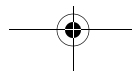
CHAPTER **11****Obsessions and Compulsions**MARTIN E. FRANKLIN, JONATHAN D. HUPPERT, AND
DEBORAH ROTH LEDLEY

Cognitive behavioral therapy (CBT) involving exposure and response (ritual) prevention (EX/RP) is an empirically based treatment of established efficacy for obsessive-compulsive disorder (OCD). (For a review see Franklin & Foa, 2002.) Exposure to feared thoughts and situations is a fundamental component of this treatment, as is the voluntary abstinence from rituals and other forms of passive avoidance (e.g., wearing gloves in order to touch doorknobs). Although avoidant strategies can seem helpful in the short run because they alleviate anxiety temporarily, such avoidance has long-term consequences of maintaining anxiety by preventing the client from learning that the feared consequences of confronting situations are unlikely to occur and that anxiety would habituate over time even without rituals. Thus, in treating clients with OCD, it is essential to use exposure to feared thoughts and stimuli and to encourage cessation of all rituals and overt avoidance in order to maximize the effect of CBT involving EX/RP. Further, because treatment sessions typically last only 2 hours each day (Kozak & Foa, 1997), it is imperative to assign exposure and response prevention exercises for clients to complete between treatment sessions; this approach is even more crucial when treatment sessions are shorter and conducted less frequently (e.g., 60-minute sessions held once a week).

Within EX/RP, two types of exercises are used: in vivo and imaginal exposures. Between-sessions homework usually includes repeating the

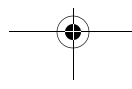
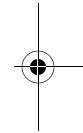
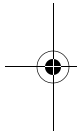




exposures that were conducted in session or conducting variations of the in-session exercises. In vivo exposure entails systematic and gradual confrontation of external situations, places, or activities that trigger obsessional distress. The exact nature of in vivo exposures depends on the client's particular concerns. For example, consider a client with OCD who has fears about contracting a dreaded disease. Exposure for such a client might include instruction to confront numerous things in a hospital setting (e.g., door handles, phones, shaking hands with medical personnel, etc). It is crucial that along with instructions to do exposures to feared situations, clients are also told to refrain from handwashing and other rituals, as well as passive avoidance. By doing so, the client would observe that his anxiety would decrease without engaging in rituals and would show him that visiting the hospital does not inevitably cause illness.

Imaginal exposure involves having the client vividly imagine a feared situation and its consequences and, as with in vivo exposure, not avoiding or escaping the resulting anxiety. Imaginal exposure for OCD is most useful when the client believes that specific feared consequences will result from refraining from rituals and avoidance. For example, an OCD client who fears killing a pedestrian while driving would be asked to create a brief script in which driving without ritualizing did indeed result in this feared consequence. The script would then be used to create an audiotape in which the client would listen to his worst-case scenario repeatedly; habituation with repeated exposure would follow, and the client would therefore learn that anxiety does not persist indefinitely and that the occurrence of a feared thought does not necessarily mean that the fear is credible. Clearly, encouraging clients to listen to imaginal exposure scripts for homework is challenging and, in our view, requires a cogent rationale.

Whether conducted imaginally or in vivo, exposure is often characterized as a behavioral technique, yet it would be inaccurate to presume that cognitions are ignored in most EX/RP protocols. Informal discussion about likelihood and consequences of anticipated harm or other costs often takes place before, during, and/or after the exposure exercises to in order to promote disconfirmation of erroneous beliefs. Often, cognitive techniques are used to challenge irrational beliefs, particularly if such beliefs are holding clients back from doing exposures. Accordingly, clients in EX/RP are sometimes assigned cognitive exercises for homework, such as calculating the realistic probability of a specific feared outcome. In the context of EX/RP, cognitive homework is usually assigned to supplement exposure and response prevention assignments; in more cognitively oriented protocols, these cognitive assignments are more strongly emphasized.



