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The Impact of Attributional Style and Homework Experiences in Cognitive Behaviour
Therapy for Depression: A Longitudinal Investigation Employing Multilevel Analysis.

A dissertation presented in partial fulfillment
of the requirements of the degree of
Doctor of Clinical Psychology
at Massey University, Albany,
New Zealand.

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2010

ABSTRACT

This longitudinal study aimed to investigate the moderating effects of attributional style on the relationship between homework experiences and depression severity throughout the course of therapy. Through an overarching depression study at Massey University, 28 participants experiencing first-episode Major Depressive Disorder (MDD) were recruited for 20 sessions of Cognitive Behaviour Therapy (CBT) plus follow-up sessions at two months. Clients were seen by seven doctoral students, and depression severity was monitored with the Beck Depression Inventory II (BDI-II) at each session, while attributional style was measured at six time points with the Attributional Style Questionnaire (ASQ). Homework was measured with the Homework Rating Scale II (HRS-II) at each session by clients, therapists and independent observers. A three-factor structure of the HRS-II was confirmed with the current data: ‘benefits and completion’; ‘costs and completion’ and client ‘beliefs’. Following preliminary analyses, benefits of homework completion was retained as the focus in a multilevel analysis investigation which utilised sessions up to the two month follow up. Therapist competence in assigning homework, and client depression severity, gender, and age were controlled for. No overall effect was found for homework in relation to depression over the course of therapy, and therefore attributional style did not moderate this relationship. However there was a trend towards a relationship between quantity and quality of homework and depression, which was moderated by a pessimistic attributional style. No effect was found for homework in relation to attributional style independently of depression severity. Attributional style on its own was related to depression severity over the course of therapy, as predicted. Women were significantly more depressed and less optimistic at intake than men, and older age correlated with lower pessimism and depression levels. Implications for future research and clinical practice are discussed.

ACKNOWLEDGEMENTS

Thank you firstly to my lovely husband Lance, who is my biggest supporter and has sacrificed so much in order to ensure I reached my dreams with as little stress and as much happiness as possible. Without you none of this would have been possible, and I hope you know how much I love and appreciate you. I don't think an acknowledgement can convey the huge amount of time, support, and compromises you have made for me.

Thank you to my wonderful supervisors. To Dr. Dave Clarke, for providing invaluable theoretical and clinical input consistently from day one, and for always being there for advice when I needed it. Thank you for your persistence and your constant encouragement to make my work even better. To Dr. Richard Fletcher, for taking me under your wing, and for providing endless patience, wisdom, passion, and encouragement throughout this process. Thank you for your extensive statistical expertise. This thesis would not have been completed to the standard it is without either of you.

Thank you to Dr. Nikolaos Kazantzis, for initiating the depression study from the beginning, coordinating the logistics, and for providing me with this very valuable opportunity to learn. Thank you for encouraging me to start writing and researching from very early on, and for your strong emphasis on scientific rigor. I would also like to acknowledge the support of the Massey University School of Psychology and all those who funded the study as a whole, including the Lottery Health Research Council and the Albany Strategic Research Fund.

Thank you to all of the people involved in the depression study in any way, including all the international collaborators, the students, and the independent raters. Many people have put a lot of work into the overarching study this thesis built on. In particular, thank you to Kimberly Good for your unwavering support, knowledge, friendship, motivation, and kind words. You provided me with the courage and guidance to make this thesis what it is. Thank you also to Robyn Vertongen for your excellent clinical supervision of therapy throughout the data collection phase.

Thank you very much to all the clients who participated in the depression study, and who gave up their time and were so willing to fill out the many forms required, and to be videotaped, in order for this research to be possible. Your individual experiences are what made this research possible, and were an extremely valuable contribution to improving future treatment for others.

Thank you to Massey University for its additional support in granting me a Doctoral Scholarship, which was an immense relief in helping me to complete my studies. Thank you also to the New Zealand Federation of Graduate Women (North Shore Branch), Inc. for their support and recognition of the importance of this research in granting me a Postgraduate Scholarship.

Thank you to Professor Kerry Chamberlain, who probably doesn't realise it but gave me some of the most valuable advice I could have had through a doctoral workshop and a one-off consultation.

Thank you to my fantastic family, who I miss, and don't thank enough. To Jo, David, Donald, Sally, and Uwe (my New Plymouth family and my Christchurch family). I love you and thank you very much for your support over all the years, and for your interest and care in my work and general well-being.

Finally thank you to Debbie and Phil Garrett, my wonderful in-laws who have also provided much encouragement, support, and comic relief during the past seven years, and who have always shown an interest in my research.

This research was approved by the Northern X Regional Ethics Committee, Reference: NTX/06/08/085.

For Lance,

And for Jo, David, Donald, Sally,

Uwe and Alina.

