Therapeutic Homework: The Use of Behavioral Assignments in Office Counseling

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Office counseling provides an intensive, short-term opportunity for patients to learn new response patterns and coping skills. Progress is enhanced to the extent that patients experiment with and practice new approaches in real-life situations outside the physician's office. Particularly in a family medicine context, with its associated time constraints, it is important for patients' between-session experience to be orchestrated carefully to solidify or act upon learning from brief counseling sessions. Behavioral assignments and other therapeutic homework are essential tools for the family physician to take advantage of between-session opportunities for patients to learn and change. Examples of therapeutic homework include self-monitoring, lists, narrative accounts, questionnaires, action assignments, and published patient education material. This paper provides theoretical background about therapeutic homework and presents guidelines that should increase the likelihood that behavioral assignments will be understood and carried out in an effective way.

Observers of psychotherapy process and outcome[1,2] emphasize the pivotal role of patients' behavior-change efforts in promoting therapeutic improvement. "Insight" is probably necessary (although this point may be debated[3]) but not sufficient to produce change. Patients need, as well, to learn and practice new response patterns and coping skills to address the multiplicity of problems in living that they present to the family physician.[4] It is argued that people need to experience different ways of living to change in an enduring way. Indeed, patients' efforts to change that result in "disconfirming" or "success" experiences[5,6] can play a powerful role in contradicting their initial negative expectations about themselves, their abilities, and their potential.

The critical role of skills and experiences in producing therapeutic change highlights the importance of patients' coping experiments and efforts in their own life situations, away from the

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physician's office. Much more has been written about the interchange between patients and physicians during therapeutic sessions than about what happens to patients between sessions. Ultimately, however, what happens to patients during the more than 99 percent of their lives when they are away from the physician merits consideration equal to that given to what takes place in the physician's office.

The critical role of between-session experiences, in turn, leads to the recommendation that between-session experience be planned and structured so as to be maximally useful. All therapists have at some time had the experience of conducting a brilliant and illuminating counseling session, only to find that patient continuing at the next session in the "same old pattern" as a result of inadequately planned or structured follow-up.

Counseling progress is enhanced to the extent that patients actively consider therapeutic issues and experiment with new coping strategies throughout interim periods between sessions. Particularly in a family medicine context, with its associated time constraints, it is important for patients' interim experience to be carefully orchestrated to solidify or act upon learning from brief counseling sessions. Behavioral assignments and other therapeutic homework are essential tools for the family physician to take advantage of between-session opportunities in this way. As Brockway observes, "the primary care practitioner . . . uses available treatment time to help the patient develop management plans. The methodology for change is developed in the office, but the actual attempt to change usually takes place outside the office in the 'real world.'"[4]

The use of therapeutic homework is not completely new, nor is it limited to one particular therapeutic orientation. Strategic therapists[3,7,8] for years have been prescribing "directives" intended to call into question entrenched problem patterns and to encourage patients to consider the possibilities of change.

Directives are often used in a straightforward way to promote adaptive patterns. A couple, for example, may be directed to hold periodic meetings with each other to practice communication skills. An emotionally distant father and son may be asked to engage in some task together without other family members. Directives can also be used in a paradoxical way[9,10] to promote positive change by encouraging resistance. A couple working on marital problems, for instance, may be asked to have two days during the upcoming two weeks when they are to fight and be unhappy. A paradoxical directive produces a "no-lose" situation for the physician. Patients may obey the directive, in which case they can perceive problems as being more under their control, since they have been asked to purposely perpetuate them. Alternatively, they may disobey the paradoxical directive, in which case they make direct therapeutic progress.

Among the strategic therapists, the responsibility for choosing a behavioral assignment rests primarily with the therapist. At the other end of the scale, the MacMaster group[11,12] gives the patient primary responsibility for choosing behavioral assignments. After a thorough definition of the problem to be considered, patients are asked simply to identify and commit themselves to some assignment that, if completed, would be likely to produce some positive change in the problem prior to the next counseling session. A compromise position[13] views the decision about therapeutic homework as a mutual and negotiated process between the physician and the patient. The following discussion about the process and content of behavioral assignments in office practice is oriented primarily toward the mutual-negotiated model.

The Process of Assigning Therapeutic Homework

The following several guidelines should increase the likelihood that therapeutic assignments will be understood and carried out in an effective way.

