Behavioural and Cognitive Psychotherapy, 2004, 32, 291–301
Printed in the United Kingdom DOI: 10.1017/S1352465804001365

PROBLEMS WITH HOMEWORK IN CBT: RARE EXCEPTION OR RATHER FREQUENT?

Sylvia Helbig and Lydia Fehm

Dresden University of Technology, Germany

Abstract. Homework assignments are an essential part of cognitive-behavioural therapy, and are included in the majority of therapy manuals and frequently used in therapeutic practice. Despite this, little is known about problems with homework completion or possible influences on homework compliance. The aim of the present practitioner survey was to provide data on problems related to homework use and compliance. Furthermore, the relationships between different variables and homework compliance were examined. Data were collected by asking 77 cognitive-behavioural therapists to recall two individual patients. Therapists described homework tasks assigned to these patients and procedures of assignment as well as problems that arose during assignment and completion. The results suggested that problems during the assignation of a task as well as during completion regularly occur. Homework compliance was positively associated with patients' motivation for therapy, outcome at a later stage of therapy, and the provision of a written note or homework sheets on the task. Regression analyses pointed to patient variables as most crucial for homework compliance. Implications for effective homework use in clinical practice are discussed.

Keywords: Homework assignments, compliance, cognitive-behavioural therapy.

Introduction

While homework assignments have always been used as a therapeutic technique, research interest in the subject has grown only recently. Therapist surveys indicate that homework assignments are an integral element of a variety of different therapy approaches (e.g. Borgart & Kemmler, 1991; Kemmler, Borgart, & Gärke, 1992; Kazantzis & Deane, 1999; Fehm & Fehm-Wolfsdorf, 2001). Especially in cognitive-behavioural therapy, between-session activities are deemed a crucial feature (Blagys & Hilsenroth, 2002). The contribution of homework assignments to positive therapy outcome has been shown: a meta-analysis including 11 experimental studies demonstrated the positive effects of homework use in therapy outcome with an effect size of $r = .36$ ($N = 375$) (Kazantzis, Deane, & Ronan, 2000).

Most therapists adopt a positive attitude towards homework use (e.g. Fehm & Fehm-Wolfsdorf, 2001). Although therapists do not regard homework in general as problematic, most therapists report at least one problem occurring during the assignment or the completion of homework tasks (Fehm & Fehm-Wolfsdorf, 2001). In Borgart and Kemmler's study (1991), 60% of behavioural therapists reported that homework assignments were frequently modified

Reprint requests to Sylvia Helbig, Department of Clinical Psychology and Psychotherapy, TU Dresden, Chemnitzer Str. 46, 01187 Dresden, Germany. E-mail: helbig@psychologie.tu-dresden.de.

by the patient. These findings point to homework compliance as a potentially underestimated problem in therapy.

In these studies, problems with homework were evaluated in general. However, it seems necessary to differentiate between problems that arise during the *assignment* of the task and problems with patients' homework *completion*. There are only few studies that focus specifically on homework completion (compliance). These research findings will be considered in the light of a model proposed by Detweiler and Whisman (1999). The model introduces task characteristics as well as patient and therapist variables as the main components relevant to homework completion.

Among *task characteristics*, task difficulty is the only variable that has been previously examined. Conoley, Padula, Peyton and Daniels (1994) found that easier homework tasks were more likely to be carried out than more difficult ones.

With regard to *patient characteristics*, the role of symptom severity has been extensively explored but yielded ambiguous results. While, in a study by Edelman and Chambless (1993), patients with more severe symptoms were found to be less likely to comply with homework assignments, other studies (Edelman & Chambless, 1995; Leung & Heimberg, 1996; Burns & Spangler, 2000) did not find such an association. A further study (Bryant, Simons, & Thase, 1999) also found no effect of pre-treatment symptom severity but a negative relation between compliance and the number of previous depressive episodes. They also examined demographic variables such as age, years of education and employment status and found no associations with overall compliance (Bryant et al., 1999). Schmidt and Woolaway-Bickel (2000) differentiated between qualitative and quantitative aspects of compliance. Measure for the compliance quantity was the percentage of assigned homework that was completed, while quality was assessed as overall therapists' rating (6-point, "poor" to "excellent"). They found a positive relationship between qualitative homework compliance and older age as well as unemployment. Moreover, patients' general motivation for treatment was positively related to homework compliance (Sutton & Dixon, 1986).

