Cognitive Behavioral Therapy for Older Adults: Practical Guidelines for the Use of Homework Assignments

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There is emerging evidence to support the effectiveness of cognitive behavior therapy (CBT) for older adults. However, there are a number of clinical difficulties that practitioners often encounter when using homework assignments with the older adult population. In this article, we provide a brief summary of the research findings on homework in CBT, review common obstacles to the use of homework, and provide concrete suggestions for the adaptation of homework assignments to increase their potential effectiveness with older adults. We also describe several types of homework assignments that may be most helpful, augmenting these suggestions with clinical examples.

ALTHOUGH cognitive-behavioral therapy (CBT) has been the subject of intense study over the past 30 to 40 years, most of this research has focused on its effectiveness with younger adults. Few studies have specifically examined the efficacy of CBT treatment formulations for older adults before the 1980s, and even now this population remains understudied. Comorbid medical conditions, the use of multiple medications, and cohort-specific factors all represent significant methodological complications that may have deterred researchers from investigating this client group. Whether it is crisis intervention (DeVries & Gallagher-Thompson, 1994), depression (Gallagher & Thompson, 1981), inhibited grief (Gantz, Gallagher-Thompson, & Rodman, 1992), or treatment directed toward increasing psychoeducation (Gallagher-Thompson & DeVries, 1994) or social skills (Fernandez-Ballesteros, Izal, Diaz, & Gonzalez, 1988), many cognitive and behavioral approaches have been formulated for the older adult population, but only a handful of researchers have sought to examine these treatments empirically. In a meta-analysis of the available evidence for older adults, Scogin and McElreath (1994) found support for CBT as a treatment for depression but could not separate the relative efficacy of different theoretically based approaches. Nevertheless, this meta-analysis demonstrated that CBT for older adults produced a median effect size of .78, a value comparable to that obtained in studies of CBT for mixed age samples. Thus, while there is emerging support for CBT in the older adult population, further research is required.

This article provides a brief overview of the research findings supporting the use of homework assignments in CBT. The article then describes common obstacles to the use of homework in CBT for older adults and provides strategies designed to promote homework compliance and successful treatment outcome.

Empirical Research on Homework in CBT

Empirical studies of the role of homework assignments in CBT have been conducted almost exclusively within therapy for younger adults and have produced seemingly inconsistent findings (Kazantzis, 2000). While correlational studies have consistently demonstrated a robust relationship between a client's homework compliance and subsequent treatment outcome (e.g., Burns & Spangler, 2000; and see Kazantzis, Ronan, & Deane, 2001), experimental research has not clearly demonstrated that homework assignments produce increased treatment outcomes. However, a recent meta-analytic analytic aggregation of the experimental research confirmed that across all samples of younger adults and types of homework assignments, treatment with homework produced greater outcome than treatment consisting entirely of in-session work (effect size $r = .36$; see Kazantzis, Deane, & Ronan, 2000). To understand this effect size, it would be expected that 68% of younger adults would improve when therapy involved homework, compared to only 32% when therapy involved no homework (Kazantzis & Lampropoulos, 2002).[1]

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[1] Percentages were calculated using the binomial effect size display formula = [.50 + (r/2)], where r is the index of effect size. More detailed information regarding the use of r as the index of effect size can be found in Rosenthal (1994), and a discussion regarding the use of r as an unbiased estimator of effect size can be found in Hedges and Olkin (1985).

In addition to the empirical support for homework's role in CBT, there are data to suggest that practitioners use and perceive homework to be important in everyday clinical practice (Petheram, 1992; Warren & McLellarn, 1987) and that practitioners consider homework to be one of the primary growth areas in psychotherapy (Norcross, Alford, & DeMichele, 1992). However, there is also evidence to suggest that psychologists consider homework to be less important for therapy directed toward coping with physical health problems, rehabilitation, and delusional symptoms (Kazantzis & Deane, 1999). This latter finding may be indicative of a number of practical issues that clinicians face when using homework in their everyday practice, issues that warrant special attention when working with older adults. A description of these concerns and difficulties is outlined below.

Obstacles to Homework in CBT for Older Adults

While homework is an intervention designed to help clients to help themselves, clients vary considerably in the extent to which they complete homework assignments (Davis & Hollon, 1999). Without practitioner guidance, detailed rationale, and explanation of rationale, clients may be unmotivated to complete homework assignments. However, practitioners need to keep additional considerations in mind when working with older adults in order to ensure that they receive maximum benefits from homework.

