

# A National Survey of Practicing Psychologists' Use and Attitudes Toward Homework in Psychotherapy

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Homework assignments have been studied extensively in psychotherapy research, but there is little data on the way in which homework is transferred to clinical practice. A survey was conducted of 827 practicing psychologists nationwide regarding their use and attitudes toward homework. Overall, 68% of the present sample indicated that they “often” or “almost always” used homework assignments. Factor analysis revealed that practitioners have a range of attitudes that can be classified as reflecting the notion that homework has (a) a negative impact on in-session therapeutic work and (b) a positive effect on therapy outcomes. More positive attitudes were reported among those with a cognitive-behavioral theoretical orientation. Nevertheless, the use of homework among psychodynamic/analytic practitioners reported in the present sample was unexpected and suggests that theoretical and empirical work is required to examine homework's effects in a range of psychotherapy approaches.

*Keywords:* homework assignments, psychotherapy, practitioner survey

Homework assignments are a core feature of behavioral and cognitive-behavioral therapies (CBT; Beck, Rush, Shaw, & Emery, 1979), and are designed to assist clients in gathering information, testing out beliefs, and generalizing skills to the everyday situations in which their problems occur. A recent meta-analysis aggregated the effect sizes from studies contrasting therapy with and without homework, and concluded that homework assignments produce an independent positive effect on treatment outcome (Kazantzis, Deane, & Ronan, 2000).

Only limited data exist on the use of homework assignments in psychotherapy. Surveys of the published treatment outcome literature report a high rate of homework use (Mahrer, Nordin, & Miller, 1995; Shelton & Levy, 1981), but these data are restricted to the research setting where treatment is often delivered in a manualized format. Surveys of clinical practice have generally been narrowly focused on small samples of psychologists (i.e., Fehm & Kazantzis, 2004; Kemmler, Borgart, & Gärke, 1992).

Other surveys have sampled psychologists working with aphasia (i.e., Petheram, 1992) and psychologists identifying themselves as rational-emotive in theoretical orientation (i.e., Warren & McLellarn, 1987). A study by Kazantzis and Deane (1999) gathered data from a general psychologist sample ( $N = 221$ ) and found that 98% reported the use of homework in their clinical practice. While the Kazantzis and Deane study showed that CBT practitioners used homework more frequently than their non-CBT counterparts, these findings have poor external validity because of the overrepresentation of CBT practitioners in that population (Kazantzis & Deane, 1998).

Homework has been described as “the most generic of behavioral interventions, and one that greatly and immediately distinguishes behavior therapy from psychoanalysis” (Goisman, 1985, p. 676). Homework was also identified as the primary feature of psychotherapy that separated CBT and psychodynamic-interpersonal therapies in a recent survey of published research (Blagys & Hilsenroth, 2002). By contrast, others explicitly advocate the use of homework as a useful adjunct to insight-orientated therapies (Carich, 1990; Halligan, 1995), and consider it to be a common component of all short-term psychotherapies (Garfield, 1997; Kazantzis & Ronan, in press). Despite the contrasting positions in this debate, there are no data on practicing psychologists' attitudes toward homework assignments or on whether there are differences as a function of theoretical orientation.

The present study was designed to survey a large national sample of practitioners regarding their use and attitudes toward homework. Our aim was to describe practitioners' use and attitudes toward homework in clinical practice and to explore the dimensions underlying attitudes using factor analysis. In addition, we aimed to test whether use and attitudes were influenced by theoretical orientation. The present study differed from previous practitioner surveys (i.e., Kazantzis & Deane, 1999) by gathering

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data from a large U.S. sample, which had a broad representation of theoretical orientations. The present study also extended prior research by surveying practitioners' attitudes toward homework. As homework assignments have evolved primarily within the context of CBT, it was hypothesized that those with a CBT orientation would report greater use of homework (Hypothesis 1) and would have more positive attitudes toward homework (Hypothesis 2). As practitioner attitudes are likely to be related to the use of homework, and there are data showing that practitioner competence in the use of homework predicts client compliance (Bryant, Simons, & Thase, 1999; Conoley, Padula, Payton, & Daniels, 1994), it was expected that there would be an association between practitioner attitudes and estimates of clients' compliance and quality of homework completion. Prior research on homework assignments has generally focused on measuring *compliance* rather than the *quality* of homework completion (e.g., degree of skill acquisition in thought record completion), even though quality of completion is more clinically meaningful and serves as a stronger predictor of treatment outcome (Kazantzis, Deane, & Ronan, 2004; Neimeyer & Feixas, 1990; Primakoff, Epstein, & Covi, 1986; Schmidt & Woolaway-Bickel, 2000). Consequently, the present study sought separate practitioner estimations of client compliance and quality of homework completion. Specifically, it was hypothesized that practitioners with more positive attitudes would indicate that they had received a better response, higher compliance, and higher quality of homework from their clients (Hypothesis 3).

