

**Handbook of Homework Assignments  
in Psychotherapy**  
**Research, Practice, and Prevention**

# Handbook of Homework Assignments in Psychotherapy

## Research, Practice, and Prevention


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# PREFACE

The aim of this *Handbook of Homework Assignments in Psychotherapy: Research, Practice, and Prevention* is to provide comprehensive resource on the role of homework assignments in psychotherapy and prevention. However, the process of generalizing in-session therapeutic work through between-session activity has a long history in psychotherapy. This *Handbook* is designed to elucidate and extend that history by presenting theoretical and clinically focused descriptions of the role of homework assignments in a range of psychotherapies, clinical populations, and presenting problems. Designed for both the beginning and the experienced psychotherapy practitioner, this *Handbook* assumes a basic knowledge of psychopathology and practice of psychotherapy and prevention. The *Handbook* aims to contribute to the professional resources for all psychotherapy practitioners and researchers, in private and public practice, graduate students in clinical and counseling psychology, couple and family therapists, as well as residents in psychiatry. This book does not aim to review the theories of psychotherapy in detail, specific treatments of psychopathology, clinical assessment, or basic psychotherapy and prevention processes that are currently available in numerous psychotherapy textbooks. This *Handbook* is a clinical resource designed to provide a focused coverage of how to integrate homework assignments into psychotherapy practice, and in the prevention of mental illness.

## OUTLINE FOR THE HANDBOOK

This *Handbook* comprises four distinct parts. Part I of the book consists of nine chapters that describe the process of using homework assignments in a range of psychotherapy approaches (i.e., Chapters 1–9). As we were proposing a *Handbook* on homework assignments covering a range of different psychotherapy approaches, we made an effort to provide a broad guiding structure to facilitate consistency within this section. Thus, we invited primarily clinical chapters including the following: (a) brief overview of the therapeutic approach, (b) description of the role of homework assignments in the approach (main part of the chapter), (c) at least one relevant case study to illustrate how homework contributes to psychotherapy and prevention.

In Chapter 1, Deborah Roth Ledley and Jonathan Huppert extend their research contributions by describing the role of homework assignments in behavior therapy. In Chapter 2, Marjorie Witty presents a discussion on the role of client-instigated homework assignments in client-centered psychotherapy. In Chapter 3, Judith Beck and Michael Tompkins contribute to the cognitive therapy practice literature by presenting a description of homework assignments that emphasizes the

role of the conceptualization and collaborative relationship. In Chapter 4, Jennifer Ellison and Leslie Greenberg present a description of the role of homework assignments in emotion-focused experiential therapy. In Chapter 5, Jami Young and Laura Mufson describe how homework assignments are integrated in interpersonal therapy. In Chapter 6, George Stricker dispels many misconceptions by explaining how homework assignments are integrated into psychodynamic therapy. In Chapter 7, Michael Twohig, Heather Pierson, and Steven Hayes describe how homework assignments are integrated by those practicing acceptance and commitment therapy. In Chapter 8, Michael Robbins, José Szapocznik, and Gonzalo Pérez outline how homework assignments are integrated into brief strategic family therapy. The final contribution to this section, Chapter 9, presents Robert Neimeyer and David Winter's account of how homework assignments can contribute to personal construct therapy.

Part II of the book consists of three chapters that describe the process of using homework assignments for different populations (i.e., Chapters 10–12). We again outlined fairly broad criteria for contributors' discussion of how homework is integrated into the process of psychotherapy, what difficulties are encountered with particular populations, and what homework assignments are helpful. We also encouraged chapter authors to briefly outline, as much as the literature permitted, the empirical support for the use or particular types of homework assignments being discussed. Thus, we invited primarily clinical chapters including the following: (a) an overview of common barriers to the successful use of homework, (b) empirically supported homework for the population, (c) types of homework assignments based on theoretical and empirical support, (d) at least one case study of psychotherapy and prevention including case formulation.

In Chapter 10, Helen DeVries outlines her approach to using homework assignments for older adults. In Chapter 11, Norman Epstein and Donald Baucom describe how they integrate homework assignments into couples therapy. In Chapter 12, Kathleen Newcomb Rekart and Jay Lebow discuss the use of homework assignments for families receiving psychotherapy.