Older adults may be unfamiliar with or uncertain about the processes involved in therapy. This unfamiliarity may be partly a result of being born and raised before psychotherapy had gained an established foothold in health-care provision. Many older adults are only offered pharmacological treatment when first presenting for therapy and are thus unaware of the nature and course of psychosocial treatments. Therefore, a greater degree of socialization to therapy and discussion of the role of homework may be appropriate when working with older adults.

Older adults may also present for therapy with preexisting ideas about the etiology of their problems. These ideas may prove to be unhelpful for the course of CBT and the administration of homework, particularly if clients hold externalizing views of their presenting problems (see Tweed, Blazer, & Ciarlo, 1991). For example, clients who perceive physical symptoms of lethargy to be the result of a medical condition usually benefit from education surrounding the links between the physical, cognitive, behavioral, and emotional aspects of human experience. Similarly, an individual who considers the death of a spouse to be the irresolvable cause of his or her loneliness may have great difficulty in seeing the value of an activation assignment that involves social interaction.

Older adults may present with sensory deficits, such as impaired vision or hearing, that affect actual ability to comply with homework assignments. It has been estimated that up to 50% of older adults suffer from sensory deficits such as impaired hearing or lowered visual acuity (Schieber, 1992), and sensory deficits may be exacerbated when clients choose not to use prescribed hearing and visual corrective aids (e.g., Garstecki, 1982). Therefore, when working with an individual who has poor hearing, therapists should check that the details of the homework have been heard completely and accurately. Visual illustration of the homework activity and, in some instances, its desired effect can ensure that the description and rationale for the homework has been clearly communicated. With some homework assignments, such as those involving travel to busy centers or communication with others, precise hearing is crucial. In these situations, the therapist might include fitting of the hearing aid as the beginning portion of the homework task.

Medical conditions can also have an effect on the efficacy of homework assignments and should be accounted for when planning homework assignments. Because clients may feel embarrassed about their medical conditions or fail to realize the psychological influence of health conditions, therapists should directly assess the physical health concerns of older adults. Medical conditions may include the accumulation of ear wax, which impairs hearing; medication side effects; or chronic pain, which affects concentration and attention. For example, chronic pain can interfere with the client's ability to focus on discussion of the homework task components. Discomfort often requires the client to stand or move momentarily, and temporary aggravations of pain can mean that the session has to be paused. Where a client experiences increased pain as the result of sitting in one place, it can be helpful to design and assign new homework earlier in the therapy session when the pain is less distracting.

Older adults account for approximately 25% of all prescription drug use, even though they only comprise 12% of the entire population (Rowe & Ahronheim, 1992). Given this feature of the older adult population, it is particularly important that therapists know what (if any) medications clients are taking, and they should have a rudimentary knowledge of the indications, contraindications, and adverse effects. For example, in working with a 76-year-old retired news writer's family doctor, it became necessary to determine the appropriate dosage of an anxiolytic ingested on the day that she was to complete her homework activity. The client needed to have her morning dose of Lorazepam reduced on days where activity scheduling included the writing of editorial letters, as sedation was clearly a hindrance to the degree of mastery she achieved in what had become a very anxiety-provoking task.

Older adults may have mild age-associated cognitive impairments that make the completion of homework more difficult unless there is very clear instruction or substantial preparation. Of course, such impairment commonly heralds the onset of an irreversible dementia. The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*; American Psychiatric Association, 1994) offers a conservative estimate of prevalence as approximately 2% to 4% of all persons over 65, and as much as 20% or more of the population over 85 years old. Current literature emphasizes a distinction between progressive diseases, such as dementia, and impairment that is age-related. Age-related cognitive decline is considered universal among adults who survive the effects of stress, atrophy, or injury to the brain (Ritchie, 1998). There is also sufficient empirical evidence to suggest that new learning, perceptual speed, processing speed, and working memory usually decline in late life, even in the absence of dementia (Wilson, Bennett, & Swartzendruber, 1997).