## Method

### Participants

A total of 3,000 licensed psychologists were randomly selected from the American Psychological Association (APA) membership database. A random sample of mailing labels was received from APA with the restriction that the provision of mental health services was their primary work activity (i.e., primary or secondary work setting), and that the primary mailing address was listed in the United States. A cover letter explaining the study and the questionnaire were mailed to practitioners in September 2000, and 827 completed questionnaires (28%) were returned by December 2000. The response rate was comparable with a previous randomized survey of practitioner attitudes (i.e., 30% response rate in Addis & Krasnow, 2000).

### Survey Questionnaire

We constructed a questionnaire consisting of 44 self-report items assessing practitioners' demographic characteristics, use, experience, and attitudes toward homework assignments. As the present study aimed to survey a representative sample of all practicing psychologists, the term *between-session assignments* was used instead of *homework assignments* so that the study would not be perceived to be aligned with any particular theoretical orientation.

The questionnaire included nine items to assess practitioners' use and experience with homework assignments. Practitioners were first asked a broad filter question: "Have you ever asked a client to observe and scrutinize his or her own behavior, thoughts, or emotions outside the therapy session?" Those that answered yes to this question were then asked to rate the amount of thought (i.e., "How much thought have you given to using the time between sessions for treatment purposes?") on a 5-point Likert scale ranging from 1 (*none at all*) to 5 (*a lot*). Practitioners were asked to rate their level of commitment (i.e., "How committed are you to using the time between sessions for treatment purposes?") on a 5-point Likert scale ranging from 1 (*not at all*) to 5 (*very strongly*). Practitioners

were asked to provide an overall estimation of their clients' response (i.e., "How do your clients respond to you asking them to engage in between-session activities relevant to therapy?") on a 5-point Likert scale ranging from 1 (*very negatively*) to 5 (*very positively*). Practitioners were then asked to provide separate global estimations of their clients' *compliance* (i.e., "On average, how would you describe your clients' level of compliance with between-session activities?") on a 5-point Likert scale ranging from 1 (*no compliance whatsoever*) to 5 (*high level of compliance*). Practitioners were also asked to rate the *quality* of homework completion (i.e., "On average, how would you describe your clients' quality of between-session activity completion?") on a 5-point Likert scale ranging from 1 (*very low quality*) to 5 (*very high quality*).

In addition, practitioners were asked to provide an overall rating of how often they used homework assignments (i.e., "How often do you use between-session activities in your clinical practice?") on a 5-point Likert scale ranging from 1 (*never*) to 5 (*almost always*). Practitioners were also asked to rate how many different types of assignments they would generally recommend during the first 10 sessions (i.e., "On average, how many different types of between-session activities would you usually recommend during the first 10 treatment sessions for a client?") on a 6-point Likert scale ranging from 1 (*one*) to 6 (*six or more*). Finally, practitioners were asked to indicate how many different types of homework they would assign at each therapy session (i.e., "On average, how many different between-session activities would you usually recommend at each session?") on a 4-point Likert scale ranging from 1 (*one*) to 4 (*four or more*).

Seventeen attitudinal items were phrased as statements about between-session (homework) assignments and their role in clinical practice. Items were generated from a review of the literature on homework assignments and from informal discussions with practitioners. Item content was based on the frequently cited assertion that "further research is required" to demonstrate that homework assignments have a positive effect on treatment outcome, despite sound empirical evidence to the contrary (see review in Kazantzis et al., 2000). Based on discussions with practitioners, items were also designed to target the suggestions that using homework has a negative impact on therapy by (a) requiring the therapist to be prescriptive and directive, (b) requiring interventions that are not tailored to meet individual client needs, and (c) placing excessive demands on clients. An attempt was made to balance the number of positive and negative items and to ensure clarity in individual items. Practitioners rated their agreement on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

## Results

### Sample Characteristics

Table 1 outlines the demographic information for the 827 practitioners in the present sample. Most practitioners (92%) reported their primary professional activity to be direct patient contact with adults (68% of caseload), and most were working in independent practice (72%).

