PART I

KEY STEPS TO SUCCESSFUL HOMEWORK ASSIGNMENTS

In Part I, I present the key steps to implementing successful therapy homework assignments—Step 1: Create a Meaningful Homework Assignment; Step 2: Set Up the Homework Assignment and Secure Compliance with It; and Step 3: Review the Homework Assignment. Each chapter includes clear guidelines for implementing the step, as well as clinical examples to show how it is done. I recommend that therapists follow these steps when setting up and reviewing any homework assignment, and early assignments in particular, to get homework off to a good start.

CHAPTER 1

Step 1: Create a Meaningful Homework Assignment

Take care of the sense, and the sounds will take care of themselves.
—LEWIS CARROLL

Marvin is a 57-year-old building contractor who came to therapy following the breakup of a brief romance. He told his therapist that he was tired of hearing the same thing over and over again from the women he dated: "They tell me that I'm a nice guy, but that I'm too hard on myself. They feel like they always have to build me up." Marvin was eager to change this lifelong pattern and enthusiastically completed all the homework his therapist assigned. Yet, even though Marvin's therapist consistently assigned homework, she often failed to explain to Marvin why he would benefit from doing it. Once Marvin asked her why she suggested as a homework assignment that he pay attention to his thoughts when he was chatting with a woman, and then write them down later. The therapist earnestly replied, "You want to get better, don't you?" Over time, Marvin became disillusioned with the therapy and stopped trying the homework his therapist assigned, because he felt that she was pulling homework assignments from a hat, with little relevance to him or his situation. In fact, Marvin's therapist appeared to understand her client very well, and the homework she assigned was quite relevant to his problems. However, because she did not take a few minutes to explain to Marvin how each homework assignment would help him reach his treatment goal of turning his personal life around, she eventually lost her client.

It is essential that therapists create homework assignments that are meaningful to their clients. With each well-designed and implemented homework assignment, therapists communicate to their clients that they understand them and their problems. In addition, through meaningful homework assignments, clients learn to trust their therapists and gain

TABLE 1.1. Guidelines for Creating Meaningful Homework Assignments

- Provide clear rationale linked to client's treatment goals.
- Make homework relevant to focus of therapy session.
- Select homework acceptable to client and therapist.
- Make homework appropriate to client's sociocultural context.

confidence in them and in the treatments they provide. This chapter presents four guidelines for creating meaningful homework assignments (see Table 1.1): Provide a clear homework rationale linked to the client's treatment goals; make homework relevant to the focus of the therapy session; make homework acceptable to client and therapist; and make homework appropriate to the client's sociocultural context. That is, a meaningful homework assignment contains within it the rationale for the homework as well as the treatment, described in a way that is acceptable to the client and appropriate to his or her sociocultural context.

PROVIDE CLEAR HOMEWORK RATIONALE LINKED TO CLIENT'S TREATMENT GOALS

Clients are more likely to complete a homework assignment if they understand the reason for doing it. Presenting clients with a general rationale for treatment, as well as explaining how the homework is linked to their treatment goals, heightens their view that therapeutic tasks such as homework are valid and credible (Goldfried & Davison, 1994). A homework rationale can be simple: "Let's have you monitor how many panic attacks you have each week, so we know how often they occur." Or the rationale can require longer discussions that include analogies or metaphors. I consider a clear and adequate rationale to be the single most important contribution to homework compliance. I recommend that therapists follow three guidelines when crafting clear homework rationales: Link the homework rationale to the client's treatment goals; encourage the client to offer a rationale for a homework assignment; and use analogies or metaphors to explain the homework rationale.

Link Homework Rationale to Client's Treatment Goals

Clients generally enter therapy with some ideas about what they want to achieve. The college student who has not been able to get to class for the last few weeks because he is depressed wants to attend classes regularly. The salesman who fears speaking in public wants to be able to approach potential clients with greater ease. The emergency room physician who is successful at work wants to understand why she continues to date critical and unavailable men—and to stop doing it.

A meaningful homework assignment helps clients reach their goals. If a client says, "I want to feel better," then it must make sense to the client how a particular homework assignment will help him or her feel better. Researchers have argued that homework assign-

ments that are not relevant to a client's central problems can result in poor treatment outcome, even when the clients are completing the homework that is assigned (Haynes, Kaholokula, & Nelson, 2000). In addition, when clients are assigned homework that is clearly tied to their treatment goals, the rationale for the entire treatment is reinforced, thereby increasing the likelihood that other therapeutic tasks will be completed.

I recommend that therapists refer back to their clients' goals when they present the rationale of a particular homework assignment, as in this example:

> "Sue, I think getting out of the house a bit more this week would be a great homework assignment for you, and we'll talk about the specifics of that in a minute. Right now, I want to remind you that on several occasions we've identified that when you get out of the house and do things, you feel less depressed. This means that getting out of the house more is an important strategy to help you feel less depressed, which was a goal you set for yourself at the beginning of your therapy. So this isn't just about you getting out more; this is about you learning and practicing another strategy to help yourself feel less depressed. That's why I think this is such a terrific homework assignment. It not only helps you now, but it will help you in the future when you're feeling down. Would you agree?"

By taking this approach, the therapist underscores for Sue that the homework assignment is consistent with her overarching goal to manage her depression herself, thereby reinforcing the rationale for the entire treatment.

Encourage Client to Offer Rationale for Homework

Initially, the therapist provides the rationale for homework assignments. However, over time and particularly if a homework assignment is repeated, the therapist can ask the client to provide the reason for a homework assignment: "Josh, why do you think it might be a good idea for you to write down each time you smoke a cigarette?" Not only does this encourage the client to take greater responsibility for designing and implementing homework assignments, but it is also a good check that the client understands the homework rationale.

Use Analogies or Metaphors to Explain Homework Rationale

A "metaphor" is a statement about one thing's resemblance to something else. When we say someone is "as slow as a turtle," we mean that the way the person is slow resembles the way a turtle is slow. When we compare the way a person pushes against the feeling of panic to the way a person might swim against the pull of a rip tide, we are using a metaphor. The goal of any homework rationale is that the client will try the homework because it makes sense. There are times when using a metaphor is particularly helpful in achieving this goal (McCurry & Hayes, 1992). Because metaphors present *pictures* of how things work, they are useful when therapists are assigning complex homework assignments, working with clients whose thinking is particularly concrete, or striving to make homework assignments accessible to a wider variety of clients in general. For example, consider the metaphor used to ex-

plain the rationale for imaginal exposure homework assignments in the treatment of post-traumatic stress disorder (Foa & Rothbaum, 1998, p. 160):

> "Suppose you have eaten a very large and heavy meal that you are unable to digest. This is an uncomfortable feeling. But after you have digested the food, you feel a great sense of relief. Flashbacks, nightmares, and troublesome thoughts continue to occur because the traumatic event has not been adequately digested. Today you are going to start digesting or processing your heavy memories so that they will stop interfering with your daily life."

Similarly, a therapist might use the metaphor of "self-prejudice" when designing a homework assignment to test a client's problematic assumptions (see Chapter 8)—in particular, when explaining how individuals maintain problematic beliefs about themselves in the face of contradictory evidence (Padesky, 1993; Persons, Davidson, & Tompkins, 2001).

THERAPIST: Louis, do you agree that a homework assignment to test the belief that you're a loser might be helpful?

CLIENT: Yeah, I think so. I guess I'm beginning to see that maybe this isn't true, but it still feels true.

THERAPIST: Yes, Louis. That's an important point. At times, we might believe something about ourselves in spite of evidence to the contrary. It's kind of like prejudice, don't you think?

CLIENT: Yeah, I guess.

THERAPIST: Might I explain?

CLIENT: Sure.

THERAPIST: Louis, have you ever had a conversation with someone who you thought was really prejudiced?

CLIENT: Are you kidding? All the time!

THERAPIST: What's that like for you?

CLIENT: It's totally frustrating. It seems like no matter what you say, they just shoot you down.

THERAPIST: Yes. Can you think of a time recently when you were discussing something with someone who was very prejudiced in their views?

CLIENT: Yeah, just yesterday, when I was talking to a guy I work with about the bond measure on next week's ballot—the one about revitalizing our downtown. I'd been talking to guys at work to see what they think about it.

THERAPIST: What happened?

CLIENT: Well, this guy Joe, he said that it was a waste of money to revitalize downtown. I thought it made some sense, although I wasn't totally sold on it, either. Anyway, I tried to reason with him, but nothing I said made a dent. Some of the other guys standing around thought I had some good points, but Joe wouldn't give me credit for anything. I even had some facts about spending that I read in the newspaper,

but he just said that nobody believes what the newspapers say. It was very frustrating.

THERAPIST: It sounds frustrating. So nothing you said to Joe, even some facts from the newspaper, changed the belief he had about this bond issue. Is that right?

CLIENT: Yeah. It was like he couldn't see my point at all.

THERAPIST: Louis, this is a great example of the way a belief, at times, can act like a prejudice. No matter how much information there is to disconfirm the belief, it doesn't get in. That's why I think your belief that you're a loser is like a self-prejudice. There can be plenty of evidence that you're worthwhile, but you are seldom able to see it. That's why I think a homework assignment that helps to correct this self-prejudice might help you feel better about yourself. Would you be willing to give it a try?

Because metaphors are actually little stories, they are more easily remembered outside the therapy session, thereby serving the objective of homework—to help clients practice new behaviors or strategies in settings and situations beyond the consulting room. For example, a 7-year-old boy who won't sleep in his room, because he fears that burglars will kidnap him, might better remember to write down his thoughts when he is afraid if he is given a reason for this homework assignment. The therapist sighs and tells the youngster that he has seen this problem many times: It usually means that the kid's 'predictometer' is a little out of whack. Do you think that might be why you're so frightened of burglars? With this metaphor, the therapist explains to the child that he is fearful because he tends to overpredict that bad things will happen to him. The youngster likes this idea and eagerly agrees to write down his thoughts to see whether his "predictometer" is indeed broken.

Similarly, because metaphors are easy to remember, clients might find it easier to recall the homework rationale when they are highly anxious, depressed, or angry. A therapist was working with a single mother who had trouble setting limits with her 15-year-old daughter, because she believed she could not tolerate her daughter's cries, complaints, and criticisms. The therapist thought that his client might benefit from a homework assignment to stand her ground when her daughter came home late on Saturday night. The therapist used the following metaphor to explain the homework rationale:

"Janice, you agree that your daughter is doing more and more dangerous things, like taking rides home with boys she doesn't know and staying out until 2 or 3 in the morning. You agree that she needs to be contained. However, when you try to contain her, she blasts you and becomes very upset, which is hard for you to tolerate. It's important for your daughter and for you to learn that you can contain her behavior while letting the hurtful things she says to you bounce off without sticking. It's like you're practicing to be a Teflon-coated bowl. The bowl contains or limits your daughter's out-of-control behavior, while the Teflon coating protects you from the mean things she says to you. The mean things she says just don't stick. Does a homework assignment like that make sense?"

MAKE HOMEWORK RELEVANT TO FOCUS OF THERAPY SESSION

It is important that your clients understand why you, as their therapist, are recommending a homework assignment at a particular point in therapy. Clients might think you are not listening to them if you consistently give them the impression that you have pulled another homework assignment from your hat. They might then feel less willing to try homework, because they are not confident that you understand their problems. The best homework assignments are those that emerge from the content and focus of the session. I advise all therapists to take as much time as needed to clarify for clients the relevance of a homework assignment to what was worked on in session, as well as to their overarching treatment goals. To help with this, therapists can follow four steps (see Table 1.2), which are illustrated in the dialogue below.

THERAPIST: [Summarize focus of session for client] Sue, let me stop you for a moment. You've been telling me that you're angry with your boyfriend because he never helps out around the apartment, and that you don't say anything to him about this until you become so angry you blow up. Then you feel horrible about yourself and are depressed for days afterward. Do I have this right?

CLIENT: Yeah. I don't know how to handle my boyfriend.

THERAPIST: [Link focus of session to similar focus in previous session(s)] And we've talked about the difficulty you've had in the past being assertive with your boyfriend, as well as other people, like your mother and your boss. And you've learned several strategies for being more assertive, and you've practiced those strategies with me and with a few other people in your life.

CLIENT: Yeah. That's been real helpful.

THERAPIST: [Link focus of session to homework assignment] I'm thinking that we might be able to come up with a homework assignment to help you be more assertive with your boyfriend, too. In fact [link homework assignment to treatment goal(s)], I think this might help you a lot, since one of your goals for treatment has been to change the way you relate to people so that you don't feel like they walk all over you. That was one of your goals, wasn't it?

CLIENT: Yeah. I really need to be more assertive, because when I'm not, I feel terrible.

TABLE 1.2. Enhancing Relevance of Homework Assignments

- Summarize focus of session (what was discussed or worked on) for client.
- Link focus of session to similar focus in previous session(s).
- Link focus of session to homework assignment.
- Link homework assignment to treatment goal(s).

Summarize Focus of Session for Client

Because therapy material is often highly charged, clients can have difficulty concentrating or tracking the content of the session. If a therapist prefaces a homework assignment with a recap or summary of the session, the client can directly see the connection between the focus of the session and the homework assignment itself. In addition, summaries such as these are useful at other points during the therapy session (Beck, 1995; Persons, Davidson, & Tompkins, 2001).

THERAPIST: Bernie, before we set up a homework assignment for you, how about if I recap what we've just discussed and agreed upon. Would that be okay?

CLIENT: Sure.

THERAPIST: We've agreed that part of the reason you tend to avoid making decisions is that you believe you must feel absolutely certain that it is the right decision before you act on it. In other words, you believe the more certain you are, the more right the decision must be. Is that correct?

CLIENT: Yes, and like you said, I think that if I'm not 100% certain then the decision is wrong.

THERAPIST: Right. So for you, anything less than 100% certainty isn't okay. Did I get that right?

