review is divided into two sections. The first section describes some of the theoretical writings regarding the practice of assigning homework. The second to an exploration of the empirical research regarding homework.

For a better understanding of some of the types of homework that therapists use, descriptions of homework from nine therapy models are given. The uses of homework assignments are as varied as the models of family therapy from which they come. Different models of therapy assume that change occurs in different ways and therefore emphasize homework differently. The most common rationale found in the literature for using homework directives is that the clients need to apply the information from the session at home to create lasting change. The clients need to be using the therapy information outside the therapy session to verify and stabilize the changes they have made in therapy sessions (Nichols, 1988; Wachtel, 1991). "Change in daily life is not just an outcome of successful therapy; it is an essential part of the process" (Wachtel, 1991, p. 27, emphasis in original).

Some therapy models deemphasize homework. For instance, psychodynamic models of therapy maintain that change occurs in the therapy session and therefore homework is not important (Scharff, 1995; Wachtel, 1991). The ego-analytic approach to couples therapy as described by Wile (1995) includes no mention of the usefulness of homework or between-session tasks because change is considered to occur in the therapy session as clients take personal responsibility to communicate clearly, learn communication skills, and create

different communication pathways. However, Wile contradicts himself when he says that at times he will give a paradoxical intervention of prescribing the symptom.

Within the psychodynamic marital therapy approach described by Scharff (1995), homework is not mentioned nor is there any allusion to between-session tasks. This is consistent with other psychodynamic models in that personal and relational insight is the main ingredient used to facilitate change and therefore between-session homework assignments are not important in the change process.

In behavioral marital therapy (BMT; Holtzworth-Munroe & Jacobson, 1991), homework directives are given to induce change in the family environment by having the couple practice skills they learned in therapy. The clinical homework directives are aimed at response-control strategies. The homework assignment is presented as a tentative effort to move the couple toward a desired behavior. It is designed to try out a period of new behaviors with no aversive consequences. If clients do not comply with homework directives, the non-compliance becomes the therapeutic focus. The therapist is the teacher and it is implied that the homework assignments are formulated by the couple and the therapist together. However, the therapist is accountable for the homework directives' being salient to the couple's issues and for increasing the likelihood of compliance through appropriate design.

The approach of the Mental Research Institute (MRI) of Palo Alto, California (Nichols, 1988; Segal, 1991) suggests that problems persist because of the surrounding behavior that maintains them. In other words, the problem is the attempted solutions that do not work. The purpose of the homework assignment is to change the way the clients attempt to resolve the problem. The therapist strategically interrupts the way the clients have attempted to eliminate or reduce the symptom by assigning the couple to either increase symptom behavior or do something different. "Do something different" refers to an act that interrupts the normal pattern of couple interaction such that a continuation of the normal pattern is substantially reduced if not impossible.

Directives are the main intervention in strategic therapy (Madanes, 1991). The therapist decides what needs to happen in order for the clients to resolve their problem. Directives usually take the form of specific instructions the clients must follow in session or between sessions. These directives are designed to change the way the clients interact with each other and themselves. "Directives may be straightforward or paradoxical; simple and involving one or two people, or complex and involving the whole family. The directive is to strategic therapy what the interpretation is to psychoanalysis. It is the basic tool of the approach" (Madanes, 1991, p. 397).

The goal of structural therapists (Colapinto, 1991) is

to assist clients in changing the rules about the way they interact. The therapist stages the clients' interactions (through the use of enactments) during the therapy session in such a way that their former ideas of where the problem is and how it should be solved are challenged. This forces the family to redefine the rules of family interaction. The new ideas from the staged interactions open the way for structural realignments in the family and suggest homework strategies that will enhance these realignments. One way homework is used in this model is to change the way family individuals react, further challenging the rules around the interaction so that the family can function in such a way that the symptom is not necessary.

Another form of homework has to do with gaining insight into problems by learning about the client's family of origin, often through interviewing family members or thinking about the relationships of other family members (Boszormenyi-Nagy Grunebaum, & Ulrich, 1991; Friedman, 1991; Goldenthal, 1993; Papero, 1995). Contextual therapists examine emotional debt, loyalties, and entitlements (Boszormenyi-Nagy et al., 1991) and Bowenian therapists discover patterns, triangles, and emotional functioning in order to increase self-awareness and differentiation and help clients detriangle from others (Papero, 1991, 1995). These intergenerational approaches ask clients to examine the experiences of members in their family in order to increase empathy and understanding of how the

problem came about. The empathy gained from this homework assignment helps family members and spouses identify with each other better. Homework is geared toward having the family members examine and then form new rules about how the family functions.

Solution-focused therapists (Berg & Miller, 1992; de Shazer, 1994) define the problem as the way the clients think about the problem. The therapists take a nondirective position which guides the clients' focus from the problem to possible solutions. Homework assignments are geared toward having the clients think about and then follow through with how they would like to have life if the problem was not there and to practice small steps that move them toward their goals. The answers to the therapist's questions give direction to the clients' homework: "When is that not a problem?" and "How could you do more of that?"

Metaframeworks therapists (Breunlin, Schwartz, & MacKune-Karrer, 1992) use homework assignments in many stages of therapy. Towards the beginning of therapy the clients may be asked to notice the sequence of events that lead to an argument. Later in therapy, they may be asked to come up with a plan to resolve the problem. After the clients have discovered a way to resolve the problem, the clients might be asked to follow through with the plan and report what happened.

In the Milan therapy approach (Campbell, Draper, &

Crutchley, 1991; Glick, Clarkin, & Kessler, 1987), homework directives in the form of a written and read prescription near the end of the therapy session are the key ingredient to facilitate change. Some of the directives are paradoxical in nature. For example, a couple may be ordered to intensify the symptoms. If the couple is able to intensify the problem, the seemingly uncontrollable symptoms become controllable. As the individual or couple become more conscious of their ability to control the symptom, the mystery and power behind it is lost and the symptom abates.

Research Review

Although much theoretical writing exists on the subject of clinical homework directives, no research was found that demonstrates how practicing couples therapists use homework, what types of therapists use homework, or the reasons therapists do or do not use homework. Most of the literature on clinical homework directives has been devoted to individual cognitive behavioral therapy and homework compliance, using predetermined homework assignments (e.g., Burns & Nolen-Hoeksema, 1991; Edelman & Chambless, 1995; Leung & Heimberg, 1996; Neimeyer & Feixas, 1990; Startup & Edmonds, 1994). These studies were conducted with individuals, not couples, and they are mentioned to demonstrate that research is lacking on how family therapists use homework in noncontrolled settings. All of the studies

attempted to determine therapy outcomes related to homework compliance.