As a means of evaluating the representativeness of our sample, we compared the demographic characteristics with published reports on the total APA membership (APA Research Office, 2000). The present sample was virtually identical to the APA membership in terms of gender, age, ethnicity, number of years in clinical practice, and professional degree. As expected, a greater proportion of the present sample (92%) reported having clinical work as their primary professional activity compared with the APA membership (i.e., 27% of total APA membership and 50% of full-time employed APA members). Similarly, more practitioners in the present sample (72%) were working in independent practice compared with the APA membership (i.e., 15% of total APA mem-

Table 1  
Sample Characteristics

| Variable                                | %  | <i>n</i> | <i>M</i> | <i>SD</i> |
|---|----|----------|----------|-----------|
| Gender                                  |    |          |          |           |
| Men                                     | 48 | 399      |          |           |
| Women                                   | 51 | 418      |          |           |
| Age (in years)                          |    |          | 52.43    | 9.63      |
| Ethnicity                               |    |          |          |           |
| African American                        | 1  | 5        |          |           |
| Asian American                          | 1  | 4        |          |           |
| European American/Caucasian             | 93 | 766      |          |           |
| Hispanic/Latino                         | 1  | 8        |          |           |
| Native American                         | 1  | 8        |          |           |
| Years since graduate degree             |    |          | 18.60    | 9.50      |
| Degree                                  |    |          |          |           |
| Master's                                | 2  | 18       |          |           |
| PhD                                     | 83 | 686      |          |           |
| PsyD                                    | 9  | 74       |          |           |
| EdD                                     | 4  | 32       |          |           |
| Years in clinical practice              |    |          | 20.65    | 9.09      |
| Average caseload per year               |    |          |          |           |
| Infants                                 | 1  | 280      |          |           |
| Children                                | 17 | 486      |          |           |
| Adolescents                             | 17 | 645      |          |           |
| Adults                                  | 68 | 790      |          |           |
| Older adults                            | 12 | 541      |          |           |
| Average use of therapy formats per year |    |          |          |           |
| Individual                              | 73 | 806      |          |           |
| Group                                   | 10 | 345      |          |           |
| Couple                                  | 16 | 683      |          |           |
| Family                                  | 14 | 489      |          |           |
| Predominant theoretical orientation     |    |          |          |           |
| Behavioral                              | 2  | 12       |          |           |
| Cognitive-behavioral                    | 39 | 324      |          |           |
| Existential/humanistic                  | 7  | 59       |          |           |
| Social learning                         | 1  | 9        |          |           |
| Psychodynamic/analytic                  | 24 | 200      |          |           |
| Interpersonal                           | 7  | 60       |          |           |
| Family systems                          | 3  | 28       |          |           |
| Other                                   | 12 | 95       |          |           |

Note. Percentages may exceed 100 because multiple responses were allowed.

bership and 34% of full-time employed APA members). These differences were expected because the present sample was specifically selected to be in at least part-time clinical practice, which supports the external validity of the present sample (i.e., representative of practitioners).

The most popular theoretical orientation in the present sample was CBT (39%), followed by psychodynamic/analytic (PD; 24%), and existential and family systems each being endorsed by 7% of the sample (see Table 1). The range and percentages of theoretical orientations were consistent with the Addis and Krasnow (2000) survey of the APA membership (i.e., 43% CBT and 24% PD) and a survey of APA Division 12 members (Norcross, Karg, & Prochaska, 1997). Theoretical orientations cannot be compared with the APA membership because the APA does not collect data on theoretical orientations.

### Use of Homework Assignments

Almost all practitioners (98%) had asked their clients to scrutinize their thoughts, behavior, or emotions outside therapy sessions.

This was consistent with the majority of practitioners having given a lot (41%) or a fair amount (34%) of thought to using the time between sessions for treatment purposes. Practitioners also reported feeling very strongly (33%) or strongly (34%) committed to using the time between sessions for treatment.