At times, a therapist might note a point in the session when it would be good to stop and generate a homework assignment, but the client is too upset or distracted to do this. The therapist can use a summary to mark the point in the session, so that the client and therapist can return later to develop a homework assignment: This sounds very important, and perhaps it is something we may want to come back to later. In fact, we may be able to come up with a way for you to learn more about this problem or practice a new strategy to handle it in the future. What do you think about reserving the last 10 minutes of our session today to set up something? Would that be okay?

Link Focus of Session to Similar Focus in Previous Session(s)

When appropriate, what the client and therapist are discussing now can be linked to one or more previous sessions in which the same problem was discussed. Since the therapist might want to use homework to address problems that continually crop up, bridging statements like the ones in the following dialogue can be used to reinforce the relevance of the homework to this problem, as well as the client's general therapeutic goals.

THERAPIST: Jake, I hear you saying that you think Marianne must be angry with you, because she didn't return your telephone call last week. Is that right?

CLIENT: Yeah. She probably thinks I'm a loser. I can't believe I thought she would go out with me.

THERAPIST: Jake, it seems like you're jumping to a harsh conclusion with very little information to support it. How do you feel when you think the reason Marianne didn't return your call was because she thinks you're a loser?

CLIENT: I feel horrible, really depressed. What's the point of this, anyway? What makes me think I can meet a woman?

THERAPIST: It sounds like you're less motivated to work on meeting a woman right now, because you assume Marianne thinks you're a loser. Is that right?

CLIENT: Yeah. It's hopeless.

THERAPIST: Jake, I can understand how you might feel the way you do, based on the conclusion you jumped to. This reminds me of last week, when you jumped to the conclusion that a coworker was angry with you, because she didn't look up from her newspaper when you said hello. You later discovered that she hadn't heard you. Or how about that time when some friends asked you to go hiking with them, but you said no, because you jumped to the conclusion they were just feeling sorry for you? In fact, you discovered later that they wanted you to go because they knew you were more familiar with the hiking trails than they were but they thought you were, tired of hiking the same trails every weekend. Do you think you might be doing this again with the telephone call to Marianne–jumping to a conclusion without much evidence to support it?

Link Focus of Session to Homework Assignment

In particular, the therapist should link the main point of the session summary to the homework assignment and remind the client that the homework is an opportunity to work on the problem. For example, the therapist in the example just above could say to Jake, "It seems like when you jumped to the conclusion that Marianne thinks you're a loser, you felt terrible and didn't want to speak to her or to see her again. How about if we put together a homework assignment to work on your tendency to jump to these very unhelpful conclusions? How does that sound?" Or a therapist could suggest to a young chef who is an enfant terrible in the kitchen, "It sounds like you were very angry following the meeting with the owner of the restaurant. I'm thinking that it might be helpful to design a homework assignment to understand why you get so angry when you interact with him. What do you think?"

Link Homework Assignment to Treatment Goal(s)

As mentioned, the best homework assignments are those that clients see as clearly linked to their treatment goals, and that take advantage of the clients' motivation to work on what they see as their most pressing and troubling problems. For example, the therapist could say to Jake, whose goal is to have a girlfriend, "It seems to me that a homework assignment that targets your tendency to jump to the conclusion that women think you're a loser would bring you closer to meeting your goal to date more women and find a girlfriend. What do you think?"

MAKE HOMEWORK ACCEPTABLE TO CLIENT AND THERAPIST

In addition to being relevant to the goals of therapy and to the focus of the therapy session, I recommend that therapist and client find a way to ensure that the homework is mutually acceptable. In some cases, the client and therapist might disagree about the goals of treatment. Jason, a 45-year-old mechanical engineer who has long-standing problems with alcohol, has sought treatment because of ongoing arguments with his wife. However, Jason will not agree to a homework assignment that requires him to stop drinking for the next week, because he does not have a goal to stop drinking and he does not see how stopping drinking will solve the difficulties with his wife. Both of Jason's reasons suggest that he and his therapist disagree about what to focus the treatment on first. Jason sees the difficulties with his wife as the problem, whereas his therapist believes that Jason will need to address the drinking first if he is to have any hope of solving the problems with his wife. In such instances, I advise therapists to develop homework assignments that address both the clients' and their own treatment goals. For example, Jason might agree to monitor his drinking (but not stop altogether) if his therapist can make the case that monitoring his drinking will provide information that could be used to improve his relationship with his wife. Jason might agree to record on a monitoring form how he feels about his wife before and after he drinks; or he might rate (on a 0–10 scale) whether he and his wife argue more or less when he drinks versus when he abstains. Such a homework assignment might be acceptable to Jason, because it addresses his goal to improve the relationship with his wife by monitoring problematic interactions between them. And such a homework assignment is acceptable to his therapist, because it is intended to raise Jason's awareness of drinking's consequences for his relationship and his mood, and to set the stage for working on it.

The extent to which the client and therapist are able to negotiate an agreement about the goals and tasks of therapy is influenced by the quality of the therapeutic alliance; in turn, the ability to negotiate an agreement about the goals and tasks of therapy influences the quality of the therapeutic alliance (Bordin, 1979). Thus the ability of client and therapist to work together on crafting a mutually agreeable homework assignment and to negotiate when and how it will be tried not only enhances the therapeutic alliance, but models for the client effective collaboration and problem solving. In addition, attempting to do a homework assignment can enhance a client's sense of mastery and confidence in the therapeutic process, even if the homework assignment is not as relevant or as complete as the therapist would like. When therapist and client continue to disagree about the particulars of homework assignments, therapeutic impasses are likely to develop (see Chapter 9).

As a therapist, you should always check whether a client actually agrees to try the homework assignment. More than once a therapist has assigned a homework assignment that a client did not agree to try. A simple, "Would you be willing to try this?" might do—but do not be surprised if you hear "No." When you do, take time to explore with the client his or her reasons for not wanting to do the homework assignment. A client's reluctance to try a homework assignment can certainly be due to client factors. Anxious clients may say no to avoid trying a task that frightens them. Other clients may say no to a homework assignment because they fear that their therapist is trying to control them. Still others may not want to do a homework assignment because they fear they will fail and then their therapist will put

them down. Although there can be many reasons for why clients refuse to try a homework assignment, I recommend that therapists begin by taking a look at the homework task itself and their manner when setting it up. Is it the right homework assignment but the wrong time? Is it the wrong homework assignment but the right time? Is there something that a therapist could do or say that would help a client feel ready to try the homework assignment? A curious therapist (see Chapter 3) can learn much from clients about how to change homework to increase their readiness to try it.

THERAPIST: So, Frank, you said you're not ready to try this homework assignment. Would you be willing to tell me why not?

CLIENT: Sure. I just don't see the point of writing down my thoughts when I'm feeling anxious.

THERAPIST: Well, if you don't see the point of a homework assignment, I think it would be silly for you to do it. How about if we go over the reasons why homework like this might help you better manage your anxiety, which is your goal? Right?

CLIENT: Right. I want to feel less anxious. If I write down my thoughts, I'll just feel more anxious because I'm thinking about them.

THERAPIST: Oh, I see. You believe that writing down your thoughts will make you more anxious. This tells me that we have some work to do before you're ready for this homework assignment. I appreciate your letting me know this. How about if we spend the rest of the session discussing this belief you have that writing down your thoughts will make you more anxious? Then maybe we can come up with a homework assignment that makes more sense to you and you're ready to try. Would that be okay?

Last, what is acceptable to a client and therapist may not be acceptable to the client's spouse/partner, employer, or primary care physician. When creating homework assignments that involve others, therapists should check with clients whether they anticipate that others might not think that it is meaningful or that others involved in the homework assignment might be unwilling to participate (see Chapter 9). Therapists can check this out quickly by asking, "Do you anticipate that anyone involved in this homework assignment might have a problem with it?"

Emily is a 37-year-old nurse practitioner who works the night shift at a walk-in emergency clinic. She has sought help to overcome her fear of driving on freeways and over bridges. She has agreed to a homework assignment to drive on the freeway near her home from one exit to the next—a route that she and her therapist have driven together in prior sessions. Emily's mother will accompany her during her driving homework.

THERAPIST: Do you anticipate that your mom, for any reason, might have a problem with this homework assignment?

CLIENT: No. She really wants me to overcome my driving phobia.

THERAPIST: That's terrific. So you can't think of any thing that might come up during the driving homework with your mom that might get in the way of the homework assignment?

CLIENT: (*Chuckles*) Well, the only thing that might come up is if my mom freaks out while I'm driving.

THERAPIST: What do you mean?

CLIENT: Well, Mom is kind of nervous about driving herself. She drives and everything, but she tends to get pretty nervous when she's in the passenger seat. She's the worst kind of back-seat driver. The whole family kids her about it.

THERAPIST: I see. Well, perhaps you and I might look at the advantages and disadvantages of your mom accompanying you on this homework assignment. I'm certain she'd be terrifically helpful with other homework assignments, but I wonder about this one. Would it be okay for us to take a look at whether your mom is the right person to help you with this homework assignment?

MAKE HOMEWORK APPROPRIATE TO CLIENT'S SOCIOCULTURAL CONTEXT

Several studies have underscored the importance of addressing clients' cultural expectations about the nature of their illness, as well as the cultural appropriateness of an intervention strategy (LeVine & Padilla, 1980; Marsella & Pedersen, 1981; Pedersen, Draguns, Lonner, & Trimble, 1996). Therapist–client differences in theories of health and illness, along with differences in language and other ethnic variables, can undermine the therapeutic alliance and interfere with the client's acceptance of the tasks and goals of the treatment itself (Foulks, Persons, & Merkel, 1986). When therapists understand their clients' explanatory model of their illness, they can develop and implement treatment interventions that match this explanatory model, thereby increasing the likelihood that their clients will comply with treatment (Kleinman, 1977; Sue & Zane, 1987). In other words, if clients believe that a homework assignment does not address their problems because it does not consider their unique sociocultural makeup, they are not likely to try it.

An out-of-work, single mother of four, suffering from depression, was encouraged by her therapist to go to a movie with a friend. In the next session, the client informed the therapist that she had failed to complete her homework assignment. When the therapist explored the reasons for this homework failure, the client tearfully told the therapist that she could not afford the movie or the child care and transportation. Had the therapist considered the social context of her client, she might have come up with other pleasurable activities that were within her client's means to try. Similarly, a single Hispanic woman who wants to meet eligible men may balk when her therapist suggests as homework that she call a Hispanic man with whom she works to ask him out on a date, or that she go to a party alone.

A comprehensive discussion of the assessment and treatment of culturally diverse clients is beyond the scope of this book. The reader is referred to a number of very fine sources on this topic (Ivey, Ivey, & Simek-Morgan, 1996; Paniagua, 1998; Pedersen et al., 1996). In general, clinicians are encouraged to gather information regarding a client's sociocultural variables (degree of assimilation or acculturation, adherence to religious beliefs, racial identity development, socioeconomic status, traditional sources of support) and sociocultural values (historical experience of client's cultural group in the United States)

when developing a treatment plan (Comas-Díaz & Griffith, 1988). When therapists are inquiring about sociocultural factors that might influence homework noncompliance, I recommend consideration of the following four guidelines: Inquire with respect and curiosity; consult with family members; consult with experts; and inquire about environmental factors.

Inquire with Respect and Curiosity

Research suggests that the ability of therapists to communicate in a culturally sensitive manner that they are effective and trustworthy, and that they can provide something of value, is more important than similarity in a therapist's and client's racial membership (Baker, 1988). A stance of respectful curiosity in assessing whether a homework assignment is appropriate to a client's cultural context avoids misunderstandings when the therapist and client are designing meaningful homework assignments.

Dinora is a 23-year-old woman from Colombia. She has been in the United States for about 3 years and is the sole caretaker for her mother, who is homebound due to her agoraphobia. Dinora cleans houses during the day but has little social life, because her mother becomes anxious and complains bitterly when Dinora leaves in the evening for more than a few minutes. Dinora sought treatment at the urging of her physician, who thought that she was depressed. Dinora speaks some English, but a translator generally assists her and her therapist.

THERAPIST: Dinora, we've agreed that it might help you feel less depressed if you were able to do some things with your friends. However, we agreed that in order to do that, you needed first to be able to tell your mother that you were going out for a few hours, even if she complained or protested. Do I have that right?

CLIENT: Yes. We decided that I needed to be more direct with her.

THERAPIST: Yes, and we agreed that you would like to go to a movie with your friend Carla. You thought a Saturday matinee would be nice, because your mother is a little less anxious during the day, and this might be easier on her.

CLIENT: Yes, but I know she will say no to even that.

THERAPIST: Yes, I expect she might, but I can help you practice that today. But before we do that, I'm thinking we might want to talk about what, if any, concerns you have about being direct with your mother. When I'm meeting with people from different countries or different cultural backgrounds, I like to check with them that the homework makes sense, given that they might have very different ideas about what is helpful and what is not. Would it be okay if we chatted about this a bit? If nothing else, I'll learn more about your culture.

CLIENT: Yes. But I have already told you she will say no because she is frightened to be alone.

THERAPIST: Yes, but what else concerns you about saying to your mother that you want to go to the movies with Carla? For example, if you were in Colombia, would a Colombian doctor recommend that you try a homework assignment to be more direct with your mother?

CLIENT: Perhaps yes. Perhaps no.

THERAPIST: Please say more.

CLIENT: Well, in my culture it is important to respect your parents. I think my mother will feel disrespected if I tell her that I want to go to a movie with a friend on Saturday afternoon.

THERAPIST: She will take your directness as a sign that you disrespect her?

CLIENT: Yes. I should honor my mother and do what she asks. That is what we are taught. To respect our parents.

THERAPIST: Yes. I think it is important that we honor this about you and your relationship with your mother. Perhaps there is some way we can help you be direct with your mother while showing her respect. How about if we spend the rest of the session working on that?