Part III of the book consists of 10 chapters that describe the process of using homework assignments for a range of complex clinical problems (i.e., Chapters 13–22). Once again, we decided to outline fairly broad criteria for contributors' discussion of how homework is integrated into the process of psychotherapy, what difficulties are encountered with particular populations, and what homework assignments are often helpful. We asked contributors to follow the same guiding structure as that incorporated in Part II.

In Chapter 13, Noam Lindenboim, Alex Chapman, and Marsha Linehan describe how homework assignments are integrated into psychotherapy for borderline personality disorder. In Chapter 14, Lawrence Riso and Michael Thase outline how homework assignments are useful in psychotherapy for chronic depression. In Chapter 15, Malcolm Johnson presents his approach to the effective use of homework assignments for clients with chronic pain. In Chapter 16, Tanya Schlam and Terence Wilson discuss the use of homework assignments in psychotherapy for eating disorders. In Chapter 17, Melanie Fennell presents her approach to the use of homework assignments in therapy for low self-esteem. In Chapter 18, David Clark extends his contributions to the clinical practice literature in discussing the role of homework in therapy for obsessions and compulsions. In Chapter 19, Hazel Dunn and Anthony Morrison extend their research contributions by discussing the role of homework in therapy for

psychosis. In Chapter 20, Nancy Gambescia and Gerald Weeks detail their approach to the use of homework in psychotherapy for sexual dysfunction. In Chapter 21, Timothy Apodaca and Peter Monti outline the use of homework in psychotherapy for substance abuse. Finally, in Chapter 22, Janet Leathem and Muriel Christianson present an account of how homework assignments can assist in psychotherapy to aid rehabilitation following traumatic brain injury.

The final part of the book consists of three concluding chapters designed to synthesize and propose directions the four preceding sections. In Chapter 23, Michael Lambert, Cory Harmon, and Karstin Slade present directions for research on homework in psychotherapy and behavior change. In Chapter 24, Dana Nelson and Louis Castonguay present directions for the integration of homework in psychotherapy practice. In Chapter 25, T. Mark Harwood, Joselyne Sulzner, and Larry Beutler present directions for homework in psychotherapy prevention.

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# INTRODUCTION AND HISTORICAL OVERVIEW

Nikolaos Kazantzis and Luciano L'Abate

There has been substantive research into the effects of homework assignments on psychotherapy outcomes. Studies have examined the correlational effects of homework compliance, and contrasted comparable therapies with and without homework. In contrast, research into the processes and mechanisms by which homework produces its effects remains far less developed. Nevertheless, research into homework assignments is an essential and evolving enterprise to understanding how and when psychotherapy works.

Before discussing the findings from contemporary research on homework research, we present a brief historical overview in order to place the current research, and practice applications in this book in context of the evolving field of psychotherapy. This overview leads to a consideration of the theoretical underpinnings and empirical evidence supporting homework's role in psychotherapy.

## HISTORICAL OVERVIEW

The use of between-session time for treatment purposes has its origins in psychoanalytic psychotherapy. Freud (1924) suggested that patients should face their fears in everyday situations once they had worked through their conflicts in psychoanalysis (cf. Dattilio, 2002). It is also noteworthy that early psychoanalytic and directive formulations of psychotherapy included the use of homework assignments as an additional component to in-session therapeutic work (e.g., Dunlop, 1936; Herzberg, 1941; Thorne, 1948). However, it is George A. Kelly's (1955) fixed role therapy that has been credited with the systematic integration of homework into psychotherapy. The systematic use of homework was next represented in behavior therapy formulations (Kanfer & Phillips, 1966; Shelton & Ackerman, 1974). In particular, the use of therapeutic assignments between sessions was popularized by therapists working with sexual dysfunction (i.e., Kanfer, 1970; Kanfer & Phillips, 1966) where homework was conceptualized as the beginning point of therapy structure (Heiman, Lo Piccolo, & Lo Piccolo, 1981). The advent of cognitive therapy as espoused by Aaron T. Beck and Albert Ellis further emphasized homework as a core and

crucial feature of psychotherapy process (e.g., Beck, Rush, Shaw, & Emery, 1979; Ellis, 1962).

