Homework, a bridge Between Therapy and Life: Therapeutic Methodology in the Assignment of Homework and Homework Compliance

Darren R. Elkins

Follow this and additional works at: https://digitalcommons.usu.edu/etd

Part of the Social and Behavioral Sciences Commons

Recommended Citation
https://digitalcommons.usu.edu/etd/2554
HOMEWORK, A BRIDGE BETWEEN THERAPY AND LIFE:
THERAPEUTIC METHODOLOGY IN THE ASSIGNMENT
OF HOMEWORK AND HOMEWORK COMPLIANCE

by

Darren R. Elkins

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

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development
The aim of this research was to investigate the relationship between homework methodology and compliance. The “Clinical Perception of Homework Style and Compliance Survey” was developed to measure compliance, methodology, and relating variables. A convenience sample consisted of 121 participants in this study. Participating therapists were asked to rate the likelihood of using various examples of homework methodologies and estimate the compliance they have received over the past 3 months. The results show that items used on the survey factored into two groups, which can be called direct and collaborative. Neither of the groups (i.e., direct and collaborative) was significantly correlated with homework compliance. Further conceptualization of the collaborative methodology was proposed. Implications for future research were highlighted.
I would like to especially thank my committee chair, Dr. D. Kim Openshaw, for his support and assistance throughout the entire process. I would also like to thank the other committee members, Drs. Thomas R. Lee and Byron R. Burnham, for their feedback and support. In addition, I would like to thank Roxane Pfister for her aid in the statistical portion of the thesis.

I give special thanks to my wife, Siri, for being my constant companion as I worked through this project. I could not have done it without you. I would also like to thank my family, friends, and colleagues for their moral support, patience, and encouragement during this process.

Darren R. Elkins
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td><strong>CHAPTER</strong></td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>3</td>
</tr>
<tr>
<td>--- History of Homework</td>
<td>3</td>
</tr>
<tr>
<td>--- Homework in the Clinical Setting</td>
<td>7</td>
</tr>
<tr>
<td>III. METHODS</td>
<td>18</td>
</tr>
<tr>
<td>--- Sample</td>
<td>18</td>
</tr>
<tr>
<td>--- Procedures</td>
<td>21</td>
</tr>
<tr>
<td>--- Analyses</td>
<td>26</td>
</tr>
<tr>
<td>IV. RESULTS</td>
<td>29</td>
</tr>
<tr>
<td>--- Primary Hypotheses</td>
<td>29</td>
</tr>
<tr>
<td>--- Qualitative Questions</td>
<td>37</td>
</tr>
<tr>
<td>V. DISCUSSION</td>
<td>45</td>
</tr>
<tr>
<td>--- Limitations</td>
<td>45</td>
</tr>
<tr>
<td>--- Therapeutic Homework</td>
<td>47</td>
</tr>
<tr>
<td>--- Homework Methodology</td>
<td>49</td>
</tr>
<tr>
<td>--- Relationship Between Compliance and</td>
<td>53</td>
</tr>
<tr>
<td>Methodology</td>
<td></td>
</tr>
<tr>
<td>--- Qualitative Findings</td>
<td>55</td>
</tr>
<tr>
<td>--- Implications for Marriage and Family</td>
<td>59</td>
</tr>
<tr>
<td>Therapy</td>
<td></td>
</tr>
<tr>
<td>--- Conclusions and Recommendations</td>
<td>63</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>67</td>
</tr>
</tbody>
</table>
APPENDICES ................................................................................................................. 72

A. Informed Consent ................................................................................................. 73
B. Clinical Perception of Homework Style and Compliance Survey .................... 79
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demographic Characteristics of Sample</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>Factor Analysis Two-Factor Model</td>
<td>27</td>
</tr>
<tr>
<td>3</td>
<td>Correlation Matrix of Direct Questions: Within Group</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>Correlation Matrix of Collaborative Questions: Within Group</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>Correlation Matrix of Collaborative to Direct Questions</td>
<td>33</td>
</tr>
<tr>
<td>6</td>
<td>Compliance Reporting by Percent Reported</td>
<td>34</td>
</tr>
<tr>
<td>7</td>
<td>Correlation Matrix of Homework Methodology and Perceived Compliance</td>
<td>36</td>
</tr>
<tr>
<td>8</td>
<td>Descriptive Analysis of Therapist Belief about Reasons That Clients Do Not Complete Homework</td>
<td>39</td>
</tr>
<tr>
<td>9</td>
<td>Descriptive Analysis of Therapists’ Reports of Client’s Reasons for Not Completing Homework</td>
<td>40</td>
</tr>
<tr>
<td>10</td>
<td>Comparison of Therapist and Therapists’ Report of Client Reasons for Noncompletion</td>
<td>42</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

Homework has become the lifeblood of learning and growth in these complex times. Often, it is what separates the successful from those who struggle to make it in our world. This is true in the traditional sense of homework--in our formal education and in the more informal sense--in the self-directed time away from the setting in which assignments are given. Any establishment in which learning is a valued component, it is likely that homework of some form or another is a vital tool in the learning process.

In many sectors of life, homework has become increasingly appreciated to the point that it has become standardized and thoroughly evaluated (Cooper, 1989). Formal education has pioneered the efforts in understanding the effects of homework and the most effective methods of implementing and evaluating it (Meichenbaum, 1997). In the field of therapy, however, there is a severe lack of attention paid to this adjunctive therapeutic intervention (Dattilio, 2002). In the face of increasing pressures to reduce the length of time that it takes to “complete” therapy (e.g., HMO plans with limited paid sessions), it may be important that therapists consider how homework fits within their ideologies. Even more, it is important to research the most effective ways to develop, implement, and follow up on homework assignments.

Though there are many factors that may be associated with homework compliance (e.g., client factors, therapists factors, type of homework), this study is primarily interested in examining the methodology of homework assignment. In particular, two methodologies are proposed. First, direct homework assignment refers to
homework that is most likely developed by the clinician from insights gained during the session and applied to treatment objectives. Second, in contrast to direct assignment, collaborative homework involves the therapist and client in a synergistic process during the session that results in the designing of a homework assignment for which the client takes responsibility. Using this framework as a guide, the perceptions that therapists have about their own style and the compliance they perceive from their clients were evaluated in this study.

It is suggested that the client’s attitude about the assignment is an important factor in obtaining homework compliance (Hong & Lee, 2000). If this is true, then it seems logical to assume that clients who are involved in the development of their homework assignments may be more motivated than those who are “told” what is expected of them. When the client is part of building the assignment, it is believed that he or she will be more likely to take ownership of the assignment. It is also believed that as clients engage the process of insight, within the context of therapy, they learn how to use their own personal resources. In addition, the collaborative process of homework development may help clients to develop new resources and skills that will be useful after the conclusion of therapy.

The first important hypothesis of this study is that the collaborative and direct methods will be distinguished from each other when therapist’s homework styles are examined. Built upon this, it is also the hypothesis of the researcher that the collaborative method of homework development would more likely encourage homework compliance than would the directive method.
CHAPTER II
REVIEW OF LITERATURE

Homework has many definitions, but seems to most clearly refer to the carrying out of some form of physical, intellectual, social, and/or emotional task outside of a given context for the purpose of enhancing ones’ knowledge, facilitating the development of skills, and/or integrating the information into an applied outcome (D. K. Openshaw, personal communication, May 2002). Although homework has been given a variety of names, including “empowering assignment” (Hay & Kinnier, 1998), and intermediate tasks, the foci remain the same, namely the use of the “167 other hours” in the week (Shelton & Ackerman, 1976, p. 4). The name, “homework”, implies that the work is done at home, but it has become widely understood that homework refers to any work outside of the setting in which it was given.

History of Homework

Throughout history, educators and others (e.g., entrepreneurs, religious leaders, political leaders, parents, clinicians) have known the value of assigning work to help “students” develop a rich repertoire of cognitive and behavioral skills (Cooper, 1989; Meichenbaum, 1997) that can be applied to daily living experiences. Popular literature, such as magazines and “how-to” books have advised parents and teachers how to gain compliance, but the theoretical research of homework and compliance has been scarce (Dattilio, 2002). Researchers such as Hong and Milgram (2000) have lamented the
scarcity of in-depth research on homework, citing Mark Twain’s description of the Mississippi River as “a mile wide and an inch deep.”

When the word “homework” is mentioned most people would likely think of the formal educational system. In fact, most research on homework involves settings with young students. Early twentieth century educators believed that the primary function of homework was exercising the most complex muscle in the human body—the mind (Brink, 1937 from Cooper, 1989). As such, homework was conceptualized as a method of helping individuals memorize information gleaned in a classroom setting. In other words, rather than being a method of encouraging integration and analysis of the information, the objective of homework was the acquisition of knowledge that educators deemed necessary.

In the 1940's, people began to question the use of homework, particularly the punitive application of homework to those children who were not keeping up with other students. Many parents considered homework to be an intrusion on the respite atmosphere of the home. However, Americans quickly changed their perspective on homework when the Russians launched the Sputnik satellite in the late 1950s. Because of the fear of losing ground internationally, homework became a method of accelerating the pace of knowledge acquisition (Cooper, 1989). During the 1960s the application of homework became a hot topic for debate among contemporary theorists. Many considered the use of ritualistic memorization as detrimental to proper development and out of harmony with effective pedagogy; therefore, more attention to the personalized application and evaluative components of homework began to take place. As a result,
homework application became more diversified, ranging from the review, practice, and drill components to amplification, elaboration, and enrichment opportunities (Cooper).

Recent Contributions by the Field of Education to the Understanding of Homework

Over the past 30 years, there has been increased discussion about homework in the field of education. The formalization of homework policies in formal education has been debated and homework is largely accepted as a positive practice. Yet, only 35.2% of schools have a formal policy regarding homework (Roderique & Polloway, 1994). In the past 10 years, there has been increased collaboration between school and home, as parents have become more involved in the debates about how and when assignments should be given (Christenson, 1990).

Studies continue to build evidence that homework increases achievement in grades and other endeavors (Epstein, 1983; Snow, Barnes, Chandler, Goodman, & Hemphill, 1991; Walberg, Paschal, & Weinstein, 1985). Therefore, the question in the application of homework no longer seems to be “Should we implement homework?” rather “How should we implement homework?” Another important consideration is the attitude that pupils have about their assigned homework. In 1999, Farrow, Tymms, and Henderson found that students’ positive attitudes about homework were related to the amount of homework completed, which in turn predicted success in testing. “Those pupils with the most positive attitudes tended to be those that reported doing the most homework in all... curriculum areas” (p. 329).

Of particular interest in this study, is the finding that neither homework type, gender, nor perceptual preferences (auditory, visual, tactile, kinesthetic) accounted
significantly for differences between low and high achievers. Hong and Lee (2000) found instead that motivation distinguished achievement levels of all types (i.e., self-perceived and teacher-rated homework achievement and academic achievement). If attitude is an essential aspect of homework compliance, then it seems logical to assume that students who are involved in the development of their homework assignments may be more motivated than those who are “told” what is expected of them. Unfortunately, there is no literature that has examined this aspect of motivation.

Homework in the Professional Sector

In the professional sector, employers limit the amount of “assigned homework” because of labor constraints (Roderique & Polloway, 1994); but it is generally perceived, that in order to successfully climb the corporate ladder, it is wise to put in extra hours on projects and so forth that contribute to self-development and subject mastery, as well as enhancing the likelihood of recognition by corporate officers. In fact, stringent competition is associated with the workaholic syndrome (Robinson, 1998) in which the individual becomes consumed with staying ahead through bringing work home—or staying late at the office. The advent of home computers, the internet, and cellular phones has made it more possible to work from home or in other locations outside of the office. While employers may not directly state that a person has to take work home, it is often an implied statement such as, “Have a good evening. Remember the board meeting tomorrow and the information I will need for my presentation” that suggests that the employee must complete the task regardless of what it takes. This is found in many professions, not just that of business. At times, however, homework is self-initiated, an
attribute found among the self-motivated and ambitious persons who take advantage of this opportunity to increase their efficiency and effectiveness in order to enhance their position.