Provide a Rationale

A large volume of literature[14] suggests that patients are much more likely to invest themselves in completing therapeutic tasks when they have some conceptual understanding about the task and how it will be useful to them. A rationale should include some general information about an assignment, such as how a particular technique works and how it has been discovered to be useful in the

past. Patients who are learning progressive muscle relaxation, for instance, may be told about the connection between muscle tension and subjective anxiety and may be told why muscle tension is used to produce relaxation.[15] A rationale should also include why a particular assignment is being given to a particular patient at a particular time. Couples being given therapeutic homework, for instance, should have the impression that the homework is being specially tailored for their situation and needs, rather than being routinely given to them and to everyone else.[16]

In general, a rationale should anticipate and answer the following questions patients may have about behavioral assignments: Why is this assignment important? How will it help me? How will the physician make use of any information that I collect? How does this assignment fit into the "big picture" of problems with which I am dealing?

Choose Appropriate Level of Assignment

The guiding principle is to set up success rather than to choose such a difficult assignment that failure is possible or likely. It is better, particularly initially, to arrange relatively trivial assignments that patients are likely to complete successfully, rather than to propose more important assignments that carry a greater risk of failure. Parents, for instance, may be asked to monitor a certain behavior of their child between 7 and 8 PM in the evening rather than all day long. The information the physician receives will be less complete than information from the entire day, but it is more likely that the parents will be successful in completing the entire task. For the same reason, a depressed man may be asked to make a list of potentially satisfying activities before being asked to do them. Success breeds success: the successful completion of some task typically helps patients feel more in control of their lives and better able to tackle subsequent assignments.

Make Written Assignments Logistically Easy

Patients are more inclined to complete written assignments that are clear, uncomplicated, and minimally demanding. Patients are more likely to collect data on the frequency of some behavior of interest, for instance, than they are to write extended narrative accounts of problem situations. When forms are used, patients should be provided with copies of the forms and given examples of how to fill them out. Forms should also be reasonably accessible and nonobtrusive.[17] A 4-in by 6-in spiral notebook provides a handy place for recording data.[18]

Tailor Assignment for Patient

An accountant may be asked to keep detailed records of his assertive behavior, providing information on date, situation, his feelings and response, and the outcome. An English teacher who has kept a personal journal for many years may be asked to write a narrative account of selected interpersonal experiences. A lawyer may be asked to write a brief specifying the ways in which she might be responsible for difficulties in her marriage and how she might be able to change. An unskilled laborer might be asked to make a check mark in a small notebook each time he "mouths off" to a co-worker and each time he feels like it but handles the situation in some different way.

Get Feedback and Negotiate Assignments

The physician should check out the patient's reactions to the proposed homework and negotiate changes as necessary. Negotiating what is wrong, what assessment and treatment options might be considered, and how much responsibility the patient will assume is an important ingredient in an effective physician-patient working partnership.[19]

Write Down Assignment

Writing down behavioral assignments can help clarify what is being asked of the patient as well as provide a record to which the physician can later refer. Writing selected behavioral assignments (such as suggestions for a program of practicing relaxation skills) on a prescription pad may enhance the legitimacy of certain behavioral techniques as valid medical interventions for some patients.

Involve Family Members

There is increasing literature suggesting that behavioral assignments and treatment programs that are actively supported by the families of patients are more likely to be successful.[20,21] Holding family conferences may be highly desirable to plan a coordinated approach to working on a variety of problems such as chronic illness, serious acute illness, psychosocial problems, and lifestyle problems.[22]

Check for Understanding

It is important to ensure that patients understand what is being asked of them. When in doubt, the physician may ask the patient to repeat back the assignment for the sake of clarity.

Anticipate Difficulties

It is often useful to understand beforehand the contingencies that might interfere with the successful completion of some assignments. A patient may be afraid to be noticed self-monitoring for fear that an embarrassing discussion about a sensitive problem might ensue. Another patient might fear that assertively expressed feelings to a co-worker could only inflame a conflictual situation rather than improving it. It is much better for the physician to know in advance what the patient thinks might interfere with the completion of an assignment rather than to deal with a failed assignment after the fact. A useful question to ask patients is, "What could go wrong with this assignment that might prevent you from completing it?"