In order to investigate *therapist characteristics*, it is helpful to modify the suggested model by differentiating the variables of therapist's style in general (e.g. warmth) and therapist's behaviour during homework assignment. Very little data are available concerning therapeutic style. Burns and Spangler (2000) found no relation between homework compliance and patients' ratings of therapists' empathy. Edelman and Chambless (1993), on the other hand, found patients were more likely to comply when they perceived the therapist as highly self-confident.

Other findings provide clear evidence for associations between homework compliance and assigning procedures. Cox, Tisdelle and Culbert (1988), for example, compared oral and written homework assignments experimentally. Patients rated themselves as more compliant when they had received a written homework instruction instead of an oral instruction. Bryant et al. (1999) demonstrated that reviewing homework completion predicted compliance with the subsequent assignment. However, therapist's behaviour during assignment (e.g. involving the patient, providing a rationale) was unrelated to homework compliance when rated by the patient (Startup & Edmonds, 1994).

In summary, findings on homework compliance are rather heterogeneous. This may in part be attributable to methodological problems. For example, use of different compliance measures can hamper comparisons among studies. In addition, measures often use overall evaluations of patients' concordance or account for only quantitative aspects of homework completion,

which may be too global to detect differential influences on compliance. Basic information on compliance problems is still lacking, as well as reasons for non-compliance and information about the types of problems occurring during assignment and completion of tasks. Additionally, interrelations between variables and other sources of variance (e.g. kind of task or previous experiences) remain mostly unconsidered. Moreover, patient samples are rather undersized. Consequently, small and moderate effects may remain undetected (see Kazantzis, 2000).

The present study aimed at inspecting problems related to homework use by differentiating problems during homework assignment and problems with homework completion (compliance). Since there is limited literature concerning the first, only exploratory information on frequencies and types of problems was gathered. Regarding compliance, prior findings were used to identify variables linked to homework completion.

Method

Assessment

A questionnaire was designed for this study. The first section asked for therapists' sociodemographic data such as age, sex, therapeutic orientation and experience in hours of therapy, as well as their current employment status. The second section gathered information on procedures and problems during homework assignment. In contrast to prior studies, these data were collected for individual patients instead of an overall evaluation.

Consequently, therapists were asked to recall the last two patients with whom they had reviewed an assigned homework task. For both patients the therapists provided sociodemographic information including gender, age and diagnoses. Diagnoses were assessed using ICD-10 codes. Patients' general motivation for therapy as well as for homework was evaluated on a 5-point rating scale. Regarding the reviewed homework, the therapists had to describe the assigned task and classify it according to given categories of homework types (e.g. bibliotherapy, reflection, behavioural exercises). In addition, therapists rated task difficulty and required frequency of homework accomplishment as well as the estimated overall time needed to complete the task. The questionnaire provided answer categories on these questions (e.g. for time needed to fulfil the task: "less than 10 minutes", "10 to 30 minutes", "30–60 minutes", "60 to 90 minutes", "90 to 180 minutes" and "more than 180 minutes"). To assess the assignment of homework, therapists were asked to record: the point in time at which the homework was determined (e.g. "before the session" or "during the session"); the person who determined the assignment ("therapist", "patient" or "both"); the instructions for homework accomplishment (time, location, circumstances); and whether homework sheets or a written instruction were provided. As outlined above, response categories were provided for the majority of items; data levels were mostly categorical or ordinal.

The last section of the questionnaire investigated problems during the assignment and patients' compliance to homework. Therapists were given categories for emerging problems (e.g. "patient worries about the difficulty of the task"), including free answer possibilities. Compliance was operationalized as the degree of homework completion with respect to extent, difficulty and content of the task (as proposed by Primakoff, Epstein, & Covi, 1986). For each of the three aspects, answering options were as follows: "as assigned", "slightly reduced" or "significantly reduced".