Types of Homework

Early Assignments

Homework is typically a part of EX/RP from the first session, and as such, it helps demonstrate the integral role that homework plays in treatment. Furthermore, assigning homework early encourages a tone of collaborative empiricism in which therapist and client are working together to understand and treat OCD. The rationale for other aspects of the treatment is described in more detail below. Clients can be given handouts to read about OCD and its treatment, or they can be started on initial self-monitoring of rituals. It is important to determine, before making such an assignment, whether the client's symptoms are likely to interfere with compliance. For example, some clients with contamination fears may be reluctant to touch a paper given to them in the first session by the therapist. As routine practice, we recommend inquiring whether the client will be able to receive materials from the therapist and bring them into her home at the very outset of therapy. Another common example of an initial homework assignment gone awry is the use of a self-monitoring sheet with clients who fear providing insufficient detail in response to questions. With these clients, we recommend providing very clear instructions about what to include and what not to include on the monitoring sheet. This is helpful in ensuring that the client does not spend excessive time and energy recording irrelevant behaviors that require valuable therapy time to discuss.

Assigning monitoring as an early homework assignment is especially important, as it allows the therapist and the client to get a clearer sense of the specific nature of the problem. This can be especially useful with clients who find it very difficult to report on their symptoms, particularly when the rituals are largely automatic or pervade much of client's day. Self-monitoring also helps clients to see how the concepts discussed in session depict the reality of their lives. This is an excellent way for the therapist to know that the client understands the treatment rationale. For example, early sessions involve explaining to clients the role that rituals play in the maintenance of obsessions. After clients learn about this functional relationship, self-monitoring often helps to illuminate the relevance of this in their own specific OCD symptom presentation. One client in our center came in stating that he had been unaware of the connection between his obsessions and her compulsions, but that every time he washed, he had a thought about contamination prior to the ritual. Sometimes the thought of contamination was triggered by another thought, and he did not realize that he did not need a contaminant immediately in front of him to trigger the obsession that led to the compulsion. Similarly, another client with fears of causing a fire in her home because of her own carelessness learned

that these fears were much more prominent during the work week, when her teenage children would be home without her for several hours after school; this led to increased concern that failure to check the oven and other appliances would result in their deaths.

Clinicians should be aware that self-monitoring can be anxiety-provoking to OCD clients. This is not seen as a drawback, but a natural process of the treatment because exposure to anxiety is encouraged throughout the treatment. By monitoring their anxiety, some OCD clients are focusing on their anxiety for the first time instead of making their usual attempts to neutralize an obsession (e.g., replacing bad thoughts with good ones) or using other methods to avoid thinking about it (e.g., distraction). This focus on specific obsessions and on the resulting rituals can indeed be anxiety-provoking and is an excellent introduction to the concept of exposure. Monitoring can also be anxiety-provoking if clients believe that they must complete it perfectly, and this is certainly a vulnerability for anxious clients in general and for OCD clients specifically (Antony, Purdon, Huta, & Swinson, 1998). Clients with OCD might need their monitoring to be written perfectly or might become anxious about recording just the “right” thing. In such situations, we may include “doing homework incompletely” into the hierarchy intentionally. The therapist’s normalization of errors made in homework during early sessions is important for all clients and especially useful for those who are especially perfectionistic. Regardless, the two key concepts regarding the first posthomework session is to positively reinforce whatever has been completed and to help the client see how the homework will be used to his or her advantage.

Assigning Exposure Exercises for Homework

Once clients grasp the theoretical foundation of EX/RP, exposure therapy can truly begin. Even the most intensive EX/RP protocols allow for only a few hours of client contact per day, however, and the reality is that most people who receive EX/RP will do so with even less intensive regimens. There are several reasons why in-session exposures are not sufficient for successful treatment, and these should be communicated clearly to clients. By presenting a rationale for the assignment and successful completion of exposure homework, client compliance is likely to be improved and thus outcome enhanced. We tend to emphasize the following points about exposure homework within EX/RP:

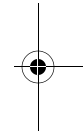
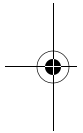
First, in order to maximize treatment effects, clients need much more exposure to their fears than they will get in weekly (or even daily) EX/RP sessions. Sometimes this involves exposure to different stimuli, but it also involves repeated exposure to the same items in various contexts (e.g., touching trash cans in the therapist’s office, at work, and at public



restaurants), which animal models suggest is important to promote retention of new learning (e.g., Bouton, 2002). Indeed, clients often need to have repeated experiences in order to form new beliefs about a given situation. For example, after leaving the office at work without checking the door once, one of our clients remained convinced that a break-in would occur if this exposure were done repeatedly. Her subsequent homework assignment was to leave the office without checking the door every evening for a week. By the end of that week, she was much more convinced that her fear was unfounded, even if she still felt slightly anxious in simply shutting the door and leaving for the evening.