Supervise Patients' Work on Behavioral Assignments

Close follow-up and overseeing of any patient health behavior have been found to be factors that promote compliance on a long-term basis.[23] Patients who receive even brief contacts from the physician or affiliated health professionals on an extended and continuous basis are more likely to adhere to regimens of medical care. A useful and time-effective way to supervise therapeutic homework is to call a patient a few days after an office visit at which a behavioral assignment has been prescribed. This contact reinforces the importance of the assignment, provides the patient with the opportunity to ask additional questions, and reduces the likelihood of an incomplete or failed assignment and wasted therapeutic time.

Varieties of Therapeutic Homework

The family physician may use any of several types of behavioral assignments in office counseling.

Self-Monitoring

Patients may be asked to create an ongoing record of behavior or experiences. Properly conceived, such an assignment is constructive for the physician-patient relationship because it communicates the message that working on problems is a partnership venture in which the patient is playing an active role.

Self-monitoring is often used for assessment purposes. As an aid in understanding the occurrence of some problems, patients may collect base-line data on intrapersonal or interpersonal events such as mood ratings, caloric intake, cigarette consumption, children's compliance and noncompliance, and assertiveness episodes.

Self-monitoring may also be used to discern relationships among events. A woman may be asked, for instance, to record activities and emotions prior to headaches. A man may be asked to record "automatic thoughts"[24] when he is particularly depressed.

Self-monitoring can also be used for intervention purposes. A depressed patient who is preoccupied with negative events and failures may be asked, for instance, to record a description of any behavior or activity that results in happiness or satisfaction equal to or greater than 2 on a "mood scale" of 0 to 5. Such an assignment can be therapeutic because it forces the patient to attend to constructive behaviors and positive events. Thus, the assignment has more than simply informational value from the standpoint of the physician.

Finally, self-monitoring can be used in evaluating the effectiveness of therapy. A couple who have been making daily ratings of satisfaction with some aspect of their relationship may be asked to continue this exercise periodically to determine how satisfaction changes with time and therapeutic effort.

Lists

Lists are frequently beneficial at the outset of counseling to help in identifying problems, goals, or desired changes. A counseling patient, for instance, may be asked to write a list of goals in the form of specific positive changes that will have taken place in the next three months if counseling were to be successful. A patient with some addictive behavior problem may be asked, after appropriate orientation and counseling, to list the emotions, places, situations, and interpersonal interchanges that might predispose him toward the addictive behavior.

Patients can also make lists of potential activities or choices as a precondition to intervention. A depressed or immobilized patient might be asked to list activities that in the past or future might be associated with enjoyment or satisfaction. An anxious patient may be asked to create a list of anxiety-producing situations, which might be then ordered in terms of difficulty and worked on sequentially. A married couple might list several areas of dissatisfaction in their relationship that could be used as a vehicle for learning communication and problem-solving skills.

As counseling draws to a close, it is often particularly useful to ask patients to list things they have learned. Such an assignment helps the patient and the physician crystallize therapeutic changes and results in a written record of insight and learning to which the patient can later turn during times of difficulty. A mother and father who have been discussing parenting issues with the physician might, for instance, list general parenting principles as well as strategies for implementing these principles during particular times when they are angry or tired.

Narrative Accounts

For patients who have sufficient willingness and verbal skills, the use of narratives can help call patients' attention to and record important events. Many verbally fluent patients have had some experience, usually positive, with keeping a journal. This experience may be called upon in outpatient counseling to help with identifying and crystallizing feelings, reflections, and insights.

Patients may also be asked to write memorandums to themselves about a variety of subjects. An example would be a patient who has been perfectionistic, who is asked to write a memorandum summarizing the reasons why it ultimately works to his disadvantage to require himself to be perfect in order to feel worthwhile.

Narrative accounts of lessons learned from counseling are often useful. Like lists, any such memorandums can be reread by patients at regular intervals or during difficult times.

Questionnaires

A large number of questionnaires can help with both initial data collection and with the ongoing process of outpatient counseling in family medicine. Most such questionnaires require no particular training to administer or interpret.