Procedure

Questionnaires (with cover letters and prepaid return envelopes) were sent to 68 registered cognitive-behavioural psychotherapists working in private practice; 29 were returned (return rate: 42.6%). In addition, questionnaires were distributed to 60 clinical psychologists in four therapy-training courses (trainees) with a return rate of 48.3% ($n = 29$). Additionally, questionnaires were handed out at a behavioural therapy convention in Dresden, Germany. Another 15 psychotherapists and 6 psychologists in training completed the questionnaire, yielding a total sample of 79. Two questionnaires were excluded from analysis because the therapists did not work in an outpatient setting.

Participants

The sample consisted of 77 therapists (55 female; 71.4%). Forty-two of them worked in private practice and 35 took part in a training programme for cognitive-behavioural therapy in four different cities in Germany (Dresden, Bochum, Lindow, Frankfurt). All participants worked at least part-time in an outpatient setting with individual patients. As, in Germany, psychotherapy training is organized as an in-service training, most of the trainees additionally worked in hospitals, outreach clinics etc. Nearly all the therapists ($n = 67$) reported cognitive-behavioural therapy as their therapeutic orientation; the remainder combined cognitive-behavioural interventions with other therapeutic approaches (e.g. systemic therapy). Table 1 summarizes sample characteristics, including differences between the two groups of therapists. As to be expected, trainees were younger and less experienced.

To ensure that the two participant subgroups (practitioners vs. trainees) would be comparable with regard to their use of homework in therapy, group comparisons were conducted. There were no group differences in assigning procedures or in the evaluation of patients' compliance. Only the number of problems during the assignment of the task differed: somewhat unexpectedly, practitioners reported significantly more problems than did trainees ($Z = -2.96$, $N = 135$, $p = .003$). As a second measure, all correlation and regression analyses were computed separately for both groups, yielding similar results. Thus, it seems warranted to include both subsamples in the analyses.

Data analysis

Data analyses were performed with statistical package SPSS for windows, release 11.0.1. First, all data were controlled for distribution. Because the distribution of almost all data was skewed, non-parametric tests, such as the Kolmogorov-Smirnov-Test and Chi-squared analyses were used. Associations were computed as Spearman Rank Correlations. Due to the skewed data distribution, prediction of compliance was calculated by a multiple ordinal regression.

Results

Patient characteristics

Therapists reported on 149 outpatients with a gender distribution of 69.1% female ($n = 103$) and 30.9% male. Mean age was 37.5 years ($SD = 11.63$). Anxiety disorders were most prominent as primary diagnoses ($n = 49$, 32.9%), followed by affective disorders ($n = 40$,

https://doi.org/10.1017/S1352465804001365 Published online by Cambridge University Press

Table 1. Demographic information and therapeutic experience

		Total sample ($N = 77$)	Psycho-therapists ($n = 42$)	Therapists in training ($n = 35$)	Differences*
Gender	Female	56	32	24	$X^2 = 0.56$;
	(%)	72.7	76.2	68.6	$P = .56$
Age	MW (*SD*)	38.6 (9.63)	44.2 (8.59)	32.1 (6.04)	$t = 6.88$;
	Range	25–62	31–62	25–55	$p = .021$
Therapeutic experience (in hours)	< 100 h	6	–	6	$X^2 = 52.92$;
	100–500 h	9	–	9	$p < .001$
	500–1000 h	12	2	10	
	1000–2000 h	7	1	6	
	2000–4000 h	4	4	–	
	4000–7000 h	17	15	2	
	> 7000 h	19	18	1	
Primary work setting	Outpatient	51	42	9	
	Inpatient	15	–	15	
	University	4	–	4	
	Other	7	–	7	
Percentage of psychotherapy as part of everyday work	MW (*SD*)	83.1 (25.45)	94.5 (8.59)	66.8 (31.13)	$Z = 4.20$
	Range	5–100	50–100	5–100	$p < 0.001$

Note: * tests computed were t-test for age and non-parametric Chi-squared-analyses as well as Z calculated according to Kolmogorov-Smirnov.