A number of modifications can be made to both the process of homework administration and the nature of the homework task when working with clients with cognitive impairments. For example, a client with reduced processing speed found it more beneficial to schedule pleasure and mastery tasks where he could set the pace (e.g., golf, model building) compared to those where the pace was predetermined (e.g., tennis, computer games). As older adults with memory difficulties will often have poor secondary memory but preserved verbal recognition, it can be helpful to make key bullet-point notes about the homework as a guide for later reference. Difficulties in executive functioning among older adults may also require consideration. A client who was an accomplished builder found it of great assistance to have a precise outline for the steps required to go about building a new mailbox as a means of accommodating for his pronounced sequencing difficulties (i.e., mastery task—phone hardware store, purchase kit, find tools, etc.).

In this section, we have considered general features of working with older adults that warrant special attention when using homework. The next section offers further guidelines to improve homework's effectiveness, but focuses on separate components of the homework administration process in CBT for older adults (i.e., providing a rationale, considering homework specificity and difficulty, enlisting caregiver assistance, providing written summaries, and reviewing homework).

Guidelines to Enhance Homework Compliance

The adoption of a relatively prescriptive, directive approach to therapy may be useful in working with older adults, who may expect the therapist to fill a role similar to that of a medical doctor (Hersen & Ammerman, 1994). A structured, directive approach may not only ease fears triggered by the therapy situation, but may actually serve to increase compliance when working with older adults. The following list is not exhaustive, but is rather intended to provide clinicians with a general overview of the strategies that can be useful in using homework with older adults.

Homework Rationale

As previously mentioned, older adults may be quite uncertain about the processes involved in therapy and will often present with preexisting ideas about the cause of psychological distress. This suggests that the usual goal of introducing the client to the role of homework assignments in instigating change requires special attention when working with older adults. For example, older adults often present with doubts regarding the capacity to make significant changes later in life. In such instances, practitioners would be well advised to use Socratic questioning to explore whether the client has acted innovatively in recent times with some practical problem at home, or whether a willingness to attend therapy itself illustrates a feature of the capacity to make significant changes later in life. This education at the beginning of therapy sets the stage for the use of homework assignments such as behavioral activation as a means of targeting unpleasant physical states.

As with integrating homework into therapy for any client population, it is important that the older adult client be encouraged to view completion of homework as an integral part of treatment. Progress may be dependent on the extent to which clients are able to appreciate that they will be more likely to attain therapeutic goals if they actively engage in practicing the skills and techniques between treatment sessions (Beck, Rush, Shaw, & Emery, 1979; Scogin, Jamison, Floyd, & Chaplin, 1998). There is empirical evidence to support these assertions. Younger adults who agree with a treatment rationale improve more rapidly and have more positive treatment outcomes (i.e., Addis & Jacobson, 1996; Fennell & Teasdale, 1987), and those who understand homework's purpose and realize that it will help move them toward their treatment goals have higher rates of compliance (Addis & Jacobson, 2000). There is no reason to believe that expectations made early in therapy are any less potent as determinants of compliance in older adults.

For example, in conducting CBT with a retired teacher, the importance of homework in school teaching was used to illustrate homework's role in therapy. As was necessary with this client, special care should to be taken to avoid minimizing the homework process by equating it to a child's schoolwork. In fact, the very term "homework" may have demoralizing connotations for older adults (Coon & Gallagher-Thompson, 2002; Kazantzis & Lampropoulos,

2002). Nonetheless, as older adults have often had some experience that required after-hours practice of skills learned through tuition (e.g., reading for an extracurricular course, practice of sporting skills after coaching sessions), it is usually possible to use these experiences to create analogies that have personal applicability to the client and support a helpful understanding of the role of between-session assignments in CBT.

While a more directive style is recommended when using homework with older adults, the therapist should involve the client in the choice and design of the specifics of completing the homework. It is important for the client to feel that he or she is playing an active role in treatment and that homework is relevant to therapeutic goals (Conoley, Padula, Payton, & Daniels, 1994). For example, where there is no theoretical or conceptual basis for choosing the location or time of day when homework is to be practiced, the client can be involved in deciding what would be most practically possible (i.e., a collaborative component). Therapists can adopt a relatively direct stance with regard to the choice and importance of the particular assignment, based on their conceptualization of the client's presenting problems and knowledge of empirically supported interventions. At the same time, therapists should encourage older adults to express their perceptions regarding the feasibility of actually completing the task once all specifics have been discussed (see empirical support in Hogg, 1996; Liberman, 1988; Worthington, 1986).