Practitioners next rated their clients' responses to being asked to complete between-session assignments. Only a small number of clinicians rated their clients' responses as somewhat negative (3%) or neutral (11%), and most were described as somewhat positive (61%) or very positive (26%). There was some variation in practitioners' estimates of homework compliance ranging from low (20%), through moderate (73%), to high compliance (7%). Practitioners' estimates of the degree of homework quality showed a similar pattern. Only a small proportion (10%) reported low or very low quality, more than half (65%) reported moderate quality, and 25% reported high or very high quality.

We also asked practitioners to provide an overall rating of the frequency with which they used homework assignments. Of interest, the majority of the sample reported sometimes (27%), often (48%), or almost always (20%) using homework. Over the course of the first 10 therapy sessions, most practitioners estimated that they would assign two, three, or four different types of between-session activities for a client (24%, 30%, and 14% of sample, respectively). However, most practitioners indicated that they would assign only one or two different assignments per therapy session (77% and 20% of sample, respectively), suggesting that practitioners generally assign the same assignment more than once during the first 10 sessions.

Table 2 shows practitioners' self-reported use and experience with homework assignments stratified by theoretical orientation. As the large sample size in the present study would likely yield significant results for small mean differences, we calculated effect size estimates (Cohen's *d*) to examine differences between the subgroup mean and total sample mean (see Elliot, Stiles, & Shapiro, 1993; Orlinsky et al., 1999). Table 2, in which Cohen's (1988) conventional classification for a "small effect" ( $d \geq .2$ ) was used as the criterion, shows that CBT practitioners reported having given more thought and being more committed to using time between sessions for treatment. Conversely, interpersonal and PD practitioners reported less thought and commitment to the use of between-session time. Among CBT and PD practitioners, there were no reliable theoretical orientation differences in ratings of client response, therapist estimation of client compliance, or therapist estimation of homework quality. However, CBT practitioners had a greater general use of homework and used more activities in the first 10 sessions of therapy (Hypothesis 1). While behavioral and social learning practitioners also provided high ratings, readers are cautioned that only a small proportion of the present sample identified behavioral (2%,  $n = 12$ ) or social learning (1%,  $n = 9$ ) as their predominant theoretical orientation.

### Attitudes Toward Homework Assignments

The present study aimed to explore the structure of homework attitudes. We used a two-stage cross-validation procedure involving (a) exploration of the factor structure with a 50% split of the data and (b) evaluation of the resulting factor model with the remaining 50% of the data (Picard & Cook, 1984). After first determining that there was no systematic pattern to missing questionnaire data, and checking for multivariate normality, items were

Table 2  
Practitioners' Use and Experience with Homework Assignments by Theoretical Orientation