26.8%). Other primary diagnoses were personality disorders ($n = 16$, 10.7%), adjustment disorders ($n = 13$, 8.7%) and somatoform disorders ($n = 12$, 8.1%). Less common were eating disorders ($n = 8$) and substance-related disorders ($n = 4$). A last category ($n = 7$) contained diagnoses with a frequency below $n = 2$ (e.g. insomnia, schizophrenia).

Seventy-four (49.7%) patients received at least one secondary diagnosis; up to three additional diagnoses were recorded. The most frequent additional diagnoses were personality disorders (19.5% of all patients), followed by affective disorders (17.4%) and anxiety disorders (16.0%). Therapists reported 19.7% of patients to be in an initial stage of their therapy, 68.0% in a middle stage and 12.2% in relapse prevention.

Description of homework

Homework assignments described by the therapists were classified as either "cognitive task" or "behavioural task". About two-thirds of the assignments (62.4%) were categorized as "cognitive task", including bibliotherapy, reflection, questionnaires and protocols. Behavioural tasks (37.6%) were defined as exposure tasks, planning/carrying out positive activities and checking assumptions. Therapists rated 44.3% of the homework tasks as "difficult" or even "very difficult". Another 38.9% were regarded as being of medium difficulty. There were

https://doi.org/10.1017/S1352465804001365 Published online by Cambridge University Press

16.8% "easy" but no "very easy" tasks. Assignments were rather small: for more than half of the sample (52.7%), the total time needed for homework completion was less than 30 minutes. Nevertheless, there were 14.2% of the assignments requiring more than 90 minutes.

Assignment procedures

To assess assigning procedures, the following variables were used: the relation of the task to session content, patients' involvement in task assignment and specification of completion circumstances. Overall, 64.2% of the assignments were derived mainly from session content; the remaining 35.8% were determined before the session. Only in 47.7% of the cases were patients involved in homework assignment; in 52.3% therapists developed the task alone. Circumstances of homework accomplishment were left completely to the patient in 44.3% of all assignments; for another 40.9% of the assignments either location or time was fixed, whereas in only 14.8% of tasks both location and time were predetermined. Written instructions or homework sheets were provided in 52.3% of the assignments.

Problems during homework assignment

Problems related to homework use were divided into problems emerging during the *assignment* of the task and problems regarding the homework *completion*. Overall, therapists reported problems for 74.5% ($n = 111$) of all patients. Concerning the homework assignment, therapists perceived problems in 53.0% ($n = 79$) of cases. Most frequently, they were described as "patient doubts his/her ability to complete the task" (57.0%) and "patient worries about the difficulty of the task" (19.0%). Other problems mentioned were complaints about the extent of the task (5.1%), unwillingness to perform the task (6.3%) or, in two cases each, fear of failure and organizational problems. In 64.6% of cases, therapists responded to those problems by explaining the goals and background of the assignment. Only two therapists actually modified the difficulty or the extent of a given task.

Problems with homework completion

Therapists often reported deviations from the task as assigned in the previous session. Although there were only a few patients ($n = 16$; 11.0%) who completely missed out their task, only in 38.9% of cases the task was rated as "totally completed as assigned". Most assignments were classified as slightly reduced in at least one aspect. It was most frequently the extent of task completion that was modified, followed by the difficulty and content of the task. For further analyses a compliance index was calculated, combining extent, content and difficulty into a 4-point rating with "0" for a missing homework, "1" for homework that had been significantly reduced in at least one aspect and "2" for slight reductions in homework completion. Full compliance ("3") allowed at maximum a slight reduction in just one dimension. Applying this more liberal criterion, 63.0% of all patients were rated as fully compliant. 13.0% of patients were rated as homework completion slightly reduced, another 13.0% demonstrated significant reductions in homework completion.