Homework Specificity

As originally outlined by Beck et al. (1979), therapist specification of when, where, how often, and how much time the activity should require is crucial for subsequent homework completion and successful outcome (see also Shelton & Levy, 1981). Although practitioners report the use of homework in clinical practice, one survey found that practitioners do not regularly specify how long the client should engage in the activity or where exactly the homework should be carried out (Kazantzis & Deane, 1999). Although those reporting a predominantly cognitive-behavioral approach were more systematic in their homework administration than their non-CBT counterparts, only a small proportion (25%) reported systematic administration (i.e., regular specification of when, where, how long, and how often the homework should be completed). Because specific instructions are more likely to be followed than less specific instructions (Mazzulo, Lasagna, & Griner, 1974), practitioners should work with older adults to decide when, where, how long, and how many times the homework should be practiced. In fact, suggesting that the older client "complete the task anytime" will often result in the task being forfeited for other activities that were unforeseen (e.g., family visiting, relatives phoning, day-care involvement). Working with a high degree of specificity can also ensure that clients with processing speed deficits are only asked to complete a portion of the homework task at a given time.

Homework Difficulty

The Beck at al. (1979) text suggested that therapists use clinical judgment to consider each client's strengths and weaknesses when recommending homework. As highlighted in the previous section, older adults may present with sensory deficits, such as impaired vision or hearing, that may affect their ability to comply with homework assignments. Where hearing is poor, for example, a point should be made to check that the details of the homework have been heard completely and accurately. As mentioned, it can prove helpful to incorporate fitting of hearing aids as a preliminary component of completing the homework where hearing is essential. Material should be presented in a multimodal fashion wherever possible to enhance learning and retention. Visual, auditory, and even olfactory stimuli may be successfully integrated into therapy. Whatever the impairment, the clinician must directly assess and compensate for physical and sensory problems in order to maximize the utility of homework, as the older adult may not volunteer this information owing to embarrassment or failure to appreciate the influence on therapeutic progress.

Aside from sensory deficits, older adults may have mild age-associated cognitive impairments that make the completion of homework more difficult unless there is very clear instruction or substantial preparation. If mild cognitive deficits are present or suspected, tasks may have to be simplified or redesigned in order to be clearly understandable and useful to the client. Asking older adults to keep a notebook of work done in session and between sessions can facilitate keeping track of therapy material (Dick & Gallagher-Thompson, 1996). Likewise, employing aids such as flashcards and Post-It notes can make a difference in how well ideas and tasks are remembered outside the therapy session (Gallagher-Thompson & Thompson, 1992).

Instead of abandoning homework with clients who have processing or executive functioning problems, practitioners can attempt to design and/or adapt homework compatible with the client's ability and ensure that any verbal discussion about the rationale and nature of the homework activity is augmented with written instructions. Both cognitive and behavioral techniques have been shown to be effective in treating distress, particularly depression, as well as behavior problems in clients who suffer from dementia (Teri & Gallagher-Thompson, 1991). As memory and mild language impairments are typical features of dementia, therapists should make use of simplified language, clear directions, and written home-

work instructions whenever possible. Frequent repetition, review, and restatement for clients with memory dysfunction is key to increasing efficacy (Bonder, 1994).

Practitioners report regularly making an active consideration of client ability when recommending homework (Kazantzis & Deane, 1999), and the process of matching task difficulty with client ability has been demonstrated to predict subsequent compliance to a significant extent (Conoley et al., 1994). A useful strategy for ensuring that the homework assignment is not too difficult involves asking the client for a confidence rating of his or her perceived ability to complete the assignment. Confidence ratings are best used when the therapist and client have discussed all components of the assignment (i.e., when, where, how often, and how long). Using a scale from 0 to 100, where 0 represents *not at all confident* and 100 represents *totally confident*, clients can be asked for a confidence rating on their ability to complete the assignment as discussed. Interestingly, this exercise will often reveal that the client is less confident about completing the assignment than expected. As a guideline, when confidence ratings are less than 70%, the practitioner should renegotiate the assignment by exploring further barriers to homework in terms of its length, location, duration, and the obstacles to the completion of homework in CBT with older adults.[2] The final confidence rating also serves as a verbal commitment that the client is prepared to attempt the assignment discussed.