Homework in the Clinical Setting

Of central concern for this study is the function of homework in the therapeutic world. Homework compliance and effectiveness in professional settings, including the clinical context, is posited to be related to increased success, regardless of whether it is in the attainment of higher grades, a promotion, or marital satisfaction. “Homework” and “therapy” were not commonly associated terms in the early days of psychotherapy. In traditional psychoanalysis, the therapist’s aim was to produce characterological change through in-session analysis and intervention. Very little emphasis was placed on facilitating change through homework. Across the generations of therapy, therapy frameworks, and theories, there has been an increased focus on validation of therapeutic efforts. Over time, a variety of therapeutic models adopted a process of operationalization which would allow for empirical validation (e.g., behavioral, social learning, and cognitive-behavioral). Such a move was initiated through concern with whether interventions were effective, as well as to determine if clients were actually progressing in therapy. One of the methods of intervention incorporated into therapy was that of homework, a therapeutic strategy set out in behavioral objective format—a format that allowed for the empirical measuring of the client’s progress towards the therapeutic goal (Carkhuff & Anthony, 1979) and designed to help the client(s) apply outside of session knowledge and skills acquired in session (Shelton & Ackerman, 1976).
Homework is one of the many intervention strategies in a therapist’s armamentarium of interventions and is typically designed to address specific situations in given contexts. For example, Shelton and Ackerman (p. 17) discussed a template assignment that could be used for marital therapy. The essence of this assignment is provided below:

1. Both read two marital papers
2. Discuss 3x for 15-30 minutes each time
3. Write separate lists of at least 3 behaviors you want more of from spouse.
   (These are positive behaviors, not negatives.)
4. Make next appointment after above is done
5. Bring lists with you to next appointment

Therapeutic homework over the past 15 to 20 years has become more diversified and is largely dependent upon the theoretical orientation of the therapist. Engle, Beutler, and Daldrup (1991) considered the possible uses of homework to be the: (1) enhancement of the work begun in session, (2) promotion of self-awareness, including incomplete work, and (3) celebration of a breakthrough that has been achieved. In addition, it has been suggested that the benefits and goals of homework include: (1) improved assessment through monitoring, (2) marking progress, (3) modifying treatment plans (Beitman, 1987), (4) increasing the relevance of session topics, (5) generalizing the effects into client’s environment (Bandura, 1969), and (6) increasing self-efficacy and reliance (Haley, 1973).
The Components of Therapeutic Homework

The effectiveness of any homework lies in its ability to provide for the acquisition, application, and evaluation of some body of knowledge (D. K. Openshaw, personal communication, May 2002). From the clinical perspective the initial goal is motivating the client towards the acceptance of homework assignments as an integral part of change (Miller & Rollnick, 1991; Prochaska & DiClemente, 1986). Clients must understand and have a personalized reason for being motivated sufficiently to acquire new knowledge, apply it in the context(s) for which it is being learned, and to objectively evaluate the effectiveness of this new knowledge as it pertains to one’s well-being or interpersonal relationships.

Acquisition of knowledge. The acquisition of knowledge comes in a variety of methods ranging from the informal, to that of the formal. Informal methods of acquiring knowledge suggest that the information obtained comes from indirect sources such as that which one would find in contiguous, instrumental or vicarious learning (Bandura, 1969; Millon & Everly, 1985). “The principle of contiguous learning is that any set of environmental elements which occurs either simultaneously or in close temporal order will become associated with each other” (Millon & Millon, 1974, p. 158, cited in Millon & Everly, p. 16). Instrumental learning states that “behavior that is followed by consequences that are satisfying, or rewarding, to the individual will be repeated; on the other hand, behavior that is followed by consequences that the individual finds punishing, or unpleasant, will be reduced” (Millon & Everly, p. 16). Finally, vicarious learning involves the “observation of the conduct of others and the occasions on which it is rewarded, disregarded, or punished” (Millon & Everly, p. 16).
On the other hand, there are more formalized techniques of learning, such as that which is found in school environments. This environment is specifically designed to “teach” information in such a manner that an individual can learn, memorize, and have that information available when needed—with the assumption that it can be applied and generalized. The “need” to learn and acquire knowledge pre-supposes that information has a practical purpose beyond the mere essence of learning and will, at some later date, be called upon by the individual to cope, make a decision, or evaluate a condition or circumstance. However, knowledge alone, will not allow this “need” to be fulfilled. The individual must be able to assimilate and accommodate the information so that new paradigms are created which make the information practically useful.

Application of knowledge. Applied knowledge refers to the fact that the information acquired by the individual has a specific and/or generalized function which enhances the individual’s capacity to assimilate and/or accommodate to varying contexts and situations. This is of particular relevance when one considers how society shifts, paradigmatically, with each generation. As complex paradigms of interaction are altered, advantages (e.g., internet relationships, robotics, and alternative lifestyles) and disadvantages (e.g., increased presentation of physical and mental illnesses and divorce) arise. As social paradigms shift it becomes increasingly important that human beings have the capacity to acquire new knowledge and make their own paradigmatic shifts. However, making paradigmatic shifts are only as useful in buffering individuals from social shifting if they have utility and can be applied. To make knowledge “applicable” it is critical to be able to creatively manipulate the information so that it becomes a rich resource, lending itself to personal relevance and generalizability across diverse contexts.
For example, as a young couple leave their home of origin and enter into a marital relationship, they bring with them a significant number of differences (overt contracts or expectations) that can be seen as detriments or compliments. Allowing one’s self to understand their partner (i.e., acquiring knowledge) within a compassionate-based setting encourages each to acknowledge differences and seek ways to synergistically facilitate a paradigm consistent with their goal of being a “couple.” In the context of a new paradigm, conflict is reduced or eliminated, thus encouraging increased emotional bonding and interdependent commitment without sacrificing one’s personal identity.

The creative and practical implementation of knowledge supposes that an individual will be in a continuous process of dynamic personal change that would require this knowledge to be assimilated and/or accommodated into their cognitive and behavioral repertoire for application in whatever environmental context or situation they may find themselves.

_Evaluation of knowledge._ The evaluation of new knowledge, when applied to diverse contexts, is an essential component that coincides with and builds upon the ongoing processes of continued acquisition and application. As knowledge is given meaning it takes on personal relevance that will, in essence, determine whether it is retained, built upon or discarded. Evidence suggests that the perceived usefulness of knowledge will largely determine the retention of the information and likely application of that knowledge in the same or a revised form in the future.

Returning to the previous example, if both partners perceive the new paradigm as functional and can attribute the creation of this paradigm to themselves, in cooperation with their partner, the motivation to sustain learning and application are reinforced. With
each opportunity to engage in the use of the new paradigm, not only does the interaction, based on that paradigm, continue to reinforce the couples’ present paradigm, but it also increases the probability that when the couple experiences another “personal paradigm” discrepancy, their competency in resolving their differences increases dramatically. This becomes not only cyclical but does so in a generalizing manner.

_Acquisition, Application, and Evaluation of Knowledge in the Context of Therapy_

Homework in any setting (e.g., education, profession, therapy) enhances the acquisition, application, and evaluation of knowledge (Farrow et al., 1999). Educators have long known that simply assigning homework does not ensure the effective acquisition of knowledge. It is the belief of the researcher that there are interpersonal (e.g., trust, interest, closeness) and intrapersonal factors (e.g., motivation, attention) that are integrally connected with homework compliance and knowledge acquisition. Therefore, the method of homework development and assignment are important considerations in the clinical setting.

_Homework Methodology_

An important aspect of this research is the methodology that the therapist embraces in the development of homework assignments. The following discussion represents the conceptualization of three methods of homework development, namely, self-initiated, directive and collaborative. Each of these types carries with it certain assumptions and potential outcomes.
No homework assignment (self-initiated). The assumption when clinicians do not assign homework is that individuals will apply information learned in therapy through self initiation. In this regard, the client will take ownership of the homework and the results. The client will also likely take ownership of the consequences of change, whether positive or negative. However, the problem is that the client may not self-initiate at all, or may not fully consider the ramifications of the self initiated homework. Therefore, the “other 167 hours” of the week may not be utilized in the change process (Openshaw, 1998a). Self-initiated homework involves increased personal responsibility and motivation. Those who have such motivation will definitely progress, assuming that they are aware of how the behavior they have implemented applies to not only their present situation but also to other situations of a similar nature. In those cases where clients do not have this level of psychological and interactional insight, it would be beneficial for the therapist to implement a more formal methodology of homework development (i.e., direct or collaborative assignment).

**Direct homework.** Direct homework refers to homework that is most likely developed by the clinician from insights gained during the session and applied to treatment objectives. This homework is told to the clients, requesting that they implement it during the week. Such a procedure may involve the clinician making a statement at the conclusion of the session such as, “It is not uncommon for newlyweds to experience difficulties in addressing finances, particularly since the two of you come with differing ideas and history. This week I would like you to focus on the area of reflective listening as we have done in session. I would like to you set aside at least 15 minutes each evening to practice using reflective listening as you discuss the area of
finances.” The assumption is that the therapist has the sufficient and necessary insight to
determine what would most effective for the clients to implement post-session. In
addition, it is assumed that the client will be motivated enough, in the assignment
proposed by the therapist, that they will implement it during the week. The therapist
hopes that formality and accountability will improve motivation. However, with direct
assignment, there may be a decreased sense of ownership and an increased dependence
on the therapist as expert. As such, the personal insight required to transform the
assignment into a personal resource may be diminished and thus, interfere with future
generalizability.

Collaborative homework. Collaborative homework involves the therapist and
client in a synergistic process during the session that results in the designing of a
homework assignment for which the client takes responsibility. Although collaborative
homework may be implemented in a variety of ways, the key themes running through
this process include: (a) the highlighting of session insights, (b) the involvement of the
client(s) in addressing the relative importance of these insights, (c) the describing of the
skills necessary that would sustain the desired behavior associated with the insights, (d)
the motivational reasoning for implementing such skills, and (e) the request of the
therapist to the client about what they believe would be most beneficial during the week
to sustain the desired behaviors (Openshaw, 1998b). For example, at the end of a session
a therapist might say, “We have discussed, during this session, the use of reflective
listening as a technique of acquiring a ‘shared understanding’ with regards to roles and
expectations in the marriage. Specifically we have addressed the area of finances, in that
you have indicated that this is a stressor at this time. Realizing that you want to have a
budget that fits both of you, and provides an opportunity to facilitate an effective relationship, I am wondering what it is that the two of you believe would be most helpful in moving you towards a common understanding and agreement about your finances? Could the two of you discuss this and let’s talk about what it is you would like to implement this week.”

The client is subtly introduced to the idea of a homework assignment which they can then formalize with the therapist, including a procedure by which they can evaluate their progress during the week. Because the client actually develops the assignment, they provide the opportunity to assume ownership and accountability. As the therapist and client discuss the ramifications of the potential assignment, the client can declare to the therapist the rationale as to why the implementation of the assignment would prove beneficial. Such a process, similar to the SEA Method (Openshaw, 1998a, 1998b), potentially increases motivation and homework compliance.

Transformative learning and collaboration. In order to elaborate and give further clarification to this conceptualization of collaborative homework, we will return to the field of education, which has widely studied homework style. Collaborative homework building can be likened to the process of transformative learning. Jack Mezirow and his colleagues (Kegan, 2000) have been credited with the development of the concept of Transformative Learning in the context of adult change. Transformative learning versus “informational learning” represents differing levels of change much the same way that first order change and second order change are represented in the field of therapy. Informational learning refers to the extending of already established cognitive capacities into new terrain (Kegan). Conversely, transformative learning which can occur gradually
or from a sudden, powerful experience, changes the way people see themselves and their world (Clark, 1993). In contrast to the “more of the same” approach in informational learning, transformative learning refers to a process in which the form of learning is itself the target of change. As expressed by Kegan, much of the learning we engage in as adults is focused on what we know, but in transformative learning we change how we know.