According to the therapists, the most frequently reported reasons for homework reduction were "task was too difficult" (35.9%, $n = 18$), "no occasion for homework completion" (17.6%,

https://doi.org/10.1017/S1352465804001365 Published online by Cambridge University Press

Table 2. Variables linked to homework compliance

Variable group	Variable	Spearman *r*	*p*
Task characteristics	Time since assignment	−.21	.013
	Behavioural task	.05	.537
	Task difficulty	−.14	.084
	Task frequency	.10	.144
	Time spent on the task	.00	.987
Patient characteristics	Gender (male)	−.17	.041
	Age	−.15	.069
	Stage of therapy	.31	<.001
	Motivation for therapy	.36	<.001
	Motivation for homework	.55	<.001
	Number of diagnoses	.05	.524
Therapist characteristics	Gender (male)	−.25	.003
	Age	−.07	.433
	Experience	.00	.970
Assigning procedures	Homework was derived from session contents	−.06	.470
	Homework was assigned by both therapist and patient	.12	.165
	Homework was specified with respect to time and location	.14	.089
	Notes or working material were used	.25	.002
	Number of problems that occurred during assignment	−.35	<.001

Note: Results remain stable when compliance is operationalized as a summed score (0–9) of all three ratings, assessing extent, content and difficulty of task completion.

$n = 15$), and "fear or avoidance of the task" (20.3%, $n = 11$). Only in three cases was homework completion shortened because of a general unwillingness to do it (5.2%).

Factors related to reduced homework completion

In order to examine possible predictors for homework compliance, correlations between these variables and the compliance index were calculated. Variables were classified as characteristics of the task, therapist or patient. Table 2 provides all correlations.

With one exception, no significant relationships between characteristics of the task and homework compliance could be detected. Neither difficulty nor time necessary for task completion, nor the type of task (cognitive vs. behavioural), was related to the extent of homework completion. There was an association between time span given for homework completion and compliance, indicating that compliance decreases if more than 2 weeks pass between assignment and review of homework.

Patient characteristics seemed to be more closely associated with compliance than were characteristics of the task. As to be expected, compliance was positively correlated with therapist's rating of motivation for therapy. Male patients tended to comply less with homework

https://doi.org/10.1017/S1352465804001365 Published online by Cambridge University Press

Table 3. Results of multiple ordinal regression analysis (PLUM) predicting homework compliance

Variable group	Predictor	exp. B^1	W^2	p
Task characteristics	Time since assignment	−3.40	3.81	.051
Patient characteristics	Female	.32	.51	.477
	Early stage of therapy	−3.06	8.22	.004
	General therapy motivation	−.46	.59	.440
	Low homework motivation	−3.87	18.52	<.001
Therapist characteristics	Female	.53	1.42	.233
Assigning procedures	No written task prescription	−1.15	5.96	.015
	No problems during assignment	.69	2.32	.128

[1] parameter estimate.
[2] Wald test: estimated coefficient divided by its standard error.
Note: We included patient motivation items although these items represent only therapists' views and are certainly biased. An additional regression analysis excluding patient motivation for treatment and homework yielded comparable results.

assignments. Additionally, being in an earlier stage of therapy was significantly associated with lower compliance.

For therapist variables, compliance was lower for male therapists. Other characteristics such as age and therapeutic experience did not influence the degree of homework completion. Only one aspect of therapist behaviour during assignment was related to patients' compliance: providing written notices was associated with higher degrees of compliance. Interestingly, compliance problems were significantly associated with problems during the assignment of the task.

Prediction of homework compliance

A polytomous ordinal regression analysis (PLUM-procedure) was conducted in order to predict homework compliance. All variables significantly related to compliance (see Table 3) were entered simultaneously as predictors. The analysis achieved an adjusted R^2 of 55.4%. Table 3 depicts all results of the analysis.

Being treated by a female therapist, being in a later stage of therapy, general motivation for homework and getting written instructions for the task significantly predicted patients' homework compliance.