Within behavioral and cognitive-behavioral therapy approaches, homework is accorded the main responsibility for ensuring that patients practice, generalize, and maintain adaptive therapeutic skills. The emphasis on homework's role has been maintained in contemporary formulations of these approaches (Alford & Beck, 1994; Beck et al., 1990; Freeman & Davis, 1990; Hollon & Beck, 1994; March, 1997; Thase, 1996; Whisman & Jacobson, 1990) as well as in guides to clinical practice (Beck, 1995; Persons, Davidson, & Tompkins, 2000; Kazantzis, Deane, Ronan, & L'Abate, 2005).

However, the use of homework in psychotherapy is not limited to behavioral and cognitive-behavioral therapies. For instance, some insight-oriented practitioners explicitly encouraged the use of homework assignments (Carich, 1990; Halligan, 1995; Tanner & Connan, 2003), and the benefits of between-session assignments are emphasized in experiential therapy (Greenberg, Watson, & Goldman, 1988). It is also noteworthy that couples and family therapists consider homework integral to their work (Carr, 1997; Hansen & MacMillan, 1990; L'Abate, L'Abate, & Maino, 2005; Nelson, 1994; O'Connell & Gomez, 1995). Homework is used in rehabilitation counseling (Gandy, 1995), solution-focused therapy (Beyebach, Morejon, Palenzuela, & Rodriguez-Arias, 1996), and in self-help interventions (Jordan & L'Abate, 1995).

A range of psychotherapies integrate assignments to help patients extend the therapy to their daily lives, and it has been suggested that "homework" can be considered a common factor in psychotherapy (Garfield, 1997; Kazantzis & Ronan, in press). There is some empirical data to support this claim. A recent randomized survey of 827 practicing psychologists supported the assertion that homework assignments are commonly used to augment a broad range of psychotherapies in everyday clinical work (Kazantzis, Lampropoulos, & Deane, 2005). The survey found that 24% of the sample identified as psychodynamic, and 31% of that group reported using homework to augment therapy. This finding replicated earlier surveys (Fehm & Kazantzis, 2004; Kazantzis, Busch, Ronan, & Merrick, in press). Many psychodynamic practitioners ask their patients to remember dreams for in-session discussion and analysis, as well as by using a variety of activities between sessions to assist patients in attaining treatment goals (cf. Stricker, in press). However, homework has repeatedly been identified as an aspect of psychotherapy process used to distinguish between psychodynamic and cognitive-behavioral therapies in the empirical literature.

A comprehensive survey of the psychotherapy process literature found that homework was mentioned in the description of cognitive-behavioral treatments, but were not mentioned in the methods of psychodynamic psychotherapies (Blagys & Hilsenroth, 2002). This result mirrored earlier studies of therapist behaviors in delivering cognitive-behavioral and psychodynamic-interpersonal therapy sessions that showed homework clearly differentiated these treatments (Goldfried, Castonguay, Hayes, Drozd, & Shapiro, 1997; Goldfried, Raue, & Castonguay, 1998). Thus, there appears to be some discrepancy between the way in which homework assignments are integrated into studies of psychotherapy process and outcome, and the way in which homework assignments are integrated into psychotherapists' clinical practice.

At least some of the apparent discrepancy between what is described in psychotherapy research publications, and what is described as part of practice, may be due to the way in which homework is operationally defined. In the next section, we provide a brief discussion on what constitutes a psychotherapy "homework" assignment, and

discuss further the notion that between-session (homework) assignments, in various forms, represent a widespread feature of psychotherapy process.

### WHAT CONSTITUTES A PSYCHOTHERAPY HOMEWORK" ASSIGNMENT?

The term "homework" is known to produce negative reactions among patients (Dunn, Morrison, & Bentall, 2002; Kazantzis, MacEwan, & Dattilio, 2005), and is disliked by therapists (Fehm & Kazantzis, 2004). Often associated with "lessons" or schoolwork prescribed for completion at home, many patients report unpleasant memories and experience anxiety and other negative emotions when remembering homework during formative years of education. When used in therapy, the term generally carries with it the notion that an activity has been "assigned" by the therapist and the patient's role is to "comply" with it. The term also conveys the idea that the between-session therapeutic activity is a piece of work to be graded in some fashion, and that it can be "failed." These negative associations may account for the avoidance of the term "homework" by some researchers in the empirical and practice literature. Terms used to refer to homework include "self-help assignments" (Masters & Johnson, 1970), "between-session assignments," "home practice activities" (see also terms reviewed in Kazantzis, 2000).