Caregiver Assistance

Treatment gains for more severely impaired persons can be increased and enhanced when caregivers are involved in the planning and implementation of treatment strategies (Teri, Logsdon, Wagner, & Uomoto, 1994). Similarly, more pronounced forms of impairment can be less of an obstacle to homework compliance if spouses or other family members are included in the setting and implementation of homework strategies. For example, caregiver assistance was essential in the treatment of a 75-year-old woman with marked sleep disturbance, as she would not have consistently remembered to engage in her sleep hygiene homework without her husband's active involvement and assistance.

[2]This criterion level of 70 was based on the States of Mind model (Schwartz, 1993). This model suggests that the ratio of positive and negative thoughts and feelings according to how individuals evaluate themselves is balanced around specific values. In particular, a ratio of 62% is designated when functioning is subnormal (coping), a ratio of 72% is designated as normal, and a ratio of 81% is designated as optimal functioning (Schwartz, 1997). Since there is a need to ensure that clients have at least a normal ratio of positive to negative perceptions of their ability to complete homework, the criterion level of confidence is suggested at 70.

Written Homework Summaries

In order to enhance the perception of homework's importance, it is suggested that homework be routinely written down in a summary for the client to take away. Once again, there is empirical support demonstrating the utility of providing written versus verbal homework assignments in predicting subsequent compliance with younger adult cohorts (Cox, Tisdelle, & Culbert, 1988). Making a written note of the homework assignment that specifies the details of how it is to be completed can also serve as a useful prompt for older adults, particularly for those with impaired memory. The written format can also help distinguish between different components of the homework assignment. For instance, it may be helpful for a client to place a yellow adhesive dot on his or her bathroom mirror as a reminder to rate mood intensity after the morning shower, the two components being placing the dot on the bathroom mirror and the mood rating. As a general rule, clearly separating the steps involved in completing a task will assist the client in identifying which aspects were, and which aspects could be, modified. Regardless of the particular task outlined, homework summaries should include description of the homework task and specification of when, where, how long, and how often homework should be completed. It is helpful to note the resultant confidence rating on the written homework summary as a prompt for clients. To save time, write homework summaries on duplicate paper to provide a file copy for therapist reference during subsequent session homework review (Shelton & Ackerman, 1974).

Homework Review

Older adults respond well to the therapist's enthusiasm about homework. A client is unlikely to complete homework that is presented at the end of the therapy session in a rushed way or reviewed in an unenthusiastic manner. Even though homework activities may be less demanding than activities assigned to younger adults, older adults still invest a significant amount of time and energy into completing activities. Consequently, it is important for the therapist to acknowledge the client's efforts. This acknowledgment may be best offered in the form of interested and enthusiastic homework review, which, in behavioral terms, will provide the client with a further source of reinforcement for his or her efforts.

Older adults also respond well to therapist curiosity about the experience of the homework task. Part of the skill involved in reviewing homework assignments lies in the therapist's ability to sincerely provide praise and encouragement so that every step involved in the homework task is perceived as a success. Even if an older adult returns with none of the homework task completed, a curious and interested therapist could note that valuable information was gained through understanding the unexpected

barriers to homework completion. Such barriers may be specific to the client's clinical presentation (e.g., subtle safety behaviors in the treatment of anxiety), the individual client (e.g., the homework was too demanding for the client), or the task (e.g., the homework did not fit with the conceptualization). Working with the client to problem-solve such barriers and integrate information gained from homework completion (and noncompletion) into therapy greatly enhances the usefulness of homework in CBT for older adults.

Unfortunately, there is no current empirical evidence to support these specific recommendations for reviewing homework assignments with the older adult population. While the existing evidence in CBT for younger adults has identified the relative importance of homework review as a significant predictor of treatment outcome (i.e., Bryant, Simons, & Thase, 1999), we require further empirical work to support these practical recommendations for integration of homework into cognitive and behavioral practice.

Types of Homework Assignments

Relaxation Training

Preliminary empirical work has provided encouraging support for the efficacy of relaxation training as homework in CBT for older adults (DeBerry, 1982; DeBerry, Davis, & Reinhard, 1989). While relaxation methods are often employed in the treatment of anxiety among older adults, methods such as progressive muscle relaxation may be contraindicated, particularly among those suffering from arthritis. Scogin, Rickard, Keith, Wilson, and McElreath (1992), who compared progressive relaxation and imaginal relaxation in treatment for older adults, demonstrated that both were helpful in reducing anxiety and related symptoms, with lasting improvements at 1-month follow-up. In addition to carefully selecting the relaxation method, therapists should be mindful that older adults often require more in-session practice than younger adults to receive benefit from relaxation (Acierno, Hersen, & van Hasselt, 1996).