For couples therapy, the literature included only a handful of articles (Davidson & Horvath, 1997; Jordan & L'Abate, 1995; McCrady et al., 1986). These studies, much like the research on individual cognitive behavioral therapy, attempted to study outcomes of homework compliance in a controlled variable environment where the assignments were predetermined and applied to individuals or couples that met the subject criteria for the research design. The homework assignments and presenting problems in the studies differed greatly, but the homework in these studies was always predetermined and the research design did not explore how therapists think about homework with couples.

Davidson and Horvath (1997) studied the use of the paradoxical, "go-slowly" directives in MRI brief therapy (three bi-weekly treatment sessions). Forty couples who met specific criteria were randomly assigned to one of two groups. Couples were excluded if one or more partners were diagnosed with alcohol or drug abuse, schizophrenia, or if there was a threat of violence. The experimental group received immediate treatment and the control group received delayed treatment. In the experimental group, the therapist reframed the marital conflict as serving a protective function. After the therapy sessions, the clients were told that "based on the positive function of the conflict in the

relationship, it might be harmful for them to change too quickly" (p. 426) and a letter was sent repeating the same message. The couples' homework was to read and discuss with each other how true the letter was. A follow-up call after 6 weeks revealed that those who did the homework reported higher marital satisfaction. This study used a predetermined homework assignment for all the clients; it did not attempt to understand how therapists in a noncontrolled clinical situation would respond to this type of marital conflict. Although Davidson and Horvath reported better outcomes for those who were compliant, they said nothing about how therapists would use the homework in a noncontrolled clinical situation. The question remains whether this homework assignment would work for other couples' problems or whether therapists who practice different models of therapy would use this same type of homework for the same or different problems.

Jordan and L'Abate (1995) examined the effectiveness of using writing assignments from a codependency workbook combined with psychotherapy in treating symbiotically enmeshed couples. The authors did not describe the couples involved in the study other than that to say they were "a group of outpatients from a southeastern United States private counseling center..." (p. 227). Jordan and L'Abate defined symbiotic relationships as those in which the partners

can best be identified as having the compulsion to control and rescue people by fixing their problems. It occurs when a person's given needs for love and security have been blocked in a relationship with a dysfunctional person, resulting in a lack of objectivity, a warped sense of responsibility, being controlled and controlling others. In this kind of relationship, neither partner can live without the other. (p. 227)

For treatment, the couples were instructed to complete a writing lesson assignment individually and then afterwards, to share, compare, contrast, and discuss their responses with each other. Couples who completed the written homework assignments increased their communication and reported increased satisfaction in their relationships.

Jordan and L'Abate's (1995) study used a very general homework assignment that could probably be used for a variety of couples' problems. They explored the effectiveness of the assignment for a particular presenting problem but the questions of how other therapists might use this type of homework and for what problems were not explored.

Communication homework assignments were used in spouse involvement in alcoholism treatment (McCrary et al., 1986). In this approach the couple was taught communication skills in the therapy session and then the clients were assigned to practice these skills at home. The findings suggest that couples who were assigned homework and complied with their homework decreased their drinking and reported increased life satisfaction.

The reported studies attempted to measure effectiveness of homework for subjects who are compliant with predetermined

homework assignments. None of the research attempted to explore what types of therapists use homework or why they use it.

Summary

The studies reviewed thus far used different therapeutic approaches for different presenting problems. The findings of these studies may be a result of choosing clients with particular presenting problems that fit a particular therapy model. The current study looked at how different therapists might treat the same presenting problem. The current study provides a glimpse of how different therapists might give homework assignments in actual, noncontrolled variable therapy. The specific research questions for this study were

1. Which therapists (in terms of self identified theoretical model) are giving clinical homework to couples?
2. What do therapists hope to accomplish by giving homework to couples?
3. What types of clinical homework directives are being given to couples?

METHOD

Design

A qualitative approach to studying clinical homework directives was used because no research existed on how therapists actually use clinical homework directives in couples therapy. It was not known what actual homework directives were being given or who was giving them. The heuristic design of the research provides information about the who, what, and why questions that leads to suggestions for further research. The method of this research was to study the phenomenon of homework assignments in order to understand it better, not to infer causal relationships or processes. According to Denzin and Lincoln (1994):

Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. They seek answers to questions that stress how social experience is created and given meaning. (p. 4)

Before we quantitatively study the variables of clinical homework directives, we first need to understand the variables better.

Sample

The study used a purposive sample (Moon & Trepper, 1996) by including subjects that represented a variety of therapy models. A listing of clinical members who belong to the Utah Association for Marriage and Family Therapy (UAMFT) and their

associated addresses was used to identify family therapists and send the research materials. Participants from UAMFT were chosen because they identified themselves as marriage and family therapists and qualified for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), a nationally recognized organization for marriage and family therapy. Because they belong to a nationally recognized professional organization specifically for marriage and family therapists, they are more likely to be trained in and to use family therapy in their work with couples.

A packet was sent to all clinical members of the UAMFT ($N = 119$). Included in the packet were a cover letter describing the purpose of the research, general instructions and a request for consent; a self-addressed stamped return envelope; and an initial survey asking general demographic and theoretical orientation questions (see Appendix A). There were 14 therapy model categories and an "other" write-in category in the initial mailing survey with which the respondents could identify. Various therapy models were used in the procedure to select participants for the in-depth interview in order to optimize response variation. Theoretically, individuals using different therapy models might have different opinions about the use of homework in working with couples than therapists using the same therapy model.

Packets were coded by the researcher to monitor the response rate. Those therapists whose surveys were not returned were sent a second packet. In the first wave of returned surveys, 41 therapists returned the completed information, a response rate of 35%. The second wave response added 18 respondents. Eight other packets were returned because the person had left no forwarding address; therefore, the adjusted response rate was 53% ($(N = 59) / (119 - 8) = 53\%$). Forty of the respondents were male (68%). The average number of years of experience working with couples was 14 years with a range of 5-40 years. All of the respondents indicated they used homework in their therapy with couples. A description of the sample is presented in Table 1. The cover letter informed the therapists that 8-12 respondents would be asked to participate in a 10- to 25-minute interview to explore in greater detail their philosophy of homework with couples. Because the researcher was interested in obtaining information from therapists representing a variety of therapy models, respondents were offered a selection of 14 therapy models with which they might identify.