The common rationale for engaging patients in activities between sessions has been to foster *learning* in one form or another. However, the specific nature of assignments, the way in which they are integrated into psychotherapy, varies considerably across psychotherapy approaches. Some psychotherapy formulations incorporate specific homework assignments with the aim of targeting emotions, behaviors, cognitions, as well as interpersonal relationships. Specific activity assignments can involve information gathering, application of insights, or generalization skills introduced in therapy session to be applied in the everyday situations in which patients' difficulties actually occur. In other psychotherapies, however, homework assignments are not specific "tasks," and may focus on their experiential qualities. In fact, some psychotherapy approaches, such as the client-centered approaches, exclusively encourage client-initiated homework assignments, and do not incorporate homework that is content or process-directed by the therapist. Whatever their nature, homework assignments are meaningful and intentional activities incorporated into psychotherapy to facilitate patient adjustment and benefit. All forms of therapy are charged with the task of ultimately transcending the boundaries of the consulting room if therapy is to have an impact on patients' lives. Making appropriate suggestions about how patients might facilitate their own learning between sessions can help achieve this goal.

### THEORETICAL CONSIDERATIONS

As with other aspects of psychotherapy process, there has been little theoretical work to explain the mechanism by which homework can contribute to the benefit that patients experience in therapy (Orlinsky, 2006). Empirical work has progressed without a clear conceptual framework for understanding what leads patients to engage

with between-session homework assignments, and *how* insights and learning from these activities make meaningful contributions to reduction in distress, unhelpful cognitions, behaviors, and overwhelming emotions. Some attempts have been made to devise such a framework (e.g., Detweiler & Whisman, 1999; Malouff & Schutte, 2004), but these have not comprehensively considered the theoretical basis to engaging in homework assignments (Kazantzis, Dattilio, & MacEwan, 2005). To date, the empirical work has been limited to fairly basic associations between ratings of homework compliance and symptom reduction. The purpose of this section is to consider the theoretical elements that would help determine patient *engagement* in homework assignments.

Classical and operant conditioning processes are involved in patient engagement with homework assignments (Kazantzis & L'Abate, 2005). Homework is linked with both antecedents and consequences that serve to create the conditions under which the homework task is increased or decreased. Extensions of classical conditioning have highlighted the importance of the predictive link between the conditioned stimulus and the unconditioned response, and the ability for a stimulus to serve as a "safety signal" by predicting when an aversive event will not occur (Rescorla, 1988). Behavioral theorists note that all "stimuli" in everyday life are comprised of elements that have a particular significance to an individual based on their previous experiences, and that these experiences may interfere with conditioning to novel elements in the environment (Bouton, 1988). In other words, there are usually particular situations or aspects of a situation in the patient's natural environment that indicate the application of a particular intervention would be beneficial.

In basic terms, operant conditioning theory states that contingencies that are positive will increase a behavior, those that are negative will decrease a behavior, and those that are neither positive nor negative will extinguish a behavior. Any behavior conceptualized as a maintaining factor to the presenting problems usually has a wide variety of functions for the patient. In operant terms, the patient has developed expectations that this behavior provides some benefits or rewards. Consequently, a key feature of integrating homework into therapy is to hypothesize, and then test, what the possible unique functions are that maintain behaviors such as subtle avoidance in panic, withdrawal in depression, or reassurance seeking in generalized anxiety. Thus, it is helpful for therapists to consider reinforcement and punishment contingencies (i.e., costs and benefits) as motivational variables that encourage a patient to dedicate time and energy on homework assignments that clearly produce adaptive outcomes.

Of particular relevance to homework in psychotherapy are core elements of generalization, where there is transfer of trained skills (or behaviors) to a new setting, or leads to the development of skills that were not specifically trained. If generalization were not possible, a patient would need to learn a new skill for every newly problematic situation. Furthermore, a particular homework activity may be shaped through a process of successive approximations towards a complex task (or chaining of successive operants), and the repeated intrinsic rewards of the intervention are considered to control its maintenance.