This distinction can have a magnificent impact on our perception of homework development in therapy. If the therapist simply assigns homework unilaterally, the presumption is that the informational learning that takes place in the completion of the assignment may transform into second order change. However, this methodology is limited in that it may not be conducive with the desired outcome of increased empowerment. It seems inconsistent to seek to empower people while we take charge of how they will do it. Empowerment seems more likely with a collaborative methodology in which self exploration is established and clients can move into an interdependent realm of learning rather than the traditional dependent (i.e., directive) or independent (i.e., self-initiated) methods.

_Homework Methodology and Compliance_

In this research, homework methodology can be classified into three groups: self-initiated (i.e., no assignment or follow-up from clinician), directive (i.e., developed and assigned unilaterally by clinician), and collaborative (i.e., developed bilaterally by therapist and client). Measurement of the first group (self-initiated) is not attempted in this study. An important assumption in this study is that homework compliance is
beneficial for treatment. Based on this assumption, the issue raised by this study is the nature of the relationship between homework methodology and resultant compliance.

The primary hypothesis of this study is that the collaborative method of homework development would more likely encourage homework compliance than would either self-initiated or directive methods. Clients would be proactively involved in the acquisition, application, and evaluation phases of the learning process, resulting in a transformative learning experience. When the client is part of building the assignment, it is believed that he or she will be more likely to take ownership of the assignment. It is also believed that as clients engage the process of insight, within the context of therapy, they learn how to use their own personal resources. In addition, when there appears to be a repertoire deficit, the collaborative process of homework development helps the clients to develop new resources that permit them to engage their insights, or they may acquire new skills (skills or behavioral deficit) that allow them to be more successful in resolving interpersonal and intrapersonal issues that may result in conflict if left merely to “time.”

Based on these assumptions and beliefs, the significant hypotheses of this research are that: (a) when factor analyzed, the items suggestive of the directive and collaborative homework methodologies will distinguish themselves from one another, and (b) there is a statistically significant relationship between homework methodology (i.e., collaborative and directive) and homework compliance as reported by therapists. For the purposes of this study, all of the hypotheses are stated in the null format.
CHAPTER III

METHODS

Sample

A convenience sample of 121 therapists participated in this study. Table 1 is a demographic profile of the respondents. The sample included 52.9% males and 47.1% females, with a mean age of 44.79. The sample consisted of primarily Caucasian therapists (91.1%). Other populations (e.g., African American and Latino American) appeared to be underrepresented. While the most represented religious affiliation was the Protestant religion (31.6%), 21.5% chose not to answer this question even though “none” and “other” were choices.

The master’s degree (the terminal degree for many clinical programs) was the most frequently reported (52.9%), followed by the Ph.D. (40.5%), and the Bachelors degree (6.6%). Of the 121 respondents, 27% reported their licensure was in Marriage and Family Therapy (Licensed Marriage and Family Therapist hereafter referred to as LMFT). Due to the fact that surveys were sent to marriage and family therapists (MFT) more than any other group, it is no surprise that the LMFT licensure was most frequently reported. A caveat relating to licensure is that of the 121 respondents some of them (22.3%) had dual licensure.

A wide range of salaries, from no income (i.e., student interns and retired individuals doing free work) to $185,000 per year was reported, with the mean income of the respondents being $58,636. When those who reported no income were removed from
Table 1

*Demographic Characteristics of Sample*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (n)</td>
<td>121</td>
<td></td>
</tr>
<tr>
<td>Sex (n=121)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>64</td>
<td>52.9</td>
</tr>
<tr>
<td>Female</td>
<td>57</td>
<td>47.1</td>
</tr>
<tr>
<td>Age (n=121)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>44.79</td>
<td></td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>10.575</td>
<td></td>
</tr>
<tr>
<td>Ethnic or Racial Group Membership (n=121)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian or Euro-American</td>
<td>113</td>
<td>91.1</td>
</tr>
<tr>
<td>Black / African American</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Hispanic / Latino American</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Asian American</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td>Religious Affiliation (n=95)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>30</td>
<td>24.8</td>
</tr>
<tr>
<td>Church of Jesus Christ of Latter-day Saints</td>
<td>14</td>
<td>14.7</td>
</tr>
<tr>
<td>Catholic</td>
<td>14</td>
<td>14.7</td>
</tr>
<tr>
<td>Other Christian</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>Jewish</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>None</td>
<td>15</td>
<td>12.4</td>
</tr>
<tr>
<td>Highest Academic Degree (n=121)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors</td>
<td>8</td>
<td>6.6</td>
</tr>
<tr>
<td>Masters</td>
<td>64</td>
<td>52.9</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>49</td>
<td>40.5</td>
</tr>
</tbody>
</table>

*(table continues)*
the calculations, the minimum yearly salary was $5,000 and the mean adjusted income was $59,845.

When asked about theoretical orientation adopted in their practice, the most frequently reported was cognitive behavioral (43.8%), followed by experiential
(10.7%). In regards to experience, on average the therapists in this study had 13.2 years
of clinical experience.

Procedures

Prior to the initiation of the study, the intent of the research, the methods of
acquiring a sample, and letter of informed consent were reviewed by the Utah State
University Institutional Review Board (IRB). Upon the advice of the IRB,
corrections/additions were made so as to make the proposal, instrument, and letter of
informed consent compliant with Federal standards. Once the IRB approved the
proposal, instrument and letter of informed consent, a notice requesting those willing to
participate in the study was distributed via email. Those agreeing to participate were
asked to read the informed consent (Appendix A) posted on the World Wide Web
(www.freeonlinesurveys.com followed by specific survey suffix). Participants were
informed that consent was provided by clicking the link to enter the survey. Electronic
consent followed the procedure suggested by Cornwell and Lundgren (personal
communication, 2001) which was accepted as sufficient to meet the requirements
associated with the Ohio State University IRB and approved by the Utah State IRB.

Confidentiality

Confidentiality was maintained by ensuring that: (a) no names were requested on
the data returned to the researchers and as such, there would be no means by which the
researchers would be able to connect names with data, (b) data were electronically
collected, stored, and compiled through freeonlinesurveys.com., (c) upon completion of
data collection, the data were transmitted to the researchers as individual data sets, (d) the data and electronically submitted informed consents acquired were maintained in a locked file by the survey service (i.e., freeonlinesurveys.com), and (e) data used for the thesis were group analyzed.

Data Collection

Participants were invited to respond to the survey via various listserv databases. Emails were sent to the Directors of the MFT chapters of every state and to the UPA (Utah Psychological Association). Also, various other agencies in Utah and the surrounding area were invited to participate. Through email, directors of various agencies and organizations were introduced to the study and asked if they would invite members of either their agencies or organizations to participate in the study. The method utilized to collect the sample included (a) sending out a request for participation to members of the AAMFT and other various organizations, (b) only inviting those who were available by email listserv or obtained email addresses, and (c) including those who chose to participate. Data were excluded if participants did not fill out all relevant sections of the survey.

Email invitations sent to potential participants from agency and organization directors identified the focus of the study as an investigation into the relationship between homework style and compliance. Participants were directed to a website where they could initially access the informed consent. After reading the informed consent, those who chose to participate accessed the survey by clicking on a link at the end of the informed consent entitled, “freeonlinesurveys.com” All data were gathered
electronically into a data base that provided individual responses which were then analyzed according to the research hypotheses. Items from the survey included both quantitative, as well as qualitative questions.

**Measurement**

A review of the literature suggested that most researchers examined homework implementation and compliance from the position of the content of the homework (e.g., journaling, behavioral assignments, contracts). Most studies did not specifically address the relationship between the client and therapist in the development of homework assignments. However, in reviewing the research, there were three strategies, or methodologies, that could be distinguished. These were, namely: (a) *no homework assigned* (therapists believed that homework was either unnecessary or client-initiated), (b) *direct assignment* (the clinician would literally tell the clients what they would be working on during the week) or (c) *collaborative assignment* (there was a cooperative process of creating an assignment) of homework. Most studies assumed a direct methodology, with the therapist deciding what the assignment would be. There has been virtually no research on correlating homework methods (i.e., direct versus collaborative) with homework compliance. Thus, the instrument used in this study was designed to allow the researchers to examine homework compliance, as perceived by clinicians, with the clinicians' style of giving homework assignments.

**Clinical perception of homework and compliance survey.** Due to the fact that there was not an existing survey that assessed for therapeutic style in these realms (i.e., no assignment, direct assignment, or collaborative), one part of this study was to develop
an instrument that could examine for therapeutic style. In the survey (Appendix B) a
series of potential scenarios were devised which would theoretically be associated with
either direct or collaborative homework methodologies. Participants were asked to
respond to each of the scenarios, indicating on a Likert-type scale (1-5), the likelihood
that they would use the identified scenario in assigning homework to their clients. To
provide some validity (i.e., face validity) to this new instrument, the items theoretically
composing the direct and collaborative styles were developed in collaboration with other
clinicians and given to them to review and provide feedback. An example of direct
homework was, “This week I would like you to...” whereas a collaborative scenario
would begin with, “How will you apply...” or “I am wondering how you might
implement what we have discussed....”

Homework compliance was assessed on the survey by asking the therapist to
reflect over the past 3 months and approximate the percentage of time that they believed
their clients completed the homework assignments. This was an open ended question in
which the clinician was directed to write a number representing the percentage of time
they believed their clients completed their homework assignments. As such, this
compliance number represents cross sectional approximation rather than a longitudinal
gathering of data which likely resulted in lower reliability. However, an approximation
was sufficient for the nature of this exploratory research.

The survey concluded with open-ended questions that asked the therapists to
address each of the following: (a) identify and describe the three most common reasons
they believe that their clients did not complete their homework assignments, (b) identify
and describe the three most common reasons that clients gave for not completing their
assignments, and (c) if they chose not to use homework with clients, briefly describe why it was that they chose not to send clients home with homework.

**Validity and reliability.** Measurement validity and reliability are always at the root of questions concerning new instruments. With regards to validity, face validity refers to the fact that the questions in the instrument appeared to assess the areas of interest. Face validity is not empirically tested and can never be truly assured (Adams & Schvaneveldt, 1985). However, careful construction of the survey involved ensuring that most questions in the survey were directly stated (e.g., estimating homework compliance, demographic questions).

Criterion-related validity suggests that the test score on a particular item will predict a second variable. Inasmuch as this area of study is novel to the field, and review of the literature did not produce a reference to another similar instrument, this study did not examine for criterion validity. In order to achieve construct validity it is required that the instrument appeared to measure the general construct it purported to measure. This was examined by factor analyzing the responses to questions addressing direct and collaborative homework to ascertain if there was a grouping of such items. Indeed, a factor analysis of this new survey revealed that the questions generally factored into the two groups. In other words, the questions that were designed to be collaborative in nature reflected a factor grouping, and those designed to be directive were likewise grouped. The one exception to this was question 13b: “There is a movie that I think applies... Will you watch ___ movie?” which factored more easily into the collaborative group (though not strongly at .417) than with the group that had been hypothesized (i.e., Directive). The strength of the individual questions within the two factor model is
illustrated in Table 2. Between the two groups 47% of the total variance of the sample was accounted for. In assessing reliability the Chronbach’s alpha resulted in a strength of .797 which is very near the generally accepted standard of .80.

Analyses

**Primary Research Hypotheses**

In order to increase our understanding with regards to the relationship between two homework methodologies (i.e., directive and collaborative) and homework compliance, five hypotheses were examined.

**Hypothesis Number One:** When factor analyzed, the items suggestive of the directive and collaborative homework methodologies will not distinguish themselves from one another.

**Hypothesis Number Two:** There is no relationship between the clinician’s perceived rate of homework compliance and the assigning of homework to clients.

**Hypothesis Number Three:** There is no relationship between homework methodology (i.e., collaborative and directive) and homework compliance as reported by therapists.

**Hypothesis Number Four:** There is no relationship between the selected demographic variables and homework methodology.