Consult with Family Members

In general, the family can play an important role in encouraging compliance with therapy homework (see Chapter 9). However, when a therapist is working cross-culturally with a client, it is important to look to the family as a source of essential information and support when planning homework, as well as other aspects of treatment. In particular, the extended families of African Americans, Hispanics, Asians, and Native Americans can have great influence (Ho, 1987; McAdoo, 1993; Sue & Sue, 1990) and enable therapists to observe clients in their natural family/cultural settings. In addition to meetings with members of a client's nuclear family, I recommend that a therapist meet with extended family members, particularly when the client identifies them as important sources of support or when one or more of them are directly involved in the problem. For example, a Hispanic client might identify a *compadre* or *comadre* (literally, "cofather" or "comother"; such an individual may be either an actual godparent or a close family friend) as an important source of support (Comas-Díaz, 1988). This person would be likely to play an important role in seeing that the client complies with homework assignments. Similarly, a meeting with the client and the *compadre* or *comadre* might be helpful if the client believes that the individual would disagree with or rebuke any change that might result from the homework assignment. For example, Dinora's therapist might suggest that she, the therapist, and her *comadre* meet if Dinora thinks her *comadre* might view her wish to go to a movie with a friend as highly disrespectful of her mother. I recommend that therapists ask clients for their definition of "extended family" and who composes it. Individuals who provide both emotional and instrumental (financial, housing, child care) support are particularly significant.

Consult with Experts

When working with clients from culturally diverse groups, therapists can minimize mistakes through consultation with professionals or others within those cultural groups. Whenever possible, I recommend that therapists seek consultation with experts in multicultural assessment and psychotherapy who are themselves members of clients' cultural

groups. However, such experts are not always available because of the shortage of mental health professionals of varied cultures and ethnicities (Russo, Olmedo, Stapp, & Fulcher, 1981). In such cases, others from a client's multicultural group can be solicited, such as priests, *doulas* (a Greek word for women in many cultures who provide support throughout the childbirth process), healers, godparents, or others.

Inquire about Environmental Factors

Environmental factors can influence the meaningfulness of homework assignments to certain clients. For example, when therapists are working with clients who have physical disabilities, I recommend carefully considering environmental constraints that might influence the appropriateness of homework assignments (Olkin, 1999). For example, homework designed to get a depressed and disabled client out of the house more is complicated if the client relies on a wheelchair. The therapist must consider issues of transport and wheelchair access to public places, as well as the poor frustration tolerance of depressed individuals, who may throw up their hands when they encounter any obstacle (in this case, to wheelchair access). In addition, I recommend that therapists move beyond "cane and crutch" notions of disabilities and ask about hidden disabilities (even if clients do not bring them up), such as dyslexia, expressive or receptive language difficulties, or significant social skills deficits—any of which may have considerable impact on a client's ability to comply with homework assignments (Zeiss & Steffen, 1996). Therapists can ask directly about such disabilities or can ask about aspects of clients' lives that might suggest such disabilities (e.g., poor academic or job performance). Once the therapists and clients have identified any disabilities, I recommend that therapists explore with clients the role their disabilities might play in homework compliance, as well as other therapeutic tasks that might be used.

In this chapter, guidelines for creating a meaningful homework assignment have been described: Provide a clear homework rationale linked to the client's treatment goals; make homework relevant to the focus of the therapy session; make homework acceptable to client and therapist; and make homework appropriate to the client's sociocultural context (see Table 1.1). Strategies for implementing each guideline have also been discussed. In the next chapter, the second key step is presented—setting up the homework assignment and securing compliance with it. Guidelines are presented for implementing this key step, such as working collaboratively, starting small, and creating a precise set of written homework instructions.

CHAPTER 2

Step 2: Set Up the Homework Assignment and Secure Compliance with It

> You tell me, and I forget; you teach me, and I remember; you involve me, and I learn.
>
> —BENJAMIN FRANKLIN

Heather is a bright graduate student in English literature, who is new to psychotherapy. She's been depressed for many years, but not significantly enough that she thought it worth getting help. She was surprised when she became acutely depressed and suicidal upon completing her dissertation. She has met with her therapist for about a month and has completed several homework assignments with difficulty. As Heather and her therapist reviewed her homework from last session, she timidly reported that she did not call a friend to come over Saturday night to help her rewrite the first page of her curriculum vitae, as she had agreed to do. The therapist was not surprised she failed to complete the homework assignment. He had questioned Heather's level of motivation, because she tended to minimize her distress and had told him that it was difficult for her to accept help from others. However, the therapist was surprised by the answer Heather gave for why she failed to complete the homework assignment. Heather said that although the other homework assignments had made sense to her, she did not see how this one was going to help her feel less depressed. In fact, Heather said with some irritation that she thought it was likely to make her feel more depressed. It was clear to the therapist that Heather had not completed the homework because she had not understood the rationale for doing it. He'd assumed that

this bright woman understood that working on her curriculum vitae with a friend would help her depression because she would not spend Saturday alone (as she often did), and that doing a small amount of work on her vitae with a supportive friend might help her feel more hopeful about her future. After he reviewed with Heather the rationale for this homework assignment and double-checked that she understood and accepted it, he reassigned the homework assignment, which Heather completed without complaint.

Brooks, on the other hand, was highly motivated to work on his anxiety, but still failed to complete a recent homework assignment. This very anxious 57-year-old accountant wanted to worry less and reported to his therapist that he understood why a homework assignment to write down his worry thoughts between sessions might help him. However, when Brooks started the homework assignment the next day, he bailed out: He did not quite understand whether he was supposed to write down all his worry thoughts or just the most important ones. Brooks's therapist was surprised by this, as he'd assumed that a bright and motivated client like Brooks would not have difficulty following the simple instruction to write down his worry thoughts. However, because Brooks was quite anxious and tended to obsess about the details of most tasks, he needed to have the homework assignment described in more concrete and specific terms. When Brooks's therapist asked him to repeat the homework assignment, but this time to write down only the worry thoughts that created anxiety of 5 or more (on a scale from 0 to 10, where 10 is "extreme anxiety"), Brooks easily completed the homework.

As these two cases illustrate, many homework problems can be prevented by careful attention to the attributes of the homework task itself. For example, in Heather's case, this involved making certain that she understood and accepted the rationale for the proposed homework assignment; in Brooks's case, it involved making certain that the homework assignment was concrete and specific enough. This chapter presents nine guidelines for setting up and securing compliance with homework assignments with the goal of preventing many typical homework problems (see Table 2.1): Work collaboratively; make homework a no-lose proposition; make homework concrete and specific; review the homework rationale and secure a commitment to comply; start small; agree to a method of recording; anticipate obstacles and develop a backup plan; develop a contingency plan; and write a precise set of homework instructions.

TABLE 2.1. Guidelines for Setting Up Homework Assignments and Securing Compliance with It

- Work collaboratively.
- Make homework a no-lose proposition.
- Make homework concrete and specific.
- Review homework rationale and secure commitment to comply.
- Start small.
- Agree to a method of recording.
- Anticipate obstacles and develop a backup plan.
- Develop a contingency plan.
- Write a precise set of homework instructions.

These nine guidelines are the building blocks of effective homework assignments. I recommend that therapists follow these guidelines when setting up any homework assignment, as they get homework off to a good start and prevent many homework problems. In addition, when therapists do encounter homework problems, I recommend that they start here as well, stepping through the nine guidelines to see that each was addressed when they initially set up the homework assignment. If homework problems persist after a review of these nine essential guidelines, however, I advise therapists to consult Chapter 9 for other strategies to overcome typical homework difficulties.

WORK COLLABORATIVELY

I recommend that the client—not just the therapist—contribute to developing the homework assignment. One way to make certain of this is for the therapist to start the discussion by asking the client, "Perhaps you have an idea for a homework assignment that would help you with this problem?" Clients who suggest a homework assignment have made both a public and a private statement to try the homework. In effect, they have said to themselves, "I will try this homework assignment but not that one," and thereby have selected an assignment that they believe is doable. At other times—particularly early in therapy, when clients have not developed many homework assignments with their therapists—they might tell their therapists that they cannot think of any ideas for a homework assignment. Then the therapists can offer suggestions: "Other clients I've worked with have found this kind of homework assignment helpful for this kind of problem. Do you think this might help you?"

There are clear advantages to the therapist's and client's working collaboratively to design homework assignments. First, clients who have input into planning their homework perceive themselves as having greater control of the actual assignments. This can be particularly helpful for anxious clients who are uncomfortable in situations that seem out of their control. Second, working together to agree on a homework assignment provides an opportunity for a therapist and client to strengthen the therapeutic alliance, because they have to work through misunderstandings and clarify their respective roles in the therapeutic process. Third, many clients have a fuller understanding than their therapists of what is or is not a useful homework assignment and of what difficulties might arise. I offer three strategies to enhance collaboration in the development of homework assignments: Use Socratic questioning to elicit homework ideas; inform clients that they can veto any homework assignment; and emphasize homework completion over outcome.

Use Socratic Questioning to Elicit Homework Ideas

I recommend therapists not sell clients short and assume that they do not have ideas for a homework assignment. To elicit ideas for homework, therapists can ask, "Now what kind of homework assignment do you think might help you with this problem?" For clients who have difficulty with such open-ended questions, it can help to elicit ideas for homework within more clearly defined parameters. For example, a therapist might say to a socially anxious client, "Do you have some ideas for a homework assignment that will help you test out this idea you have that other people are just waiting for you to make a mistake?" Thera-

pists can also use Socratic questioning to elicit more detail when clients are vague about a homework assignment: "I think recording how often you say no is a great idea. Perhaps you have some ideas about how you might do that. I'm particularly interested in how you might write that down so that you could share this information with me next week. Any ideas?" For indecisive or obsessive clients, therapists can suggest several possible homework assignments or variations on a homework assignment and let the clients choose. The therapists can ask, "So what do you think might be a good situation in which to practice being more assertive? We could start with a friend, a family member, your boss, or a stranger. Which would be easiest for you right now?" Or "So how do you think we should keep track of the times you're feeling panicky? You could use this form I have, or you could write the information in your engagement calendar, or perhaps you could jot it down on a small pad that will fit in your pocket. Or perhaps you have another idea. What could we use?"

At times, clients will not be able to come up with ideas for homework, but their therapists think they have a terrific idea for an assignment the clients can try. As difficult as it might be, I recommend that therapists curb their enthusiasm and suggest rather than insist. Suggestions can minimize disagreements that jeopardize the therapeutic alliance, while increasing the likelihood that the clients have bought into their homework assignments from the start.

Inform Clients That They Can Veto Any Homework Assignment

Most therapists assume that their clients understand they are allowed to object to doing a homework assignment; however, this is not always the case. For example, clients who have trouble acting assertively may need their therapists' permission or even encouragement to tell them they do not want to do a particular homework assignment.

THERAPIST: Janice, as a homework assignment to improve your assertiveness skills, you've agreed that after 10 minutes of speaking to your sister on the telephone, you'll end the conversation by saying, "I have to go now." Did I get that right?

CLIENT: Yes. That's right.

THERAPIST: That's terrific. I want to remind you that you can veto any homework assignment at any time, including this one. It's more important that you agree to a homework assignment that you know you can do than to agree to do one you have doubts about.

CLIENT: (*Tentatively*) I know. I'll try.

THERAPIST: I know you'll try. But it's okay to veto this one if you have doubts about whether you can do it. What would you say the likelihood is that you'll do the homework assignment as we've set it up, on a scale from 0 to 10 where 10 is "absolutely certain you'll do it"?

CLIENT: (*More tentatively*) Gee, I don't know.

THERAPIST: Remember, it's okay to veto this homework assignment if you think it's too hard. The timing of homework assignments is as important as the homework assignment itself. Sometimes it's the right homework assignment but the wrong

time. So, from 0 to 10, how certain are you that you'll do this homework assignment?

CLIENT: Well, maybe I'm not quite ready to do this homework assignment now. Maybe I'm only at 2 or 3.

THERAPIST: Janice, that's okay. Perhaps you want to veto this one. Maybe it's not the right time.

CLIENT: Yes. Could I veto this?

THERAPIST: Sure, but let's spend some time finding a homework assignment like this that you feel confident that you can do. Would that be okay?

CLIENT: Yes, I'd like that. Thanks.

MAKE HOMEWORK A NO-LOSE PROPOSITION

I recommend that therapists set up a homework assignment as a "no-lose proposition" (Beck, 1995). This is particularly true early in treatment, when clients are more symptomatic and less self-confident, and when therapists do not yet have a clear sense of the clients' true abilities. A therapist working with a bright but depressed 28-year-old man who is in a dead-end job and believes he is an incompetent failure runs the risk of reinforcing his client's negative view and aggravating his dysphoric mood if the client tries a homework assignment and fails. Setting up homework as a no-lose proposition avoids this outcome, because it emphasizes homework compliance while accepting that it might not be completed. Similarly, framing homework as a no-lose proposition is useful for perfectionistic clients who worry that they might not perform the homework "just right," or for clients who might not receive immediate reinforcement for homework compliance in spite of their best efforts. An anxious and perfectionistic pharmacist who agrees as a homework assignment to monitor and record her thoughts when she is feeling anxious might not try this homework assignment if she believes she most write them down exactly as she thought them. To introduce homework as a no-lose proposition, therapists can say, "There is no such thing as an unsuccessful homework assignment, because we learn something every time a homework assignment is tried. It's more important for you to try the homework as we've described it than it is for you to succeed at the homework task itself. If you have trouble completing the homework assignment, that's okay. We can figure out what got in the way so that you can complete it next time."

MAKE HOMEWORK CONCRETE AND SPECIFIC

Vagueness is the Achilles heel of homework. If the homework is not described in concrete and specific terms, clients may be confused about exactly what they are to do. A concrete and specific homework assignment includes details about when, where, with whom, for how long, and with what materials the task is to be performed. Such an assignment might

read, "Sit down at your desk at 9:00 A.M., Monday through Friday, and write on your dissertation for 10 minutes each day. Use pencil and paper, and disconnect the telephone before beginning to write. After you have written for 10 minutes, reward yourself by reading the sports section of the morning newspaper." In contrast, a vague homework assignment might read, "Write on your dissertation some time during the coming week." Another concrete and specific homework assignment would be "Call Julia tonight at 7:00 P.M. and invite her to dinner this Saturday night." A vague assignment would be "Call a friend this week and invite him or her to do something with you."