One important implication from these principles is that behaviors need to be practiced *on a regular basis* for the maintenance of therapeutic gains (L'Abate, 1997). A second important implication is that although therapists' praise, encouragement, and other extrinsic rewards may help patients engage in homework activities, such external reinforcement may not be reliable for sustained long-term change. Patients

are likely to benefit more from activities that have clear intrinsic rewards in terms of their reduced experience of distress and increased experience of positive affect. Moreover, practical obstacles and the frequency of shaping contingencies serve to determine the extent to which a homework activity is generalized and maintained in the patient's everyday life. (See Alford and Lantka, 2000 for empirical support for this behavior theory.)

In addition to this behavioral theory, a number of foundations to engagement in homework assignments may be drawn from cognitive theories. Social learning theory would suggest that a patient's intention, or motivation, to engage in a homework assignment is mediated by their beliefs regarding its costs and benefits. In this context, the cost is the perceived difficulty and/or distress that might be caused by the activity, and the benefit being the perceived gain, understanding, and/or skill acquisition in of skill that would be expected. Patients' beliefs about the homework are highly idiosyncratic and make sense in the context of other cognitions that contribute to the etiology and maintenance of their presenting problems (e.g., Bruch, Heimberg, & Hope, 1991).

Hullian learning theory would suggest that homework assignments give structure, direction, and clarity to the often unstructured and unclear psychotherapeutic process (Hunt, Matarazzo, Weiss, & Gentry, 1979). To that extent, then, these three qualities tend to lower whatever anxiety level, conceived as "drive," may have been present from the outset of the process. Too much anxiety may interfere with learning, while too little anxiety would not provide sufficient motivation to learn. Hence, a certain level of anxiety is necessary to provide motivation for change. Anxiety reduction, therefore, increases the frequency and strength of positive behaviors (i.e., "habits" in Hullian parlance). The multiplicative function of "drive  $\times$  habit" would tend to produce positive results (Rescorla & Holland, 1982).

Motivation to engage in homework activities can also be explained in social cognition theory terms (Curtis, 1984; Horvath, 1993; Miller, 1985). Patients' perceived confidence in their ability to engage in a task, also known as self-efficacy, is likely to serve as a determinant of their decision to engage (Bandura, 1989). Theory suggests that perceived confidence is based on prior experience of engaging in a task, observation of other people's experiences, receiving encouragement and feedback from others, and experiencing emotional triggers that cue the activity (Kazantzis & L'Abate, 2005). Theory also suggests that self-regulatory processes are likely to be operating, whereby patients reflect and form beliefs based on the utility of the homework task, and their degree of engagement and learning from having completed it. In other words, a number of cognitive factors mediate the process of learning through homework completion. These mediators are activated when patients make sense of learning from homework completion, as well as in determining whether a homework assignment will be carried out.

A further formulation of psychotherapy (L'Abate, 1997) sees its process as being based on novel stimuli not present in the patient's experiential and behavioral repertoire. Having someone listening to one's hurts and painful past experiences and traumas, being regulated and reassured by regular and repetitive pre-set appointments, feeling limited in a positive way by the 50 minute hour, receiving directions and hope in prescriptions present in homework assignments give patients new impetus to change. Thus, adding homework assignments to the concrete, structural aspects of therapy (regular and repetitive pre-set appointments and of time

duration of therapy sessions), and rehearsal and repetition of newly acquired positive behaviors, would tend to produce positive results, above and beyond so-called "specific and non-specific factors," therapist's characteristics, and the therapeutic alliance.

In this section, we have considered the theoretical foundations that underpin patient engagement with homework assignments. We acknowledge that this discussion reflects our own cognitive-behavioral biases, but have attempted to present foundation that underpin any activities that patients engage in between sessions. We have intentionally not discussed the implications of this theory for the actual integration of between-session homework assignments into therapy sessions. Even more than understanding the theoretical determinants of patients' regular practice of assignments, a therapists' integration of between-session assignments into sessions will be influenced and guided by their theoretical approach and the population.