| Theoretical orientation             | Therapists' thought |              | Therapists' commitment |              | Clients' response |             | Estimated homework compliance |              | Estimated quality of completion |              | General use      |              | Average per first 10 sessions |              | Average per session |              |
|-------------------------------------|---------------------|--------------|------------------------|--------------|-------------------|-------------|-------------------------------|--------------|---------------------------------|--------------|------------------|--------------|-------------------------------|--------------|---------------------|--------------|
|                                     | <i>M</i>            | <i>ES</i>    | <i>M</i>               | <i>ES</i>    | <i>M</i>          | <i>ES</i>   | <i>M</i>                      | <i>ES</i>    | <i>M</i>                        | <i>ES</i>    | <i>M</i>         | <i>ES</i>    | <i>M</i>                      | <i>ES</i>    | <i>M</i>            | <i>ES</i>    |
|                                     | <i>M</i> = 4.12     |              | <i>M</i> = 3.89        |              | <i>M</i> = 4.10   |             | <i>M</i> = 2.87               |              | <i>M</i> = 3.15                 |              | <i>M</i> = 3.82  |              | <i>M</i> = 3.18               |              | <i>M</i> = 1.26     |              |
|                                     | <i>SD</i> = 0.84    |              | <i>SD</i> = 0.98       |              | <i>SD</i> = 0.68  |             | <i>SD</i> = 0.52              |              | <i>SD</i> = 0.63                |              | <i>SD</i> = 0.82 |              | <i>SD</i> = 1.47              |              | <i>SD</i> = 0.51    |              |
| Behavioral <sup>a</sup>             | 4.08                | -0.05        | 4.08                   | 0.19         | 4.08              | -0.03       | 3.00                          | <b>0.25</b>  | 3.00                            | <b>-0.24</b> | 4.08             | <b>0.32</b>  | 3.58                          | <b>0.27</b>  | 1.33                | 0.14         |
| Cognitive-behavioral <sup>b</sup>   | 4.40                | <b>0.34</b>  | 4.21                   | <b>0.34</b>  | 4.15              | 0.07        | 2.90                          | 0.06         | 3.18                            | 0.05         | 4.17             | <b>0.44</b>  | 3.61                          | <b>0.29</b>  | 1.34                | 0.15         |
| Existential/humanistic <sup>c</sup> | 4.16                | 0.05         | 3.89                   | <b>0.00</b>  | 4.27              | <b>0.25</b> | 2.96                          | 0.18         | 3.25                            | 0.16         | 3.82             | 0.00         | 3.16                          | -0.01        | 1.26                | 0.00         |
| Social learning <sup>d</sup>        | 4.57                | <b>0.54</b>  | 4.43                   | <b>0.55</b>  | 4.14              | <b>0.06</b> | 2.57                          | <b>-0.58</b> | 2.86                            | <b>-0.46</b> | 3.71             | -0.13        | 2.71                          | <b>-0.32</b> | 1.38                | <b>0.23</b>  |
| Psychodynamic/analytic <sup>e</sup> | 3.70                | <b>-0.49</b> | 3.43                   | <b>-0.46</b> | 4.00              | -0.14       | 2.80                          | -0.13        | 3.08                            | -0.11        | 3.34             | <b>-0.59</b> | 2.39                          | <b>-0.55</b> | 1.15                | <b>-0.22</b> |
| Interpersonal <sup>f</sup>          | 3.85                | <b>-0.32</b> | 3.69                   | <b>-0.20</b> | 4.00              | -0.14       | 2.78                          | -0.17        | 3.07                            | -0.13        | 3.56             | <b>-0.31</b> | 3.00                          | -0.12        | 1.20                | -0.12        |
| Family systems <sup>g</sup>         | 4.18                | 0.07         | 3.89                   | 0.00         | 4.07              | -0.04       | 2.88                          | 0.02         | 3.11                            | -0.06        | 3.93             | 0.13         | 3.32                          | 0.09         | 1.26                | 0.00         |

Note. Effect size estimates (Cohen's *d*) represent differences between subgroup mean and total sample mean, divided by the pooled standard deviation (Rosenthal & Rosnow, 1991). Effect sizes (ES) in bold are those that reach the conventional classification as a small effect ( $d \geq .2$ ) as defined in Cohen (1988).

<sup>a</sup>  $n = 12$ . <sup>b</sup>  $n = 324$ . <sup>c</sup>  $n = 59$ . <sup>d</sup>  $n = 9$ . <sup>e</sup>  $n = 200$ . <sup>f</sup>  $n = 60$ . <sup>g</sup>  $n = 28$ .

subjected to maximum-likelihood factor analysis with a randomly selected 50% of the data (rotated to direct oblimin with Kaiser normalization). On the basis of item content, we hypothesized that there would be two clearly interpretable factors in the questionnaire, but tested one- and three-factor solutions as a safeguard against missing some aspect of the data. Using the eigenvalue greater than one criterion, we retained two factors (eigenvalues were 4.38 and 1.41). The third factor comprised three conceptually unrelated items that had cross-loadings greater than .30 on two other factors. As this third factor had an eigenvalue of .91, and only accounted for 6% of the variance, we considered a two-factor solution to be a reasonable estimate of the number of factors on the attitude questionnaire.

We used structural equation modeling with AMOS (Version 4.01; Arbuckle & Wothke, 1999) to evaluate the factor structure of the questionnaire with the remaining 50% of the sample. Indexes to evaluate model fit included the comparative fit index (CFI; Bentler, 1990, in which values greater than .9 indicate adequate fit), Tucker-Lewis Index (TLI; Tucker & Lewis, 1973, in which values greater than .9 indicate adequate fit), the parsimony CFI (PCFI; James, Muliak, & Brett, 1982, calculated relative to the CFI), and the root-mean-square error of approximation (RMSEA; Browne & Cudek, 1993, in which values of less than .05 indicate adequate fit) with a 90% confidence limit (CI). The fit of the two-factor model was reasonable,  $\chi^2(104, N = 415) = 659.93, p < .000$ , CFI = .97, TLI = .96, PCFI = .74, RMSEA = .12 (CI = .11-.13).