Respondents selected for the interview represented 11 categories: those selected by at least two respondents. These categories include Behavioral (3 respondents), Communication (4 respondents), Functional Family Therapy (2), Intergenerational (2), Internal Family Systems (2), Narrative (4), Psychodynamic (3), Solution Focused (15), Structural

Table 1

Description of the Subjects Who Returned Initial Mailing Surveys

Participants	<u>N</u>	%	Mean	<u>SD</u>	Range
Sex					
Male	41	69			
Female	18	31			
Age			49.78	9.18	29-75
Years of clinical experience			15.66	5.87	5-40

(5), Strategic (7), and the "Other" category (4). The randomly selected participant from the "Other" category identified him or herself as "eclectic." The three categories that were not represented by at least two therapists were Mental Research Institute (MRI), Milan, and Object Relations.

At least one respondent in each of the 11 categories was willing to participate in the in-depth interview. One therapist from each of the 11 therapy model categories was randomly selected to participate in an in-depth interview to explore his or her ideas and uses of homework in greater detail. Descriptions of these are found in Table 2.

Table 2

Sex, Age, and Years of Experience of Therapists by Therapy
Model: In-Depth Interview Sample

Participant	Sex	Age	Years of experience
Behavioral	M	50	25
Communication	F	44	5
FFT	M	57	-
Intergenerational	M	54	-
Internal family systems	F	67	5
Narrative	M	55	25
Other [Eclectic]	F	55	8
Psychodynamic	M	75	40
Solution focused	F	36	5
Strategic	F	45	8
Structural	M	37	9
Mode	M (6/11)		
Mean		52.27	14.44
<u>SD</u>		11.27	11.81
Range		36-75	5-40

The instruments for this study included the initial mailing survey, the interviewer, and a guided interview protocol. The initial mailed survey asked general demographic questions regarding sex, age, and years of experience; whether or not the therapist used homework in his or her work with couples; what theoretical model of therapy with which she or he most closely identified; and a rating of how important he or she felt homework was in helping people change. A copy of the initial mailed survey can be found in Appendix B.

The researcher is also an instrument in qualitative studies. It is the researchers' understanding of what the researcher is observing that is accepted as the data. These data are formed by the biases of the interviewer. Although the researcher attempted to remove personal biases as much as possible, the researcher recognized potential bias by the particular training he received and the resulting perceptions from this training that may have an impact on the identification of themes from the data. The researcher attempted to control as much as possible any biases by following the semistructured interview protocol, asking probing questions for clarification, and following qualitative guidelines of reliability and validity (Denzin & Lincoln, 1994; Huberman & Miles, 1994; Kirk & Miller, 1986).

The guided interview was designed to obtain greater

information about the whos, whats, and whys of homework assignments with couples. The interviewer followed a semistructured guided interview, open dialog format using probing questions for clarification (Rosenblatt & Fischer, 1993). A copy of the semistructured guided interview is found in Appendix B.

Interview Procedures

The procedures were tested during a pilot study using three therapists, two of whom met the selection criteria for the study. Because the interview procedures elicited the information needed to address the research questions, the interview format was not changed and data from the interviews with these two participants were used in the analyses. A description of the pilot study is found in Appendix C.

The researcher phoned nine randomly selected respondents--one representing each of the remaining nine models--and invited them to participate in the in-depth interviews. All nine of the first-selected respondents consented to be interviewed and appointments were scheduled. Two of the nine were interviewed face to face, but because of the difficulties in scheduling face-to-face interviews, the remaining seven interviews were conducted over the telephone. The interviews ranged in length from 15 to 35 minutes each. Comparison of transcripts of the face-to-face interviews and telephone interviews suggested no substantial differences

between the two modes in terms of length and thematic content.

A guided interview format (Appendix B) was used to assist the researcher in gathering information pertinent to the research questions. Whenever necessary, probing questions were used to clarify responses. Summary statements were used to verify the researcher's understanding of the participants' responses.

All of the participants had indicated on the questionnaire that they used homework directives in their therapy with couples. After some small-talk and introduction, the participants were asked why, in general, they gave homework directives to couples. They were then read a vignette (Appendix B) about a typical therapy couple. The vignette was designed by the researcher in collaboration with other therapists to be a generic couples problem that would be familiar to couples therapists. The purpose of the vignette was to provide a consistent stimulus to aid in eliciting concrete responses and in comparing responses across therapists. This clarified both similarities and differences in responses so that themes could be identified.

Therapists were first asked if they might give a clinical homework directive to the couple described in the vignette. If the therapists indicated that they would give a directive, the researcher asked for an example. If the therapist indicated that she or he would not give a directive

or hesitated, the researcher asked what other information might be needed in order to give a homework directive that would fit the therapist's model of therapy. All participants were able to provide information about possible homework directives after providing more information that would be required. All interviews were audio recorded. The recordings were transcribed by the researcher for analysis.

Data Analysis

The researcher became familiar with the data by conducting the interviews, by verbatim transcribing, and by reading the completed transcripts. The researcher identified recurring themes in the responses to the interview questions that addressed the research questions. The researcher categorized, coded, and sorted the data into varying types of themes for each interview question through the process of constant comparison (Dye, Schatz, Rosenberg, & Coleman, 1998). This process involved looking at each "data-bit" and identifying a theme that best described the response. The term "data-bit" is a qualitative term to describe the smallest elements of the data that pertain to the research questions. In this study, data-bits are defined as complete ideas or phrases that are direct responses to the interview questions. The researcher identified which data-bits to include in the analysis by separating them from the contextual verbiage that did not address the interview

questions. In some cases the contextual information was quite extensive. The data-bits were sorted into different groups based on their common themes and given a category label.

The transcripts were read and reread. During each reading, emerging themes were hand-written in the margins of the transcripts. Themes were added, collapsed, and modified until the researcher was able to summarize the emerging themes concisely. Constant comparison allowed the researcher to add and collapse themes with each reading of successive transcripts. That is, reading transcript B was informed by themes identified in transcript A. For each repeated reading, the identified themes of one transcript helped to identify the themes of the other.