### WHAT ARE THE ISSUES IN USING HOMEWORK IN DIFFERENT PSYCHOTHERAPIES?

We suggest that there are several key issues to be considered for the integration of homework assignments into a range of psychotherapy approaches. The first issue concerns the nature, or choice, of the specific homework activity. Homework assignments can be based on clinical experience, the subjective judgment of the therapist, or they can be based or directly or indirectly derived or driven from theory. When they are derived directly from a theory or model, as in Aaron T. Beck's system of psychotherapy (Beck et al., 1979), there can be some degree of predetermined scheduling of assignments based on the theoretical model explaining the etiology and maintenance of the patient's concerns. Additionally, published therapy resources also provide flexible lists of homework assignments for various problems and populations (Bevilacqua & Dattilio, 2001; L'Abate, 2005a). In this *Handbook*, the reader will find chapters where homework assignments are administered according to a pre-conceived system or an integrative method that links together most if not all assignments, according to a guiding, pre-ordained approach, be that approach behavioral, humanistic, psychoanalytic, or systemic.

A second issue for the integration of homework assignments for a range of psychotherapies concerns the empirical "validation" or support for different assignments. Taxonomies for the assignment of particular homework assignments for particular problems have been proposed (i.e., Brown-Standridge, 1989; De Shazer, 1988; Hay & Kinnier, 1998), but there is limited empirical support for specific assignments (see review in Kazantzis, Deane, Ronan, & Lampropoulos, 2005). However, the notion of considering empirically supported homework assignments is debatable. Even if the assignment is theoretically identical, such as two patients scheduling activities as part of behavioral activation for depression, the real-life implementation will differ between patients. That is, one patient may benefit from engaging in the same activity three times daily for 30 minutes, whereas the other patient may benefit from engaging in slight variations of the activity once per day for varying amounts of time. These differences are important for ensuring that the assignment can be practically carried out by the patient, given their idiosyncratic array of weekly commitments, particular strengths and biases. Nonetheless, the field has

yet to evaluate many of the homework assignments championed as beneficial<sup>1</sup>. The line between individual tailoring of the same assignment, and a “different” homework assignment needs to be drawn. In this *Handbook*, the reader will find assignments ranging from those that do not involve any written or overt activity component, to those that are explicitly defined in terms of explicit or overt behavior.

A third issue for the integration of homework assignments for a range of psychotherapies concerns the method of integrating homework into therapy. A number of guides to the use of homework assignments in psychotherapy practice have appeared in the literature. As might be expected, cognitive theory and therapy (Beck, 1976; Beck et al., 1979) and traditional behavior therapy included a reasonable degree of guidance in the integration of homework into therapy sessions. Shelton and Ackerman (1974) devised a clinician’s guide with a list of 150 homework assignments that could be used for behavioral problems. Shelton and Ackerman also provided guidance on how to integrate homework into the therapeutic process, later extended by Shelton and Levy (1981b) in a “model for practice.” These early recommendations featured the following elements:

- (a) homework is an interpersonal process that requires a strong therapeutic relationship
- (b) homework should be relevant to the client’s problems and goals for treatment
- (c) homework should be within the client’s ability
- (d) homework should be practiced in-session
- (e) homework compliance should be discussed, with successes praised, and problems considered
- (f) private and public statements of commitments to homework are required
- (g) homework should be assigned with a clear description of task variables—where, when, how often, and how long
- (h) a written copy of the homework should be provided

However, a variety of recommendations have been published in the psychotherapy practice literature. Neimeyer (1999) outlined the following for the use of homework in narrative therapy: (a) develop a collaborative attitude; (b) respect the patient’s “resistance”; (c) respect the patient’s privacy; (d) integrate homework into the session; and (e) recognize the value of “being” as well as “doing.” Broder (2000) outlined six strategies for the optimal use of homework in rational-emotive behavior therapy (Ellis, 1962) as follows:

- (a) Communicate the importance of homework as early in treatment as possible with emphasis on its benefits to your client.
- (b) If your sessions are limited, space them out in such a way as to make treatment as effective as possible by giving ample time to complete homework assignments and exercises. If you do that, make it clear that if your client runs into difficulty additional sessions can be scheduled. Make sure your client understands that sessions are precious commodities.

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<sup>1</sup> Arguing that language can be distorted willfully or otherwise, and that talk cannot be controlled and it is subject to confusion and conflict, L’Abate (1999, 2004a, 2005b), for instance, has insisted in producing written homework assignments systematically related to clinical and non-clinical topics (L’Abate, 1996).

- (c) Give lots of feedback and positive reinforcement when it becomes apparent that homework was completed.
- (d) Help your client see how therapy supplements what is being done in between sessions as well as the reverse.
- (e) Use both positive and negative contingencies to shape the completion of homework assignments.
- (f) Begin sessions by following up on homework assignments. By not following up, homework may be perceived by clients as not being very important. In addition, following up gives you a built-in opportunity to reinforce whatever progress has been made in between sessions.