Table 3 shows practitioners' mean agreement ratings on the 17 attitudinal items. Factor 1 concerns attitudes on the negative impact of homework assignments on the therapeutic relationship and on the process of conducting therapy (i.e., requiring a prescriptive and directive therapeutic style, placing unrealistic expectations, and undermining learning). We labeled the first factor *Negative Session Impact*. Factor 2 concerns attitudes on the positive effects of homework assignments in achieving successful outcomes (i.e., enhancing skill acquisition, posttreatment and sustained outcomes). We labeled the second factor *Positive Homework Effect*. Within-subject comparisons of mean ratings on Negative Session Impact and Positive Homework Effect factor items revealed no

significant difference ( $p > .05$ ). Items loading onto each factor were summed to create factor scores, in which higher scores on the Negative Session Impact factor indicated more negative attitudes, and higher scores on the Positive Homework Effect factor indicated more positive attitudes.

#### Variables Associated With Attitudes Toward Homework Assignments

There were differences in attitudes toward homework assignments by different theoretical orientations. PD practitioners showed higher attitudes on the Negative Session Impact factor ( $M = 2.4, SD = 0.76$ ) than did their CBT counterparts ( $M = 1.71, SD = 0.40$ ), and this difference was significant at the conservative .01 level,  $t(504) = 13.46, p < .001, d = 1.15$ . On the other hand, CBT practitioners showed significantly higher attitudes on the Positive Homework Effect factor ( $M = 4.19, SD = 0.43$ ) than did PD practitioners ( $M = 3.55, SD = 0.66$ ),  $t(501) = 12.95, p < .001, d = 1.13$  (Hypothesis 2).

To compare attitudes as a function of practitioners' rating of client response to homework, we combined ratings of "very negatively" and "somewhat negatively" to form the negative category and combined ratings of "somewhat positively" and "very positively" to form the positive category. Neutral ratings were not recorded. Practitioners who had experienced negative client responses to homework had significantly higher scores on the Negative Session Impact factor ( $M = 2.52, SD = 0.84$ ) than those who had experienced positive ( $M = 2.28, SD = 0.67, d = .32$ ) or neutral responses ( $M = 1.89, SD = 0.53, d = .83$ ),  $F(2, 732) = 23.17, p < .001$ . Practitioners who had experienced negative or neutral responses from clients also had significantly lower scores on the Positive Homework Effect factor ( $M = 3.69, SD = 0.63, d = .58$ ;  $M = 3.63, SD = 0.57, d = .72$ , respectively) than those who had experienced positive responses ( $M = 4.02, SD = 0.50$ ),  $F(2, 739) = 26.62, p < .001$ .

To compare attitudes as a function of practitioners' estimations of client compliance with homework assignments, we excluded ratings of "no compliance whatsoever" as less than 1% ( $n = 3$ ) of