Another reason for having clients engage in exposure homework outside of sessions is that they can come to view the presence of the therapist, as well as the clinic, as “safe,” leading them to discount the outcome of in-session exposures and thus continue to avoid feared situations outside of sessions. These “safety beliefs” can take on many forms. For example, one of our adolescent clients who was afraid that a flood would occur if he did not check the faucets was asked to use every sink in the unit and then shut off the water without checking as an in-session exposure. The therapist accompanied the client during these exposures, and the client came to believe that if the therapist noticed any problems with the sinks, he would come back after the session and address the problem, and thus a serious flood would be averted. Only by conducting these same exposures without the therapist present were we able to expose the client to his ultimate fear, which is that *his* insufficient care would result in serious flood damage. Thus, the exposure was conducted again with the client repeating the circuit of unit sinks while the therapist remained in his office; the next logical step was to have the client conduct the same exposure in his own home, which was the exposure assignment given after the client completed the in-session sink exposure. This approach gave the client an opportunity to practice what he had done in session but also to take an important next step by conducting the exposure in his own home rather than in the clinic. By carrying out this homework assignment without the supervision of his parents, the exposure activity enabled the client to successfully evaluate the utility of his fear-related belief.

Another reason given for the importance of assigning exposures for homework is essentially to teach clients to be their own therapists. EX/RP is a short-term therapy; its overt goal is to help clients learn to deal with their OCD successfully on their own so that they can maintain treatment gains long after active treatment has ended. Homework gives clients opportunities to get used to this role and also allows them to begin designing their own exposures while still receiving formal coaching from an expert.





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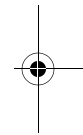
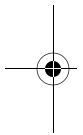
Once a client in our clinic has demonstrated competence in implementing assigned exposure homework, we often begin assigning “wild card” homework created by the client based on the general principles of EX/RP and in light of the current symptom targets; these assignments give the client more room for creativity and also allow the therapist the opportunity to check in on the client’s conceptual understanding of how to select and conduct exposures.

Strategies for Effective Homework

Designing Homework Assignments

As already noted, most homework assignments in EX/RP involve some form of exposure. Frequently, exposures are conducted in a hierarchical fashion, with thoughts and stimuli evoking moderate obsessional distress being addressed first, followed by more and more distress-evoking areas. The specific situations to be targeted are discussed with the client throughout treatment. Situations are chosen by balancing the importance of confronting anxiety with the client’s willingness to remain engaged in the exposure. There is no strong theoretical rationale for doing exposure in a hierarchical manner, but the practical implications are clear: if exposure assignments selected by the therapist are too challenging initially, the client may become overwhelmed and then noncompliant. Clients who are selecting their own homework sometimes make the opposite error of picking exposure targets that are too easy, which then retards progress in confronting the most difficult items. Ideally, exposure exercises, whether in session or as homework, should be created collaboratively to balance these imperatives. In addition, we sometimes provide a bit less direction in creating exposure homework for our more perfectionistic clients, in order to create more ambiguity and thus improve their tolerance for uncertainty.

Exposures are typically completed for the first time in the therapy sessions themselves, and the therapist then assigns a similar variant for homework. In designing these homework assignments, there are two major considerations: to consolidate the gains the client has made in session through rehearsal and to assign tasks that cannot be or are better accomplished without the presence of the therapist. The former is accomplished by assigning repetition of in-session exposures. The latter is best achieved by tailoring the exposures to increase anxiety in a variety of situations throughout the client’s life. For example, a client with primary hoarding might be asked to bring in a box of hoarded printed matter that can be discarded and discussed in session, and the homework assignment emanating from





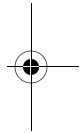
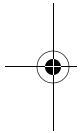
that exposure session might be to sort that day's mail using the same principles taught in the session.

Earlier in treatment, we often suggest that clients focus on exposures assigned by the therapist. As treatment progresses, however, clients should be instructed to seize every opportunity for exposure exercises that naturally occur. This helps them obtain naturally occurring environmental reinforcers, thereby increasing the generalization of adaptive skills. For example, one of our clients had four sessions of EX/RP that focused primarily on driving without checking to see if she had accidentally run over a pedestrian. During the first week of her intensive treatment, a snowfall, ice storm, and subsequent snow removal efforts had resulted in a significant increase in potholes along one of the local roads, and the client decided that she should begin taking that road to and from session instead of the interstate highway during the second week of treatment because this increase in potholes increased the number of times that her car would hit bumps, prompting her obsessional distress about having run over a pedestrian. When clients look for and then take advantage of such opportunities, it indicates strong motivation and good comprehension of the rationale for EX/RP, facilitating the goal of becoming their own EX/RP therapists.