To increase reliability and reduce bias, the primary researcher had a second researcher read and code all the transcripts from the coding scheme and then compare the coding results with an identical transcript that had been coded by the primary researcher. The process of obtaining the final themes involved the collaboration of the primary researcher and another researcher until both agreed that the identified themes appropriately organized and described the data (Rosenblatt & Fischer, 1993).

In coding and sorting the data into emerging themes, there were no a priori ideas used in the analysis. This analysis strategy is consistent with the philosophy of phenomenology in qualitative research in that it is important

to eliminate, or reduce as much as possible, preconceived expectations regarding the topic being researched (Crain, 1992; Gubrium & Holstein, 1993; Moon, Dillon, & Sprenkle, 1990).

Reliability and Validity

In order to enhance reliability, the researcher kept a record of the process of analysis (Kirk & Miller, 1986). To increase the reliability of the process of the data analysis, another researcher was involved in identifying the themes to group the data (Rosenblatt & Fischer, 1993). The strategy described as triangulation of two researchers on the same data (Huberman & Miles, 1994) attempts to account for researcher bias and ensure as much as possible that the identified themes emerged from the data and not the researcher. In terms of validity, low-inference descriptors (e.g., verbatim quotes) were used in the report of the results (Denzin & Lincoln, 1994; Kirk & Miller, 1986). Using direct quotes as much as possible helps to protect the authenticity and accuracy of the data. The results of this study are provided in the next chapter.

RESULTS

The purpose of this study was to find out why family therapists give homework and what types of homework therapists give in their work with couples in therapy. The qualitative focus of this study identified themes that emerged from the in-depth interviews. Direct quotes are used as much as possible to protect the integrity of the responses and illustrate the themes that emerged. However, minor alterations or modifications have been added in some cases to make reading easier and more clear. These alterations are indicated by the use of brackets ([]). The CAPITALIZED phrases indicate the researcher's probing questions or comments.

This chapter is divided into three sections based on each of the research questions. Each of these sections is organized by the most common themes that emerged from the participants' responses.

Question #1

Which therapists (in terms of theoretical orientation) give homework to couples? Regardless of theoretical orientation, all 59 respondents reported using homework with couples. Of the 54 respondents that rated homework in importance for helping people change, the average was 7.5 on a Likert-type scale of 1 = not important to 10 = extremely important.

The 11 interview participants were read a case scenario and asked if they might give a homework assignment to the couple. Out of the 11 therapists interviewed, 1 said no (functional family therapist), 2 said maybe (psychodynamic and narrative therapists), and 7 said yes (behavioral, solution focused, internal family systems, structural, strategic, eclectic, and intergenerational therapists). However, even though the functional family therapist said no and the psychodynamic and narrative therapists said maybe, all three gave examples of a homework assignment for the couple in the vignette after they were able to voice a need for further information.

Question #2

What do therapists hope to accomplish by giving homework to couples? When the interviewed participants were asked, "In general, why do you give homework to couples in therapy?," four themes emerged. First, homework is used to augment the therapeutic process outside of the therapy session by either practicing skills, facilitating new experiences, or reinforcing what has been going on in therapy. Second, homework is used to help clients remain focused on therapy between sessions. Third, homework communicates to the clients that they are responsible for change. Fourth, homework is used as an assessment or diagnostic tool.

Augmenting the Therapeutic Process

The most common theme to emerge from this question was that homework directives augment the therapeutic process outside of the therapy session. One participant used a music lesson metaphor to describe the importance of homework: "It's kinda like when kids go to a piano lesson. They learn the stuff at the piano lesson, but if they don't practice all week, they just come back the next week and they still are in the same place." Another therapist said, "I don't think it [therapy] works without having them do something during the week. They just can't come in, have a session, and really get what I feel they need to get and move on as quickly as I feel they should, because therapy is an ongoing thing, not just a once a week thing."

Remaining Focused on Therapy

The second most common theme to emerge was that homework assignments help clients remain focused on therapy between sessions. One participant said, "[Homework acts to] reinforce what we are doing and for some continuity. It keeps them working and thinking and aware of the things we talk about in the session." Another participant said it this way: "I almost think that if you are going to give people their money's worth, you want to at least give them something to think about, and preferably something you're asking them to do between the times you see them."

Responsibility for Change

The third most common theme to emerge was that homework assignments communicate to the clients that they are responsible for change. As one participant said, "It is a good way to make them accountable for trying to come up with some skills to improve their lifestyle, and it also shows accountability and responsibility, which is probably their prime problem." Another participant said, "I like them to feel as if they are the ones taking charge, and that they can be responsible for making changes in their lives. That way, they don't depend on therapy or on me or think that I have to solve all their problems."

Assessment

The fourth theme to emerge from the participants' responses was that homework is used as an assessment or diagnostic tool. One respondent said it like this: "There are times when you do it [assign homework] purposely ambiguous and that has to do with the phase you're in. Ambiguous [sic] is a technique used for diagnostic purposes." Two of the interviewed participants described using homework to obtain information about the clients. One said this: "Plus, I think you're going to see what they still don't know how to do. A broader view is that they are giving you information about what they view is important in their life. It is further information about how the family functions and whether they are organized enough or have the mental space to do something

that you tell them." Another therapist said, "I want to find out how much internal and external control is going on in the relationship" when asked if she would give a homework assignment to the couple in the case scenario.

Question #3

What types of clinical homework directives are being given to couples? As part of the interview, a case vignette was read describing a common marital problem. After the case vignette was read, the participants were asked, "What would be an example of the first clinical homework directive that you might use?" For those participants who hesitated or said they would not give a homework assignment to the couple in the vignette at that time, a probing question was asked to identify what further information was needed to assign a homework directive that would fit their model of therapy. When their concerns were addressed, all of the participants were able to give an example of a homework assignment that they might give.

Although a homework assignment is inherently something that individuals are to do, whether they are to notice something or think about something differently, the term "behavior" is used to distinguish itself from the other types of homework assignments in that a specific physical activity is prescribed. Therefore, of the three main types of homework, one type refers to specific behaviors or physical

activities the couple was to do between sessions--behavioral. The next type of homework had to do with having the couple complete a written homework assignment--writing. The third type had to do with communication exercises--communication. Half of the participants indicated using a combination of these types while the other half reported using only one of the three types for the couple in the vignette.