TABLE OF CONTENTS

Introduction and overview.....	1
Chapter 1: Cognitive behaviour therapy for depression	3
Development of cognitive theory and therapy	3
Cognitive therapy for depression	5
Efficacy of CBT for depression	9
Chapter 2: Homework.....	14
Introduction / definition	14
Rationale for homework use	15
Efficacy research and limitations	16
Increasing compliance	20
Chapter 3: Attributional style.....	22
Attribution theory beginnings	22
Origins of the “learned helplessness” theory of depression	23
Original learned helplessness theory in relation to depression	24
Further development of the learned helplessness hypothesis and its links with attribution theory	25
Chapter 4: Current study.....	31
General aim	31
Research questions	31
Method	32
Participants	32
Therapists	34
Procedure	34
Measures	36
Data analysis	41
Multilevel analysis	41
Data management	42
Reliability checks	46
Preliminary information for model building	46
Multilevel model building	47
Chapter 5: Results.....	51
Data management	51

Assumption checks	51
HAACS management	53
HRS-II management	56
Data shape	57
Reliability checks	59
Preliminary information for model building	62
Multilevel model building	71
Post hoc analyses	78
Control variables	78
Conceptualising homework	81
Homework – attributional style relationship	85
Chapter 6: Discussion.....	87
Outline	87
Summary of study aims and findings	87
Overall CBT efficacy	88
Homework – depression relationship	88
Attributional style – depression relationship	89
Moderating effect of attributional style	89
Therapist competence	90
Attributional style – homework relationship	90
Demographic variables	91
Contributions to the existing literature	91
Considerations for future research	106
Practical implications for clinicians	109
Concluding statements.....	112

LIST OF FIGURES

- Figure 1. Normal P-P standardised residual plot for BDI-II scores over time
- Figure 2. Standardised residual scatterplot for BDI-II scores over time
- Figure 3. HAACS (homework competence) ratings of Therapist 1 over sessions two to 10 for each of their four clients
- Figure 4. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 1 over sessions two to 10 for each of their four clients
- Figure 5. Individuals' BDI-II scores over time from intake to two-month follow-up
- Figure 6. Line graph showing all 28 clients' BDI-II scores from intake through to six month follow-up
- Figure 7. OLS trajectories of the optimism data over five timepoints (intake, sessions five, eight, 20, and two-month follow-up)
- Figure 8. OLS trajectories of the pessimism data over five timepoints (intake, sessions five, eight, 20, and two-month follow-up)
- Figure 9. HRS-II client ratings from sessions two to two-month follow-up for all clients
- Figure 10. HRS-II therapist ratings from sessions two to two-month follow-up for all clients
- Figure 11. Visual representation of the variables of interest in this study and which relationships four of the five research aims target, and in which order.

LIST OF APPENDIX FIGURES

- Figure J1. Normal P-P standardised residual plot for pessimism scores at five time points
- Figure J2. Standardised residual scatterplot for pessimism scores at five time points
- Figure J3. Normal P-P standardised residual plot for optimism scores at five time points
- Figure J4. Standardised residual scatterplot for pessimism scores at five time points
- Figure J5. Normal P-P standardised residual plot for HRS-II (Item 1: Quantity) client rated scores across the course of therapy
- Figure J6. Standardised residual scatterplot for HRS-II (Item 1: Quantity) client rated scores across the course of therapy
- Figure J7. Normal P-P standardised residual plot for HRS-II (Item 2: Quality) client rated scores across the course of therapy
- Figure J8. Standardised residual scatterplot for HRS-II (Item 2: Quality) client rated scores across the course of therapy
- Figure J9. Normal P-P standardised residual plot for HRS-II (Item 3: Difficulty) client rated scores across the course of therapy
- Figure J10. Standardised residual scatterplot for HRS-II (Item 3: Difficulty) client rated scores across the course of therapy
- Figure J11. Normal P-P standardised residual plot for HRS-II (Item 4: Obstacles) client rated scores across the course of therapy
- Figure J12. Standardised residual scatterplot for HRS-II (Item 4: Obstacles) client rated scores across the course of therapy
- Figure J13. Normal P-P standardised residual plot for HRS-II (Item 5: Comprehension) client rated scores across the course of therapy
- Figure J14. Standardised residual scatterplot for HRS-II (Item 5: Comprehension) client rated scores across the course of therapy
- Figure J15. Normal P-P standardised residual plot for HRS-II (Item 6: Rationale) client rated scores across the course of therapy
- Figure J16. Standardised residual scatterplot for HRS-II (Item 6: Rationale) client rated scores across the course of therapy
- Figure J17. Normal P-P standardised residual plot for HRS-II (Item 7: Collaboration) client rated scores across the course of therapy