Encouraging Homework Compliance

In introducing the general concept of homework, the metaphor of learning a language can be used and may facilitate compliance. For example, clients can be told: "Learning to treat your anxiety is like learning a new language. Did you take a second language in school? What language was it? How did you do? Can you speak it now? If so, what factors led to your retaining it? What makes one fluent in a language? What is a sign that you are fluent?" Each of these questions are discussed in a way that engages the client. We lead them to the idea that "fluency" can be best demonstrated by being able to argue and dream in a language. Only constant practice can lead to such fluency. In fact, the best way to learn a language is to get some of the basics, and then to immerse oneself completely in that language: if you want become fluent in French, go to France and live among the French. We finish the metaphor with the following:

Basically, we are going to work on learning a new language: OCD management. This language is difficult to learn, and requires immersion. In sessions, we will work on the basics: the grammar and the vocabulary. The good news is that this is the easy part, there is one major principal in this language: exposure to your anxiety. The other side of that coin is to stop any rituals or avoidance behaviors





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that you have been engaging in that interfere with exposure. We will be doing a number of things in session to help you learn this, and the more that you apply what we do at home, the better off you will be.

If the language metaphor does not resonate with clients, the therapist should find an example that does, such as learning a new sport or hobby.

In assigning specific homework assignments, compliance can be facilitated both by the way that homework is assigned and the way in which it is integrated into the subsequent treatment session. With respect to the way that OCD homework is assigned specifically, it should, where possible, be made relevant to clients' long-term goals for how they want to live their lives. For example, one of our clients was asked to clean his boat without ritualizing; when he balked about doing an "inadequate" job, we reminded him that last summer the boat sat in dry dock all year because he could not bring himself even to try attempt to clean it, and thus an entire summer of fun with his family on the water was lost to OCD. He explicitly told us during the intake that this was an example of something he wished to do differently, and we simply reminded him that this was a stated goal of his from the outset. The client was then able to summon up the courage to clean the boat "inadequately," and soon thereafter he was able to take his daughter and her friends for a ride on a pleasant summer evening. After homework is assigned, it is also essential that it be reviewed carefully at the beginning of the next session, in order to underscore its importance to the treatment process.

Working with OCD in Childhood

In treating younger clients, it is imperative that the process of assigning homework maintain a collaborative spirit. Children and adolescents already have ample homework without the addition of homework from their therapy, and they may be especially sensitive to additional demands being placed on their time by adults in authority. In order to prevent this tone from developing, we first emphasize the collaborative process early on in EX/RP, encouraging our young clients to be part of a team with the task of fighting back against OCD (for a comprehensive review of these procedures, see March & Mulle, 1998; Wagner, 2003). Young clients in EX/RP are encouraged to choose from among similarly ranked items from the hierarchy, are given primary responsibility for "bossing back" OCD while the therapist serves as a coach, and are asked to make use of their allies in the battle, typically their parents and perhaps siblings as well.

Homework compliance can also be facilitated by engaging the child in a discussion about how homework can be made more fun for him or her:

Therapist: So, this week in school, our goal is to really boss the OCD around. OCD is going to tell you to go back and correct your work lots of times, or rewrite your letters till they look perfect, or reread stuff to make sure you really understand. But, you want to tell OCD that it's a pain. How do you figure we could keep track of how many times you beat OCD and how many times OCD beat you?

Client: I guess I should write it down. But, there's so much to write down in school anyway. What if I miss something important when I am working on my OCD stuff?

Therapist: That's a great question. I'm glad you brought that up. Do we actually have to write much of anything?

Client: Well, how will I keep track?

Therapist: What about a little symbol? Something quick and easy?

Client: I know! What if I made two columns, one for me winning and one for the OCD winning? And, I could put a check mark when I win and a big "X" when OCD wins?

Therapist: That's such a cool idea.

Client: And, you know, I got this really neat paper for my birthday and some cool markers. Should I use them?