**Hypothesis Number Five:** There is no relationship between the selected demographic variables and homework compliance.
Table 2

Factor Analysis Two-Factor Model

<table>
<thead>
<tr>
<th>Collaborative</th>
<th>Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>13c. What is the next step this week you are going to take to further...?</td>
<td>13a. This week I would like you to...</td>
</tr>
<tr>
<td>13d. Is there something you could do this week to....?</td>
<td>13b. There is a movie that I think applies... Will you watch _____ movie?</td>
</tr>
<tr>
<td>13g. I am wondering how you might implement what we have discussed....</td>
<td>13e. Before our next session will you sit down together and practice....?</td>
</tr>
<tr>
<td>13h. During the week, how might we find out more about...?</td>
<td>13f. Write down your thoughts in a journal...</td>
</tr>
<tr>
<td>13k. How will you apply what you have discovered in session during the week...?</td>
<td>13i. I have an assignment I think will help this week.. Would you please..?</td>
</tr>
<tr>
<td>13l. What do you want to focus on this week in order to...?</td>
<td>13j. For this week, every time you are faced with this problem, I’d like you to...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotated Principle</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F.1</td>
</tr>
<tr>
<td></td>
<td>.501</td>
</tr>
<tr>
<td></td>
<td>.675</td>
</tr>
<tr>
<td></td>
<td>.765</td>
</tr>
<tr>
<td></td>
<td>.670</td>
</tr>
<tr>
<td></td>
<td>.705</td>
</tr>
<tr>
<td></td>
<td>.417</td>
</tr>
<tr>
<td></td>
<td>.310</td>
</tr>
<tr>
<td></td>
<td>.688</td>
</tr>
<tr>
<td></td>
<td>.207</td>
</tr>
</tbody>
</table>

Collaborative $r = .816$, Directive $r = .612$
Qualitative Questions

Qualitative research refers to the analysis of data where the most effective means of answering the research questions would be through the use of descriptive statistics. In this study four qualitative questions were included, namely:

Qualitative Question One: What are the most common reasons clinicians give when asked as to why their clients have not completed their homework?

Qualitative Question Two: When clients do not complete homework, what are the most common reasons clients give—according to clinicians—for not doing so?

Qualitative Question Three: What are the similarities and differences when comparing the most common reasons clinicians give for why clients do not complete homework assignments with their perceptions of their report as to what their clients state?

Qualitative Question Four: When clinicians indicate that they do not give homework, what are the reasons they give for doing so?
CHAPTER IV
RESULTS

Primary Hypotheses

The aim of this study was to further our understanding about the utilization of homework by therapists and their perception of homework compliance when such was given. A framework for conceptualizing the style that clinicians use to develop homework assignments (i.e., non-assignment, direct assignment, and collaborative assignment) has been posited. Below are summaries of the findings relating to the research hypotheses.

**Hypothesis One: Distinguishing Between Direct and Collaborative Homework Methodologies**

One of the primary issues of this research was to determine if items based on theoretical assumptions could be categorized into one of two specific homework methodologies, namely, collaborative and directive. Factor analyses were performed in order to search for items that were highly correlated to each other (Kline, 1994). An examination of Table 2 indicates that, indeed, items did group into two factors that could be classified as either directive or collaborative. Items composing Factor One ($r = .816$) represent the collaborative methodology and accounted for 27% of the variance, where as those of Factor Two ($r = .612$), which was identified as the directive methodology, accounted for 19% of the variance. Although the amount of variance was not overly strong, these items did group—outside of one item—into the two specific methodologies. In fact, 9 of the 12 items had factor loadings above .60, which is generally considered to
be high (Kline). Removal of the weaker items (i.e., below .60 factor loadings) resulted in only a modest statistical variation (Collaborative \( r = .817 \), Directive \( r = .670 \)). Thus, Hypothesis Number One, which states, “When factor analyzed, the items suggestive of the collaborative and directive homework methodologies will not distinguish themselves from one another” was rejected.

The only question that did not factor into the specific group as hypothesized (i.e., direct and collaborative) was question 13b: “There is a movie that I think applies...Will you watch _movie?” This question was anticipated to be closely associated with the direct group, whereas it actually was more closely factored into the collaborative group, though the factor loading was not high (.417). The collaboration question with the highest factor loading was 13h (.818) which was “During the week, how might we find out more about...?” In contrast the direct question with the highest factor loading was 13a (.717): “This week I would like you to....”

Another way to analyze the relationship between the questions used in the survey was through the use of Pearson’s correlation. Table 3 reveals that many of the direct questions were significantly correlated with each other in the likelihood of therapists using them. In fact, 9 of the 15 questions were significantly correlated with each other \( (p \leq .05) \). In addition, 5 of the 15 were correlated at the \( p \leq .001 \) level. Of the six that did not correlate with other questions, question 13b (“There is a movie that I think applies...Will you watch _movie?) was in four of those relationships, suggesting that this question does not factor well with the group. This is the same item that did not factor with the direct questions in the factor analysis. The correlation matrix of collaborative questions (Table 4) reveals that all were significantly correlated \( (p \leq .01) \).
### Table 3

**Correlation Matrix of Direct Questions: Within Group**

<table>
<thead>
<tr>
<th>Homework Leader</th>
<th>A</th>
<th>B</th>
<th>E</th>
<th>F</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This week I would like you to...</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B: There is a movie that I think applies...Will you watch ___ movie?</td>
<td>-.046*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Before our next session will you sit down together and practice...?</td>
<td>.335***</td>
<td>.036</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Write down you thoughts in a journal...</td>
<td>.235*</td>
<td>.063</td>
<td>.315***</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. I have an assignment I think will help this week... Would you please...?</td>
<td>.400***</td>
<td>.019</td>
<td>.265**</td>
<td>.078</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>J. For this week, every time you are faced with this problem, I'd like you to...</td>
<td>.258**</td>
<td>.034</td>
<td>.339***</td>
<td>.176</td>
<td>.395***</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.

### Table 4

**Correlation Matrix of Collaborative Questions: Within Group**

<table>
<thead>
<tr>
<th>Homework Leader</th>
<th>C</th>
<th>D</th>
<th>G</th>
<th>H</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. What is the next step this week you are going to take to further...?</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Is there something you could do this week to...?</td>
<td>.484***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. I am wondering how you might implement what we have discussed...</td>
<td>.271**</td>
<td>.433***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. During the week, how might we find out more about...?</td>
<td>.312***</td>
<td>.520***</td>
<td>.607***</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. How will you apply what you have discovered in session during the week...?</td>
<td>.360***</td>
<td>.337***</td>
<td>.547***</td>
<td>.496***</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>L. What do you want to focus on this week in order to...?</td>
<td>.300**</td>
<td>.442***</td>
<td>.410***</td>
<td>.528***</td>
<td>.451***</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.
In contrast to the strong relationships within the groups (Table 3 and 4), a correlation between the direct and collaborative groups revealed a much weaker relationship (see Table 5). This would be anticipated if the collaborative and direct questions are not highly homogenous. There are a total of 36 relationships between the groups (6 X 6 design). There were only 15 questions that were significantly correlated ($p < .05$). Of the 15, 5 involved question J: (“For this week, every time you are faced with this problem, I’d like you to...”). This suggests that there is more homogeneity within the methodologies than between them.

**Hypothesis Two: Homework Assignment and Therapist’s Perception of Homework Compliance**

Hypothesis Number Two states, “There is no relationship between the clinician’s perceived rate of homework compliance and the assigning of homework to clients.” In order to evaluate this relationship, the first need was to discover the rate of compliance that therapists perceived. The rate of compliance was determined by asking the respondents to consider the past 3 months and estimate the percentage of time that their clients had completed the homework. For the purpose of our study, when participants gave a range (e.g., 65% to 75%), the average was taken (e.g., 70%). Table 6 illustrates the percentages that participants indicated that clients completed homework. There was a mean of 68.01 and a Median of 70, with a standard deviation of 20.62. This is a high standard deviation, suggesting a high variability of homework compliance (Adams & Schvaneveldt, 1985). Participants (11.6%) who reported they had been out of practice the past three months or chose not to answer the question were not included.
### Table 5

**Correlation Matrix of Collaborative to Directive Questions**

<table>
<thead>
<tr>
<th>Collaborative Questions</th>
<th>A. This week I would like you to...</th>
<th>B. There is a movie that I think applies...</th>
<th>C. What is the next step this week you are going to take to further...?</th>
<th>D. Is there something you could do this week to...?</th>
<th>E. Before our next session will you sit down together and practice...?</th>
<th>F. Write down you thoughts in a journal...</th>
<th>G. Jam wondering how you might implement what we have discussed...</th>
<th>H. During the week, how might we find out more about...?</th>
<th>I. I have an assignment I think will help this week...</th>
<th>J. For this week, every time you are faced with this, I’d like you to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This week I would like you to...</td>
<td>.191*</td>
<td>.081</td>
<td>.327*</td>
<td>.188</td>
<td>.166</td>
<td>.392***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. There is a movie that I think applies...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. What is the next step this week you are going to take to further...?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Is there something you could do this week to...?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Jam wondering how you might implement what we have discussed...</td>
<td>.088</td>
<td>.284**</td>
<td>.121</td>
<td>.194*</td>
<td>.164</td>
<td>.203*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. During the week, how might we find out more about...?</td>
<td>.013</td>
<td>.252**</td>
<td>.212*</td>
<td>.216*</td>
<td>.168</td>
<td>.201*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(table continues)*
Collaborative Questions

K. How will you apply what you have discovered in session during the week...

L. What do you want to focus on this week in order to...

\[ p < .05. \quad **p < .01. \quad ***p < .001. \]

Table 6

Compliance Reporting by Percent Reported

<table>
<thead>
<tr>
<th>% Reported</th>
<th>Frequency (n)</th>
<th>Range %</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 20%</td>
<td>5</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>21 to 30%</td>
<td>3</td>
<td>2.8</td>
<td>7.5</td>
</tr>
<tr>
<td>31 to 40%</td>
<td>5</td>
<td>4.7</td>
<td>12.1</td>
</tr>
<tr>
<td>41 to 50%</td>
<td>16</td>
<td>15.0</td>
<td>27.1</td>
</tr>
<tr>
<td>51 to 60%</td>
<td>8</td>
<td>7.4</td>
<td>34.6</td>
</tr>
<tr>
<td>61 to 70%</td>
<td>19</td>
<td>17.7</td>
<td>52.3</td>
</tr>
<tr>
<td>71 to 80%</td>
<td>24</td>
<td>22.4</td>
<td>74.8</td>
</tr>
<tr>
<td>81 to 90%</td>
<td>18</td>
<td>16.8</td>
<td>91.6</td>
</tr>
<tr>
<td>91 to 100%</td>
<td>9</td>
<td>8.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 68.01, Median = 70
A Pearson correlation of total homework assignment and therapist perception of compliance revealed that there might be a directional relationship between these variables \((r = .179)\). In other words, homework compliance was perceived to be greater among therapists who were more likely to use either of the methods proposed in the survey (i.e., direct or collaborative). However, the second null hypothesis was supported because Pearson’s correlation did not reach significance \((p = .065)\).

**Hypothesis Three: Assignment Methodology and Compliance Correlation**

The third null hypothesis in this study represented the primary interest of this study, namely: “There is no relationship between homework methodology (i.e., collaborative and directive) and homework compliance as reported by therapists.” Table 7 is a correlation matrix of homework methodology and perceived compliance. The null hypothesis was supported due to the fact that neither the direct or collaborative groupings were significantly correlated with perceived compliance.

A closer look at the correlations revealed that only question K (“How will you apply what you have discovered in session during the week...?”) was significantly correlated with perceived compliance \((r = .238, p = .013)\). While other collaborative questions approached significance, only question K was statistically significant in relation to compliance.

In order to evaluate whether specific questions prevented the groups from reaching statistically significant findings, subgroups were analyzed. The questions with highest correlation to compliance from each group were set up as subgroups to analyze their relationship to homework compliance. The directive subgroup did not correlate
with homework compliance. However, when the three strongest collaborative questions were analyzed as a subgroup (G, H, and K), they were significantly correlated with perceived compliance \( (r = .232, p < .05) \). Therefore, although the null hypothesis that homework methodology and perceived compliance was supported for the two groups, a subgroup of collaborative questions did reveal a statistically significant relationship.