Concrete assignments are easier to carry out than vague ones, especially for depressed and anxious clients. Depressed clients often have trouble focusing their attention and breaking a task into manageable parts, and tend to give up easily when they encounter unanticipated problems. When an assignment is broken down into manageable steps, a depressed client is more likely to have the tools to follow through. For anxious clients, a concrete, step-by-step approach helps eliminate the often obsessive need to consider when, where, or how they should do a homework assignment, which can cause such clients never to get around to trying the assignment. Or they may doubt that they remember the details of the homework assignment correctly, and postpone trying until they can check with their therapists at the next session. Concrete and specific descriptions take the guesswork out of the homework assignment, which lowers anxious clients' apprehension about whether they will get it right.

Often anxious clients balk when their therapists suggest that they make a homework assignment more concrete and specific. Anxious clients tend to avoid what makes them uncomfortable, and concrete and specific assignments can trigger worries that vague assignments do not. However, concrete and specific homework assignments are more rewarding for both clients and therapists, because it is clear whether the assignments were completed as expected. The following interaction illustrates how a therapist can assist an anxious client to craft a concrete and specific homework assignment.

THERAPIST: So, Cindy, you think it might be helpful to practice making a few mistakes in public to see that it's not the end of the world. Is that right?

CLIENT: Yes. I need to take a few more chances. These fears are holding me back.

THERAPIST: Well, let's talk about a situation in which you might try that. Can you think of anything?

CLIENT: No. I can't think of anything right now.

THERAPIST: Well, I'm thinking of a couple of areas in your life where you might try this. You could make a mistake with someone at work, or with a friend, or with a family member, or even with a stranger—like a sales clerk. Which of these would be easiest for you right now?

CLIENT: Well, maybe with a friend. But all my friends are really busy.

THERAPIST: How much time do you think this homework assignment will take?

CLIENT: I don't know. How much time do *you* think it will take?

THERAPIST: I'm thinking it might take 1 second. Maybe 2. Do you think one of your friends would mind giving you a couple of seconds of their time?

CLIENT: A couple of seconds? Sure. But how am I going to work on this in 2 seconds?

THERAPIST: I'll tell you. But first, let's decide on a friend with whom you want to practice this and decide when you can call her. Okay?

CLIENT: Sure. How about Liz? I could call Liz.

THERAPIST: When? Could you call Liz tonight?

CLIENT: Yes. I could call her at home.

THERAPIST: Great. When? Let's come up with a specific time. What time do you think you're most likely to reach Liz at home?

CLIENT: Oh, probably about 9:00.

THERAPIST: Great. So you'll call Liz tonight at 9:00. Is that right?

CLIENT: Yes. But what do I do?

THERAPIST: How about during the phone conversation you call Liz by a different name? Suppose you call her Angie?

CLIENT: Angie? I couldn't do that. She'd think I was crazy. I couldn't do that.

THERAPIST: I bet you could. It would be really good practice. Would you be willing to try it?

CLIENT: (*Reluctantly*) Okay. I'm willing to give it a try.

THERAPIST: Great. So let me see if I have this right. You'll call Liz at 9:00 tonight. Sometime during the conversation, you'll call her Angie. I'd like to know what happens, so how about if you have a pencil and pad near the telephone and write down what Liz said? I'm particularly interested in whether she says you're crazy. Would you be willing to write down what Liz says after you call her Angie?

CLIENT: Okay.

When therapists craft very specific and precise homework assignments, they do risk making the assignments so complex and detailed that clients have too many things to remember. The ideal homework assignment is both simple and specific. It is not always easy to achieve this, but therapists can check whether they have hit the mark by asking clients to describe their understanding of a homework assignment. If clients have trouble recalling the details of the assignment, the assignment is too complex. Therapists can then develop a simpler homework assignment or write down specific homework instructions with the clients.

REVIEW HOMEWORK RATIONALE AND SECURE COMMITMENT TO COMPLY

Before moving ahead with a homework assignment, it is important to review with the client the rationale for the homework and to check that it makes sense, given what has been discussed and worked on in the session. To check that clients understand the homework rationale, I recommend that therapists ask them to repeat back their understanding of why the therapists are recommending a particular homework assignment, as in this example:

THERAPIST: Right. So, before we come up with a homework assignment to help you with your boyfriend, how about summarizing for me why you think a homework assignment like this would help you?

CLIENT: Sure. Well, my boyfriend isn't really doing his share, and I'm not saying anything to him about this. This makes me either angry or depressed. I know that I want to become more assertive, and that if I practice being assertive with my boyfriend, it might help me with him and other people who sometimes take advantage of me.

THERAPIST: Yes. That's very good.

When clients correctly summarize the problem and the rationale for the homework assignment, I recommend that therapists praise and congratulate them. If the summary is not quite on the mark, therapists can work with their clients until they see the homework assignment as meaningful, or can develop with them another homework assignment that is.

A homework assignment should not be made if a client does not accept its rationale. A number of studies suggest that clients who agree with the rationale for a treatment improve more rapidly than those who do not (Addis & Jacobson, 1996; Fennell & Teasdale, 1987; Morrison & Shapiro, 1987). There are several explanations for these findings (Addis & Jacobson, 2000). Acceptance of the treatment rationale can reflect clients' general openness to change and to the strategies of change, such as homework assignments. Or clients who accept the treatment rationale engage in therapeutic tasks such as homework because the assignments make sense as pathways to change. Clients who reject the rationale for a homework assignment may be less open to change. Some may feel hopeless that anything will be helpful. Others may have clear beliefs about what will and will not help them solve their problems—beliefs that their therapists have not explored. Still others do not understand the reason for doing the homework assignment.

To check whether a client has accepted the homework rationale, a therapist can ask, "Does the reason I'm recommending the homework assignment make sense to you?" Or "To what degree does the homework we're discussing match with your ideas about what needs to change to solve your problem? Can you rate this on a scale from 0 to 10, where 10 means that the homework completely matches with your ideas about what needs to change?"

When clients reject a homework rationale, I recommend that therapists explore with them what it is about the assignment that does not make sense, rather than pushing ahead. Often therapists will discover information that, when incorporated into the homework assignment, can help clients complete the homework.

THERAPIST: Bert, as a homework assignment, would you agree to go into the donut shop near your house and ask the clerk whether they sell donuts there?

CLIENT: Well, I don't really want to do that. Could I do something else?

THERAPIST: Bert, I appreciate your letting me know that you have some reservations about this homework assignment. We certainly could talk about a different homework assignment but I'd like first to understand what it is about this one that you

don't like. I bet I'll learn something important that will help me when we put together future homework assignments. What is it about this one that doesn't work for you?

CLIENT: Well, it's kind of silly.

THERAPIST: You know, you're right. This homework assignment is a little silly. Do you understand how this homework assignment might help you to be less anxious in social situations?

CLIENT: Yeah, I understand that. It's like the other homework assignments. If I make social mistakes intentionally and learn that it's no big deal, I'll worry less about making social mistakes by accident.

THERAPIST: Exactly. That's terrific. So you understand how this homework assignment will help you feel less socially anxious. So perhaps there's another reason why this assignment doesn't work for you. Does it feel too difficult?

CLIENT: No. I think I could do this, but, I guess . . .

THERAPIST: Bert, it's okay to have reservations about homework. I bet you know something that I don't know about this homework.

CLIENT: Well, it's just that I go to that donut shop all the time. It's a mom-and-pop store, and the owners live right around the corner from me.

THERAPIST: So it sounds like that makes it harder?

CLIENT: Yeah, kind of. But, you know, I think I could do it. It's just that I'm afraid that I might not want to go there ever again, and I like them.

THERAPIST: Bert, this is really helpful. It sounds like these people are friends. I'm sure we can come up with another way to work on your social anxiety without interfering with this friendship. How about if we talk about a different donut shop? Perhaps one you've never visited?

CLIENT: Could we? I know one near work that I pass every day but I've never been in.

THERAPIST: That sounds great. Let's try that one.

Last, therapists should solicit the clients' commitment to comply with the proposed homework assignment. At times, therapists assume that clients will do a homework assignment because they didn't say they *wouldn't*. However, this is not the same as clients' agreeing that they *will*. Making a formal declaration enhances compliance by providing outward evidence of a client's intention (Shelton & Levy, 1981). To solicit a commitment from clients to do a homework assignment, therapists can ask, "Do you agree that you will do this homework assignment as we've described it?" or "What is it you are going to do?" Other variants are presented in Table 2.2.

Therapists can expect at times to hear "No." When this happens, I encourage therapists to explore the clients' reluctance to make a public commitment to comply. Perhaps the clients have some reservations about a homework assignment that have not been identified or discussed. Or perhaps they fear failing at the homework assignment, and by not committing to try it, they hope to slide out of being held responsible if they indeed they do fail.

TABLE 2.2. Probe Questions: Soliciting a Commitment to Comply.

- Have you tried a homework assignment like this before? If so, did it work for you?
- What about the homework assignment didn't work for you?
- What would you change or add to the homework assignment that you think would have helped you believe that it would work?
- Could you give me three reasons why you think this homework assignment might not work for you?
- What could I say to you that would help you believe that you'll be able to do this homework assignment?

START SMALL

Nothing gets therapy off on the wrong foot faster than clients' having to report that they did not complete a homework assignment. It is better to "start small" and shape approximations to the desired final outcome than it is to insist that clients try tasks they doubt they can complete. For example, asking a socially anxious client to nod and smile at coworkers might open the door for the client to consider other more challenging homework assignments later (e.g., asking a coworker how she spent her weekend). A smaller homework assignment that the client completes is likely to enhance the client's confidence in the therapist and the therapy, thereby strengthening the therapeutic alliance and the motivation of both parties.

Similarly, first homework assignments for depressed or passive clients should require little effort. Therapists can structure these early homework assignments to include assistance from family members or friends, or can include small tasks that the clients are already doing to some degree. As a rule, it is best at the beginning of treatment to start with homework assignments that ask clients to do what they are already doing 30% of the time or more (the "30% rule". For example, Cheryl, a 37-year-old software engineer who sought treatment to help her become more assertive, agreed that homework designed to help her practice her newly learned assertiveness skills made sense. She and her therapist identified several people with whom she had trouble being assertive, ranked them in order of the percentage of time she was assertive with each one, and listed these people in an assertiveness hierarchy (see Figure 2.1). She and her therapist decided that she would begin assertiveness homework with Phyllis, a coworker with whom she was able to be assertive 40% of the time.

The shaping of homework should be based on the number and difficulty of assignments to be performed between sessions. Many clients, particularly anxious and depressed ones who are easily overwhelmed, may not be able to complete more than one homework assignment between therapy sessions. Other clients, who have problems precisely because they take on too much, may not be able to find the time to do several homework assignments and, because of this, do not complete any of them. It is best to begin with one homework assignment between sessions, even (and perhaps particularly) if a client wants to do more. The complexity and number of homework assignments can increase as therapy progresses and the client's condition improves.

Social situations	Percent of time assertive
Father	1%
Mother	10%
Supervisor at work	15%
Frank (brother)	20%
Sandra (sister)	25%
Gloria (office mate)	30%
Jesse (brother)	30%
Margie (sister)	35%
Phyllis (coworker)	40%

FIGURE 2.1. Cheryl's assertiveness hierarchy.

AGREE TO A METHOD OF RECORDING

It is important that a therapist and client agree to a method of recording the outcome of a therapy homework assignment. For example, if Jamalica agrees to go to a movie with a friend as a homework assignment to help her overcome her depression and isolation, it is important that she and her therapist know when she went to the movie and with whom; whether her mood worsened or improved during the outing; and whether she learned or observed anything else from the experience that might be important for Jamalica and her therapist to discuss at their next meeting.

Recording increases clients' awareness of how and to what degree a specific homework assignment is helping them with their problems. Homework recording can help clients feel good about the small steps they make in the right direction. For example, Ed, a 57-year-old project manager for a small software company, was deeply discouraged that he would ever overcome his fear of speaking in public. He and his therapist structured a series of homework assignments during which Ed was to stand and say a few words in business meetings, and then record his level of discomfort (on a scale from 0 to 10, where 10 is "extreme anxiety or fear"). As Ed monitored his discomfort level during each homework assignment, he observed that his discomfort ratings gradually decreased, which motivated him to try simi-

lar but more challenging homework assignments (see Figure 2.2). Similarly, homework recording can provide clients with clear evidence that their problematic beliefs are false (see Chapter 8). Adrienne, a paralegal who fears she will be criticized and rejected by the lawyers in her office if she says no to any of their requests, can be asked, as part of a homework assignment, to write down what she predicts will happen and what really happened when she says no.

Homework recording provides concrete evidence that the client has carried out the homework as the therapist and the client conceived of it, and that the client has had the experience the therapist intended. Alyssa, a depressed college student who lived with her mother, agreed to try a homework assignment that would increase her school attendance and the amount of time she spent with friends on weekends (see Chapter 5). During the homework review, Alyssa's therapist examined Alyssa's Activity Schedule Form, on which she had written what she actually did (see Figure 2.3). The Activity Schedule Form showed that she had gone to school during the week, but had failed to go out at all over the weekend. Alyssa admitted that she had made plans to go to a movie with friends on Saturday, but had canceled those plans at the last minute when her mother complained she was not feeling well. Similar homework recording showed that Alyssa often canceled outings with friends because her mother complained she was not feeling well. After careful questioning, the therapist learned that "not feeling well" meant that Alyssa's mother feared she might have a panic attack while Alyssa was away. This discovery led to a discussion of how to respond to her mother's requests in the future so as to be able to follow through on planned outings with friends.