Therapist: I think that's a really good idea. Some of this homework stuff is hard, so if you can make it a little more fun for yourself, that's great. I remember you telling me about those great markers. I'll bet it's going to be really fun to look at your homework when you're done!

Children also respond well to rewards, even those they give to themselves. For example, we often encourage children to do their homework before a fun activity like playing on the computer or watching a favorite TV program. This kind of reward system can help motivate children to do their homework and adds some structure to their days, so that homework does not fall by the wayside (e.g., "My favorite show comes on at 6 p.m., so I am going to spend from 5:30 to 6:00 each day doing my homework").

While homework, and treatment in general, is a serious matter, it is our experience that many children and adolescents actually enjoy completing their homework. They feel good about taking an active role in planning

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assignments (since they do not get this opportunity in school!) and are proud to report back to the therapist about successfully completed homework.

Parental Involvement

With respect to parental involvement, the EX/RP program we recently evaluated for pediatric OCD (Franklin, March, & Foa, 2003; March, Franklin, Nelson, & Foa, 2001) specifies that parents are included for all of sessions 1, 7, and 11 in the 14-week, 12-session acute treatment phase. Parental involvement within that structure depends largely upon the developmental stage of the child, the specific nature of the OCD (e.g., presence of reassurance rituals involving parents directly), and the quality of past and present interaction about OCD and in general between the child and his or her parents. In cases where instructing the parent directly is viewed as necessary to promote the child's homework compliance between sessions, we invite parents to attend some of the EX/RP sessions to provide them with an opportunity for direct observation of how to conduct exposures with their child. Regardless of the method, parental involvement is essential.

One area in which parental involvement is essential with children (and partner involvement in adults) is reassurance seeking, a common problem with OCD. For example, children who are concerned about contracting an illness might constantly ask their parents whether they should engage in a behavior that might be dangerous (e.g., "Mom, if I eat these leftovers, will I get the stomach flu?") or whether they already did something to put themselves at risk (e.g., "Dad, I touched Jimmy's desk at school today. Am I going to get sick?"). Reassurance seeking is a ritual, and parents must be given strategies to apply at home to help rein this in. We have a number of such techniques that can be helpful. After the client and parent are clear about the negative role of reassurance, we will ask the client and parents to come up with responses to use when clients slip and ask for reassurance. These responses cannot be pejorative or angry but should be guiding. Such responses as, "Your OCD must be pretty strong right now," "Is that question an OCD question?" or "We agreed in the doctor's office that I shouldn't answer OCD's questions, right?" can be helpful for some. For some children, we have provided them with "reassurance cards" if absolute prevention was too difficult. The idea is that they would be allotted a certain number of passes to ask for reassurance, the number of which are then tapered weekly until the client refrains completely.

With respect to homework compliance specifically, parents can play an enormously important role but can also undermine the child's taking responsibility for the treatment; therefore this situation must be managed artfully. At the end of every session we invite the parent in and then ask the child to describe the homework assignment to the parent. This procedure

allows the therapist to check on whether the child grasps the assignment and its conceptual underpinnings, and also reinforces for the whole family that the child is primarily responsible for the treatment. With our youngest clients (below age 8), we often make the homework assignment collaborative, but only if the parents have been coached in how to manage negative affect during exposure and if they agree not to push the child past the point of their competence/confidence. Exceptions to this general approach are made on a case-by-case basis, but in our view it is essential that homework completion be the primary responsibility of the child rather than the parent whenever feasible, as it is the child who will have to learn how to employ the EX/RP principles in response to uncontrived exposures that so often occur (e.g., spill of a “contaminated” substance in the cafeteria).

Common Barriers to Homework Assignments

There are many forms of homework noncompliance that have the potential to compromise EX/RP outcomes. Below we address four common types of noncompliance that occur when assigning exposure assignments to clients with OCD: (a) misunderstanding the assignment, (b) outright refusal, (c) repeatedly explaining why homework was not completed, and (d) partial compliance. We address each in turn, briefly discussing key principles that are then demonstrated specifically via case examples.

When a client fails to complete a homework assignment, it is important to be open to multiple interpretations of such behavior. As cognitive behaviorally oriented therapists, we do not assume that noncompliance is symbolic of resistance or a sign of passive aggressiveness. One of the best ways to promote assumption of a neutral stance is by determining whether the client fully understood the assignment, and, if not, to assume some responsibility for the lack of clarity. Then, the therapist can help the client consider ways to improve compliance in the future. A dialogue about homework compliance could proceed as follows:

Therapist: So, how did the homework go this week?