Assertiveness Training

There is emerging evidence to suggest that rewarding social interactions are important for psychological well-being among older adults (Gupta & Korte, 1994). Assertiveness training can benefit older adults, particularly if low self-esteem and social anxiety are prominent (Franzke, 1987). As with CBT for younger populations, older adults usually benefit from practicing interactions in session and having new or alternative behaviors modeled by the therapist (Liberman, 1988).

Unfortunately, the progressive loss of significant others may reduce social networks to only one or two primary supports in late life. Practitioners should be aware of this feature of older adulthood when setting homework tasks to address social skills problems. Consequently, opportunities to conduct such behavioral experiments may be limited to interactions with the spouses or a single confidant. Clearly, involving clients in skills training experiments with an instrumental figure in the older adult's social network has the potential to affect that relationship. Therefore, at least initially, involve individuals who are not part of the client's social network in these types of experiments. For example, a behavioral experiment designed to target beliefs about the advantages and disadvantages of assertiveness involved an older adult asking for additional carry bags at an unfamiliar convenience store. As it turned out, this particular homework task was not as anxiety provoking as making the request at his local convenience store, though this was assigned later in therapy for the purpose of generalization. Therefore, graduated escalations in assertive behavior, combined with data collection on the effects of these behaviors in the client's environment, can lead to safe but effective assertiveness training (Thompson et al., 1991).

Cognition and Behavior Rating Scales

Rating scales, thought records, and behavior charting tools should be carefully selected to ensure they are appropriate for use with the older adult population. This is particularly important when treating cognitively impaired adults, where assessment of therapeutic efficacy can easily be undermined by poor instrument choice. Self-report and third-party-completed measures can be carried out in session and between sessions (as homework) as a means of providing clinical information about a client. We briefly review self-report depression and pleasant events measures and third-party behavior measures below.

The Beck Depression Inventory–Revised (BDI-II; Beck, Steer, Ball, & Ranieri, 1996) is often utilized as a self-report measure to chart mood changes during the course of therapy. As with the earlier version of the BDI-II, it does not include criteria characteristic of depression in the elderly such as helplessness and emptiness (Weiss, Nagel, & Aronson, 1986). The number of somatically focused items may make it difficult to separate symptoms of depression from illness, and its utilization of four gradations of intensity for each symptom inquired about places great demands on working memory and attention (Pachana, Gallagher-Thompson, & Thompson, 1994). In contrast, the Geriatric Depression Scale (GDS; Yesavage, Brink, & Rose, 1983) addresses many of these concerns, including a lack of items inquiring about somatic complaints and a simplified yes/no response format. The GDS was also designed, normed, and validated on an older population.

The Pleasant Events Schedule (PES; McPhillamy & Lewinsohn, 1982) has also been modified for use with older adults—the Pleasant Events Schedule for Older Adults (PES-AD; Gallagher & Thompson, 1981). Teri and Logsdon (1991) have designed a version of the PES specifically to identify activities that dementia clients enjoy and in which they can participate. The PES-AD is completed by caregivers and can provide important data on potentially pleasant activities for use in treating depressed dementia clients.

In terms of third-party behavior rating scales, there are several that have been specifically designed for dementia clients. The Behavioral Pathology in Alzheimer's Disease scale (BEHAVE-AD; Reisberg et al., 1987), among others, can be used to augment self-reports from older adults. The Multidimensional Observation Scale for Elderly Subjects (MOSES; Helmes, Csapo, & Short, 1987) assesses five areas of functioning: self-care, disoriented behavior, depressed or anxious mood, irritable behavior, and withdrawn behavior. This scale has been shown to be sensitive to change over time (Dillane & Longley, 1982) and has been recommended for use in treatment in a range of settings (Teri & Logsdon, 1994).

Use of these measures in CBT for older adults can be helpful in providing feedback, both during the course and toward the end of therapy. Data obtained from measures completed in session or between sessions as homework can provide both quantitative (e.g., an index of change over time for a client or group of clients) as well as qualitative information. For example, it may be helpful to note how an older adult's rating of biological features of depression (e.g., selected items from BDI-II) has changed following six sessions of therapy and involvement in activity scheduling. Older adults are usually just as interested as younger adults in learning how scores have changed over time.