Discussion

Problems with homework in cognitive-behavioural therapy seem to be rather the rule than the exception. With regard to the first main focus of the study, problems during homework assignment, therapists reported problems in more than 50% of all cases. Most frequently, patients doubted their ability to manage the task. Therapists reacted to those worries mainly

https://doi.org/10.1017/S1352465804001365 Published online by Cambridge University Press

by explaining the goals and background of a task but rarely modified the task itself in order to match it to the patients' abilities. This reaction seems unfortunate, especially since Conoley et al. (1994) found a positive relation between matching task demands with patients' abilities and homework compliance. Additionally, problems during assignment were associated with subsequent problems with homework compliance. These findings suggest that problems during assignment need to be explored further, both in research and practice. We would like to encourage therapists to modify tasks according to patients' doubts, especially since studies found no relation between homework compliance and task difficulty (present study) or even that easier homework tasks were more likely to be carried out (Conoley et al., 1994).

Considering homework completion, a positive overall picture emerges. Although homework completion was often rated as reduced at least in one aspect, these reductions were, in general, only slight. Nevertheless, compared to previous studies that asked for an overall evaluation of problems with homework (e.g. Kemmler et al., 1992; Fehm & Fehm-Wolfsdorf, 2001), the frequency of problems seems to increase when they are examined on the basis of reports about individual patients.

Findings about variables linked to homework compliance were in line with prior research in terms of patient characteristics, e.g. the strong association between patients' motivation and homework compliance, as shown by Sutton and Dixon (1986). However, it remains an open question whether motivation is a real predictor of compliance or whether homework compliance is simply a sign of high motivation. This is especially true when the same person rates both variables, as occurred in the present study. In line with Cox et al. (1988), results suggest that providing a written note or working material significantly increases patients' compliance. Other suggested variables, such as the involvement of the patient in the assignment of homework, could not be proven to influence homework compliance, reflecting findings of Bryant et al. (1999).

Task characteristics seem to exert less influence on patients' compliance than do patient characteristics. Conoley et al.'s (1994) findings that task difficulty predicted homework compliance could not be replicated. Methodological issues may explain the differing results. For example, in the present study only therapist ratings for task difficulties were available. It was difficult to predict homework compliance with the present set of variables. Although more than half of the variance could be explained, only the stage of therapy and the use of a written homework instruction appeared to influence the extent of homework completion.

The findings of this study are limited for several reasons. First, participation in the study was voluntary. Second, only the view of therapists was considered, which may limit the validity of the results. However, the use of therapist ratings seems justified, since Schmidt and Woolaway-Bickel (2000) showed that only therapists' compliance ratings predicted outcome measures, whereas patients' ratings were unrelated to measures reflecting therapy progress. Although therapists' and patients' ratings of compliance are significantly associated (Burns & Nolen-Hoeksema, 1991), equality of other ratings, e.g. difficulty, cannot be assumed.

The results of the present study implicate the need for more sophisticated methods in homework research. The assessment of compliance still lacks both a theoretical framework and standard measurements that facilitate comparisons with other studies. Furthermore, it remains inconclusive which element of compliance or non-compliance distinctly affects therapy outcome. Future studies exploring homework compliance should also pay attention to assignment procedures for these may influence patients' attitudes towards and completion of an assigned task.

Acknowledgements

We are greatly indebted to Dr Nikolaos Kazantzis for his helpful comments on an earlier version of this paper. Professor Dr Jürgen Hoyer and Bernd Ubben (Dresden), Dr Joachim Kosfelder and Janine Breil (Bochum), Dr Johannes Lindenmeyer (Lindow) and PD Dr Ulrich Stangier (Frankfurt) provided valuable help with data collection.

References

BLAGYS, M. D., & HILSENROTH, M. J. (2002). Distinctive activities of cognitive-behavioral therapy: A review of the comparative psychotherapy process literature. *Clinical Psychology Review*, *22*, 671–706.

BORGART, E.-J., & KEMMLER, L. (1991). Der Einsatz von Hausaufgaben in der Psychotherapie: Ein Gruppenvergleich zwischen Verhaltenstherapeuten und Therapeuten anderer Schulrichtungen. *Verhaltensmodifikation und Verhaltensmedizin*, *12*, 3–18.