As illustrated by these examples, the recommendations offered for the use of homework assignments are strongly influenced by the theoretical orientation of the practitioners. There is limited discussion of between-session assignments in psychotherapies other than cognitive and cognitive-behavioral therapies. Thus, the broad aim of this *Handbook* is to provide a comprehensive resource on the use of homework assignments within the broad spectrum of psychotherapy approaches. The reader will see that some approaches incorporate homework assignments systematically, others use homework more reactively to address on patient needs.

## THE PRACTITIONERS OF HOMEWORK IN PSYCHOTHERAPY

Before proposing this project, we wanted to be sure that psychotherapy practitioners actually integrate the homework assignments into their practice so that such a resource would be useful for clinical work. We started by conducting local surveys of practicing psychologists and found that the majority reported integrating homework on a frequent basis (Deane, Glaser, Oades, & Kazantzis, 2005; Kazantzis & Deane, 1999). We also replicated this finding in a survey of German psychologists (Fehm & Kazantzis, 2004), and in a randomized sample of 830 North American psychologists (Kazantzis, Lampropoulos, & Deane, 2005). In addition, the use of homework is not limited to psychologists practicing psychotherapy; the prominent use of homework has also been found among case managers, counselors, nurses, psychotherapists, and social workers (Kazantzis, Busch, Ronan, & Merrick, in press; Kelly, Deane, Kazantzis, Crowe, & Oades, 2006). Thus, the use of homework in psychotherapy does not seem to be limited to a particular professional group providing psychotherapy.

## CONTINUING RESEARCH ON PSYCHOTHERAPY OUTCOMES

A wide variety of treatment outcome studies have included homework assignments within their treatment protocols, but a comparatively small proportion, 5% according to Shelton and Levy (1981b), actually measure the extent to which patients engage in homework. Nevertheless, studies have sought to examine the relationship between patient engagement in homework and therapy. The research has essentially progressed along two avenues. First, studies have sought to contrast therapies involving

homework assignments, with comparable therapies consisting entirely of in-session work. These studies have intended to examine whether homework contributes a *causal* effect on therapy outcomes. If these studies are examined in terms of their being “statistically significant,” then it appears as though the findings are inconclusive as only some report positive results at  $p < 0.05$  (see Barlow, O’Brien, & Last, 1984; Edelman & Chambless, 1993; Fals-Stewart & Lucente, 1993; Kornblith, Rehm, O’Hara, & Lamparski, 1983; Lax, Basoglu, & Marks, 1992; Nelson & Borkovec, 1989; Startup & Edmonds, 1994). However, these studies have generally involved small samples and have been insufficiently sensitive to detect effects (Kazantzis, 2000). Quantitative reviews that bypass the limitations of low statistical power have concluded that the data support the hypothesis that homework produces positive effects on outcome (Beutler et al., 2004; Kazantzis, Deane, & Ronan, 2000).

The second avenue of research has involved the association between homework compliance and therapy outcome. This is a slightly different research question, namely, whether there is a *correlational* relationship between patient engagement in homework assignments and therapy outcome, given that the patient is involved in a therapy that incorporates homework assignments (e.g., Addis & Jacobson, 2000; Coon & Thompson, 2003; Edelman & Chambless, 1995; Leung & Heimberg, 1996). Because this correlational research question does not require the allocation of patients to different therapy conditions, this second group of studies has generally had greater power to detect a positive correlation between homework compliance and therapy outcome. Despite this positive link between patient engagement and outcome, there have been some key limitations in both avenues of research.

One limitation concerns the measurement of patient engagement in homework. Researchers have generally defined engagement as “compliance” or *quantity* of homework completion. Apart from the measures of compliance often involving retrospective single-item ratings at the end of therapy, these measures have not taken into account any of the theoretically relevant factors that are hypothesized to determine engagement and learning from homework (see review in Kazantzis, Deane, & Ronan, 2004). Some researchers have sought to assess the *quality* of homework completion, or degree of skill acquisition, and have generally found that this is a better predictor of outcome (e.g., Niemeyer & Feixas, 1990; Schmidt & Wollaway-Bickel, 2000). Thus, the measurement of homework completion has been limited in existing research and would benefit from integrating theoretically meaningful determinants of engagement for a more detailed examination of the mechanism by which homework produces its effects.