Client: Well, you know, I never really got around to it.

Therapist: Did any particular thing get in the way for you?

Client: I really just didn't feel like it. It just seemed overwhelming.

Therapist: Okay. Well, let's start out by reviewing what the assignment was, and then talk about why it felt overwhelming to you.

Client: Well, you told me to use a public bathroom at least once a day. And, to not wash my hands afterward.



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Therapist: Yup. That's a tricky one. Can you reconstruct why we chose this assignment?

Client: Well, in our last session, I used all the bathrooms on the floor here at the Center without washing my hands after, so you wanted me to repeat that for homework.

Therapist: That's how I remember it too. Now, I also remember that during that exposure last week you were pretty anxious! What happened by the end of our session?

Client: I felt fine. Within about 20 minutes of getting back from the bathroom, I could barely remember that I had been in there and not washed my hands.

Therapist: Pretty remarkable, right? When you first came in for treatment, if you had to use a public bathroom at all, you'd wash your hands for 10 minutes afterward and then wash again once you left the bathroom with rubbing alcohol.

Client: Yeah. It was really different for me.

Therapist: So, what happened with the homework?

Client: Well, the bathrooms here at your Center are pretty clean. And, when I started thinking about bathrooms outside of here, I got totally freaked out.

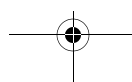
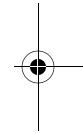
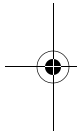
Therapist: By what?

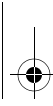
Client: Well, just imagine the bathrooms at the train station, for example. They're terrible! And, you told me that I had to sit on the seat and touch door handles and faucets and stuff.

Therapist: Well, let's discuss this. Personally, I would not sit on a seat or touch a door handle or faucet that was visibly dirty. The goal here is not to find the grossest bathroom around and use it! Can you think of some bathrooms besides ours here that are similarly clean?

Client: I guess the one at my office is okay. And, at the coffee shop that I go to. They keep it really clean.

Therapist: Well, what do you think about starting with these bathrooms for homework this week? We can go out today and find some bathrooms outside the Center, and then you can do some of these less anxiety-provoking ones in your own environment for homework. Then, we can work up to some that are more difficult, so that you





know that you can use any public bathroom if you need to.

Client: Sounds like a plan.

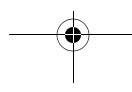
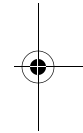
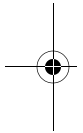
Therapist: So, any thoughts on what you could do if a difficult homework assignment comes up again?

Client: Well, I could call you. Or, I could try to select a similar assignment that is a little less difficult that I can do.

Therapist: Sounds like an excellent plan.

This example demonstrated how in-session work (e.g., seeking out relatively clean bathrooms for exposure homework) can be used to demonstrate homework assignments, thereby increasing not only compliance but also the utility of the homework. As another example, one of our clients came in after her first imaginal exposure homework assignment stating that she did not feel anything when listening to the tape of losing control and harming her child. Puzzled by the incongruity of the affective response to the same tape during session versus what the client was now reporting, the therapist first inquired about the frequency and duration of listening to the tape and also about what the client was doing while listening to the tape. The client responded that she had listened to the imaginal exposure tape while driving to and from work in order to maximize efficiency. The therapist apologized for not having been more careful in her explanation of how to do imaginal exposure, and then explained that the client should be in a quiet place where she would not be interrupted for an extended period of time. The rationale for imaginal exposure was reviewed, and the client completed the homework assignment properly after the following session. At the next session, the client reported having this time felt fully engaged in the imaginal exposure and, as in the last few treatment sessions, had habituated somewhat to its content.