Behavioral

One of the participants would have asked the clients to notice when they found themselves in a negative pattern of interaction and then do something in order to break the negative cycle. "I would encourage her at home to, when she finds something that makes her angry, not necessarily at that point to confront him, but maybe go for a walk and talk [to herself] about what her feelings are and see if she can express them with all the feelings she has." Another therapist could not give a specific example due to the lack of information needed to fit his model of therapy. Instead he said, "The next thing is to begin to create experiences, preferably interactions with each other, but experiences that are consistent with the functional needs but represent a change in the behavior from being problematic to at least nonproblematic if not down right fun."

Writing

Two participants used writing as the primary type of

homework assignments to give to the couple in the case vignette. One therapist said, "I might do something like ask them to journal how their life might be different if the problems were not there." Another participant said, "Probably the first place to start ... is to consider what attracted them together. And I would have them write that down separately. I would ask them to describe how they met and what they found most attractive about the other and to describe in detail times they had together that was very satisfying--was a happy memory."

Communication

Although many participants used a component of communication in their homework assignments, only one of the participants used communication as the primary type of homework assignment: "First I would help them develop 'attending skills.' Then I would have them practice these skills in their day-to-day communications throughout the week."

Behavioral/Communication

Two of the participants combined elements of behavior and communication in a homework assignment: "What I would do first of all is to have them notice the pattern and articulate the pattern and when they notice the pattern, have either one of them stop doing it." Another therapist said, "I would give them an assignment to talk about ways they could

implement in bringing about [the changes they talked about in therapy]. One of the therapists has what they call pleasing days." IS IT LIKE CARING DAYS? "Yeah, that's it, caring days. I would also give them a Cloe Madanes [strategic] technique of where it would be fine to fight, but they have to do it at a structured time."

Communication/Writing

Two participants would have the couple do a combination of communication and written homework assignments. "I think my first homework assignment might be to have them write their chronological history in one sentence--the major events that have happened in their lives for each year of their lives. I would have them write why Jen chose to give up her career and become a full-time mother. I would have them work on communication skills and have them practice that every day. It would be the 'I feel ... when you ... because ...' and see how they would do with that. That would be their homework along with the chronology and journaling."

Another participant gave these homework assignments: "I would send them home with their genogram written down and ask them to compare their own marriage ... with both of the two parents' marriages. I would ask them to come back with a blueprint of what they would like their marriage to be like. And, after that, I usually reintroduce communication skills and teach them how to do reflective listening in session and then take some time during the week to practice."

Behavioral/Writing

Another therapist reported she or he would assign the couple to just continue what has been working in their relationship, adding a twist of a writing assignment: "The homework would be to continue the tasks and write things down or record them, or how they can best remember noticing what they enjoy about their relationship--noticing what they want to keep the same."

Need More Information in Order to Give a Homework Assignment

When participants hesitated or seemed reluctant to give a homework assignment, they were asked, "What other information might you need to give a homework assignment that would fit your model of therapy?" From the responses to this probing question, three themes seemed to emerge. The first had to do with needing to know the meanings or intentions behind the individual's behavior. The second had to do with the status of the therapeutic relationship. The third theme had to do with the level of relational commitment that the couple has for each other.

Intended meanings of behavior. The main theme that emerged from the probing question had to do with the meaning or intentions behind the client's behaviors. "The Functional Family Therapy model is extremely informed by and proscribed by a phasic change model. From that information there [the

vignette], I have no idea [pause], I can make some guesses, but I have no idea what the functional need states [are].... So, it would be irresponsible for me to come up with a homework assignment until I understand them better." SO YOU FIRST NEED TO KNOW THE DYNAMICS OF WHAT IS MOTIVATING THIS ARGUMENT. "Exactly." Another participant said this: "Well, I think that part of the issue is my need to get a reasonably clear sense of what is going on between the two of them. And my experience is that some assignments can only come after having met with them a few times, you begin to pick up not only what they present directly, but you can pick up those things that are happening more subtly."

Therapeutic relationship. The second theme that seemed to emerge had to do with the status of the therapeutic relationship: "First of all, you have to establish a relationship. Because you're going to hold out to them in some way an awareness of some of the ways they are functioning that are really insidious, perhaps, or overtly destructive to their feelings of closeness. Secondly, that has to be given time. And when I say time, it means they have to feel some kind of security, acceptance from you and concern from you that you are not someone who is going to be critical or condemning of them in some way."

Level of relational commitment. The third theme that emerged from this question had to do with the level of commitment the couple has for each other. "You know, in a

case like this, it might be a good idea to interview them separately and try to assess if either one of them is about to split or head out the door. Because that can change things."

The purpose of this study was to understand more about how therapists who work with couples use clinical homework directives. Eleven of the 59 respondents were interviewed regarding their use of homework in couples therapy. A discussion for each research question follows.

Question #1

Which therapists (in terms of theoretical orientation) are giving homework to couples? It is interesting that all of the 59 respondents in the study reported using homework in their therapy with couples. The results are not surprising from therapists who identified themselves with behavioral-oriented therapy styles, but the results from the therapist who most closely identified himself with the psychodynamic model were surprising because homework is not typically used in psychodynamic therapy. The psychodynamic therapist who uses homework stated, "I realized ... that sometimes people are inhibited initially from allowing themselves to show certain feelings with the therapist and therefore, sometimes, if you encourage them to do it alone, while it doesn't have the same emotional significance in some ways, they can come back and ultimately feel more comfortable [with the therapist]. So, there are a lot of things that I have learned that have become a part of my treatment process, and [homework] was simply an adjunct to the other things that I

have been exposed to." This therapist seems to use homework to assist the expression of feelings; thus, the therapist's theory seems to be psychodynamic, but his model of therapy seems to be integrative.

Question #2

What do therapists hope to accomplish by giving homework to couples? It seems the main reason for using homework for couples in this sample is to have clients focus their mental and physical energies outside of sessions on what they want to change and to make specific behavioral changes in that direction. This may suggest that therapists from different theoretical orientations see out-of-session behavior change as an important element in therapy. The average rate of importance in helping clients change was 7.5 on a Likert-type scale where 1 = not important at all and 10 = very important. In other words, regardless of the theoretical tenets of a model, therapists who are doing therapy use homework because they believe it is important in helping their clients make the changes they came to make. This is a major component of behavioral marital therapy in which homework "helps to keep both the therapist and the clients focused on the goals initially set, ensuring that progress is made during the brief course of therapy" (Holtzworth-Munroe & Jacobson, 1991, p. 109).