Homework recording can identify problems clients run into when they attempt the homework. For example, a depressed housewife who has agreed to go to a movie with a girlfriend may note that when she tried calling the friend, her husband frowned and asked her to stay home with him. With information like this, therapist and client can design future assignments that have a greater likelihood of success. I recommend that therapists attend to the following guidelines for developing effective homework recording methods: Ensure accurate homework recording; record homework quality; and use forms to record homework outcome.

Ensure Accurate Homework Recording

First, therapists must know whether their clients stayed in an anxiety-evoking situation 5 minutes or 50 minutes; whether they said no and then gave in, or said no and held their ground; or whether they called a friend and chatted for 10 minutes, or spent the entire day in bed. To this end, it is important that clients understand the process of homework recording and become skilled in it. It is essential that therapists set aside time in each session to train clients to use recording devices or strategies. If a client is assigned homework to monitor and record each instance of critical self-talk, and he is to use a golf stroke counter to do this, the therapist shows the client how to use and reset the counter, and also gives concrete examples of the types of critical self-talk that are to be counted. If another client is to use a form to monitor her mood swings, the therapist goes over the form with the client and completes a form for a recent episode of mood disturbance to demonstrate how the client is to complete the form.

EXPOSURE PRACTICE FORM (ADULT)

Instructions: Under the ***In vivo* or imaginal exposure task,** in each unshaded row, write each exposure task you agreed to practice during the week. In the shaded row of each column on the right, enter the **Date** you practiced the exposure task. In the unshaded row of each column on the right, next to the exposure task, enter the maximum **SUD** rating (subjective unit of distress, 0–10, where 10 is "extreme anxiety or fear") during each exposure. If you agreed to practice the exposure task several times each day, write an X in each box and fill each quadrant with an SUD rating.

***In vivo* or imaginal exposure task**	**Date/SUD**						
	6/1	6/2	6/3	6/4	6/7		
Say something in daily team meeting at work.	6	6	5	4	4		
				6/4			
Ask a question in weekly monthly project update meeting at work.				6			

FIGURE 2.2. Ed's Exposure Practice Monitoring Form (Adult).

ACTIVITY SCHEDULE FORM (ADULT)

Instructions: In each box (day and time), describe what you were doing (or have planned for that day and time). Be as specific as possible. After each actual (vs. planned) activity, enter your mood rating (0 = "normal mood," 10 = "very depressed mood").

Time	Monday Date: 4/12	Tuesday Date: 4/13	Wednesday Date: 4/14	Thursday Date: 4/15	Friday Date: 4/16	Saturday Date: 4/17	Sunday Date: 4/18
6–7 A.M.							
7–8 A.M.	Wake, get ready for school (5)	Wake, get ready for school (4)	Wake, get ready for school (6)	Wake, get ready for school (6)	Wake, get ready for school (6)		
8–9 A.M.						Wake, read in bed, nap (6)	
9–10 A.M.	Arrive at school	Arrive at school	Arrive at school	Arrive at school	Arrive at school		
10–11 A.M.							Wake, lay in bed (8)
11 A.M. –12 P.M.						Out of bed, dress, watch TV (4)	
12–1 P.M.	Lunch with Julia (2)						
1–2 P.M.			Lunch in library, eat alone (3)		Lunch with Jamie and Mike (2)		Watch TV, nap (7)
2–3 P.M.				Lunch alone on quad (5)		Take cat to vet (3)	

FIGURE 2.3. Alyssa's Activity Schedule Form (Adult) (first page only).

Monitor Homework Quality

Although it is important that clients complete therapy homework assignments in order to learn new skills to manage their clinical problems, they must implement the skills correctly and routinely, and must continue to practice the skills after the therapy has ended if they are to decrease the likelihood of future relapse (Harvey, Inglis, & Espie, 2002; Neimeyer & Feixas, 1990). For example, in cognitive therapy, clients use thought records to identify a problematic thought, identify whether the thought is distorted or erroneous, and then develop more adaptive or realistic thoughts or responses to replace the problematic one (Beck, Rush, Shaw, & Emery, 1979). With complex tasks such as these, there are many opportunities for clients to make mistakes. Although clients may bring to session completed thought records, they may have failed to record the thought most directly linked to their problematic mood or behavior. Or they may have written down several adaptive responses to the problematic thought, but these responses are as unhelpful or unrealistic as the problematic thought itself. For this reason, it is important that therapists attend not only to whether clients completed the homework assignment, but to whether they completed the assignment correctly.

Therapists can use simple scales to rate the quality of the homework completed (0–10, where 10 is "excellent"). For example, Doug, a taxicab driver, was learning to use thought records to help him manage his anger when driving. Doug consistently completed the thought records, but had trouble coming up with adaptive responses to his angry thoughts. Doug's therapist asked him to rate the quality of the thought records he completed as homework assignments, with the goal of improving the quality of these records. Over time, Doug gradually improved the quality of the records from 5 to 9 on the 0–10 scale. As the quality of his thought records improved, so did his confidence in managing his anger.

Similarly, therapists might record the percentage of homework completed (0–100%). For example, if as a homework assignment Sharon agreed to walk 5 minutes three times per week, but instead she walked 5 minutes only twice, the therapist would record that Sharon completed two-thirds (67%) of her homework assignment. The therapist might then discuss with Sharon this outcome and readjust the homework assignment until Sharon is completing 100% of the homework assignment. In Sharon's case, this might mean agreeing that she will walk 3 minutes three times per week or 5 minutes twice per week.

Use Forms to Record Homework Outcome

Homework forms provide therapists with concrete documentation of their clients' efforts. Did a client call a friend at the agreed-upon time? Did a client say hello to two people on the street each day? Did a client walk 15 minutes each day? Homework forms can be as simple as an index card or a piece of paper on which a therapist has drawn several columns, or can be forms like those in the Appendices. Homework forms are particularly useful with homework designed to test assumptions (see Chapter 8), such as homework for phobic or avoidant clients who are learning to gradually approach what they fear (exposure). It is both reinforcing and meaningful for such clients to see that with repeated exposure to what they fear, the maximum anxiety they experience during each exposure drops as well; a homework form provides concrete evidence of this outcome (see Figure 2.2).

ANTICIPATE OBSTACLES AND DEVELOP A BACKUP PLAN

There are a number of advantages to therapists' anticipating homework obstacles and planning for them. First, homework assignments that include backup plans give clients other options if their first attempt fails; these options increase the likelihood that they will complete a homework assignment, even if it is not the exact one they agreed to do. Backup plans can include alternative responses a client is to try if the initial response fails. For example, a client who agrees to practice setting limits with a demanding friend will first say no, then change the subject. If the friend continues, the client will, as an alternative response, repeat the phrase "I'm sorry, I can't help you," until her friend gives up. A client who agrees to call a friend to invite him or her to dinner can identify, as a backup plan, several other friends he will call if he cannot reach the friend or if the friend is unable to come. For example, Ricardo agreed to call George, a friend, after work to invite him to go to a movie the next evening. At the agreed-upon time, Ricardo dutifully called George—but when he heard a busy signal, he hung up the telephone and did not try again. Had Ricardo and his therapist developed a backup plan—either waiting 10 minutes and trying George again, or calling George later in the evening, or calling another friend—Ricardo might have completed his homework assignment. Alternative backup plans can include soliciting help from significant others who agree to assist clients (either by providing support or helping them solve homework obstacles) when the clients have problems starting or completing the homework assignment.

Second, taking the time to anticipate homework obstacles and to plan for them emphasizes homework completion over outcome. Uncompleted homework assignments can reinforce clients' sense of hopelessness about themselves and the treatment, or other problematic beliefs for which they might have sought help in the first place. Julie is a 26-year-old Web site designer who describes herself as "a first-class procrastinator." Julie would sit down at her computer to work, but would soon get up to leaf through magazines or call friends. Recently Julie started working from home, because she thought it would help her focus and get more work done, but she was still falling behind. In addition, Julie has trouble setting limits with her husband, who often calls to ask her to run errands for him; this further interferes with her ability to work. As a homework assignment to help her overcome her work procrastination, Julie agreed to spend 15 minutes each morning working at her computer. However, her therapist did not discuss with Julie possible obstacles that might come up during her 15-minute homework assignment, including how she would handle the inevitable telephone calls from her husband. As a result, the first morning she sat down at her computer, her husband called and she stopped working to go pick up his suit from the dry cleaner. She came to her next session in tears convinced that she was doomed. However, Julie and her therapist learned from this experience and spent the next few sessions working on how she might say no to her husband's requests. In addition, the therapist encouraged Julie to turn off the telephone when she was working. Once this problem was solved, she was able to make good progress and gradually increased the amount of time she was able to work.

Last, through helping clients develop backup plans, therapists model for clients how to troubleshoot solutions to future homework difficulties that may arise. Vince is a 57-year-old

electrician who worked all the time because he believed that he did not deserve to have a good time. As a result, Vince was quite depressed, because he had few friends and little pleasure in his life. Vince and his therapist had been working together for 4 weeks on scheduling pleasurable activities to improve his mood and lower his stress level. Prior to each homework assignment, Vince and his therapist identified possible problems that might arise as he tried to follow through with the agreed-upon pleasurable activity, and together they developed a backup plan. Later in the therapy, Vince arrived at his session beaming. He told his therapist that according to the agreed-upon homework plan, he called a friend to schedule a hike on Saturday, but when he awakened Saturday morning it was raining. Vince and his therapist had not planned for rain, but Vince told his therapist that he quickly came up with an alternative—going to an indoor batting cage with his friend. Vince smiled as he told his therapist that he remembered to run through possible obstacles of this plan, and realized that it was a holiday and that the batting cage might not be open. On his own, Vince then developed a backup plan (calling the indoor batting cage first and, if it was closed, going to a movie). Sure enough, when Vince called the indoor batting cage, he learned that it was closed; he then followed his second backup plan to go to a movie with his buddy. He told his therapist that while he was pleased he had gone out with his friend, he was most pleased that he was able to develop alternative plans and follow through with them, rather than throwing up his hands and feeling sorry for himself.

There are a number of ways to anticipate potential homework problems. Therapists can ask their clients directly, "Do you see any obstacles that would make it hard for you to carry out the assignment?" Therapists can ask clients whether they have tried similar homework assignments in the past and, if so, how they turned out. What problems did they encounter? I recommend therapists watch for clients who qualify their answers with "I think that I can handle that if it happens," or who quickly dismiss the therapists' concerns with "No, there won't be any problem." Tentativeness can mean that clients are uncertain that they can complete a homework assignment but are not able to tell their therapists. In addition to exploring with these clients their tentativeness about the homework assignment, therapists can ask them how they would handle a typical homework problem and see whether the solution is appropriate and doable, given the clients' current level of functioning. Or therapists can ask the clients to rate the likelihood (on a 0–100% scale, where 100% is "absolutely certain") that they will do the homework as agreed. Low numbers alert therapists to potential homework obstacles. Therapists can then explore with these clients why they believe they might not do the homework, and can either alter the homework assignment or plan a different assignment altogether (such as monitoring the problem the clients are not ready to tackle).

Therapists can also use "covert rehearsal" (Beck, 1995) to anticipate potential homework difficulties. In covert rehearsal, a client is asked to imagine going through all the steps involved in completing the homework assignment, talking aloud to the therapist, who listens for potential obstacles. For example, Betsy, a depressed unemployed child care worker who spent her days in bed, agreed to go to a crafts fair. During covert rehearsal, Betsy imagined, out loud, each step of the process of calling to get directions and purchase a ticket. As she imagined reaching for the telephone, she realized that she no longer had the crafts fair flier that had information on how to purchase tickets. Betsy and her therapist then dis-

cussed how she might find the telephone number. In session, Betsy called a friend who she knew might be going to the fair. Not only did Betsy's friend give her the contact information, but she also asked whether they could go to the crafts fair together. Had Betsy not rehearsed her homework assignment beforehand, she might have thrown up her hands and gone back to bed when she could not find the crafts fair flier.

Similarly, therapists can use role plays to anticipate client deficits that might lead to homework problems. Clients may not have the skills and knowledge necessary to complete the homework assignment—or they may have the skills, but may not be able to carry out the homework because they are feeling too anxious, angry, or depressed. Glenn, an instructor at a local community college, sought help with his anger problem. He and his therapist agreed that Glenn would benefit from learning anger management skills. One skill was to monitor his anger and learn to identify when he was in the "green zone" (no anger), "yellow zone" (some irritation but manageable), "orange zone" (moderate anger, manageable with difficulty), or "red zone" (intense anger, likely to result in problems), and then to leave the situation when his anger was in the orange zone. To practice this skill as a homework assignment, Glenn agreed to excuse himself from an upcoming meeting with a difficult coworker if his anger entered the orange zone. Before assigning the homework, Glenn's therapist suggested he role-play the situation with the therapist, who played the role of his coworker. As the role play proceeded, Glenn grew more and more angry, but he did not excuse himself. Soon Glenn was screaming at his therapist, who stopped the role play to remind Glenn that the objective of the role play was for him to practice leaving situations *before* he became angry. Glenn's therapist suggested that he needed more practice in simulated situations before he was ready for this kind of homework assignment, and Glenn agreed.

DEVELOP A CONTINGENCY PLAN

"Contingent" means that something depends on something else, such as when a reinforcer or reward is contingent on whether a desired response is given. For example, getting a treat after dinner (reinforcer) may be contingent on a child's eating her green beans (desired response). In the case of homework, contingencies increase the likelihood that clients will complete the homework as agreed upon.

Typically, homework contingencies take two forms: "incentives" (rewards) and "disincentives" (consequences). Incentives *increase* future homework *compliance*; they include strategies such as praising clients when they complete a homework assignment or asking them to treat themselves to a movie after they complete it. Similarly, therapists can rebate a portion of the therapy fee contingent on clients' completing the agreed-upon homework. Or clients can earn extra free therapy time, more telephone contact with their therapist, or more say-so in how a therapy session is used. For example, Malcolm and his therapist agreed that they would spend a few minutes each week "schmoozing" before getting down to business. Malcolm liked the idea of earning more schmoozing time contingent on his completing therapy homework, and he seldom failed to complete an assignment. Similarly, children can earn points that they redeem for gifts and prizes from their therapists or parents.