BRYANT, M. J., SIMONS, A. D., & THASE, M. E. (1999). Therapist skill and patient variables in homework compliance: Controlling an uncontrolled variable in cognitive therapy outcome research. *Cognitive Therapy and Research*, *23*, 381–399.

BURNS, D. D., & NOLEN-HOEKSEMA, S. (1991). Coping styles, homework compliance and the effectiveness of cognitive-behavioral therapy. *Journal of Consulting and Clinical Psychology*, *59*, 305–311.

BURNS, D. D., & SPANGLER, D. L. (2000). Does psychotherapy homework lead to improvements in depression in cognitive-behavioral therapy or does improvement lead to increased homework compliance? *Journal of Consulting and Clinical Psychology*, *68*, 46–56.

CONOLEY, C. W., PADULA, M. A., PAYTON, D. S., & DANIELS, J. A. (1994). Predictors of client implementation of counselor recommendations: Match with problem, difficulty level and building on client strengths. *Journal of Counseling Psychology*, *41*, 3–7.

COX, D. J., TISDELLE, D. A., & CULBERT, J. P. (1988). Increasing adherence to behavioral homework assignments. *Journal of Behavioral Medicine*, *11*, 519–522.

DETWEILER, J. B., & WHISMAN, M. A. (1999). The role of homework assignments in cognitive therapy for depression: potential methods for enhancing adherence. *Clinical Psychology: Science and Practice*, *12*, 267–282.

EDELMAN, R. E., & CHAMBLESS, D. L. (1993). Compliance during sessions and homework in exposure-based treatment of agoraphobia. *Behaviour Research and Therapy*, *31*, 767–773.

EDELMAN, R. E., & CHAMBLESS, D. L. (1995). Adherence during sessions and homework in cognitive-behavioral group treatment of social phobia. *Behaviour Research and Therapy*, *33*, 573–577.

FEHM, L., & FEHM-WOLFSDORF, G. (2001). Hausaufgaben als therapeutische Intervention: Ausnahme oder Alltag? [Homework as Therapeutic Intervention: Exception or Everyday Practice?] *Psychotherapeut*, *46*, 386–390.

KAZANTZIS, N. (2000). Power to detect homework effects in psychotherapy outcome research. *Journal of Consulting and Clinical Psychology*, *68*, 166–170.

KAZANTZIS, N., & DEANE, F. P. (1999). Psychologists' use of homework assignments in clinical practice. *Professional Psychology: Research and Practice*, *30*, 581–585.

KAZANTZIS, N., DEANE, F. P., & RONAN, K. R. (2000). Homework assignments in cognitive and behavioral therapy: a meta-analysis. *Clinical Psychology: Science and Practice*, *7*, 189–202.

KEMMLER, L., BORGART, E.-J., & GÄRKE, R. (1992). Der Einsatz von Hausaufgaben in der Psychotherapie. Eine Praktikerbefragung. *Report Psychologie*, *8*, 9–18.

LEUNG, A. W., & HEIMBERG, R. G. (1996). Homework compliance, perceptions of control, and outcome of cognitive-behavioral treatment of social phobia. *Behaviour Research and Therapy*, *34*, 423–432.

PRIMAKOFF, L., EPSTEIN, N., & COVI, L. (1986). Homework Compliance: An uncontrolled variable in cognitive therapy outcome research. *Behavior Therapy*, *17*, 433–446.

SCHMIDT, N. B., & WOOLAWAY-BICKEL, K. (2000). The effects of treatment compliance on outcome in cognitive-behavioral therapy for panic disorder: quality versus quantity. *Journal of Consulting and Clinical Psychology*, *68*, 13–18.

STARTUP, M., & EDMONDS, J. (1994). Compliance with homework assignments in cognitive-behavioral psychotherapy for depression: Relation to outcome and methods of enhancement. *Cognitive Therapy and Research*, *18*, 567–579.

SUTTON, C. S., & DIXON, D. N. (1986). Resistance in parental training: A study of social influence. *Journal of Social and Clinical Psychology*, *4*, 133–141.