Taping of Sessions

Audiotaping therapy sessions provides an opportunity for clients to review important ideas that were discussed with the therapist. As a means of obtaining appropriate consent, clients can be asked in the initial assessment interview for permission to audiotape sessions for review as homework. While some clients may demonstrate initial reluctance toward audiotaping, they frequently note that the use of tapes has been a worthwhile and helpful aspect of therapy. Listening to audiotapes can be helpful as a means of reviewing previous session content and facilitating the learning process between sessions. For example, a helpful homework assignment for an older male with anxiety and impairment in his verbal learning rate was to make notes in response to a series of written questions while listening to session audiotapes. These questions included, "What are the key points about anxiety I learned this session?" and "What were the anxious situations that we discussed?" as well as "What does this tell me about how I might cope in a similar situation next time?" There is no existing empirical support for the use of audiotape homework in therapy for older adults, but preliminary research does exist regarding therapy of younger adults (i.e., Gasman, 1992).

Activity Scheduling

Homework often takes the form of activity scheduling and graded task assignments in CBT. While the therapist may acknowledge that a homework activity is more straightforward than it seems, older adults with more severe symptoms may respond better to less demanding forms of activity scheduling. For example, the therapist can ask clients to limit ratings to a single mood for the most important activity in a time period. Through in-session practice, for instance, a therapist may determine that a particular older adult finds it most manageable to rate a 3-hour time period. For less functional older adults, a binary yes/no rating may be more useful than the 0-to-10 scale. The activity schedule and rating scale combination encourages clients to focus on activities that provide a sense of achievement and pleasure. Alternatively, some older adults may respond better to a different format, such as simply writing a list of activities achieved each day, or providing themselves reinforcement contingent upon tasks completed. In general, the success of scheduling activities with older adults is directly linked to the therapist's ability to build in activities from which the client already derives a degree of pleasure (Zeiss & Lewhinsohn, 1986).

Self-Monitoring

CBT involves asking clients to complete assignments to monitor and evaluate thoughts and associated moods between therapy sessions (Kuehnel & Liberman, 1988; Wright, Thase, Beck, & Ludgate, 1993). Monitoring exercises are designed to provide the practitioner with objective data relevant to therapy. Self-monitoring often involves helping the client to identify and rate various emotions along with the activity they were engaging in at various intervals throughout the day. At times clients will explain that they are busy and ask if they can report on activities and the concomitant ratings of mood at the end of the day. While appropriate in some instances, retrospective ratings may be less useful when working with older adults. For example, a 67-year-old woman with poor episodic memory could not recall all the events or her emotions during the course of the day when completing an activity schedule. There were additional, practical obstacles to her completing the schedule during the course of the day, most notably that she supervised children at a day-care center. The solution in this case was to solicit the assistance of a coworker and schedule hourly intervals

during the day when the client could rate her activity and mood. In instances where older adults are experiencing early-onset dementia, however, the rating of mood (and indeed other tasks) may need to be more straightforward. Such clients may be experiencing difficulties with abstract thought and may, for example, respond better to thoughts as "the talking we do in our heads" in an attempt to describe cognitive experience in more concrete terms.

Behavioral Task Assignments

Homework often provides the opportunity for older adults to better cope with their presenting problems through the practice of skills learned in therapy (Beck et al., 1979). Activities designed to increase activation, such as walking, also have additional health benefits (Dick & Gallagher-Thompson, 1996). For example, older bereaved spouses often experience problems of daily living. Addressing these issues in therapy can have a great affect on mood and psychological functioning. Older bereaved adults report feeling increased self-esteem, independence, capacity to get along with others, and ability to deal with their grief after learning new skills (Lund, 1989). Working on strategies to address problems of daily living can have an added benefit of allowing the bereaved to feel more comfortable and at ease with others and serve to decrease loneliness (Pachana, 1999).

Conclusion

Theoretical and empirical support for the use of homework in therapy and clinical experience suggests that applying the strategies outlined in this article may enhance treatment effectiveness for older adults. Extending treatment beyond the formal consultation hour using a homework-based approach to treatment would be expected to improve outcome, benefit clients with cognitive impairments through increased structure in the therapy process, reduce feelings of hopelessness and worthlessness, increase collaborative empiricism, and, ultimately, produce stronger and longer-lasting generalization of treatment effects. Empirical work is required to demonstrate the extent to which homework can enhance the efficacy of CBT for older adults.

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