Disincentives *decrease* future homework *noncompliance*; they include strategies that limit or withdraw something clients find pleasing, such as chatting with their therapists for 5 or 10 minutes at the beginning of the session (for clients who find this rewarding). Other examples of disincentives or consequences for homework noncompliance include therapists' asking clients for a therapy deposit, which is debited by 10% when homework is not completed; shortening therapy sessions by an agreed-upon amount (10 minutes) if homework is not done; or deferring the next therapy session until the client completes the agreed-upon homework assignment. Also, therapists can ask clients to make contributions to their least favorite charity or to complete a particularly unpleasant task if they fail to complete their homework. For example, a couple negotiated with their therapist that if one partner failed to do the homework, that person would complete a particularly noxious household chore the next week. Homework noncompliance was never a problem, as each partner scrambled to avoid taking out the garbage, cleaning the oven, or scooping out the cat box. In fact, with this couple, household duties were an ongoing source of dispute and rancor, which the contingencies indirectly improved. A particularly helpful consequence for homework noncompliance is to inform a client that when a homework assignment is not completed, the therapist and client will focus the next session exclusively on troubleshooting what went wrong and how to overcome future problems with homework compliance. Clients who tend to use their therapy sessions to vent or chat with their therapists and find this time rewarding are often helped by this homework disincentive.

Generally, as therapists, we tend to be more comfortable giving incentives to our clients when they complete homework than we are withholding an incentive or giving a disincentive when they fail to complete it. However, we all operate based on contingencies, both positive and negative. If we fail to pay our electric bills, we receive several warnings, and then our electricity is turned off. If we habitually arrive late to work, our supervisor warns us several times and then withholds our yearly bonus. If our physician tells us to taper our medication because it will make us sick if we stop taking it too quickly, and we go off the medication precipitously, we get sick. However, in spite of the reservations we therapists might have about using disincentives, they can be particularly helpful for clients who have chronic problems completing their homework (see Chapter 9). Because incentives foster motivation, whereas disincentives have the potential to erode it if they are not handled correctly, the use of disincentives should be reserved until later in therapy when the therapeutic alliance is stronger. Therapists can use the following strategies to plan effective incentives (or disincentives) to increase homework compliance.

Solicit Clients' Input to Incentives or Disincentives

I recommend therapists always solicit input from clients when designing homework contingencies and permit them to veto any incentive or disincentive. This is particularly true for disincentives. Clients who have had significant input into developing a consequence for homework noncompliance are more likely to take the consequence seriously. Also, when clients select a consequence, they may feel more in control and therefore less apprehensive of the consequence itself. Therapists who are considering disincentives to improve homework compliance can ask clients directly, "For some people, consequences really help them follow through with difficult tasks. Do you think it's worth talking about using conse-

quences to help you?" If the response is positive, the therapists can solicit the clients' ideas for consequences for homework noncompliance: "In the past, what consequences have helped you complete really difficult tasks?"

Avoid Disincentives for Some Clients

For some clients, using disincentives is a bad idea, even if the clients want them. For example, most depressed clients are very good at punishing themselves but not so great at rewarding themselves, and disincentives can reinforce this self-punitive cycle. Jamal was a 47-year-old depressed real estate agent who entered therapy because his coworkers were telling him that he was difficult to be around. Jamal was highly self-critical. He believed that being hard on himself was the only thing that kept him going and helped him to succeed. Jamal came to therapy regularly, but had trouble completing many of the homework assignments he agreed to do. Jamal and his therapist considered several ways to improve his compliance, including that Jamal reward himself for completing the homework assignment (or any piece of the assignment). Jamal, however, thought this a silly idea, and proposed instead that he give himself a consequence when he failed to complete the homework assignment. Jamal told the therapist that pushing himself in this way tended to make him do things. The therapist thought that such consequences were a particularly bad idea for Jamal, however, as they would be likely to reinforce the self-critical cycle and get in the way of Jamal's testing this assumption that pushing or punishing himself was the only way to motivate himself (see Chapter 8). Instead, the therapist suggested that Jamal try rewarding himself when he completed homework. They developed a list of self-rewards Jamal could use, and agreed on a way he could monitor when and how he used them.

Similarly, Alan's parents described him as an angry and depressed 15-year-old who was "out of control." Alan's parents were highly critical and tended either to lecture Alan or to give him unreasonable consequences for even the slightest misbehavior. For example, Alan was grounded for 2 weeks when he told his parents in a calm voice to stop shouting at him. The therapist reasoned that consequences for not doing homework would be likely to reinforce the adolescent's feelings of anger and hopelessness, and therefore avoided them—even though Alan and his parents thought it might be a good idea. Instead, the therapist emphasized homework rewards and trained Alan to reward himself. In addition, the therapist met with Alan's parents and explained to them the value of rewarding Alan when he did something they liked, rather than lecturing or punishing him when he acted in a way that troubled them. Rewards worked much better with Alan, and soon he was completing most of his homework assignments. The situation at home improved, too, as Alan's parents learned that he responded very well to small rewards and praise.

I encourage therapists to work carefully with their clients to select disincentives that are meaningful but not too aversive. For example, Nora was the director of a not-for-profit organization that rescued stray cats and dogs. She and her therapist discussed possible homework disincentives. Nora had become depressed following the birth of her third child, and was also discouraged by the difficulties her organization was having in keeping afloat. Nora and her therapist discussed disincentives for poor homework compliance. Nora

thought that a disincentive might help, and she suggested that she write a check for $10 to another local animal-related charity when she failed to complete her homework assignment. Nora's therapist wondered aloud, however, whether it made sense that Nora should "punish" herself for not doing her therapy homework by rewarding a cause similar to her own group's. The therapist suggested, instead, that Nora write a $10 check to one of her *least* favorite charities, such as a national gun lobby or one of the lobbies supporting nonenvironmental causes. Nora reluctantly agreed and seldom failed to complete her homework assignment.

Similarly, decreasing the amount of contact clients have with their therapists is a meaningful disincentive only when clients find contact with them rewarding. Some clients have lower affiliation needs than others and may find less contact with their therapists an incentive rather than a disincentive. However, if as a therapist you are considering decreasing the amount of your contact with a client as a disincentive, do not withhold or delay therapy sessions if the client is suicidal or at risk in other ways. Instead, consider other disincentives or focus the session exclusively on the high-risk behavior (Linehan, 1993a).

Give Clients a Warning

Once you and a client have devised and agreed to disincentives, use the first incident of homework noncompliance as an opportunity to clarify and review the homework assignment. The guidelines outlined in Chapter 3 can help structure this review. Ensure that the client has understood the rationale of the homework assignment, as well as the consequences for homework noncompliance. If it is clear that the client has understood the homework and has the skills and knowledge to implement it, gently remind him or her of the consequences of future homework noncompliance: "We've set up a consequence for you if this happens again. Should we agree to use it if you don't complete the homework assignment this coming week?"

WRITE A PRECISE SET OF HOMEWORK INSTRUCTIONS

Many clients will be able to remember the details of a homework assignment and follow through with what they have agreed to do. However, there are a number of good reasons for therapists to set aside time in session to develop written homework instructions. First, written homework instructions serve as records for both clients and therapists of the details of the homework assignment. Therapists can refer clients to their written homework instructions if the clients call to complain that the homework was not clear or that they do not remember certain details, or during scheduled telephone check-ins. Also, written homework instructions that describe in explicit detail what the client has agreed to do can circumvent disagreements that erode the therapeutic alliance. Second, written instructions represent a public statement of a client's intention to comply with the homework, much like a written contract. Although such public statements do not guarantee that clients will complete the assigned homework, many clients find that such formal agreements increase their commitment to try. When clients fail to complete homework assignments, the written in-

structions provide a useful starting point for therapists to discuss with clients the problems that arose in undertaking the homework assignment, including the clients' level of motivation or other client factors (see Chapter 9). Last, concrete, explicit, and written homework instructions step both client and therapist through the main elements of a successful homework assignment and provide a check that all elements have been considered and included. I present here a filled-in version of a form that incorporates the "ABCDE" for written homework instructions (see Figure 2.4); this is a modification of the format proposed by Shelton and Ackerman (1974). The ABCDE of homework puts together several of the guidelines presented previously.

- Action. This word reminds clients exactly what they (and others involved in the homework assignment) *will do* (read, practice, say, observe) to complete the homework assignment and *how often* they will do it: "Call Joyce once this week and invite her to the movies on Saturday," "Say hello to three strangers this week on my walk to work in the morning," "Write a list of three things that Bill says or does when I tell him tomorrow that I don't want to work this weekend."
- Bring. This word is self-explanatory; it tells clients what to bring to the next session: " . . . a completed Activity Schedule Form," " . . . a written list of four situations that make me anxious," " . . . the want ads from the Wednesday morning newspaper." A therapist can ask a client to bring anything to a session—such as the client's spouse/partner, the self-help book the client agreed to purchase, or the telephone number of the client's physician.
- Chart. This word reminds clients to record the results of the homework assignment (which can include a record of what happened or what was learned), and reminds them how to do it. For example, therapists can provide clients with blank forms, checklists, or graphs that they complete and bring to the next session. Chart statements can take many forms: "Complete s mood log each day and enter the total on my mood graph," "Use a golf stroke counter to count the number of times each day I think or use the word 'should,' and record this number on a piece of graph paper," "Record on the Prediction Testing Form what George says to me after I speak about myself for 2 minutes."
- Do/Don't. This directive describes what will happen when clients *do* (reward) or *don't* do (consequence) the homework assignment. Do/Don't statements can include praise (e.g., "Tell myself I did a good job," "Go to my wife and tell her I completed my assignment, so that she can congratulate me as she agreed to do") or more tangible rewards (e.g., "Treat Joyce and me to a box of popcorn at the movies," "Put $25 in my vacation fund"). Consequences might include "Deduct 10% of my homework deposit if I do not complete the assignment," "If the homework is not completed, Dr. Smith and I will focus exclusively in our next session on what went wrong."
- Extra. This word describes what clients will do if they encounter problems completing the homework assignment. This is the homework backup plan (see "Anticipate Obstacles and Develop a Backup Plan," above). Because potential problems cannot always be anticipated, it is helpful to specify what clients will do if they are unable to complete the homework assignment. Backup plans can cover alterations in the homework assignment, such as "If Joyce can't go to the movie or I can't reach her, try calling Bobbi, then Doreen, and then Sue." Or "If I call Joyce and she doesn't want to go to the movies on Saturday, ask her if she would like to go to dinner or to lunch the next day."

Rx WRITTEN HOMEWORK INSTRUCTIONS FORM (ADULT)

Date: 11/22

Instructions: Describe the specifics of your homework assignment in the spaces below.

Action (what you will do and how often you will do it)	Call Joyce once this week and invite her to the movies on Saturday.
Bring (what you will bring to next session)	Bring my completed Activity Schedule Form.
Chart (how you will record the results of homework)	Rate my mood when at the movie and record this on my Activity Schedule Form.
Do/Don't (what will happen if you do or don't do the homework)	Treat Joyce and me to a box of popcorn at the movies.
Extra (what you will do if you encounter problems)	If Joyce can't go to the movie or I can't reach her, try calling Bobbi, then Doreen, and then Sue. If I can't reach any of these people or then can't go to the movie, call Dr. Jones to brainstorm other ideas.

FIGURE 2.4. Joyce's Written Homework Instructions Form (Adult).

In this chapter, I have described nine guidelines therapists can follow when setting up homework assignments and securing compliance with them: Work collaboratively; make homework a no-lose proposition; make homework concrete and specific; review the homework rationale and secure a commitment to comply; start small; agree to a method of recording; anticipate obstacles and develop a backup plan; develop a contingency plan; and write a precise set of homework instructions. These guidelines increase the likelihood not only that clients *can* carry out homework assignments, but that they *will* carry them out. In the next chapter, I present five guidelines for reviewing homework assignments. These guidelines can help clients benefit from every homework assignment that they try, as well as increase the likelihood that they will try other homework assignments in the future.

CHAPTER 3

Step 3: Review the Homework Assignment

> If a man will begin with certainties, he shall end in doubts; but if he will be content to begin with doubts, he shall end in certainties.
>
> —FRANCIS BACON

John is an experienced therapist who has been treating Lucy for depression following her divorce from her second husband. John likes to assign therapy homework and has reviewed it consistently. He also likes Lucy and is a take-charge kind of guy who earnestly wants to help her. When Lucy runs into problems with a homework assignment, John tells her what to do next time, without soliciting any feedback from Lucy. At first Lucy was trying all her homework assignments, and John was pleased with her progress. Today, however, John is frustrated with Lucy. Lucy has not tried the last three homework assignments he assigned, and today she is shrugging her shoulders as John explains to her what she might try next time. When John checks with Lucy about her apparent lack of enthusiasm, she says, "I know the homework assignments are supposed to help me, but they feel more like your assignments than mine." Perhaps if John had solicited more of Lucy's ideas when reviewing her homework assignments, he would have a more active and engaged client. Perhaps if he had been more curious, rather than certain about what would improve a homework assignment, he would have a client who felt that she owned her homework and her therapy.

Homework review is a critical task. Most of the work of managing homework compliance occurs during the few minutes that therapists take to review homework. In general, therapists make two mistakes when the time comes to review therapy homework: Either they do not review the homework at all, or they do not review it effectively. Both mistakes

hinder the willingness of clients to try more homework, interfere with their ability to learn what the homework was designed to teach them, or both.

Therapists who do not review homework at all send the message that homework is not important. Not surprisingly, some clients stop doing it. Other clients feel demoralized or angry when their therapists fail to review their homework, thinking that if their therapists really believed they could do the homework, they would have asked about it. Still other clients doubt whether their therapists care about them, because the therapists have not taken an active interest in the homework they assigned. In addition, therapists who assign homework but do not review it can give clients the impression that they are careless, ineffectual, or disorganized. When therapists ask their clients to remind them of the homework assignment, or state at the end of the session, "Oh, we didn't talk about your homework, did we?", their clients can lose faith in them and drop out of therapy.