In addition to using homework to augment therapy,

therapists also assign homework to couples as an assessment tool. Gathering information about the couple and their families was one way of assessing interactional dynamics or structure. This is consistent with many theoretical models of therapy. In intergenerational and contextual therapy models, information about family of origin is necessary in understanding meanings of certain behaviors (Boszormenyi-Nagy et al., 1991; Friedman, 1991; Goldenthal, 1993; Papero, 1995).

Another use of assessment-type homework assignments reported from the participants of this study was to assess the clients' readiness for therapy. Haley (1987), a strategic therapist, stated that one of the purposes of giving homework is to gather information. "When a therapist tells people what to do, the ways they respond give information about them and how they will respond to the changes wanted" (p. 56). This then helps the therapist design interventions that will address the specific issues and nature of the couple, a hallmark of strategic therapy.

A common theme shared by several of the interviewed therapists was the importance of communicating the clients' responsibility in the change process. This was something lacking in the literature. No mention of communicating client responsibility was found in the theoretical use of homework.

With the exception of the theme of communicating client responsibility, the themes could have been taken right out of

Minuchin's (1974) structural family therapy model. With regard to augmenting therapy, Minuchin stated, "When the family responds by accomplishing the task he [sic] has assigned, they are, in effect, taking the therapist home with them. He becomes the maker of rules beyond the structure of the therapy session" (p. 151). With regard to helping the clients remain focused on therapy, although Minuchin does not come right out and state it, it is easy to recognize the fact that he gives homework to help the clients focus on changing the problem. This is observed by the particular tasks directed toward the restructuring of family interactions in the many examples he uses in his text. In terms of assessment, Minuchin stated, "The different responses [to the homework] give both the therapist and the family a better understanding of where they are and where they must go" (p. 152).

Each therapist had a rationale for assigning homework which logically fit with their way of doing therapy. In essence, regardless of the type of homework assignment, the purpose of the homework assignment seems to be to help clients reach their therapeutic goals. For example, the therapeutic goals of structural family therapists is to get the family members to realign their relationships. Homework directives are aimed at changing the relational structure. This is done by having the individuals do something that challenge the rules of interaction. When clients alter the

unwritten rules of family structure, a way for new, more healthy interactions opens up (Colapinto, 1991).

Question #3

What kind of clinical homework directives are being given to couples? Three major types of homework were suggested by the participants in this study: behavioral, writing, and communication. Various homework assignments were described that therapists might use to treat the hypothetical couple. Only a few participants were unable to give a homework directive to the couple without gaining further information. It seemed that most of the therapists from this sample gave a behavioral directive--a specific behavior that would move the couple toward the desired goal. This follows the behavioral marital therapy tenets, behavior being an important element of change (Holtzworth-Munroe & Jacobson, 1991), as well as other therapy models: strategic (Haley, 1987) and structural (Colapinto, 1991).

Writing was a mode of homework directives suggested by the participants of the study. In prescribing a homework directive to the hypothetical couple, some therapists would have the couple write down their thoughts and feelings, and clarify personal expectations. Therapists from this study might believe that having their clients write down their thoughts and feelings helps make more concrete and overt their clients' thoughts and feelings.

Another common theme had to do with verbal communication as the focus of change. Communication is a part of many therapy models but is more important in behavioral marital therapy models (Holtzworth-Munroe & Jacobson, 1991) and communication models (Satir, 1988) as an integral element in process of therapy. Couples therapy often involves helping couples change both what they talk about and how they communicate. The interviewed therapists assigned homework that helped the couple with both of these areas.

Some therapists felt uncomfortable assigning homework until they had more information. It seems that intentions of the behavior and commitment level of the couple are important components in deciding homework directives for some therapists, as well as the relationship between the therapist and the clients.

Intended meanings behind behavior seem to be emphasized by some therapists more than others. Behaviors are defined in the situational context. The same behavior in different situational contexts can mean completely different things. The functional family therapist, for example, needed to understand the intended functional need each individual is trying to satisfy. Therefore, intentions of the behavior are critically important. When all people involved understand the functional needs, the attributed meaning behind the behavior is more accurately defined and new behaviors are developed that satisfy the function without being problematic.

Meanings are discussed in great detail in terms of attributions of behavior in behavioral marital therapy (Baucom & Epstein, 1990). For example, a husband may wash his wife's car to show he cares for her; however, she may think that he cares more about her car than he cares about her. This demonstrates that a discrete meaning of behavior that is similarly understood by the husband and wife is difficult to achieve because of the different perspectives and values placed on types of behaviors. Therefore, due to the potential impact of the intentions behind the behavior of an individual and the effects on the relationship, it may be clinically important to recognize the intentions behind the individual's behavior when determining what homework to give to avoid clashes in meaning.

Another theme had to do with the relationship between the therapist and the client. Haley (1987) discussed the importance of the therapeutic relationship when giving directives. In strategic therapy, the therapist needs to be seen as the expert in the client-therapist relationship. "If he [sic] acts as if he knows his business, people are more likely to do what he tells them" (Haley, 1987, p. 64).

Burns and Nolen-Hoeksema (1992) in a study of 185 subjects with depression found that subjects who rated their therapists as less empathetic were less likely to comply with homework directives, while those who complied with homework directives rated their therapists as more empathetic. This

also suggests that the client-therapist relationship may be an important factor in determining what directives to give.

Relational commitment seems to be something assumed by the participants in the study because only 1 of 11 therapists made a statement about assessing relational commitment before assigning homework to the hypothetical couple. Due to the implication of not knowing the relational commitment of the couple, therapists in general might benefit by assessing relational commitment instead of assuming they are committed.