A second limitation of the existing data has been the focus on patient factors, and little consideration of therapist and the interaction with the patient. This seems particularly important given the growing body of evidence demonstrating that therapist competence is not a stable attribute, and does vary in the context of psychotherapy outcome studies (Dobson & Kazantzis, 2003; Kazantzis, 2003). It seems even more important when one considers the data showing therapist competence in reviewing homework assignments is linked with homework compliance (Bryant, Simons, & Thase, 1999) and competence in structuring therapy, including homework assignments, is linked with outcome (Shaw et al., 1999). Thus, future research would benefit from a more comprehensive examination of therapist competence of homework completion as a factor that influences the relationship between patient engagement in homework and therapy outcome.

A third limitation is that the large majority of empirical studies on the role of homework assignments have been conducted within behavioral and cognitive-behavioral therapies for anxiety and mood disorders. There is a need for more research on the mechanism by which homework contributes to the outcomes of a range of psychotherapies. Gathering data to ascertain whether the theorized foundations to patient engagement in homework would enable the field to move forward and provide practitioners with evidence-based recommendations for the integration of homework into psychotherapy. We hope that the theoretical, empirical, and clinical practice discussions outlined in this *Handbook* will encourage researchers to focus their attention on unraveling *how* homework produces its effects on outcome.

## CONCLUSION

The purpose of this introductory chapter was to give an historical overview of how homework assignments fit within the context of the process and outcome of psychotherapy. Whatever their nature, homework assignments are meaningful and intentional activities incorporated into psychotherapy to facilitate patient adjustment and benefit. This book aims to provide readers with focused teaching on how to effectively use homework assignments in a range of therapy approaches and clinical populations heretofore absent in the psychotherapeutic literature. As the reader will note, the field is left with many unanswered questions about the role of homework assignments in psychotherapy. We hope that this *Handbook* will provide a step forward in the development of further theoretical and empirical work. Our patients are likely to benefit from the fields advancement towards defining the mechanism by which homework contributes to effective psychotherapy practice and prevention.

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Part I

# PSYCHOTHERAPY APPROACHES

# BEHAVIOR THERAPY

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Behavior therapy is an empirically based treatment approach that has demonstrated efficacy across numerous psychological disorders including mood disorders, anxiety disorders, eating disorders, and substance use disorders (Hersen & Bellack, 1999). Behavior therapy has also proven effective with numerous “problems with living” including weight management, smoking cessation, and childhood behavior problems. In behavior therapy, the therapist and patient work together to understand the factors that maintain problematic behaviors, and strategies are then initiated to help patients discontinue problematic behaviors and/or initiate new more, adaptive behaviors. Many treatment techniques fall under the umbrella of behavior therapy, from self-monitoring, to behavioral activation, to exposure, but all are meant to accomplish these same goals.

Behavior therapy is unique from other therapies in a number of ways. First, behavior therapy is time-limited. Some reasonably simple problems, like a specific phobia of spiders, can be treated in just a few hours (e.g., Ost, Ferebee, & Furmark, 1997). Even the most complex problems can often be treated in less than 20 sessions. Behavior therapy works efficiently because it is problem-focused and present-focused. Rather than spending a lot of time questioning where the problem came from, the focus is placed on the factors that currently maintain the problem and on changing these maintaining factors to ameliorate the problem. Another reason that behavior therapy can proceed relatively quickly is that much of the work of therapy actually occurs outside of sessions. Patients are typically assigned homework, and are generally encouraged to embrace opportunities to work on their difficulties in between sessions even beyond set homework assignments.

The concept of homework illuminates another important quality of behavior therapy—the patient and therapist are viewed as partners who each play an important role in treatment. Early on in treatment, the task of patients is to teach their therapists about the problems that they are experiencing; it is the therapist’s task to teach patients about the behavioral model of understanding and treating their problems. Once the therapist and the patient are “on the same page” so to speak, they are ready to embark on the process of therapy together. While it is typical for the therapist to set session agendas and to assign homework early in treatment, patients are encouraged to take an increasingly active role as treatment progresses. This ensures that patients can