Therapists who do review homework with clients, but say little about it, can also give the message that homework is not important. Therapists who do not ask for details about homework, but quickly shift to another topic, can expect their clients soon to give up trying homework or even to resist it in the future. Similarly, therapists who are even mildly critical about their clients' efforts at homework ("Let's see if you did your homework") can expect homework problems to arise.

Other benefits come to therapists who review homework. First, therapists who listen to how their clients succeeded or failed at their homework learn something important about their clients that can influence their treatment. For example, a client who avoids beginning homework, because he believes he cannot start until he has the time to do it perfectly, can have similar problems starting and completing projects in his life. In fact, this may be the exact problem for which he has sought help. With this information, the therapist may help the client develop strategies to improve his ability to start and complete his therapy homework, which then can be applied (through other homework assignments) to improve his ability to start and finish other tasks—such as filing his income taxes or cleaning his apartment. Second, a thoughtful review of homework can lead to a focus for the therapy session. When a client says, "I finished my homework, but it would have been a little easier if my husband had not been home," her therapist can ask her whether it would be helpful (after they have reviewed the homework) to focus today's session on the situation with her husband; the client's comment has thereby identified a potentially useful area of work.

As in earlier chapters, I assume here that many of the difficulties that arise during homework reviews can be prevented or corrected by minimizing therapist errors, regardless of clients' particular psychological difficulties. At times, however, no matter how closely therapists follow the guidelines presented here, they will encounter difficulties when reviewing homework that are largely due to the clients' psychological problems. These issues will be addressed directly in Chapter 9.

In this chapter, I present the five C's of reviewing homework: Be consistent; be curious; be complimentary; be careful; and consider reassigning homework after troubleshooting problems (see Table 3.1). In general, these guidelines focus on therapists' manner when reviewing homework, with the goal of helping clients learn the most from each and every homework assignment, while at the same time increasing their willingness to try other homework assignments in the future (Tompkins, 2003).

TABLE 3.1. The Five C's of Reviewing Homework Assignments

- Be consistent.
- Be curious.
- Be complimentary.
- Be careful.
- Consider reassigning homework after troubleshooting problems.

BE CONSISTENT

I can think of only two situations when therapists should postpone reviewing psychotherapy homework. First, at times clients' symptoms can be so extreme that it is impossible for them to focus on a structured task like homework review. Manic clients may not be able to review homework because their thinking is too disorganized, or children with serious attention deficits may not be able to sit still through the process. Second, it is not safe or sensible to review homework when clients are reporting a current or imminent emergency. Therapists must focus their attention on preventing a suicidal client from killing himself, or on finding a safe living situation for a client who is being physically abused by her spouse/partner.

At all other times, though it may be difficult, I recommend that therapists review the homework before moving to any other significant piece of work in the session. I have reviewed homework with many clients who told me that they could not do this because they were too anxious or too depressed, but they did it and benefited from it. For example, Jackie, a 34-year-old dental hygienist, sought help for panic attacks that began a few months after the birth of her first child. I had been working with Jackie for several weeks when she came to session breathless and in a panic. When I suggested that we begin our session by reviewing the self-monitoring homework she had agreed to do, she blurted out that she could not because she was too anxious, and that looking at her self-monitoring forms would "freak me out" and trigger a panic attack. I reassured Jackie that if she was going to have a panic attack, the best place for it to happen was in my office. This got Jackie's attention, and I then asked her to rate the likelihood that if we reviewed her homework, she would have a panic attack. Jackie rated the likelihood as 70%. We then went ahead and reviewed her self-monitoring forms. At first Jackie was quite anxious, but as we discussed the information she had entered on her self-monitoring homework form, she became noticeably less anxious.

At the end of our homework review, I asked Jackie about her decreased anxiety and what, if anything, she had learned from our homework review. Jackie told me, "At first, I was really angry with you, because you insisted we review my homework. But as we got into it, I realized this was really helping me. When I looked at the self-monitoring homework forms, I could see that I had felt panicky earlier in the week and nothing bad had happened. This kind of helped me step back a little and look at what was going on with me now, which relaxed me a little. Then I felt a little embarrassed." When I asked Jackie about this, she said that about halfway through the homework review she realized that she was not going to have a panic attack, and that the 70% she predicted was much too high.

Jackie's realization led us to a useful discussion of her tendency to overestimate the likelihood of bad things' happening, including panic attacks, and how this tendency could lead to panic attacks and anxiousness in general.

For some clients, an indirect question may be enough: "Shall we take a look at your homework assignment from last week?" or "What stands out in your mind from this homework assignment?" For clients who need more direct prompting, therapists can ask, "We agreed last week that you would call Bonnie to invite her to go to a movie with you. How did it go?" For clients who tend to wander, therapists can gently summarize what was said and then redirect them to a review of the homework assignment: "Kathy, I hear you saying that it's been a rough week. Your husband has been out of town, and you've had to take care of the kids all by yourself, which made you feel more depressed than usual. This sounds important, and I want to get to it—so how about if we review your homework first and see what we can learn that might help you handle what's going on a bit better? Would that be okay?"

Homework review can be brief or can take up most or all of a session. The therapist and client can spend the time discussing what was learned in the homework, and/or what problems arose in the homework plan and how they can be solved so that the client can try the homework again. As part of the homework review, I recommend that the therapist and client examine the homework form used to monitor homework compliance (see Chapter 2).

THERAPIST: Okay, Dan, how about if we review your homework from last week? You were going to monitor your mood, using this form we designed. Let's take a look at the form and see what we can learn. Would that be okay?

CLIENT: Sure. (*Hands the form to the therapist.*)

THERAPIST: Thanks, Dan. Good job in completing the homework. I particularly like the careful way you completed it. I bet we'll learn something from this. First, did you make any changes to your homework assignment?

CLIENT: Yeah, I was going to mention that. I wasn't able to complete it much when I was at work.

THERAPIST: (*Looks at the form.*) I see what you mean. You completed it before and after work and on the weekends, but didn't get anything down on the form while you were at work. I bet there is a good reason for this. Was it that you were not feeling depressed or down at work?

CLIENT: Oh, no. I was down quite a bit.

THERAPIST: So why was it more difficult to record your mood at work?

CLIENT: I guess I was too busy.

THERAPIST: I'm certain you are busy at work. That does complicate matters. I notice, though, that around lunchtime on Tuesday, you completed the form. You were at work then, right?

CLIENT: Yes. I went out to my car and sat there and ate my lunch. I went ahead and wrote something down then.

THERAPIST: That's terrific. That tells me that you want to do the self-monitoring homework so you can get a better handle on your depression, but that recording consis-

tently at work is a problem. However, you do get depressed at work, and so we're missing some data that I think would be helpful. Perhaps we could brainstorm how to make it a bit easier to do this kind of monitoring homework at work. Would that be okay?

CLIENT: Sure.

THERAPIST: Any ideas?

CLIENT: I don't know. I just get so busy sometimes that it's hard for me take the time to sit down and write what triggers the depression and what I'm thinking.

THERAPIST: Now that you mention it, this does sound like a big job. I'm asking you to do the homework and do your job too. Perhaps we need to cut back a bit on the homework to make it more doable at work. Also, it seems like you need a place to get away that's private, and this might be tough at work. Is that true?

CLIENT: Yeah. I don't really have an office, and guys are always coming around looking over the top of my cubicle to shoot the bull. You know what I mean?

THERAPIST: Yes, I think I do. And I'm asking you to write down some pretty personal stuff. I'm thinking we might need to make two changes to your homework so that you can be more successful. First, we need to set up a way to help you remember, and second, we need to find a place you can do this privately. What do you think of that?

CLIENT: Yeah, I think that would help a lot.

THERAPIST: Okay, I'm thinking that there are three times during work that come about the same time every day—morning break, lunch break, and afternoon break. Is that right?

CLIENT: Yep, my shop steward sees that we take our breaks and lunch hour when we're supposed to. He's a maniac about that.

THERAPIST: Great. How about if we use those three times each day to remind you to do your homework? Would that help?

CLIENT: Yeah, but do you think that's enough?

THERAPIST: Yes, Dan, I do think it's enough, and with the monitoring you're doing at home, we'll get plenty of data to help you with your depression. So for this coming week you'll monitor your mood at morning break, lunch break, and afternoon break. Do you agree?

CLIENT: Yes. Sounds good.

THERAPIST: Now how do we get you some privacy during those times?

CLIENT: Maybe I could do what I did last week. I could go to my car during my breaks and lunch hour and do my homework.

THERAPIST: Terrific idea, but I don't want you to take too much time away from your friends at work. You always feel a bit better when you spend time with them. How about if you take no more than 5 minutes at breaks and 10 minutes at lunch to do your homework, and then join the others back in the cafeteria. Would that be okay?

CLIENT: Sure, that should work.

I recommend that therapists ask clients during the review whether they modified the homework assignment in any way, and if so, how and why. Clients change homework assignments for many reasons. Anxious clients may modify a homework assignment because they are too anxious to try what they agreed to do. When therapists discover this, they can address such avoidance—either by altering the homework assignment so that the clients can complete it as described, or by targeting homework avoidance with other therapeutic strategies or other homework assignments (see Chapter 8).

For example, Luke is a 24-year-old medical transcriptionist with "shy bladder syndrome," a specific form of social anxiety. When he tries to use a public toilet or urinal, he fears that other men in the toilet will think he's weird if he does not urinate quickly and leave. This expectation causes Luke to feel self-conscious and anxious, which inhibits his ability to urinate easily. The problem has become so severe that he has difficulty urinating at his apartment, which he shares with two male roommates. Luke agreed to a series of graded homework assignments designed to desensitize him to these anxiety-evoking situations and, over time, make it easier for him to urinate in public toilets. Luke and his therapist decided that he would first try sitting in a toilet stall for 5 minutes without urinating, and would whistle a tune to call attention to the fact that he was there and not urinating. When Luke returned the following week, his therapist asked him whether he completed his homework assignment and he said that he had. The therapist then asked Luke whether he had made any changes to his homework assignment that might be useful for the therapist to know. Luke sheepishly told the therapist that he had whistled as agreed upon, but had whistled very softly, so that it was not likely anyone had heard him. After the therapist discovered this, he modified future homework assignments to make them a bit less anxiety-evoking. However, even with this change, Luke continued to have trouble completing his homework assignments, which led his therapist to address Luke's avoidance directly with other therapeutic strategies—in this case, thought records to identify his anxious thoughts about homework itself. Had the therapist not asked specifically about the change Luke made to his homework, the therapist and Luke might have continued down this unproductive path for some time.

Other clients will modify a homework assignment to match their present skill level better (e.g., they tried the original assignment and found that they were not as good at it as they anticipated); to accommodate a change in the situation (e.g., they called someone else because the person they called was not home); or to work around an unanticipated external factor (e.g., they practiced the homework assignment with another person rather than the originally chosen person, who was unsupportive). For example, Beth was a worrier who tended to avoid being assertive with her boss and coworkers, because she feared that she would be harshly criticized or even fired. She agreed to a homework assignment to discuss with her supervisor a salary raise during her performance review that week. However, when her supervisor rescheduled Beth's review because he had to attend an unexpected off-site meeting, Beth changed the homework assignment and assertively negotiated with him a time the following day for her performance review. This was an excellent outcome, and Beth's therapist praised her resourcefulness. I recommend therapists pay attention to the changes their clients make to their homework assignments. Changes can say something about the difficulty of an assignment, its relevance to a client's treatment goals, or the quality of the therapeutic alliance.

Still other clients will change homework to make it a bit more challenging or to fit the situation better. Jennifer, a 27-year-old computer programmer with social phobia who worried excessively that her coworkers would think she was incompetent, agreed to a homework assignment to test this assumption (see Chapter 8). Jennifer's homework was to send an e-mail with a single typographical error to three of her coworkers. She rated the difficulty of this task as a 6 on a 0–10 scale (where 10 was "extreme difficulty"). Jennifer tried the task twice and found it to be easier than she predicted (not an uncommon finding for anxious clients), so she changed her homework assignment to include three typos rather than one on a report she was completing for a coworker. Knowing that Jennifer had made this change to her homework assignment benefited her and her therapist in two ways. First, Jennifer's therapist praised her initiative and courage, which increased her willingness to try similar homework assignments in the future. Second, her therapist used this change to the homework to teach Jennifer an important point: Anxious people tend to overestimate the difficulty of tasks, largely due to their anxiety. With this new information, Jennifer was more willing to try more difficult homework assignments, because she understood that they could seem more difficult than they really were.

Similarly, I recommend that therapists ask clients whether they did any homework in addition to what was assigned—and if so, why, what the additional homework looked like, and what they discovered from the additional assignment. If the additional homework was appropriate and helpful, I recommend the therapists praise the clients and encourage them to include more of this kind of homework in future assignments. If the homework was not appropriate or helpful, I recommend the therapists discuss with the clients why they opted to try a homework assignment they had not discussed beforehand with the therapists.

BE CURIOUS

I encourage therapists to be curious when reviewing homework, particularly if clients have failed to complete the homework or have completed it incorrectly. Curiosity rather than certainty helps a therapist avoid misunderstandings and consider a client's explanation more openly. This attitude also minimizes the chances that clients will feel criticized or put down. Clients always have more information about what contributed to an unsuccessful homework assignment than their therapists, and a curious stance validates this fact. Taking this approach also encourages clients to ask themselves questions about their homework, including what got in the way of completing their homework. Last (and perhaps most importantly), when therapists muse with clients about why homework was not done, they shift the responsibility for solving homework compliance problems to clients. Overresponsible therapists can too quickly direct their clients, "Try this next time," while curious therapists probe, "Tell me what you might try next time."