Beyond the Research Questions

In addition to answering the research questions, other observations and interesting facts were revealed. One interesting outcome of this research had to do with the models of therapy. All of the respondents used techniques and strategies from more than one therapy model. For example, the therapist who most closely associated him/herself with the communication model would have asked the couple to continue working on a genogram they started in therapy, an intergenerational technique; the internal family systems therapist would have asked the couple to write in journals; the intergenerational therapist would have assigned the couple to do a behavioral "caring days" assignment; the narrative therapist would have worked on helping the couple identify and break their negative patterns of communication; the psychodynamic therapist would have given assigned

homework; the strategic therapist would have given a solution focused homework assignment; and the structural therapist would have assigned a solution focused journaling exercise. This suggests that the therapists in this study do not follow the constructs of one particular model. Most of them could be considered eclectic or integrative in their therapy models. Constantine (1986) discussed this phenomenon of therapists using elements of other therapy theories in a systematic manner under a framework of general family systems theory applied to human systems. "By building conceptual bridges and a common vocabulary, a comprehensive picture can be constructed out of portions of other theories that may otherwise appear to be unrelated or incompatible" (p. 11). Observed from this paradigm, it may seem that this sample is demonstrating the phenomenon of integration of therapy theories, part of a developmental shift in the profession of family therapy. Breunlin et al. (1992) also described the developmental shift from one model of therapy to an integration of family therapy models. "Rather than creating yet another school of therapy, we have created an orientation--to people and to therapy--that attempts to expand the field's horizons and contribute new concepts and methods" (p. xi).

From this small sample, it seems that the trend of therapy is moving toward the integration of therapy models--borrowing elements from different models and combining these

elements into a larger, more comprehensive theory than one therapy model would allow.

Researcher Notes

The researcher took notes of the process (how the interview went) and content (what was said) of the interviews as a way to monitor the usefulness of the interview in answering the research questions. Some participants expressed more interest in the topic than others. The flow and process of the interview and length of the interview seemed to depend on the interest of the topic of homework the participant had or the personality of the participant. Some participants communicated greater excitement about the topic of homework than others and therefore their responses were more descriptive. Some participants were easy to talk with outside the research question, for a time, elaborating or using personal stories of how they came to use homework or why they would give a particular homework assignment.

From the notes of the interviews, it seems that there are many factors that play into the type and amount of homework therapists give. Some of these factors have to do with the time limit of the therapy process. In cases where therapists reported having fewer than eight allotted therapy sessions with the clients due to agency or insurance restrictions, the homework assignments seemed more "canned" or preplanned as part of a standard regimen for counseling couples. Therapists who did not have time constraints seemed

to use homework more at their discretion. The results of this research suggest that for these therapists, what is assigned and why homework is assigned seem to depend on how the therapists view the process of therapy and extenuating circumstances.

Other Observations

There seemed to be little consistency as to what type of homework the interviewed therapists might give to a hypothetical couple. Although three of the therapists focused on communication as a primary intervention, all three had a different communication skills regimen ("attending skills," "reflective listening," and "I message" communication). However, there seemed to be some agreement as to why homework is given. Despite the specific reasons for giving homework, therapists do so because they believe it is important in helping their clients change more quickly.

Limitations

All of the therapists who responded to the initial mailing survey indicated that they use homework in their work with therapy. This may mean that only those therapists who use homework responded to the initial mailing survey. Those therapists who do not use homework might not have responded because the focus of the study was clearly on the use of homework with couples in therapy. Those who did not see or do not see couples in therapy may also have selected themselves

out of the study when they realized that the study was on therapists who work with couples.

Although the subjects in the sample were trained in programs all across the nation, almost one-third of the participants were trained at Brigham Young University in Provo, Utah. Thus, their model of therapy and use of clinical homework directives may reflect their training, accounting for some similarities in the findings. Future research could use a sample of therapists from all over the country to increase the diversity of training and therapist backgrounds.

Another mode of selecting participants could be based on the degree of importance the therapist placed on homework in therapy. For example, the data may be more complete if the researcher selected participants who deemphasized homework even though the therapy model with which they most closely identified would normally emphasize it. This could be done by comparing the rate of importance therapists ascribe homework to the theoretical model's emphasis on homework. For example, a psychodynamic therapist in this study rated the importance of homework in the process of change a "7" on a scale of 1 (not very important) to 10 (very important). When one looks at the psychodynamic literature, one finds little or no emphasis on homework. Therefore, when a therapist who identifies him- or herself with the psychodynamic model of therapy and rates the importance of homework high, the discrepancy may be very valuable to explore in more depth

than this study allowed. This may be difficult. However, because in general there is a large discrepancy between the theoretical model the therapists in this study say they identify with and the inferred therapy models the therapists actually use. For example, the therapist that self-identified the most closely with internal family systems theory did not identify significant elements of the model during the interview. This participant might not differentiate general systems theory from the internal family systems therapy theory of Schwartz (1987). This may reflect the forced choice element in the survey. One way to prevent this would be to have the respondents describe the model of therapy with which they most closely identify in an open-ended question rather than a checklist.

The guided interview asked the participants for an example of a homework assignment that the therapist might give to a hypothetical couple; then, based on the responses, themes were identified and grouped into types of homework assignments. The types of homework could have been a more direct question on the guided interview, thus leaving out an outsider's interpretation of the homework assignment.

The researcher as an instrument is a difficult element in research to control. The outcome of this study may have a great deal to do with the attitude of the researcher and the interest and importance of homework the researcher communicated in the interview, just by the fact of having

homework the topic of the interview.

The case vignette of the couple may have also influenced the types of responses from the participants in the study. If there were more or less contextual information in the vignette, the types of responses to the guided interview may have been different. The purpose of this generic case vignette was to provide a commonly presented couples problem that therapists could identify with that could be used to elicit responses about homework.

Due to the qualitative nature of the study it is recommended that caution be taken in interpreting the results of the in-depth interviews. The results should be interpreted as the general themes that emerged from the participants' interview responses and not themes that would apply to all therapists.

Implications and Recommendations

The results of this study indicate that, regardless of the model, homework is designed to provide clients with experiences outside the therapy session that would help couples change their relationship. The interviewed therapists viewed homework as an important element in facilitating change.

Research

The current study was a springboard for more research on effectiveness of assigning clinical homework directives.

Further research could group the emerging themes from this study into a questionnaire sent to a sample of therapists from all parts of the country. Part of the questionnaire could include the same case vignette of the couple's conflict. The instructions on the survey would request they read the vignette and then indicate which themes would best fit the type of homework assignment they would give if they were to give an assignment. Additional research might also look at how effective different homework assignments are with couples who have similar relational problems, or examine use of homework over the course of couples therapy.