*Hypothesis Four: Demographic Variables and Homework Methodology Correlation*

The fourth null hypothesis of this study states that there is no relationship between selected demographic variables and homework methodology. Based on both the ANOVA and correlation statistics there was only one significant relationship found. The subgroup of items G, H, and K, did correlate with income \( (r = .282, p = .007) \).
Hypothesis Five: Demographic Variables and Compliance Correlation

The fifth null hypothesis was supported, namely, that there is no relationship between the selected demographic variables and homework compliance. The use of ANOVA and correlation statistics were used to evaluate relationships, and it was found that none of the demographic variables correlated with perceived compliance.

Qualitative Questions

In order to further understanding about the perceptions that therapists have about homework methodology and compliance, qualitative analyses were utilized. Question one asked the therapists to address why they thought homework was not completed. Question two asked the therapists to ascertain the reasons that clients believe they did not complete the assignments. The third qualitative question in this study addressed the similarities and differences between the reasons that therapists and clients give for not completing homework, from the therapist’s perspective. Finally, therapists who indicated that they do not assign homework were asked to identify a few reasons that they chose not to utilize homework in their practice.

Question One: Therapist Attribution for Homework Non-Compliance

The first qualitative question posed in this study was: “What are the most common reasons clinicians give when asked as to why their clients have not completed their homework?” Each therapist was asked to list three of the most common reasons
that they believe that their clients do not complete the homework assignments.

Responses were grouped if they were similar. Tables 8 and 9 lists the reasons given.

The most commonly reported reason for non-compliance by therapists was a lack of motivation on the part of the client ($f = 45, 15.31\%$). Other frequently reported reasons included: emotional reasons such as fear and anxiety ($f = 31, 10.54\%$), the client found the assignment not relevant to the problem ($f = 28, 9.52\%$), the therapist believed the client was not yet prepared for the assignment ($f = 24, 8.16\%$), the client did not have time to complete the assignment ($f = 24, 8.16\%$), and client resistance to treatment or the assignment ($f = 21, 7.14\%$).

**Question Two: Clients Reasons for Homework Non-Compliance**

Therapists were also asked to list the three most common reasons that clients gave for not completing the homework assignments. There were two responses that were given by almost every clinician. The first was that the client reported being too busy or not having enough time to complete the assignment ($f = 85, 27.9\%$). The other very popular response was that the clients said they forgot what the assignment was, or forgot to do it ($f = 82, 26.9\%$). Other common reasons that therapists heard from their clients included: the clients did not understand the assignment ($f = 30, 9.84\%$), and the clients said they did not want to do the assignment, sometimes responding with “I just didn’t” ($f = 21, 6.89\%$).
Table 8

Descriptive Analysis of Therapist Belief about Reasons That Clients Do Not Complete Homework

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>%</th>
<th>Cumul. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of motivation/low priority</td>
<td>45</td>
<td>15.31</td>
<td>15.31</td>
</tr>
<tr>
<td>Emotional reasons/fear, anxiety</td>
<td>31</td>
<td>10.54</td>
<td>25.85</td>
</tr>
<tr>
<td>Not relevant</td>
<td>28</td>
<td>9.52</td>
<td>35.37</td>
</tr>
<tr>
<td>Not prepared for assign. / too soon</td>
<td>24</td>
<td>8.16</td>
<td>43.53</td>
</tr>
<tr>
<td>Not enough time/ too busy</td>
<td>24</td>
<td>8.16</td>
<td>51.69</td>
</tr>
<tr>
<td>Resistance</td>
<td>21</td>
<td>7.14</td>
<td>58.83</td>
</tr>
<tr>
<td>Bad or unclear assignment or follow-up</td>
<td>16</td>
<td>5.44</td>
<td>64.27</td>
</tr>
<tr>
<td>Don’t like assignment/don’t want to</td>
<td>16</td>
<td>5.44</td>
<td>69.71</td>
</tr>
<tr>
<td>Forgot</td>
<td>16</td>
<td>5.44</td>
<td>75.15</td>
</tr>
<tr>
<td>Didn’t understand</td>
<td>15</td>
<td>5.10</td>
<td>80.25</td>
</tr>
<tr>
<td>Too difficult/risky</td>
<td>14</td>
<td>4.76</td>
<td>85.01</td>
</tr>
<tr>
<td>Distractions/other obligations</td>
<td>9</td>
<td>3.06</td>
<td>88.07</td>
</tr>
<tr>
<td>Others not cooperating</td>
<td>6</td>
<td>2.04</td>
<td>90.11</td>
</tr>
<tr>
<td>Skills deficit</td>
<td>5</td>
<td>1.70</td>
<td>91.81</td>
</tr>
<tr>
<td>Shame – avoidance</td>
<td>5</td>
<td>1.70</td>
<td>93.51</td>
</tr>
<tr>
<td>Didn’t want outside time spent</td>
<td>4</td>
<td>1.36</td>
<td>94.87</td>
</tr>
<tr>
<td>Lost focus</td>
<td>3</td>
<td>1.02</td>
<td>95.89</td>
</tr>
<tr>
<td>Lack of insight</td>
<td>3</td>
<td>1.02</td>
<td>96.91</td>
</tr>
<tr>
<td>Lack of Accountability</td>
<td>2</td>
<td>.68</td>
<td>97.59</td>
</tr>
<tr>
<td>Client/therapist relationship problem</td>
<td>2</td>
<td>.68</td>
<td>98.27</td>
</tr>
<tr>
<td>Started but didn’t go well</td>
<td>2</td>
<td>.68</td>
<td>98.95</td>
</tr>
<tr>
<td>Comfortable w/status quo</td>
<td>2</td>
<td>.68</td>
<td>99.63</td>
</tr>
<tr>
<td>Opportunity didn’t arise</td>
<td>1</td>
<td>.34</td>
<td>99.97</td>
</tr>
<tr>
<td>Total</td>
<td>294</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 9

**Descriptive Analysis of Therapists’ Reports of Client’s Reasons for Not Completing Homework**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>%</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too busy/ not enough time</td>
<td>85</td>
<td>27.87</td>
<td>27.87</td>
</tr>
<tr>
<td>Forgot</td>
<td>82</td>
<td>26.89</td>
<td>54.76</td>
</tr>
<tr>
<td>Didn’t understand</td>
<td>30</td>
<td>9.84</td>
<td>64.60</td>
</tr>
<tr>
<td>Didn’t want to/ “Just didn’t”</td>
<td>21</td>
<td>6.89</td>
<td>71.49</td>
</tr>
<tr>
<td>Difficult/ uncomfortable</td>
<td>11</td>
<td>3.61</td>
<td>75.10</td>
</tr>
<tr>
<td>Distractions</td>
<td>11</td>
<td>3.61</td>
<td>78.71</td>
</tr>
<tr>
<td>Not relevant</td>
<td>10</td>
<td>3.28</td>
<td>81.99</td>
</tr>
<tr>
<td>Others not cooperating</td>
<td>10</td>
<td>3.28</td>
<td>85.27</td>
</tr>
<tr>
<td>Left at home/ lost</td>
<td>10</td>
<td>3.28</td>
<td>88.55</td>
</tr>
<tr>
<td>Emotional distress</td>
<td>9</td>
<td>2.95</td>
<td>91.50</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>6</td>
<td>1.97</td>
<td>93.47</td>
</tr>
<tr>
<td>“Don’t know”/no response</td>
<td>4</td>
<td>1.31</td>
<td>94.78</td>
</tr>
<tr>
<td>Bad assignment</td>
<td>4</td>
<td>1.31</td>
<td>96.09</td>
</tr>
<tr>
<td>Opportunity didn’t arise</td>
<td>3</td>
<td>.98</td>
<td>97.07</td>
</tr>
<tr>
<td>Resources not available</td>
<td>3</td>
<td>.98</td>
<td>98.05</td>
</tr>
<tr>
<td>Resistance</td>
<td>2</td>
<td>.66</td>
<td>98.71</td>
</tr>
<tr>
<td>Incapable</td>
<td>2</td>
<td>.66</td>
<td>99.37</td>
</tr>
<tr>
<td>Couldn’t focus</td>
<td>1</td>
<td>.33</td>
<td>99.70</td>
</tr>
<tr>
<td>Started but didn’t go well</td>
<td>1</td>
<td>.33</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>305</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question Three: Similarities and Differences Between Therapist and Client Reasons for Noncompletion

The third question for qualitative review in this study was: “What are the similarities and differences when comparing the most common reasons clinicians give for why clients do not complete homework assignments with their perceptions of their report as to what their clients state?” Table 10 is a comparison of the therapist’s and their report of the client’s reasons for non-completion. Table 10 is organized in descending order of frequency based upon the client’s reasons. The therapist’s beliefs about the reasons for non-completion are presented next to the similar items from the clients. In the final column the difference between the frequencies is presented.

There seems to be a difference in the perception of the main reasons that homework is not completed. Clients told these therapists that they are too busy ($f = 85$) and forgot to do the assignment ($f = 82$). However, a much smaller number of therapists indicated that being busy ($f = 24$) and forgetting ($f = 16$) are the actual reasons that clients did not complete the assignment. Conversely, the most common reason that therapists gave for non-completion was the lack of motivation on the part of the client ($f = 45$). Only six of the therapists stated that their clients acknowledge lack of motivation as a reason for non-completion. Interestingly, it was the therapist who, in retrospect, identified the homework assignment as “not relevant” more often (therapist $f = 28$, client $f = 10$). The timing of the assignment was more of an explicit concern to therapists than clients (“not prepared for assignment;” therapist $f = 24$, clients $f = 0$). Clients were more likely to express that the assignment was difficult to understand ($f = 30$) than therapists ($f = 15$) as a major reason for non-completion.
<table>
<thead>
<tr>
<th>Therapist’s reasons that client did not complete the assignment</th>
<th>f</th>
<th>%</th>
<th>Client’s reasons (reported by therapist)</th>
<th>f</th>
<th>%</th>
<th>Diff. Freq.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough time/too busy</td>
<td>24</td>
<td>8.16</td>
<td>Too busy/not enough time</td>
<td>85</td>
<td>27.87</td>
<td>+61</td>
</tr>
<tr>
<td>Forgot</td>
<td>16</td>
<td>5.44</td>
<td>Forgot</td>
<td>82</td>
<td>26.89</td>
<td>+66</td>
</tr>
<tr>
<td>Didn’t understand</td>
<td>15</td>
<td>5.10</td>
<td>Didn’t understand</td>
<td>30</td>
<td>9.84</td>
<td>+15</td>
</tr>
<tr>
<td>Don’t like assign/don’t want to</td>
<td>16</td>
<td>5.44</td>
<td>Didn’t want to / “Just didn’t”</td>
<td>21</td>
<td>6.89</td>
<td>+5</td>
</tr>
<tr>
<td>Too difficult/risky</td>
<td>14</td>
<td>4.76</td>
<td>Difficult/uncomfortable</td>
<td>11</td>
<td>3.61</td>
<td>-3</td>
</tr>
<tr>
<td>Distractions/other obligations</td>
<td>9</td>
<td>3.06</td>
<td>Distractions</td>
<td>11</td>
<td>3.61</td>
<td>+2</td>
</tr>
<tr>
<td>Not relevant</td>
<td>28</td>
<td>9.52</td>
<td>Not relevant</td>
<td>10</td>
<td>3.28</td>
<td>-18</td>
</tr>
<tr>
<td>Others not cooperating</td>
<td>6</td>
<td>2.04</td>
<td>Others not cooperating</td>
<td>10</td>
<td>3.28</td>
<td>+4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Left at home/lost</td>
<td>10</td>
<td>3.28</td>
<td>+10</td>
</tr>
<tr>
<td>Emotional reasons/fear, anxiety</td>
<td>31</td>
<td>10.54</td>
<td>Emotional distress</td>
<td>9</td>
<td>2.95</td>
<td>-22</td>
</tr>
<tr>
<td>Lack of motivation/low priority</td>
<td>45</td>
<td>15.31</td>
<td>Lack of motivation</td>
<td>6</td>
<td>1.97</td>
<td>-39</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Don’t know”/no response</td>
<td>4</td>
<td>1.31</td>
<td>+4</td>
</tr>
<tr>
<td>Bad or unclear assign./or follow-up</td>
<td>16</td>
<td>5.44</td>
<td>Bad assignment</td>
<td>4</td>
<td>1.31</td>
<td>-12</td>
</tr>
<tr>
<td>Opportunity didn’t arise</td>
<td>1</td>
<td>.34</td>
<td>Opportunity didn’t arise</td>
<td>3</td>
<td>.98</td>
<td>+2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Resources not available</td>
<td>3</td>
<td>.98</td>
<td>+3</td>
</tr>
<tr>
<td>Resistance</td>
<td>21</td>
<td>7.14</td>
<td>Resistance</td>
<td>2</td>
<td>.66</td>
<td>-19</td>
</tr>
<tr>
<td>Skills deficit</td>
<td>5</td>
<td>1.70</td>
<td>Incapable</td>
<td>2</td>
<td>.66</td>
<td>-3</td>
</tr>
<tr>
<td>Lost focus</td>
<td>3</td>
<td>1.02</td>
<td>Couldn’t focus</td>
<td>1</td>
<td>.33</td>
<td>-2</td>
</tr>
<tr>
<td>Started but didn’t go well</td>
<td>2</td>
<td>.68</td>
<td>Started but didn’t go well</td>
<td>1</td>
<td>.33</td>
<td>-1</td>
</tr>
<tr>
<td>Not prepared for assign./too soon</td>
<td>24</td>
<td>8.16</td>
<td></td>
<td></td>
<td></td>
<td>-24</td>
</tr>
<tr>
<td>Shame</td>
<td>5</td>
<td>1.70</td>
<td></td>
<td></td>
<td></td>
<td>-5</td>
</tr>
<tr>
<td>Didn’t want outside time spent</td>
<td>4</td>
<td>1.36</td>
<td></td>
<td></td>
<td></td>
<td>-4</td>
</tr>
<tr>
<td>Lack of insight</td>
<td>3</td>
<td>1.02</td>
<td></td>
<td></td>
<td></td>
<td>-3</td>
</tr>
<tr>
<td>Lack of Accountability</td>
<td>2</td>
<td>.68</td>
<td></td>
<td></td>
<td></td>
<td>-2</td>
</tr>
<tr>
<td>Client/therapist relation problem</td>
<td>2</td>
<td>.68</td>
<td></td>
<td></td>
<td></td>
<td>-2</td>
</tr>
<tr>
<td>Comfortable w/ status quo</td>
<td>2</td>
<td>.68</td>
<td></td>
<td></td>
<td></td>
<td>-2</td>
</tr>
</tbody>
</table>
It should be emphasized that this survey asked for the therapists to give the three most common reasons they and their clients believe that homework was not completed. Therefore, this study does not attempt to suggest that the frequencies represent the whole picture. Instead, it represents a comparison of the most popular reasons for non-completion. For example, there were no responses from therapists about written assignments being lost, but there were 10 therapists that listed lost homework as a reason that clients gave. This does not mean that therapists were claiming that it never happens. It just means that it did not make the “top three” reasons for any of the therapists.