Figure J18. Standardised residual scatterplot for HRS-II (Item 7: Collaboration) client rated scores across the course of therapy

Figure J19. Normal P-P standardised residual plot for HRS-II (Item 8: Specificity) client rated scores across the course of therapy

Figure J20. Standardised residual scatterplot for HRS-II (Item 8: Specificity) client rated scores across the course of therapy

Figure J21. Normal P-P standardised residual plot for HRS-II (Item 9: Match with Therapy Goals) client rated scores across the course of therapy

Figure J22. Standardised residual scatterplot for HRS-II (Item 9: Match with Therapy Goals) client rated scores across the course of therapy

Figure J23. Normal P-P standardised residual plot for HRS-II (Item 10: Pleasure) client rated scores across the course of therapy

Figure J24. Standardised residual scatterplot for HRS-II (Item 10: Pleasure) client rated scores across the course of therapy

Figure J25. Normal P-P standardised residual plot for HRS-II (Item 11: Mastery) client rated scores across the course of therapy

Figure J26. Standardised residual scatterplot for HRS-II (Item 11: Mastery) client rated scores across the course of therapy

Figure J27. Normal P-P standardised residual plot for HRS-II (Item 12: Progress) client rated scores across the course of therapy

Figure J28. Standardised residual scatterplot for HRS-II (Item 12: Progress) client rated scores across the course of therapy

Figure J29. Standardised residual scatterplot for HRS-II (Total) client rated scores across the course of therapy

Figure J30. Standardised residual scatterplot for HRS-II (Total) client rated scores across the course of therapy

Figure J31. Normal P-P standardised residual plot for HRS-II (Item 1: Quantity) therapist rated scores across the course of therapy

Figure J32. Standardised residual scatterplot for HRS-II (Item 1: Quantity) therapist rated scores across the course of therapy

Figure J33. Normal P-P standardised residual plot for HRS-II (Item 2: Quality) therapist rated scores across the course of therapy

Figure J34. Standardised residual scatterplot for HRS-II (Item 2: Quality) therapist rated scores across the course of therapy

Figure J35. Normal P-P standardised residual plot for HRS-II (Item 3: Difficulty) therapist rated scores across the course of therapy

Figure J36. Standardised residual scatterplot for HRS-II (Item 3: Difficulty) therapist rated scores across the course of therapy

Figure J37. Normal P-P standardised residual plot for HRS-II (Item 4: Obstacles) therapist rated scores across the course of therapy

Figure J38. Standardised residual scatterplot for HRS-II (Item 4: Obstacles) therapist rated scores across the course of therapy

Figure J39. Normal P-P standardised residual plot for HRS-II (Item 5: Comprehension) therapist rated scores across the course of therapy

Figure J40. Standardised residual scatterplot for HRS-II (Item 5: Comprehension) therapist rated scores across the course of therapy

Figure J41. Normal P-P standardised residual plot for HRS-II (Item 6: Rationale) therapist rated scores across the course of therapy

Figure J42. Standardised residual scatterplot for HRS-II (Item 6: Rationale) therapist rated scores across the course of therapy

Figure J43. Normal P-P standardised residual plot for HRS-II (Item 7: Collaboration) therapist rated scores across the course of therapy

Figure J44. Standardised residual scatterplot for HRS-II (Item 7: Collaboration) therapist rated scores across the course of therapy

Figure J45. Normal P-P standardised residual plot for HRS-II (Item 8: Specificity) therapist rated scores across the course of therapy

Figure J46. Standardised residual scatterplot for HRS-II (Item 8: Specificity) therapist rated scores across the course of therapy

Figure J47. Normal P-P standardised residual plot for HRS-II (Item 9: Match with Therapy Goals) therapist rated scores across the course of therapy

Figure J48. Standardised residual scatterplot for HRS-II (Item 9: Match with Therapy Goals) therapist rated scores across the course of therapy

Figure J49. Normal P-P standardised residual plot for HRS-II (Item 10: Pleasure) therapist rated scores across the course of therapy

Figure J50. Standardised residual scatterplot for HRS-II (Item 10: Pleasure) therapist rated scores across the course of therapy

Figure J51. Normal P-P standardised residual plot for HRS-II (Item 11: Mastery) therapist rated scores across the course of therapy

Figure J52. Standardised residual scatterplot for HRS-II (Item 11: Mastery) therapist rated scores across the course of therapy

Figure J53. Normal P-P standardised residual plot for HRS-II (Item 12: Progress) therapist rated scores across the course of therapy

Figure J54. Standardised residual scatterplot for HRS-II (Item 12: Progress) therapist rated scores across the course of therapy

Figure J55. Normal P-P standardised residual plot for HRS-II (Total) therapist rated scores across the course of therapy