Table 3  
Practitioners' Attitudes Toward Between Session Assignments

| Item  | <i>M</i> | <i>SD</i> | Factor loading                             |   |
|---|----------|-----------|--|---|
|   |          |           | Negative session impact ( $\alpha = .80$ ) | Positive homework effect ( $\alpha = .84$ ) |
| 1. Between-session activities enhance therapy by facilitating the acquisition of clients' adaptive skills in everyday situations  | 4.37     | 0.74      | -.58                                       | <b>.74</b>                                  |
| 2. Aside from posttreatment outcomes, between-session activities are helpful in promoting sustained long-term benefit from psychotherapy  | 3.97     | 0.83      | -.48                                       | <b>.73</b>                                  |
| 3. Between-session activities help clients benefit from interventions that have demonstrated efficacy   | 4.05     | 0.80      | -.49                                       | <b>.71</b>                                  |
| 4. Between-session activities enhance therapeutic outcomes by facilitating increased client awareness and insight into presenting problem(s)  | 4.31     | 0.78      | -.52                                       | <b>.66</b>                                  |
| 5. When matched with a client's ability and presenting problem(s), between-session activities can enhance a client's sense of mastery, self-control, or self-efficacy   | 4.33     | 0.66      | -.47                                       | <b>.65</b>                                  |
| 6. Client completion of between-session activities can help the therapist to evaluate client involvement in psychotherapy   | 3.87     | 0.87      | -.32                                       | <b>.60</b>                                  |
| 7. The field of psychotherapy will eventually come to consider between-session activities as a common component of all psychotherapies  | 3.55     | 0.97      | -.39                                       | <b>.54</b>                                  |
| 8. Between-session activities reinforce the notion that clients are responsible for their own progress in psychotherapy   | 4.16     | 0.79      | -.29                                       | <b>.54</b>                                  |
| 9. If research evidence shows between-session activities to be effective, then the therapist is ethically obliged to use between-session activities as opposed to therapy that focuses exclusively on in-session work | 2.81     | 1.16      | -.22                                       | <b>.43</b>                                  |
| 10. Using between-session activities overemphasizes a therapist-prescriptive and directive approach to therapy  | 2.27     | 1.03      | <b>.70</b>                                 | -.46  |
| 11. Using between-session activities makes therapists more like school teachers than mental health care providers   | 1.79     | 0.95      | <b>.69</b>                                 | -.35  |
| 12. Regardless of their utility, between-session activities place unrealistic expectations on clients   | 1.68     | 0.76      | <b>.67</b>                                 | -.43  |
| 13. While they may be helpful in promoting skill learning, between-session activities do not enhance psychotherapy outcomes   | 1.95     | 0.89      | <b>.65</b>                                 | -.53  |
| 14. Using between-session activities undermines the natural learning process for clients  | 1.37     | 0.74      | <b>.62</b>                                 | -.56  |
| 15. Even when between-session activities are completed by clients, they make no difference to the number of sessions required for therapy   | 2.26     | 0.92      | <b>.51</b>                                 | -.49  |
| 16. Between-session activities are only appropriate for clients receiving cognitive and behavioral psychotherapies  | 1.56     | 0.78      | <b>.50</b>                                 | -.30  |
| 17. Using predetermined between-session activities (e.g., published practice planners) forces therapists to use interventions that are not tailored to the individual client's needs                                  | 2.93     | 1.17      | <b>.42</b>                                 | -.34  |

*Note.* A randomly selected 50% of the total sample was used for this factor analysis ( $n = 415$ ). Attitude items were rated on a 5-item Likert scale, with responses ranging from 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), to 5 (*strongly agree*). Boldface values represent positive factor loadings greater than .30.

the sample endorsed this category. As hypothesized, those who estimated high homework compliance had significantly lower scores on the Negative Session Impact factor ( $M = 1.76$ ,  $SD = 0.58$ ) than those who estimated moderate ( $M = 1.88$ ,  $SD = 0.54$ ,  $d = .21$ ) or low client compliance ( $M = 2.26$ ,  $SD = 0.62$ ,  $d = .83$ ),  $F(2, 744) = 29.29$ ,  $p < .001$ . Practitioners who estimated high homework compliance also had significantly higher scores on the Positive Homework Effect factor ( $M = 4.22$ ,  $SD = 0.53$ ) than those who estimated moderate or low compliance ( $M = 4.01$ ,  $SD = 0.50$ ,  $d = .40$ ;  $M = 3.70$ ,  $SD = 0.55$ ,  $d = .96$ , respectively),  $F(2, 736) = 28.53$ ,  $p < .001$  (Hypothesis 3).

To compare attitudes as a function of practitioner estimations of their clients' overall quality of homework completion, we combined ratings of "very low quality" and "low quality" to form the low category and combined ratings of "high quality" and "very high quality" to form the high category. Practitioners who estimated high quality of homework completion had lower scores on the Negative Session Impact factor ( $M = 1.80$ ,  $SD = 0.62$ ) than

those who estimated moderate or low quality of completion ( $M = 1.95$ ,  $SD = 0.52$ ,  $d = .26$ ;  $M = 2.34$ ,  $SD = 0.66$ ,  $d = .84$ , respectively),  $F(2, 745) = 23.99$ ,  $p < .001$ . Practitioners who estimated high quality also had significantly higher scores on the Positive Homework Effect factor ( $M = 4.16$ ,  $SD = 0.48$ ) than those who estimated moderate or low quality of completion ( $M = 3.95$ ,  $SD = 0.50$ ,  $d = .43$ ;  $M = 3.66$ ,  $SD = 0.63$ ,  $d = .89$ , respectively),  $F(2, 736) = 26.97$ ,  $p < .001$  (Hypothesis 3).