**Question Four: Reasons for Nonassignment**

On the survey, therapists were asked if they utilized homework in their practice. Those who indicated they did not assign homework were directed to an open-ended section, asking them to discuss the reasons for nonassignment. There were a total of 121 participants in this survey, and 11 of them (9%) indicated that they do not assign homework. The most popular reason given for non-assignment was the belief that the clients would not do the assignment, and attempting to assign will only increase resistance and harm therapy ($f = 4$). One individual expressed the dilemma this way: assigning homework “raises the question of whether I insist further, which may make them more resistant, or do I let it go which may diminish my status in their eyes?” Other therapists expressed that they believe that clients will do what is needed between sessions without discussing homework ($f = 3$). One therapist said that if the therapist is helpful in session, then the client will naturally do what is needed after the session is over. Two of the therapists expressed that assigning homework would actually worsen the client’s
condition. One of these therapists said that it is “manipulative” and sets up the therapist as “the expert,” diminishing the role of the client in the change process and negatively impact the therapeutic alliance. The other therapist said that in some client populations, assigning homework will increase the sense of guilt and shame that inhibits therapeutic growth. Finally, there were two individuals who stated that homework was not relevant or that it was inappropriate for their therapy.
A review of the literature indicates that until this time, most of the research on therapeutic homework has focused on four aspects: (a) homework compliance as it relates to therapeutic outcomes, (b) therapist factors related to homework compliance (e.g., experience, follow-up), (c) client factors related to homework compliance (e.g., severity of symptoms, type of disorder, motivation), and (d) the content of homework assignments (e.g., journaling, bibliotherapy) as it relates to compliance. Virtually none of the research has analyzed the methodology of homework development. The purpose of this research was to increase understanding about the relationship between the methodology of homework assignment and compliance.

Limitations

There are limitations in the study that may have affected the validity and generalizability of the research. These limitations are primarily with the sample and survey. In regards to the sample, the findings of this study can only be considered preliminary because a convenience sample was used. Random sampling would ensure a more accurate portrayal of the cultural diversity of the therapist population. In addition, a larger sample size would increase diversity and allow for more confidence in the data.

There are also notable limitations in the survey used for this research. Perhaps the most deleterious aspect of the survey is the manner in which compliance was measured. This study simply asked the therapist to reflect upon the past 3 months and
estimate homework compliance. Similarly, the qualitative section of the study asked the therapists to recall reasons that they and their clients gave for noncompliance. Asking therapists to make these estimates without empirical support poses three potential problems: (a) the therapist’s perception of the compliance and reasons for noncompliance may be influenced by personal factors (e.g., either a desire to look good resulting in optimistic responses or negative perception of clients resulting in pessimistic responses), (b) asking therapists to accurately recall the percentage of compliance and reasons for noncompliance over the past three months would require them to have a good memory recall, and (c) homework compliance is not defined in the survey and may have different meanings for therapists (e.g., if it was determined that the client would keep a journal throughout the week, it would be important to determine if writing in the journal once or twice should be considered compliance when the assignment was to write more frequently). In previous studies, it has been noted that it is difficult to accurately measure homework compliance (Primakoff, Epstein, & Covi, 1986). Perhaps a more accurate account of homework compliance can be assessed by asking the therapist to track compliance for 3 months before reporting. Also, it may be helpful to conceptualize in more detail what constitutes compliance.

Another limitation with the survey is that only therapists were asked to participate. It would be interesting to note the client’s perception of the variables measured on the survey. For example, clients could be asked to rate the likelihood that their therapists incorporate direct and collaborative assignment methods. It would be interesting to see both the therapist’s and client’s reports. However, a study conducted
by Schmidt and Woolaway (2000) found that therapist estimations of compliance were more predictive of outcomes than client estimations.

Therapeutic Homework

Most of the therapists in this study reported that homework was a part of their regular treatment (91%). Previous research also discovered that a majority of therapists utilize homework in their practice (Martin, 1992), though the numbers were lower (60%) than what was found in this study. There are three possible reasons for the disparity between the two studies: (a) there has perhaps been a sharp increase in the use of homework over the past twelve years as the popularity of brief therapies has increased, (b) some people who do not utilize homework may have opted to not complete the survey for this research because the title indicated that homework was the subject, and (c) Martin’s study did not necessarily seek to discover the actual use of homework, only the “reported” use of homework. It may be that some therapists assigned homework but did not report it because they were not specifically asked to.

In this study, the use of homework transcended all demographic variables. Homework was reportedly used by therapists who identified themselves as Cognitive-Behavioral, Experiential, Psychoanalytic, and so forth. Regardless of licensure, clinical experience, and other background variables, it appears that homework is a part of treatment for a majority of therapists. In light of this, the lack of attention that has been paid to homework in research and in theory becomes even more perplexing (Dattilio, 2002).
Compliance

If homework is truly an important component of therapy, the next issue is whether compliance is predictive of successful therapeutic outcomes. This study did not attempt to measure therapeutic outcomes. However, previous correlational research has found that completion of homework assignments is correlated with positive outcomes in therapy. Garland (2002) found that completion of homework assignments was correlated with reduction of depression symptoms. Research on people with personality disorders revealed that homework compliance was “essential” to improvement (Freeman, 2002). Anxiety disorders in children and adolescents has been shown to be positively impacted with homework compliance (Kendall, 2002). In addition, therapy for couples and families has been shown to be more effective when homework was completed (Dattilio, 2002). Finally, research has concluded that, in general, homework compliance was associated with positive outcomes in psychotherapy (Coon, 2002; Detweiler & Whisman, 1999; Karantzis, 2002).

Burns and Spangler (2000) conducted a carefully designed study to control for confounding variables in order to determine if homework truly predicated positive outcomes in therapy. They found that clients who did their homework improved more than those who did little or no homework. In contrast, other variables, such as symptom severity, did not influence homework compliance. The researchers concluded that compliance was the predictive agent for change.
Increasing Compliance

It can be determined that a majority of therapists use homework, and that homework compliance is predictive of positive outcomes in therapy. The next consideration, then, is a consideration of the ingredients that are related to homework compliance. There are many factors which may contribute to increased compliance. As mentioned previously, most of the factors that have been researched can be categorized as either therapist or client variables (Edelmann & Chambless, 1993; Leahy, 2002; Worthington, 1986). None of the studies that were reviewed looked at the way homework was developed (i.e., directive or collaborative). However, it is interesting to note that Worthington looked at the “conduct of counseling” as it relates to homework compliance. He found that counselor and client variables were less predictive of homework compliance than the variables associated with the way a therapist conducted the session. These variables included: timing of giving the assignment, length of therapy, ability to keep the client’s interest in therapy, and a focus on the client’s attitude rather than the status of the therapist. This supports the notion that there is more to homework than therapist and client variables, and content of the assignment.

Homework Methodology

While there are many factors that may contribute to homework compliance, this research was designed to analyze only one of them, namely, that of homework methodology. A model was proposed that conceptualizes homework methodology into three types: (a) nonassignment, (b) direct assignment by the therapist, and (c) therapist and client collaboration of the assignment. The purpose of the quantitative research was
threefold: (a) begin to determine whether direct and collaborative methodologies can be distinguished, (b) increase understanding about how these methodologies relate to other therapist variables (e.g., theoretical background), and (c) discover the relationship between these methodologies and the resultant homework compliance.

*The Clinical Perception of Homework Style and Compliance Survey*

In order to achieve the purposes stated above, it was necessary to have a reliable and valid instrument to measure these variables. Due to the fact that there were no existing instruments that assessed the relationship between homework methodology and compliance, the “Clinical Perception of Homework Style and Compliance Survey” was created. Reliability of the survey was in accordance to generally accepted standards. However, more research is needed to determine the validity of the survey. Although some important limitations have been noted, this survey is seminal and from the data acquired there are some notable contributions. Of particular utility is perhaps the way in which direct and collaborative methodologies were assessed, as they generally factored as anticipated.

*Methodologies in Context*

A notable contribution of the research is an increased understanding about therapist demographic variables as they relate to homework methodology. In this research study, it appeared that the methodologies transcended theoretical and professional background. Some who claimed to be Cognitive-Behavioral therapists adopted a directive style, while others were more collaborative, and yet some chose not
to assign at all. A review of the data revealed that many therapists adopt both direct and collaborative styles. The researcher of this study believes that the most likely reason that therapists change their methods of homework assignment is that many have not considered the methodology of homework development in their practices, and simply make assignments as it comes naturally for them in a given situation. Another possible reason is that many therapists will adopt a style that they believe works best for individual clients or certain situations. For example, some therapists expressed in the qualitative section of the survey that they do not assign to court-ordered clients because they believe that the clients won’t complete the assignment.

A Case for a Continuum

Another interesting finding in the research is the conceptualization of the homework methodologies. This research proposed a distinctive grouping of homework methodologies into a dichotomy. Questions that were used for the survey were intended to be either direct or collaborative. However, further analysis of the results indicated that the survey questions seemed to fall on a continuum instead of a simple dichotomy. This had not been a consideration when the survey was formulated. It appears that the continuum ranges from unilateral directive homework assignment (i.e., therapist takes full responsibility for the assignment) to full cooperation collaboration (i.e., there is room for an exchange between therapist and client about the assignment).