I suggest a stance of "not knowing" when therapists are reviewing homework. This is not an easy stance for many of us therapists to take, particularly when we think we know what is in the best interest of our clients. Not knowing, then, is an earnest and nonjudgmental attempt to be open to all explanations a client may offer for why he or she failed to complete a particular homework assignment on a particular day. When therapists

allow themselves to be surprised, they often discover something about their clients that they did not know. The following interaction illustrates a therapist's curiously reviewing with a client her reasons for not completing the assigned homework.

THERAPIST: Okay, Margo, let's take a look at your homework. You were going to send your resumé to three job prospects we circled in the want ads last week. How did it go?

CLIENT: I'm really sorry. I forgot. It didn't occur to me until just now, when you mentioned it.

THERAPIST: Oh, that's too bad. I know you were excited about the homework when you left the session. What do you think got in the way of you remembering your homework?

CLIENT: What? I just forgot. You know me. I'd forget my head if it wasn't attached to my shoulders.

THERAPIST: Actually, I know you to be someone who forgets things from time to time, like all of us. But I also know you to be someone who remembers things that are important to you. This is what puzzles me. You never forget our appointments, even when I've had to move our meeting time around. And you never write down the appointment times. So you see, this puzzles me. How do you remember our appointment times?

CLIENT: Well, I don't know. I just remember our appointments.

THERAPIST: And you remember the birthdays of your family and friends. You've told me they think you're amazing when it comes to remembering things like that. So, can you see why I'm puzzled that you would forget your homework, although I believe you did? What do you make of that?

CLIENT: I don't know. You tell me.

THERAPIST: Well, I don't know, either. But I'm not the expert about you, really. You're the expert about you. What do you think?

CLIENT: Well, maybe sending out resumés just isn't what I want to do.

THERAPIST: I bet you're right, and this is very important information. I'm sorry I missed this. How is it that this slipped by me?

CLIENT: I don't know. Maybe you didn't ask.

THERAPIST: You know, you're right. I didn't check with you whether this homework assignment was something you wanted to do. I'm thinking I might drop the ball like this again. Would you be willing to help me if this happens again?

CLIENT: Sure. What do you want me to do?

THERAPIST: I'm curious about your ideas. Any ideas?

CLIENT: Well, I guess I could tell you.

THERAPIST: Yes. Do you think that might help?

CLIENT: Yes, but that's really hard for me. I don't always know whether I want to do something or not.

THERAPIST: Yes. I know that's true about you. Perhaps you have an idea of what you could do if we're discussing a homework assignment, and you're not sure whether the homework assignment is something you want to do or not?

CLIENT: Maybe I could tell you that I'm not sure.

THERAPIST: Yes. That would help me. Would that help you?

CLIENT: Yes. I think it would.

I recommend that therapists begin reviewing homework, particularly early in treatment, by reminding clients that the homework was set up as a no-lose proposition (see Chapter 2). The therapists can say, "We learn something from every homework assignment. We learn something from homework assignments that are tried but not completed and from homework assignments that are set up but not tried. Are you curious about what we can learn from this homework assignment?" This approach encourages clients to report their homework efforts honestly, while minimizing the likelihood that they will be blamed or discouraged if they fail to complete the homework.

BE COMPLIMENTARY

I advise therapists to compliment clients for any effort (no matter how small) they make to complete the assigned homework—whether the homework was done correctly or not, or whether the outcome was successful or not. This is particularly important early in treatment, when clients are easily discouraged and before therapists understand their clients' limitations. A therapist can praise a depressed client for calling a friend even though she gave up when her friend was not home, then troubleshoot how she can complete a similar homework assignment if a problem like this arises again. Praising clients' attempts at homework moves them a step closer to completing a similar homework assignment next time, as well as other assignments in the future.

As a therapist, you will find it helpful to reward any prohomework behavior in session. When clients say, "I thought about what I learned from the homework on my drive here today," or "Perhaps I could try a little tougher exposure assignment this week," nod, smile, and praise them. When clients offer to show you their homework forms or suggest some change to a homework assignment without being asked, praise their courage and willingness to work hard to reach their goals. Remember, therapist reinforcement is meaningful to clients who value the therapeutic relationship and think positively of their therapists. In addition, teach clients to reward their own small steps. Encourage them to reward themselves with small treats (ice cream, going to a movie) or with self-praise ("I did what I agreed to do. I was anxious but I did it. Good job").

When clients attempt the homework and some part of it was successful, focus on that part and praise their efforts: "Although we agreed that you would walk 5 minutes 3 days this week, you walked 5 minutes 1 day. Congratulations for walking 5 minutes that 1 day." Then negotiate with the client modifications to the homework assignment so that he or she can do a bit more next time, and reassign it: "Now let's take a look at how we can help you meet your goal of 5 minutes each day. What do you say?" However, if a client continues to

fail to complete homework assignments, consider breaking future assignments into smaller, more doable pieces. In that way, the client can be reinforced for completing the entire homework assignment, even if it is smaller.

However, although I recommend that therapists reinforce approximations to the desired homework, I encourage them to emphasize homework completion. If therapists are not careful, clients can interpret efforts to shape approximations to the desired homework to mean that their therapists accept incomplete homework. The goal of rewarding small steps is to have clients *always* complete their homework assignments consistently and as agreed upon. At times, this may mean that a therapist must rework a homework assignment so that it can be completed consistently. A client who agreed to walk 10 minutes three times each week as his homework assignment reports that he walked 10 minutes twice that week, and that on the third day he walked 4 minutes. The therapist could average the client's output (8 minutes per day) and reassign the homework with the new goal of 8 minutes per day. The therapist then encourages the client to work up to 10 minutes three times each week from there.

Conversely, therapists may want to work toward consistent homework compliance before assigning more challenging homework. In this way, clients are reinforced for doing what they agreed to do, rather than having their homework modified according to how they feel. Exposure homework is a good example. Here, clients are asked to approach anxiety-evoking objects or situations. They begin with the easiest challenges and work their way up to more difficult ones. Often clients will try a homework exposure a few times over the course of the week rather than daily, as therapists would typically request. When the time between exposures is too long, clients find each exposure to be as difficult as the one before, thereby increasing the likelihood that they will discontinue their exposure homework before learning or habituation has occurred. A better alternative is to assign exposure homework that is less difficult and thereby easier for clients to complete consistently. This is particularly true early in treatment, when clients are more tentative about exposure homework and have not learned that homework like this becomes easier with consistent practice.

When therapists notice that clients continue agreeing to try homework assignments but continue failing to complete them, I advise getting this issue out on the table to discuss directly (see "Be Careful," below; see also Chapter 9).

I recommend that therapists organize their clinical notes to prompt them to review homework. I myself include a section at the beginning of each clinical note for homework review and abbreviate it "HWR." At the end of the note, I include a section for the homework assignment the client has agreed to do and abbreviate it "HW." In the homework review section, I document whether it was tried, to what degree the client completed the homework assignment, and any problems that arose. Therapists can use a simple scale (0–10, where 10 is "completed as agreed upon") or some index from the homework itself—for example, "Agreed to call a friend this week," or "Agreed to include typos in two e-mails sent every day. Twice completed homework as agreed upon. Once sent e-mail with one typo." In this way, I can glance at the clinical note and see how clients are complying with homework in general, and the problems they are having with homework assignments. In addition to clinical notes, homework forms can include a section for rating quality and degree of completeness (see Figure 3.1).

Rx HOMEWORK PRESCRIPTION QUALITY FORM (ADULT)

Instructions: Describe the specifics of your homework assignment and then rate the difficulty of the homework assignment (0–10, where 10 is "extremely difficult") and your confidence (0–10, where 10 is "extremely confident") that you will be able to complete the homework assignment as it is described. After you have completed the homework assignment, the therapist will rate the percent completed (0–100%) and the quality (0–10, where 10 is "excellent quality") of the completed assignment.

	Description
What will I do?	Include two typos in two e-mails.
When will I do it?	During the week.
Where will I do it?	At work.
With whom will I do it?	
How often will I do it?	Three times.
How long will I do it?	
	To be completed by client
Difficulty rating (0–10)	5
Confidence rating (0–10)	7
	To be completed by therapist
Degree completed (0–100%)	90%
Quality (0–10)	10

I have read and understood the homework assignment above, and I have had my questions answered to my satisfaction. By my signature, I accept, understand, and agree to do the homework assignment as described above.

Signature of client: Julia Robertson Date: 4/23/99

FIGURE 3.1. Julia's Homework Prescription Quality Form (Adult).

BE CAREFUL

As a therapist, take care in how you respond during discussions of past or future homework assignments. When clients make genuine efforts to complete homework (regardless of how small or unsuccessful these are), nod, smile, and praise them, as described above. However, avoid reinforcing homework noncompliance. Avoid saying, "That's okay," "No problem," or "No big deal," when it's not okay, or "Better luck next time," when luck had nothing to do with it. When clients do complete homework assignments, congratulate them and chat (if this is reinforcing to them) for a few minutes to reinforce homework compliance. Take care that the praise is appropriate to the effort and is not overblown.

When clients fail to do homework, respond in a neutral, curious manner, and focus on identifying problems that may have contributed to homework noncompliance: "Did we make the homework too difficult?" "Were the homework instructions unclear?" "Did some unanticipated problem arise?" If the homework was not completed (or even tried), I suggest setting aside some time—or even the entire session—to review why the homework was not done. Once again, I recommend you take the stance of someone who is curious and puzzled by this turn of events.

I recommend that therapists take responsibility for the first act of homework noncompliance. Since we all make mistakes, it is best for therapists to assume responsibility the first time around. The first occurrence of homework noncompliance does not mean that clients are resisting homework, nor does it mean that they are unmotivated to work in therapy. A careful therapist waits to see what unfolds. In addition, taking responsibility for the first act of homework noncompliance models for clients that both making mistakes and admitting them are okay; this sets the stage for an open and collaborative discussion of future homework problems, should they arise. Even if a therapist later learns that this first act of homework noncompliance was the first in a pattern of noncompliance, what harm has it done to give the client the benefit of the doubt? The therapist can say, for example, "I'm sorry to hear that you were not able to read the first three chapters of the book I gave you. I think I dropped the ball here. I didn't check to see how busy you were going to be this week. I could have done a better job of breaking the reading assignment into more manageable bites for you. How about if we back up and take a look at what needs to change about this homework assignment and have you take another run at it? Would that be okay?"

However, if clients continue failing to complete homework assignments, I recommend that therapists warn them about the consequences of persistent homework noncompliance. Therapists might begin with words of encouragement and then remind clients that their problems are not likely to improve quickly if they do not complete their homework. If this fails, therapists can remind clients of the consequences they agreed to give themselves if they continued to fail to complete the homework.

THERAPIST: Mike, I've noticed that you haven't completed your homework assignments the last few times, in spite of our best efforts to design homework that is doable. Have you noticed that, too?

CLIENT: Yeah. I'm sorry about that. Sometimes, I just can't bring myself to try the homework, even though deep down I want to.

THERAPIST: I believe you want to be successful, Mike. And I believe you want to get better. I'm thinking it might be time to try using the consequence we set up several weeks ago in case we ran into problems. Do you remember? You agreed to write a $100 check to your favorite charity. Is it time to try this?

CLIENT: Yeah, probably. But I'm not too keen about writing $100 checks, even to good causes.

THERAPIST: Yes. I think I understand your reluctance. But tell me Mike, what do you call a consequence that you don't mind getting?

CLIENT: I don't know. I guess it's not a consequence is it?

THERAPIST: No. It's not a consequence, and it's not a reward. It's in that limbo region I'm afraid you're in now. And I fear that if we don't figure out a way to help you complete the homework assignments you agreed to do, you might stay in limbo—never getting worse, but never getting better, either. Is that what you want?

CLIENT: No. You're right. I'm tired of being stuck. Let's give it a try.

CONSIDER REASSIGNING HOMEWORK AFTER TROUBLESHOOTING PROBLEMS

The final step in reviewing homework is to identify any problems that arose when the client tried the homework and, if appropriate, to reassign it. Often clients and therapists learn as much from a failed homework assignment as they do from one that succeeded. To identify problems, a therapist can ask, "If you were to do this homework assignment again, what would you do differently?" or "How about if we go over the homework step by step, to see if we can understand how to make the homework more useful to you next time?" Based on the client's response, the therapist modifies the homework and reassigns it, if appropriate; suggests a different homework assignment; or repeats the homework assignment as specified previously, with a warning about the consequences of continued homework noncompliance.

THERAPIST: Jerry, I know you understand that you're not likely to solve your problems as quickly as you would like unless you do every homework assignment you've agreed to do. Is that right?

CLIENT: Absolutely, and I'm really sorry about this.

THERAPIST: I know you want to get better. You tried the homework, and that's the first step. In fact, you deserve credit for trying, since you told me it was more challenging than you thought it would be.

CLIENT: Yeah, but I think I could have done better.

THERAPIST: I'm very pleased that you see the importance of completing your homework assignments. I agree, it's always better to complete a homework assignment than it is to do a piece of it. That's why we've modified it a bit. I think it's more doable now. Would you agree?

CLIENT: Yes. I really think I can complete it this time.

In this chapter, I have recommended that therapists not only review each and every homework assignment with their clients, but also review it in such a way that clients learn what the homework was intended to teach them and are motivated to try more homework in the future. To that end, I have presented the five C's of reviewing homework: Be consistent; be curious; be complimentary; be careful; and consider reassigning homework after troubleshooting problems.

Reviewing homework is the final key step in successful psychotherapy homework. In conjunction with Step 1: Create a Meaningful Homework Assignment and Step 2: Set Up the Homework Assignment and Secure Compliance with It, therapists now have a model for reviewing homework that increases the likelihood that clients will try to complete it. I advise therapists to follow these key steps when implementing any homework assignment, particularly early in treatment to get homework off to a good start.

The chapters in Part II of the book present how these three key steps are applied to specific types of homework (Chapters 4–8), as well as to the particular needs of certain clinical populations (Chapter 10). In addition, Chapter 9 describes strategies for overcoming common homework obstacles.