Practice

If further research reveals that a majority of therapists use homework for similar reasons, the standard of practice could include the use of homework directives in treating couples in therapy. Based on the findings of this study, homework is used to augment the therapy process. It would be important to find out whether homework actually enhances the therapy process, and if so, how much.

Training

The results of this study indicate that homework is perceived as an important part of the therapy process despite the diverse array of therapy styles. Due to the importance placed on homework by these participants, it would be interesting to discover how much emphasis on homework exists

in the training of marriage and family therapists. One participant, when asked if there was anything else he would like to say or comment on regarding homework directives, said:

I don't think there was enough training and or emphasis in any schooling that I had all the way up through dissertation on homework and the value of homework... So, when you talk about traditional homework, that was never covered sufficiently. It was something I had to learn on my own. And other clients that have come to me don't have a concept of homework either, that have come from other therapists or have moved in. Some of them have been in therapy for a long time and have never even had anything about the concept whether it be reading a book or journaling or anything at all. They just had no homework at all.

If further research produced similar comments, it may be important to place more emphasis on homework directives in the training of marriage and family therapists.

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APPENDICES

Appendix A
Cover Letter

Clinical Homework Directives: A Qualitative Exploratory Research

August 12, 1998

Emil Harker
557 Blvd. #3
Logan UT, 84321
(801) 753-2429

UAMFT Member

Dear member

In the literature of psychotherapy including marriage and family therapy, there is a great deal of writing on the use and importance of clinical homework directives. However, there is very little empirical research to support its usefulness. The few exceptions that exist are found in a few articles on Individual Cognitive Behavioral Therapy.

The goal of this thesis is to extract themes that underlie the how's, what's and why's of clinical homework directives as therapist actually use them. It is hoped that these themes may be used as categories in the future to test the usefulness and effectiveness of clinical homework directives.

To increase the likelihood that the range of variation in clinical homework directives is included, I will need your assistance. I will be able to capture the diversity and uniqueness of the use of clinical homework directives if you will share with me your, what's and why's of clinical homework directives. Your choice to participate is a voluntary one and you are free to withdraw from the research project at any time without any consequence.

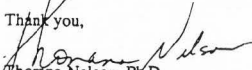
Included in this packet is a one page survey and a self addressed stamped return envelope. Please complete the survey, put it in the mail, and let your mind be at ease. Returning the survey implies informed consent.

Since this research is primarily qualitative in nature, I will be looking for individuals (8-12) to participate in a face to face interview of less than 30 minutes to explore in greater detail your use of clinical homework directives. If you would be willing to do this please check "yes" next to the request on the Initial Survey questionnaire, and give me a phone number where I can reach you.

Information related to you will be treated in strict confidence to the extent provided by law. Your identity will be coded and will not be associated with any reports. Your code number and identity will be kept in a locked file of the Principal Investigator. Once the data is collected and the study completed, this information will be destroyed.

If you have any questions regarding this study or would like to talk with me about any of the survey questions please feel free to call me at (435) 753-2429 or Thorana Nelson at 753-5696.

Thank you,


Thorana Nelson, Ph.D.
USU Marriage and Family Therapy Department


Emil Harker
USU MFT Student



Appendix B

Initial Survey, Case Vignette, and Guided Interview

INITIAL SURVEY

1. Age _____, Sex _____, Degree _____,
2. Agency _____ Years of experience doing therapy
with couples _____
3. MFT Licensure in UT y _____ n _____; other? what kind?
_____, _____
4. What therapy models are you most closely associated with?

Number in importance beginning with 1, 2, etc.

- | | |
|---------------------------------|------------------------|
| _____ Structural | _____ Narrative |
| _____ Functional Family Therapy | _____ Milan |
| _____ Internal Family Systems | _____ Psychodynamic |
| _____ Communication (Satir) | _____ Solution Focused |
| _____ MRI | _____ Strategic |
| _____ Object Relations | _____ Behavioral |
| _____ Intergenerational | _____ Other |

5. Do you ever assign HOMEWORK (between session tasks)?

TO: individuals y _____ n _____
 couples y _____ n _____
 families y _____ n _____

6. Where did you receive your MFT training? _____

7. On a scale from 1-10 where 10 is extremely important and 1 is not important at all, how important would you rate homework in helping people change? _____

8. Would you be willing to participate in a 10-25 minute face to face interview? _____

If you would, please write your name and a number where
I could reach you.

Jen (22) and Steve (27) have been married for two years. They have one daughter, Jessica (6 Mo.). Steve has a BA in Business management and is a manager at a grocery store, making about \$27,000 a year. Jen quit school to take care of their new daughter and has decided not to pursue her career in finance. Now Jen stays home and sometimes baby-sits for others to make money. Steve and Jen state that their relationship is getting progressively worse. They state that communication seems to be a problem, and that they don't like being around each other very much any more because of the constant disagreements which usually end up in a yelling match. They report they argue the most about child rearing and finances. They both report there has been no physical abuse.

1. In general why do you give homework to couples in therapy?

!!! Read the case vignette before answering the following questions!!!

2. After reading the case vignette, might you give a HOMEWORK assignment?

(PROBE IF HESITATION OR 'NO')

2b. What other information might you need to give a HOMEWORK assignment that would fit your model of how people change?

3. What would be an example of the first clinical homework directive that you might use?

4. Is there anything you would like to say or comment on regarding clinical homework directives?

Appendix C
Pilot Study

In preparation for the study, a pilot study using three local therapists was conducted. The interviews took between 15 and 25 minutes; the average time for the interviews was 20 minutes. The process was beneficial in that the research questions seemed to be addressed by the answers to the interview questions. Also, methods of obtaining a clear recording were acquired. As a result of the pilot study, additional questions were included in the initial survey (See Appendix A), specifically "How important is homework in the therapy process?", and "Where did you receive your Marriage and Family Therapy training?". These questions were asked to assist in the writing of the report if the responses seemed to lack variation.

The pilot study gave the researcher an opportunity to implement the mode of data analysis. The researcher was able to categorize and sort the data using the mode of analysis as described in the procedure section of the proposal. Data from the two interviews from this pilot study are factored in with the other nine interview participants due to the fact that two of the participants in the pilot study met the study criteria and represented two of the therapy model categories selected for the in-depth interviews.