**Directive end of the continuum.** The questions or statements that factored most strongly with the direct group appear to be the most unilateral. In these assignments, the therapist initiated the development and assignment of the homework. “This week I
would like you to...” (13a) and “For this week, every time you are faced with this problem, I’d like you to...” (13j) represent the direct end of the continuum. Both of those statements involve the therapist clearly taking charge of the content of the assignment, and does not leave room for negotiation. On the other hand, questions that factored weaker within the direct group left room for discussion by stating the assignment in the form of a question (e.g., 13i: “I have an assignment I think will help this week.. Would you please..?”)

Further use of the study would involve the elimination or restructuring of some of the questions used, particularly in the direct group. For example, one question that was designed to be direct, but factored more strongly with the collaborative group was 13b: “There is a movie that I think applies...Will you watch ____ movie?” One possible reason this question stood out as so weak is the mistaken impression by the therapist that they were asked about the likelihood that he or she would ask the client to watch a movie. In other words, some therapists may have paid attention to the content of the question rather than the style, which is what was asked for. Further development of this survey may involve the elimination of statements or questions that contain specific content as part of the homework assignment.

Collaborative end of the continuum. In contrast to the direct assignments, the collaborative questions appeared stronger in relationship to cooperative building of the assignment. For example, question 13h (“During the week, how might we find out more about...?”) was the most powerfully factored collaborative question. The weakest factoring question (13c) was only subtly different in semantics, but the small distinction was significant: “What is the next step this week you are going to take to further...?”
the former, the therapist emphasizes that “we” are going to find something out, and asks the client what that “might” be, implying that the clients response will be open for discussion. This question would seem to promote a discussion between the therapist and client about potential homework assignments. The latter question emphasizes with the word “you” that the therapist is interested in what the client will do for the coming week. It may be perceived that the therapist is simply inquiring about the clients intentions, and not helping to build an assignment. It doesn’t seem to leave the response open for discussion.

Relationship Between Compliance and Methodology

In this study, compliance was not found to be significantly correlated with homework methodology when the original groups (i.e., direct and collaborative) were examined. It is believed by the researcher that the most likely reason for failure to reach significance is that the procedures for assessing compliance weakened the correlation effects. A more accurate measurement of compliance would have perhaps strengthened the correlation enough to reach significance. In addition, the lack of random sampling, non-inclusion of clients in the research, and subjective methods of data collection may have weakened or distorted the correlation between compliance and methodology. For example, it is possible that therapists are not accurate in their estimations about their own therapeutic styles. A therapist may claim to use highly collaborative styles because, ideologically, it is what he or she believes. Yet, due to the possibility that it may be more difficult to develop assignments in collaboration with clients, some therapists may actually be more directive than they think they are. Gathering data through means other
than self-report (e.g., judges rating methodology by viewing video of sessions) would likely have resulted in more accurate analyses.

**Increased Compliance Through Effective Collaboration**

In addition to the reasons noted above, it is the belief of the researcher that a more refined conceptualization of collaborative assignments would result in more robust findings. In analyzing the data, including all of the original direct and collaborative questions lead to support of the null hypothesis. However, analysis using only the far end of the collaborative end of the continuum (Questions 13g, 13h, and 13k) did result in statistically significant results. These three questions were predictive of increased homework compliance. The important consideration is how these three questions are different than the other three collaborative questions. The far end of the collaborative end of the continuum may be characterized by these two important variables: (a) balance of therapist and client inclusion in the process (i.e., centered in the relationship, not in the client or therapist), and (b) collaborating not only with the client, but also with the therapy session (i.e., effective incorporation of session insights). First, the most collaborative questions appear to involve the therapist’s help more than the other collaborative questions (13c, 13d, and 13l), which focused more on the role of the client in determining the assignment. It appears that asking the client to take all responsibility for the assignment is as ineffective as the therapist taking charge of the task. Second, all three of the stronger questions made a more clear reference to the session as background for developing the assignment, whereas the others simply involve the therapist asking, in essence, “What are you going to do next?” For example, question 13d (‘Is there
something you could do this week to....?" ) does not seem to build upon the insights of the therapy session to set the context for the homework assignment. In contrast, question 13k ("How will you apply what you have discovered in session during the week....?") involves a clear effort to set the context for the assignment as something relating to session discovery. Therapists who help the client make the connection between the session and homework may make the homework more powerful because it seems to build on something, thus giving relevance to the assignment.

Qualitative Findings

In order to explore factors relating to homework compliance, the qualitative section of this research examined therapists perceptions about the reasons for noncompliance. Therapists were asked to share three reasons they believe their clients did not complete homework assignments. This study did not attempt to get the client’s perspective on homework compliance. However, therapists were asked to list some of the reasons they have been given by their clients for non completion.

**Therapist’s Perspective of Noncompliance**

The following is a review of the four most frequently reported reasons that therapists and clients gave for non-completion of homework assignments: (a) client seemed to lack motivation to complete assignment or did not place a priority on the assignment, (b) the assignment was difficult due to emotional reasons: examples given were fear and anxiety, (c) the assignment was not determined to be relevant, and (d) the
client was not prepared for the assignment. It was “too soon” as many therapists reported.

**Lack of motivation.** Therapists reported that they believed that the most notable reason for noncompliance is a lack of motivation or low priority for the assignment on the part of the client. This is consistent with the findings of research by Hong and Lee (2000). They found that motivation levels were predictive of homework compliance and academic achievement. It is the belief of the researcher that motivation to complete homework assignments is reduced when the client does not feel like they are a part of developing the assignment. The client, perhaps, does not take ownership of the assignment. In order to promote client ownership of the assignment, it may be wise for therapists to spend less time convincing clients that the therapist’s assignment is worthwhile and more time involving the client in the development of the assignment.

**Relevance of assignment.** Reasons two through four for noncompliance are related to the fit between the client and the assignment. Reason numbers two and four deal with the client being emotionally and mentally unprepared for the assignment. Again, effective collaboration would seemingly reduce the likelihood of this becoming an obstacle. It may be less likely that a client would participate in developing an assignment that he or she was not prepared to fulfill. An assignment created solely by the therapist is missing valuable input from the client. For example, a therapist dealing with a victim of childhood trauma may suggest that the client visit the scene of the trauma. While this may be a good idea at some point in treatment, if assigned too early it may be possible that the client isn’t ready for this step. Reason number three is consistent with previous research that claims that increasing the perceived relevance of
homework assignment increases the likelihood of compliance, and the effectiveness of between-session tasks (Hay & Kinnier, 1998). As mentioned previously, an important aspect of effective collaboration is that the assignment relates to the therapy session. Relevance may be strengthened when the therapist is able to draw the connection between the assignment and what was accomplished in the session. Otherwise, the client may perceive homework as impersonal, and thus irrelevant. Often, therapists will give homework assignments to introduce clients to topics that will be discussed later. Although this may not always be a bad idea, it may lack relevance and reference for clients. It seems reasonable to state that as clients suggest ideas for homework that they will believe those ideas to be relevant.

Client’s Reasons for Noncompliance

Understanding the reasons that clients have for non-compliance will also help inform therapists about how compliance might be increased. The four most frequent reasons that therapists indicate they hear from their clients include: (a) client was too busy or did not have enough time, (b) client forgot to do the assignment or forgot important details about the assignment, (c) client did not understand the assignment, and (d) client did not want to complete the assignment. Many said that the client did not like the assignment.

Lack of interest. The reasons that therapists and clients give may not be as different from each other as they appear at first glance. Many of the responses from therapists regarding motivation also mentioned that therapists believed that the assignment was a low priority, and thus the client was more motivated to do other things.
It has been said that “not having time” to complete a task is simply another way of saying “other things had a higher priority.” Therefore, it may be that the primary reason that therapists and clients give are both admissions that the assignment was not important enough. The issue is how it came to be that the client was not interested and motivated. There are as many possibilities as there are theories to explain why a client is not interested. However, a simple and practical reason is that the client may not see how the assignment would help. To borrow a popular analogy, the client may experience an assignment given by the therapist like a Doctor trying to share her eyeglasses with the patient, stating, “These have really helped me, they should help you too.” It is perceived by the client that the assignment is not built upon a rich understanding of the struggles and needs he or she has. If the client were invited to participate in the creation of the assignment, it may be more likely that he or she would experience the assignment as relevant to his or her own life.

Another possible reason for low interest may be that clients are asked to develop the homework assignment alone, as may be suggested by questions 13c, 13d, and 13i of the survey. The research seemed to indicate that too much client involvement (i.e., asking the client to develop the assignment alone) is also not conducive with homework compliance. Clients with low self-esteem may believe that they are not capable of coming up with good ideas. Also, without the aid of the therapist’s insight, clients may not think of anything they haven’t tried before.

Forgettings assignments. The second most frequent reason given by clients for noncompliance is that he or she “forgot” to do the assignment. It seems logical that one is more likely to forget an assignment that was given by someone other than his or her
self. This is related to the issue of interest, in which it seems reasonable to state that people are less likely to forget assignments they were not part of developing. Related to this is the fourth reason given (client did not like the assignment), which would possibly be reduced if the client were invited to participate in the development of the assignment. However, more research is needed to verify if collaborative assignment results in improved memory recall of the assignment and increased desire to complete it.

In summary, many of the obstacles for non-completion of therapy may be related to the methodology employed by the therapist. Low motivation, lack of interest, belief that the assignment is not relevant, and poor retention of assignment information are among the most noted reasons for noncompliance. It is possible that overcoming these obstacles may involve including the client in the development of homework assignments.

Implications for Marriage and Family Therapy

This research has important practical and theoretical implications for marriage and family therapy. The most important implication the research may have on marriage and family therapy is increased enlightenment about the importance of emphasizing the process of homework assignment. In other words, this research highlights the importance of rephrasing the question that therapists ask themselves, from “what homework would be helpful in this situation?” to “how might we (the client and I) discover what homework would be helpful in this situation?”

Marriage and family therapists are interested in relationship dynamics, within the family or social context and in the therapist/client relationship. Instead of analyzing the individual as a static being, MFTs look at the individual in context. In the postmodern
era, MFTs have gained increased appreciation of the notion that the therapist is not “the authority” or source of all truth in the life of the client (Parry & Doan, 1994). An increased appreciation for the unique perspective of the client and the impossibility of making the stories clients have fit our own, has resulted in increased efforts to center the attention of the therapist around the reality of the client. In this light, the viewpoint of clients is an important ingredient in the formula used to develop homework assignments for marriage and family therapists. Without the client’s aid in building homework assignments, therapists become “sales” representatives, trying to convince the client that the assignment will make a difference. It is not the presumption of the researcher that all direct assignment should be eliminated. Instead, it is suggested that whenever possible, collaborative assignments may be optimal.

Direct Assignment

When the session begins to draw to an end, many therapists reach into their repertoire of assignments that are believed to be effective. One such example is the popular use of “prescribing the symptom” (Watzalwick, Weakland, & Fisch, 1974) by the MRI group. In this situation, the therapist prescribes more of the troubling symptom (e.g., depressed behavior) in order to free the client from guilt and avoidance which often leads to growth for their clients. A popular assignment among Solution-Focused therapists is an adaptation of the “miracle question” (DeJong & Berg, 1998). The homework assignment is to consider what the individual or family’s life will look like when the “miracle” of transformation has taken place. This helps the client shift to a proactive, solution-building frame of mind. Many therapists who adopt the Cognitive-
Behavioral approach will perhaps review what the client has presented and then develop an assignment that the therapist believes will move the client forward (Coon, 2002). Regardless of the theory behind the actual assignment, what these examples all have in common is that the therapist decides what the assignment will be.

An individual with a directive methodology for homework development might argue that direct assignment is beneficial for the following reasons: (a) the therapist is more qualified to decide upon an assignment, (b) many of the assignments are research and theory driven and, therefore, more powerful, and (c) many clients may not be in the proper state of mind or perhaps lack the insight to develop a meaningful homework assignment. These assumptions, and any others, should be researched carefully. To date, there is lack of empirical support to suggest when it is optimal to employ direct or collaborative assignment in treatment. Many directive therapists lean upon anecdotal cases in which a direct assignment was useful for a particular client. In addition to the effectiveness of an assignment, it is important to consider the efficiency. Efficiency refers to rate of compliance achieved, without which the effectiveness becomes irrelevant. In other words, it doesn’t matter how effective an assignment is if it is not completed.