Brief, standardized questionnaires may be used to estimate the severity of a problem and to evaluate changes in problem severity across time. Common examples include the *Michigan Alcoholism Screening Test* (MAST),[25] the *Beck and Zung* depression inventories,[26,27] and the *Spielberger State-Trait Anxiety Inventory*.[28]

Other standardized questionnaires may help significantly to identify problems and formulate goals while limiting office visit time. An excellent example is the Multimodal Life History Questionnaire.[29] Questionnaires can also be very helpful to plan particular intervention approaches for both counseling sessions and interim periods between counseling sessions. Marital satisfaction questionnaires,[30,31] for instance, can be used in the selection of topics for communication training. Other relationship questionnaires such as the *Couples Therapy Workbook*[32] and *The Sexual Adjustment Inventory*[33] may be used to promote discussion of specific change targets, mutual goals, problem solving, decision making, and so forth. Reinforcement survey schedules[34,35] may be used to help identify events and activities that offer potential for enjoyment and satisfaction. The *Dysfunctional Attitude Scale*[36] can help the physician and patient jointly by identifying counterproductive beliefs.

Action Assignments

Patients can be asked to engage in a variety of action assignments. Nonassertive individuals may be asked to practice expressing thoughts and feelings to other people. Anxious individuals can be

asked to learn and practice coping skills (such as relaxation, imagery, and self-instructional techniques) and work on applying these skills in fearful situations. Depressed individuals may be given the task of experimenting with potential new sources of enjoyment or satisfaction. Couples can be instructed to schedule sessions during which they can practice communication and problem-solving approaches with each other. An excellent summary of numerous techniques that can form the basis for action assignments is presented as an appendix to Lazarus' book on multimodal therapy.[37]

As with any therapeutic assignments, initial assignments should be easy and doable. This principle may be formalized with the use of activity hierarchies. A hierarchy lists a graded series of activities in order of difficulty. After generating a hierarchy with the physician, the patient sequentially engages in activities from least to most difficulty in step-by-step fashion. The nonassertive patient, for instance, might begin with the assignment of asking factual questions in an adult education class, progressing gradually up to the assignment of expressing a strongly held opinion or feeling to an intimidating supervisor.

Another principle about action assignments is that initial-assignment activities should be high frequency rather than low frequency. In this way, the patient has multiple opportunities for success and avoids the potentially difficult situation of success hinging on a small number of important and pivotal events. A depressed patient exploring new options for enjoyment and satisfaction might be better advised, for instance, to check out five new activities locally during a two-week period rather than to spend an equivalent amount of time and money going to a famous activity center farther away.

Action assignments can also be used to build a foundation for other changes. As an example, couples in behavioral marital counseling are often asked to focus their attention at first on the encouragement of small positive caring behaviors.[16,38] Changes in such caring behaviors lead to the development of hope and trust, which in turn facilitates problem solving of more difficult and emotional issues.

Published Patient Education Material

Patients can be asked to make use of books, audiotapes, and other such material.* Such assignments can provide valuable conceptual background and help with the development of coping skills while minimizing the direct investment of time by the physician. Excellent resource materials are available for a wide variety of topics, including assertiveness and social skills,[39,40] parenting skills,[41,42] stress management skills,[43,44] cognitive and self-instructional techniques,[18,45,46] couple communication skills,[47] and miscellaneous behavioral skills and approaches.[48]

Audiotapes can also be assigned or loaned to patients to help with the development of relaxation skills,[49,50] imagery skills,[51] and skills for dealing with insomnia,[52] anxiety,[53] and weight control[54] among many others.

It is important to underscore the principle that such resources are to be used adjunctively in primary care office counseling. They are not intended to stand alone as interventions for behavioral or emotional problems, but should be used in conjunction with ongoing supervision from the physician. In the absence of such supervision, patients lack the opportunity to get feedback, ask questions, and discuss difficulties, and they may have less incentive to continue to make change efforts.

As anyone who browses in bookstores from time to time probably knows, there are literally hundreds of popular-press psychology and self-help resources available. Family physicians who do office counseling would be well advised to scan through new popular-press materials in bookstores periodically.

Conclusions

Office counseling in family medicine requires incisive identification of patient problems and efficient movement toward therapeutic goals. Progress is best made when patients are fully involved as partners with the physician in dealing with their behavioral and emotional problems, and when they continuously consider counseling issues between visits. Therapeutic homework provides a way to involve the patient actively, struc-

*A brief annotated bibliography of book and cassette resources for primary care counseling use is available from the author upon request.

ture change efforts and teach and supervise necessary coping skills.

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