## Discussion

There are several limitations to this study that should be acknowledged. First, the response rate of 28% was modest. Although this rate of response was similar to a recent randomized survey of practitioner attitudes (i.e., Addis & Krasnow, 2000), and comparisons with the APA database and surveys of theoretical orientation suggest that our sample was representative of practicing psychologists, the fact remains that this rate may have produced a sample

bias. Readers are cautioned that the present sample may contain an overrepresentation of practicing psychologists who have an interest in homework assignments or clinical research.

A second limitation was the operationalization of homework assignments in the present study. We did not use the term *homework* in our questionnaire, and our definition of what made up a *homework assignment* in the filter question was intentionally broad. The primary goal of the present study was to survey a large sample of psychologists' attitudes toward homework activities, and we did not want to deter potential participants by defining between-session activities in a manner that reflected a single theoretical orientation. We consistently referred to "between-session activities" in the remainder of the questionnaire, but readers are cautioned that the data cannot be separated for those using unstructured therapeutic activities (e.g., reflection) and those involving specific behaviors (e.g., activity schedule, thought records, panic diary).

A third limitation was that the present study involved the survey of attitudes toward homework assignments and did not directly observe or evaluate clinical practice. This method is cross-sectional and self-report and may not predict actual therapist behaviors in clinical practice. In relying exclusively on therapist self-report, the data may have been compromised by social desirability or other response biases. Readers are also cautioned that therapist estimations of compliance are often different from client ratings (see Kazantzis et al., 2004).

The present data suggest that most psychologists use between-session homework assignments in their practice of therapy. We reached this conclusion based on the 98% response to the broad filtering question, and 68% of the sample reporting that they "often" or "almost always" use between-session assignments. These results are consistent with smaller surveys of practitioners' use of homework assignments in clinical practice (e.g., Fehm & Kazantzis, 2004; Kazantzis & Deane, 1999), but extend prior research in showing that homework assignments are used among a large representative practitioner sample. In rating their experience with homework, most practitioners indicated that their clients respond positively to homework and estimated that their clients' compliance and quality of homework completion occurred to a "moderate" extent. These findings support the assumption that homework assignments are an important aspect of how therapists deliver treatments in clinical practice (Norcross, Hedges, & Prochaska, 2002).

As expected, CBT practitioners reported using more homework assignments, being more committed, and giving more thought to the therapeutic use of time between sessions. Their PD and interpersonal counterparts reported less use, commitment, and time toward the use of homework. There are likely to be differences in the content and definition of homework assignments between different therapy approaches, but the present data suggest that homework may be a common feature of CBT and PD therapies.

The present study also suggests that practicing psychologists have a range of attitudes regarding the use of homework assignments in psychotherapy. Factor analysis revealed that the data could be classified as reflecting the attitude that homework assignments (a) have a negative impact on the therapeutic relationship and the process of conducting therapy (Negative Session Impact) and (b) produce positive effects on therapy outcomes (Positive Homework Effect). CBT practitioners reported more positive attitudes toward homework assignments in terms of impact on

session and producing positive effects. PD practitioners reported less positive attitudes, with mean scores on these factors close to the "neutral" option on the response scale. Therefore, it seems likely that PD practitioners had less positive attitudes toward homework than did their CBT counterparts.

In terms of correlates of attitudes, the present data show that practitioners who experienced more positive client responses and estimated greater homework compliance had more positive attitudes. However, this latter finding should be interpreted cautiously because the data are cross-sectional and compliance was based on therapists' global ratings of their entire caseload.

In summary, the present study has provided empirical data on practicing psychologists' use and attitudes toward homework assignments in psychotherapy. Consistent with their conceptual origins, homework assignments were more commonly used and perceived more positively among CBT practitioners. However, it was noteworthy that all theoretical groups in the present study reported some use of homework assignments. These findings highlight the problems in assuming homogeneous attitudes among practitioners, and suggest that theoretical and empirical work is required to examine homework's effects in a range of therapy approaches. In addition, these findings underscore the importance of evaluating therapist attitudes and beliefs toward homework in clinical supervision. The emerging evidence indicating that therapist competence in using homework can affect client compliance (Bryant et al., 1999) and treatment outcomes (Shaw et al., 1999), coupled with the present findings, suggest it is likely to be useful for supervisors to consider therapist attitudes as a possible determinant of therapists' behavior in integrating homework into therapy.

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