In contrast to the lack of evidence to support a direct methodology of homework assignment, there is much discussion on how to increase compliance within the direct framework (Detweiler & Whisman, 1999). In studies such as Detweiler and Whisman, the efficacy of various direct assignments are compared to each other, but not to collaborative methods.
Collaborative Assignment

There may be a variety of ways to implement a collaborative style of homework assignment. In contrast to direct assignment, examples of the collaborative methodology are more difficult to find. However, a review of the research reveals some elements of assignment that may be considered collaborative. Garland (2002) referred to the skill of “negotiation” in relation to developing assignments. Research by Reynolds (1998) indicated that participants in the “supportive” condition reported higher levels of homework compliance than those in the “directive” condition. This supportive condition consisted of the perception by the client that the therapist listened and validated thoughts and emotions. This is consistent with the findings of this research that the most effective questions were those that emphasized the therapeutic relationship and connection to the content of the session. A foundation of this supportive condition may be the first step in building a collaborative assignment. In addition, Openshaw (1998a) proposed the SEA (Summarization, Empowerment, and Active involvement) methodology to enhance homework compliance from a collaborative perspective. This involves: (a) a conjoint review of what has been discussed in the session, (b) emphasis on the client’s strengths, and a reframing of the situation to instill hope and motivation, and (c) statements that promote curiosity and conjoint homework development.

There are four assumptions behind the collaborative assignment theory: (1) If the client feels like part of the process, he or she is more likely to perceive the assignment as relevant and understandable, (2) clients will be less resistant if they feel included in the process, (3) the process of taking ownership of the assignment empowers people while unilateral assignment encourages dependancy, and (4) synergistic development will
create ideas that rise above any that a therapist could create alone. As in the case of direct assignment, there is a lack of research to support the validity of these assumptions. More research is needed on the collaborative methodology.

Conclusions and Recommendations

Due to the limitations of the sample and survey, there can be no generalized conclusions from the research. However, there are some interesting findings that can be built upon in future studies to inform therapists about homework methodology. It is the perception of the researcher that there is reason to believe that if compliance is partly predicated upon the style of homework development, then negligence in this area is costly. Just as the process of problem resolution in the session is at least as important as the content of resolutions, the process of homework assignment is a key to success. Simply assigning without careful consideration may be as ineffective as therapy without a theory or plan.

*Homework in Therapy*

This research provides some interesting information about the nature of homework among therapists today. One conclusion, at least with this sample and with previous research, is that homework is a part of treatment for most therapists. If more research were able to verify this, then it would serve to bring attention to the need for attention paid to homework in theory and practice. As stated previously, one goal of this research was to invigorate research and discussion about the nature of therapeutic homework. To date, a majority of the research on homework is found in the behavioral
therapies. It would be interesting to see how systemic therapists utilize and evaluate the use of homework. More attention to homework assignment and methodology with students of marriage and family therapy would promote further research, discussion, and clinical attention to the use of the “other 167 hours during the week” (Openshaw, 1998a).

Redefining the Dichotomy

Another important discovery with this research is that direct and collaborative methodologies do appear to distinguish from each other. Additionally, rather than being a dichotomy, there appears to be a continuum of direct to collaborative assignment. More work needs to be done to study the validity of these two groups and to further develop the concept of the direct to collaborative continuum. This includes further clarification of what constitutes direct assignment and collaboration. After reviewing the survey and data, it appears that some of the items that were intended to be collaborative, may appear to be client-developed. In other words, it is not collaborative if it is perceived that the therapist is directing the client to develop the assignment alone. The inclusion of these client-developed items with the collaborative group weakened the results for the collaborative group.

While the direct and collaborative groups did not reveal statistically significant data, when the “most” collaborative questions were analyzed separately, there are some interesting findings, namely: (a) it should be clear that the therapist isn’t turning the creation of the assignment over to the client, but is wanting to discuss the assignment together, and (b) a clear connection to what was discussed in the session is important. It
is recommended that more research based on this definition of collaboration is done to determine if it is more predictive of compliance.

Another interesting discovery in this research is that it appears that therapists seem to maneuver between direct and collaborative methodologies. Rather than framing the question as which is better, it may be more useful to study when it would be beneficial to be directive, and when to be collaborative.

The qualitative research suggests that therapists and clients frame the problem of noncompliance a little differently. However, what they have in common is that the homework was not a high priority for the client. Perhaps higher priority to the assignment would be given if the assignment were carefully crafted in a collaborative manner. Another common element is that both clients and therapists acknowledge that assignments are not always relevant. Future research could correlate the reasons for non compliance with homework methodology to determine collaboration increases motivation, relevancy, and retention of the assignment.

With the use of random sampling, longitudinal data, and more objective gathering of data (i.e., third personal analysis of methodology and compliance rates), more extensive conclusions may be drawn in future studies about directive and collaborative methodologies. It would be informative if research was performed to assess compliance rates, methodology, and therapeutic outcomes within the same study.

There are pressures, such as HMOs, that require therapists to constantly gain increased results in less time. Helping the client effectively utilize the time in between sessions towards growth is more important than ever. It has been said that the therapist
should “never work harder than the client.” Perhaps it is time to involve the client in the work of developing homework assignments.
REFERENCES


APPENDICES
Appendix A

Informed Consent
Informed Consent

Homework, A Bridge between Therapy and Life:

A Clinician’s Perspective of Therapeutic Style in the Assignment of Homework and Homework Compliance

Introduction/Purpose

The purpose of this study is to investigate clinicians’ attitudes and perceptions with regards to therapeutic homework.

Procedures

We would be most appreciative if you would participate in this study. We realize you time is limited and believe that this will take no more than 10 minutes of your time. If, after reading the EIC, you are willing to participate, click on the hyperlink at the bottom of the EIC which will take you directly to the Inventory. The Inventory you will be completing is composed of the following sections:

- Identification of the theoretical orientation(s) used in therapy.
- Identification of the value clinicians place on the use of homework with clients.
- Identification of how often various statements might be used when assigning homework.
- Identification of the perception of clinicians with regards to how compliant clients are in completing homework if they use homework in their therapy.
- The perception of clinicians as to why they believe their clients, if they give homework, choose not to complete the homework.
- Identification of the most common reasons clients may give for not completing homework if they are given such.
- Clarification of the clinicians’ perceptions as to the role homework plays in client outcome.
- Demographic information.

Risks

There are no risks associated with this study. The research asks clinicians to retrospectively review in their minds, cases rather than specific clients, which they can associate with their attitudes and styles of homework if they give such.

Benefits

It is important to assess the attitudes and styles of homework, and to make some determination as to the relative importance of homework to client outcome. If homework is found to be an important factor to perceived outcome, then style may also be associated; however, if there is no significant difference between those who give homework and those who do not, as it relates to outcome, then it is important for clinicians to understand this finding as they plan their overall therapeutic strategy.

New Findings

You will be notified if risks or benefits change during the study. This is so that you can choose whether or not to continue participating. If the study ever changes in a way that affects you, we will contact you, explain any changes and get your consent to continue to participate.
Explanation and Offer to Answer Questions

The EIC has explained this study to you. If you have questions, you may contact Dr. Openshaw at (435) 797-7434 or at opie@cc.usu.edu.

Voluntary Nature of Participation

Your participation in this study is voluntary. You may withdraw from the study at any time without consequence.

Confidentiality

Your confidentiality is important to us. In as much as you will be giving informed consent through electronic means, there will be no informed consents that will be retained. As such, your confidentiality as related to the informed consent is protected in this manner. Further, there is no way in which the EIC can be linked to the Inventory should you choose to participate. Next, the demographic data is general and there is no way in which this data could be used to identify you. Finally, all data will be group analyzed, and if reported through publication or presentation will be done so as group data.

Care if Harmed

If you are injured by participating in this study, Utah State University can reimburse you for emergency and temporary medical treatment not otherwise covered by your own insurance. If you believe that you have been injured by participating in this study, please contact the Vice President for Research Office at (435) 797-1180.
IRB Approval Statement

The Institutional Review Board (IRB) at Utah State University has approved this project. If you have any questions or concerns about this approval, you may contact the USU IRB Office at (435) 797-1821.

Copy of Consent

If you desire to have a copy of this EIC, you are welcome to print a copy by clicking on the printer icon located on the tool bar at the top on your browser.

Investigator Statement

“We certify that the purpose of this research study, and possible risks and benefits associated with taking part in this study, have been explained to the individual through the EIC. Further it is certified that we, as the investigators, have provided the individual opportunity for clarification of information they may not understand by contacting us through the use of our phone number or email addresses, both of which are contained on the EIC. Individuals are encouraged to have any questions answered before clicking the hyperlink that will take them into the Inventory.”

Signature of Principle Investigator and Student Researcher

D. Kim Openshaw, Ph.D., LCSW, LMFT  
(435) 797-7434  opie@cc.usu.edu  

Darren R. Elkins, BS  
(801) 688-5627  elkinshome@earthlink.net

Signature of Participant
By my clicking on the hyperlink and completing the Inventory, I indicate my willingness to participate in this study as it has been explained to me. Further I certify that any questions that I may have had prior to completing the Inventory have been answered by contacting either of the investigators by phone or email.

http://___________
Appendix B

Clinical Perception of Homework Style and Compliance Survey
Clinical Perception of Homework Style and Compliance Survey

I. Therapist Demographic Information

1. Date the questionnaire was completed: _________________________

2. City and State: ___________________________________________

3. Age: ____________ 4. Sex:  Male □  Female □

5. Degree Held: Bachelors □ Masters □ Ph.D. □

6. Licensure: LMFT □ LCSW □ LPC □ Clinical Psychologist □ Psychiatrist □ Working towards licensure □ Other □

7. Years in practice: ________

8. Annual Income: ________

9. Ethnic or Racial Group Membership (check all that you feel apply):

Caucasian or Euro-American □  Native American □
Black/African American □  Hawaiian Islander/ Polynesian please specify: __________
Asian American □  Other □ please specify: __________
Hispanic/Latino American □

10. Religious Affiliation, if any (please specify): _____________________________

11. Your primary theoretical orientation:

Cognitive-Behavioral □  Psychoanalytic □
Bowenian □  Experiential □
Structural □  Solution-Focused/Brief □
Narrative □  Other: please specify: __________
12. I use homework assignments with my clients (if you mark false, skip to Section V).

   True □
   False □

II. Homework Style

13. When you assign homework you will use various styles to introduce it. Below, mark how often it is that you would use a style such as that presented.

<table>
<thead>
<tr>
<th>Never</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

   a.____ This week I would like you to ..... 
   b.____ There is a movie that I think applies.... Will you watch _____ movie? 
   c.____ What is the next step this week you are going to take to further....? 
   d.____ Is there something you could do this week to...? 
   e.____ Before our next session will you sit down together and practice....? 
   f.____ Write down you thoughts in a journal.....? 
   g.____ I am wondering how you might implement what we have discussed...? 
   h.____ During the week, how might we find out more about...? 
   i.____ I have an assignment I think will help this week.... Would you please...? 
   j.____ For this week, every time you are faced with this problem, I’d like you to... 
   k.____ How will you apply what you have discovered in session during the week....? 
   l.____ What do you want to focus on this week in order to....? 

14. Other: Please write out the type of statement or statements you might use if it is not depicted above, or if there is one more commonly used in your practice:

__________________________________________________________________________________________________________________________

Section III  Homework Compliance

15. My clients, over the past 3 months, have completed their homework assignment(s) approximately ________% of the time (indicate below)
Section IV  Your perception of clients' rationale for not completing homework

16. Would you please identify the three most common reasons you believe your clients do not complete their homework.

   1.
   2.
   3.

17. When clients do complete homework given them, what are the three most common reasons they give?

   1.
   2.
   3.

Section V. Reasons for not utilizing homework.

18. This section applies only to those who indicated that they do not use homework assignments (did not complete sections III and IV). Please briefly describe why you choose not to assign homework assignments.