A final issue about noncompliance deserves mention. Homework, and therapy in general, should be designed with the client's cultural/religious background in mind. It is inappropriate to assign exposures that are inconsistent with religious law. As an example, many clients with OCD experience intrusive sexual thoughts. They worry that these thoughts mean that they are "bad" people, that they might want to act on the thoughts, or that they will actually act on the thoughts if they allow themselves to think about them enough. In response to these concerns, patients try to suppress sexual thoughts and avoid stimuli that bring these thoughts on in the first place. We would encourage clients like these to actually attend to these thoughts and to do exposures to stimuli that bring them on. For example, we treated a married man who often experienced sexual



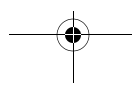
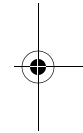
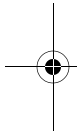


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thoughts about women as he passed them on the street. After having these thoughts, he would feel terribly guilty, leading him to “confess” to his wife that he had been unfaithful. He feared that if he did not do this, he would become unbearably anxious and then the anxiety would never go away. Following similar in session work, he was asked for homework to sit in the park and look at women he found attractive and think of all the attributes about them that were attractive to him. He was to then refrain from confessing anything to his wife. With continued exposure, his anxiety in response to these thoughts did indeed recede, without having to engage in rituals. After a few weeks, his spontaneously occurring thoughts about other women started to decrease significantly too.

We treated another patient with very similar concerns who was so worried about having intrusive sexual thoughts about women that he avoided leaving his house, and when he did have to go out, he would look only at the ground, risking injury to himself and others. His case was complicated by the fact that he was a devout Muslim. According to the teachings of his religion, he was not permitted to look at women or have lustful thoughts. Assigning the same homework assignment (purposefully thinking lustful thoughts) to this young man would have forced him to disobey the laws of his religion. Instead, we gradually helped him to walk outside looking straight ahead and eventually had him describe nonsexual attributes of women (e.g., “She has brown hair,” “She has a red skirt on”). Through these exposures, he was instructed to refrain from neutralizing sexual thoughts that might spontaneously occur and to refrain from confessing the sin of looking at women to his clergyman. We were not able to tap into this client’s concerns to the same degree as we were with our other client, but we worked as best we could within the constraints of his culture.

The bottom line is that clients should not be coerced into doing homework assignments; even if they acquiesce, it is very unlikely that in such instances the follow through will be optimal. Instead, it is suggested that the therapist review the rationale for the assignment and then work with the client to achieve a compromise that will not attenuate EX/RP outcome. For example, a client with OCD with contamination concerns conducted an in-session exposure of putting bits of paper from the therapist’s office trash can on her clothes and body. However, she was unwilling at that time to take the paper home and use it to contaminate her belongings there. She said she understood that this step was necessary ultimately to reduce her obsessional distress, but she felt that she would be too overwhelmed to complete this assignment at home. In the end, she agreed to leave the paper in the car the first day, then to bring it to one area of the house that was already deemed contaminated. Bringing the paper to the rest of the



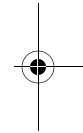
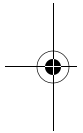


house did not happen for homework but later during a therapist visit to the house. We have also written in detail elsewhere (Abramowitz, Franklin, & Cahill, 2003) of a client who reported that he would be unable to comply with the strict ritual-prevention homework that had originally been assigned to him (remove all gloves and touch items in home with contaminated hands). Here again we used the same principles to achieve a compromise: the client, who had been wearing triple gloves for years at home, agreed that he would be able to remove one pair of gloves per day and then gradually expose items in his home to the less and less “protected” hands. It was emphasized during the discussion that the goal of complete ritual abstinence had not and should not be changed but that the speed with which it was to be achieved was somewhat flexible.

Years after completion of this case the therapist conducted a long-term follow-up with this same client, who stated that he specifically recalled the original discussion of ritual abstinence. He said during the follow-up (but not during the original discussion) that he would have dropped out of the therapy the next day if the assignment had not been adjusted. Giving up on the assignment would have compromised the therapy, but adjusting it allowed a client to remain in treatment long enough to benefit.

Clients with OCD may hold their beliefs about the consequences of confronting their feared object to the point where they appear to be delusional, which has been referred to in the OCD literature as overvalued ideation (OVI; Kozak & Foa, 1994). OVI has been found predictive of poorer EX/RP outcome (Foa et al., 1999), and the likely mediator of this relationship is homework noncompliance. If clients refuse to engage in an exposure for homework because they believe it will truly be harmful, more emphasis should be placed on in-session exposure, modeling the exposure, and challenging the clients’ motivation for change. For such clients, as is the case for many homework issues, the noncompliance is a reflection of a greater therapy issue that needs to be addressed carefully during the therapy session. For example, a client concerned about getting AIDS from touching the doorknob of a bathroom reluctantly engaged in the exposure with the therapist’s guidance. However, when this task was assigned for homework, the client refused outright. Further exploration led the therapist to realize that the client believed that the doors selected for in vivo exposure must have been predetermined to be “safe,” because as a reasonable person the therapist would not put the client in harm’s way or risk litigation for having done so. However, he still believed even after the exposures that most bathrooms are in fact contaminated and that he would contract AIDS if he touched doorknobs. The therapist had the client randomly pick five bathrooms throughout the area and then the therapist went with the

Define
OVI?

