



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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HOMEWORK ASSIGNMENTS

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Definition: Activities the patient carries out between sessions, selected together with the therapist, in order to aid progress towards therapy goals.

Elements: The therapist offers a rationale for the homework activity linked to therapy goals (e.g., monitoring low mood and sense of accomplishment may reveal areas to target in behavioral activation), and supports the patient through in-session practice either live or via guided imagery. Therapists may suggest symptom monitoring (e.g., panic/worry/eating diaries) or thoughts (e.g., physiological similarities and differences in fainting and panic in evaluating catastrophic interpretation of dying/ losing control/ going insane, responsibility charts to apportion responsibility to an event triggering depression), or to produce cognitive change by a behavioral intervention (e.g., exposure, interpersonal skills training, behavioral experiments, relaxation/arousal reduction). The therapist asks the patient about thoughts, feelings, physical sensations during homework practice, and difficulties in doing the homework, and may engage in Socratic dialogue to explore how the homework fits with the patient's preferences, values, and beliefs in the change process.

The therapist helps the patient develop a clear and specific plan to complete the selected homework task – the most suitable site, timing, frequency, duration and potential obstacles (e.g., environment, relationships). The patient can give feedback regarding their perceived readiness, confidence and the importance of assignments on a 0-10 (or 0-100) scale; such feedback can enable homework to be adjusted so that it is not overwhelming (e.g., grading its components and/or reducing its frequency). The client may take a written summary of the task home as a reminder, and can keep a learning journal/therapy notebook with session notes and completed homework assignments to reduce the chance of relapse.

At the start of the next session the therapist and patient review what homework was done and when, and specific skills the patient acquired. The therapist praises and encourages any homework done, and discusses unanticipated practical obstacles and the patients' thoughts, feelings, physical sensations and relevant behaviors when engaging in the homework. Many clients think their homework experiences reflect their personal value, the likely outcome of their therapy, or the value of the therapists' work, so exploring these beliefs is important. Where there is non-engagement, the therapist also helps the patient to recognize information learned (e.g., the patient's reevaluation of the homework's worth or difficulty).

Related Procedures: Behavioral activation; client-therapist collaboration; cognitive restructuring; collaborative empiricism; committed action; experiment; role play; Socratic questioning.

Application: Used with individual patients and in groups.

T "What does Larry reply?"

P "I don't know actually. It's hard for me to predict what he would say"

T "So that's going through your mind, that it's hard to predict how he'll respond. As you notice that, what are you feeling?"

P "A bit anxious and that I picked a stupid film to talk about. I might just stop talking.

T "How would you know if he didn't like it?" [Patient and Therapist continue to practise the conversation, problem solving obstacles as they arise]

T "This idea about talking to people about weekends, and about films. Does this fit your understanding of how to strengthen relationships?"

P "It's a good starting point. If I can't start a conversation I'll never have a decent relationship with anyone."

P "How challenging was that for you?"

C "It was difficult, but this is important for my goals, so I'm prepared to try it"

Therapist asks about thoughts, emotions (situational conceptualization)

Socratic dialogue

Patient feedback about task's utility and difficulty