Figure J56. Standardised residual scatterplot for HRS-II (Total) therapist rated scores across the course of therapy

Figure J57. Normal P-P standardised residual plot for HAACS total scores (averages of the two raters' scores) across sessions two to 10

Figure J58. Standardised residual scatterplot for HAACS total scores (averages of the two raters' scores) across sessions two to 10

Figure J59. Standardised residual scatterplot for HRS-II Factor 3 ("beliefs") scores

Figure J60. Standardised residual scatterplot for weighted HRS-II Factor 3 ("beliefs") scores

Figure K1. HAACS (homework competence) ratings of Therapist 2 over sessions two to 10 for each of their four clients

Figure K2. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 2 over sessions two to 10 for each of their four clients

Figure K3. HAACS (homework competence) ratings of Therapist 3 over sessions two to 10 for each of their four clients

Figure K4. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 3 over sessions two to 10 for each of their four clients

Figure K5. HAACS (homework competence) ratings of Therapist 4 over sessions two to 10 for each of their three clients

Figure K6. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 4 over sessions two to 10 for each of their three clients

Figure K7. HAACS (homework competence) ratings of Therapist 5 over sessions two to 10 for each of their three clients

Figure K8. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 5 over sessions two to 10 for each of their three clients

Figure K9. HAACS (homework competence) ratings of Therapist 6 over sessions two to 10 for each of their two clients

Figure K10. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 6 over sessions two to 10 for each of their two clients

Figure K11. HAACS (homework competence) ratings of Therapist 7 over sessions two to 10 for each of their three clients

Figure K12. Ordinary Least Squares Regression (OLS) lines of HAACS (homework competence) ratings of Therapist 7 over sessions two to 10 for each of their three clients

LIST OF TABLES

- Table 1. Demographics of the depression study participants
- Table 2. Number of sessions completed by clients
- Table 3. Measures employed in the depression study
- Table 4. Factor structure of the HRS-II as reported by Bjornholdt (2006)
- Table 5. Proportions of missing data and results of Little's MCAR tests
- Table 6. Spearman's rank-order correlation coefficients for the seven therapists' HAACS rankings (Group 1: Each therapists' lowest score)
- Table 7. Spearman's rank-order correlation coefficients for the seven therapists' HAACS rankings (Group 2: Each therapists' middle score)
- Table 8. Spearman's rank-order correlation coefficients for the seven therapists' HAACS rankings (Group 3: Each therapists' highest score)
- Table 9. Pattern Matrix of the Principal Components Analysis for the HRS-II
- Table 10. HRS-II ICC scores between client and therapist ratings
- Table 11. HRS-II ICC scores between the clients and therapists and the two independent raters
- Table 12. BDI intercept/slope correlations with raw HRS-II items over all time points, as rated by clients and therapists
- Table 13. BDI-II intercept/slope correlations with client rated HRS-II intercepts/slopes over time
- Table 14. BDI-II intercept/slope correlations with the HRS-II factors' intercepts/slopes over time
- Table 15. BDI-II intercept/slope correlations with ASQ totals over all time points
- Table 16. ASQ intercept/slope correlations with the HRS-II factors' intercepts/slopes over time
- Table 17. Unconditional means model and unconditional growth model
- Table 18. Models C and D: The uncontrolled and controlled effects of homework with attributional style on depression severity
- Table 19. Model E: Post hoc analyses: Control variables
- Table 20. Model C re-analysed: The time-invariant effects of homework benefits
- Table 21. Correlation between HRS-II quantity and quality over time
- Table 22. Correlation between quantity - quality interaction and BDI-II over time
- Table 23. Post hoc multilevel model with quantity - quality interaction in Model C

Table 24. Models A to C with HRS-II Factor 1 as the unconditional means model, and optimism as a Model C predictor

LIST OF APPENDIX TABLES

Table L1. BDI-II Reliability analyses for all clients at each session

Table L2. HRS-II Reliability analyses for all clients at each session as rated by the clients and the therapists

Table L3. ASQ Reliability analyses for all clients at five time points

Table L4. HAACS Reliability analyses for all clients from sessions two to 10

Table M1. Model C: The uncontrolled effects of homework: Alternative versions

Table M2. Model D: The controlled effects of homework using optimism

LIST OF APPENDIXES

- Appendix A. Advertisement example
- Appendix B. Phone interview format
- Appendix C. Demographics forms
- Appendix D. Information sheet and consent form
- Appendix E. Therapist interview guide
- Appendix F. HAACS
- Appendix G. Homework assignment form
- Appendix H. HRS-II
- Appendix I. Syntax
- Appendix J. Residual plots
- Appendix K. HAACS descriptive graphs
- Appendix L. Reliability analyses
- Appendix M. Alternative Model C and D