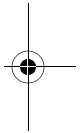
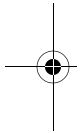




client to the bathrooms, modeling exposures and having the client engage in them. The client was then more willing to engage in the exposures for homework.

If a client repeatedly gives reasons for not doing homework, this should be considered carefully in order to allow the client the benefit of the doubt while still helping him or her to see that it is a problem. The conversation that ensues from this initial interaction often ends up being about choice and motivation for change. A young client with whom we worked came in stating that he had not conducted any of the homework exercises assigned to him regarding confronting his fears of the devil. The therapist asked what prevented him from doing them, and the client said that he was busy with schoolwork until late every night and was too tired to listen to the imaginal exposure tapes or to do the written exercises that had been assigned. The therapist acknowledged that it is difficult to do exposures when life is busy with so many other demands. Then the therapist said, "So, it must be hard working so much that you don't have any time for yourself. Were you able to do anything outside of school this week?" The client replied that he had gone to a movie with friends, had watched a football game on television, and played basketball twice. The therapist then asked how the client might have been able to incorporate the homework assignments into his busy school day and among his pleasure activities. After the client came up with a few ideas, the therapist complimented him for his creative thinking and suggested that the more the client could do such problem solving independently, the more likely he would be to improve. The client said he understood and completed a substantially greater proportion of the assigned homework over the next few sessions.

More so than outright refusal, partial completion of homework is very common among OCD clients. Some clients complete only the self-monitoring and lower-level exposures, some will not complete monitoring at all, and others may engage in their exposures but continue to conduct their avoidance behaviors or compulsions, or vice versa. Notably, Abramowitz et al. (2002) found that while therapist-rated client compliance with in-session exposure and homework assignments was related to EX/RP outcome after treatment, compliance with self-monitoring of rituals was not. Partial compliance can be due to a combination of factors raised earlier in this chapter (misunderstanding, lack of motivation, anxiety, and so on). It is important to reinforce the client for completion of any part of an assigned homework that was in fact completed but then to carefully examine the factors associated with noncompliance with the rest of the assignment. For example, one client verbally reported completing all of his exposures but continuously refused to complete any monitoring of his assignments.



English was his second language, and completing the forms was difficult for him, even in his native language. However, he also had difficulties with doing things imperfectly, and because he was unsure he could complete his monitoring forms correctly he was reluctant to try. Accordingly, imperfect completion of these monitoring forms was added to the stimulus hierarchy, and became a focus at the beginning of each subsequent session.

Another client reported completing all of her exposures to contaminants in her hierarchy but was not habituating. A careful analysis by the therapist determined that the client was continuing to engage in mental rituals immediately after engaging in the exposure, which led to maintenance of anxiety between sessions. After reiterating and discussing the rationale for ritual prevention, the client was asked to do one of the exposures assigned for homework during a treatment session while refraining from all mental rituals. The client noticed that this exposure was more anxiety-provoking than when she had tried it previously, and habituation occurred between homework exercises once she ceased doing any mental rituals during the assigned exercises. She generalized this principle to uncontrived exposures, and found that here too these exposures became less anxiety-provoking over time when the mental rituals were dropped.

Conclusion

Our extensive clinical experience conducting EX/RP across the developmental spectrum and the extant literature on the relationship between homework compliance and outcome in CBT more generally suggest the importance of successful homework assignment and completion in promoting a good immediate and long-term outcome for the anxiety disorders. Homework compliance is representative in part of motivation for change and comprehension of the treatment rationale and helps the client generalize and consolidate gains made in treatment sessions. As in all other aspects of treatment, flexibility must be used to shape the homework to the individual client's needs and stage of treatment. Promoting homework compliance with pediatric clients involves successfully installing the youngster as the captain of the team, with therapist and family playing ancillary yet important roles as coaches and allies, respectively.

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