



**CLINICAL TIP**

# Home Assignments

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Home assignments are a key component in the recovery process, allowing individuals to develop confidence in their ability to utilize new skills effectively outside of treatment. Home assignments are integral to learning information and trying out skills in all recovery models. In manualized treatments such as Illness Management and Recovery (IMR) and Enhanced Illness Management and Recovery (E-IMR), there are specific steps to collaboratively develop and follow-up on home assignments.

## What are Home Assignments?

- Individually defined activities to do at home in-between sessions
- An opportunity to practice new skills, strategies or knowledge as applicable to an individual's everyday life
- Practice of new skills or knowledge independently or with natural supports
- A step towards person-centered and identified goals
- A specific and practical plan to practice a skill, achieve a step towards a goal
- An opportunity for the individual to build confidence in their ability to learn new skills.

## How are Home Assignments Developed?

- Determined and developed by the individual at the end of each session with the support of the practitioner (and other group members if applicable)
- Ensuring a connection between the home assignment and each client's identified goals
- Created with a practical and specific plan to help ensure success
- Always developed with the individual's context and available support system in mind
- Asking the client at the end of the session, "What was helpful to you about we discussed/practiced today?" and "How could you practice that at home?"

## Client Scenario 1

Example: You are working with Ed, an individual who has identified a goal of exercising regularly as a strategy to reduce his symptoms of depression, tendency to isolate and increase his sense of physical and mental well-being.

**PRACTITIONER:** "You have identified exercise as a new strategy to enhance your well-being. Let's make a plan for how you might take a step towards this goal. What type of exercise have you done over the past month?"

*Note that the practitioner is supporting Ed's self-determined goal and helping him identify a practical strategy by asking him specifically what kind of exercise he engages in.*

**CLIENT:** "I have gone on a walk around my neighborhood. I liked that, so I could do that again."

**PRACTITIONER:** "Great! What day this week will you plan to take a walk around your neighborhood? How long will you walk for?"

*Note that the practitioner is again supporting Ed's goal and now is helping him develop a specific and practical plan and first step to achieve this goal.*

**CLIENT:** "Next Tuesday for 20 minutes."

**PRACTITIONER:** "In the past you have mentioned walking outside feels scary to you. What time of the day are you planning to go for a walk, such as the daytime?"

*Note: Practitioner is helping identify possible barriers and encouraging Ed to identify practical strategies to help ensure success.*

**CLIENT:** "I have an appointment later in the afternoon so I could go on my walk in the morning, maybe around 9am."

*Note: Ed came up with his own solution. Another idea, if he had struggled a bit, would be to suggest involving his support system and have a friend or family member join him on his walk.*

**PRACTITIONER:** "That's great. Why don't we write that down as a reminder you can put on your refrigerator?"

## Client Scenario 2

**Example:** You have been working with Susan on different social supports and resources that are available to her in her community. Last week she determined that her home assignment would be to attend an intake at a Community Support Program (CSP) down the street.



**PRACTITIONER:** “Were you able to go to the CSP intake like we talked about last week?”

*Note: The practitioner is reviewing the home practice at the beginning of the session to see how it went and problem solve, if needed.*

**CLIENT:** “Yes, but I don’t think I want to go back. I don’t know.”

**PRACTITIONER:** “Good work! Going to the intake was a big step. It would be helpful for me to understand more about why you don’t want to go back. Could we take a minute for you to show me what happened when you went into the intake?”

*Note: Practitioner is praising Sue’s efforts and providing encouragement.*

**CLIENT:** “I guess. The man asked me a lot of questions and I felt embarrassed.”

**PRACTITIONER:** “I can see how you might feel that way. I know that we are going to be talking more about starting a conversation today in our session and I wanted to see if you would be willing to show me how the intake person was asking you questions so we can help you feel more comfortable in those situations.”

*Note: Practitioner is using role-play to troubleshoot the difficulty Susan encountered.*

**CLIENT:** “Yes, I guess I could do that.”

**PRACTITIONER:** “I see you have a calendar of events and groups from the CSP with you today, can we take a look at that together? Is there anything going on next week that you might be interested in?”

**CLIENT:** “Next Wednesday there is a knitting group. I used to knit and liked it, maybe I could go to that.”

## Tips for Troubleshooting

- Praise all efforts, no matter how small the success may seem
- Using a different term to describe home assignments such as home practice, recovery assignment, or just trying something at home
- Practicing the home assignment in session using a role-play might help to troubleshoot and tailor the assignment to increase successful attempts
- Review home assignment attempts at the beginning of each session and spend time discussing and problem solving any difficulties
- Personalizing the home assignment by making it relevant to the client’s goals or current concerns
- If difficulties are encountered, work to shape and break the assignment down into smaller, more achievable steps.



## REFERENCES

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Meyer, P., Gingerich, S., Fox Smith, L., and Mueser, K. (2013) Practitioner Guidelines for Enhanced Illness Management and Recovery for Co-Occurring Disorders Manual. Saint Paul, MN: Minnesota Center for Chemical and Mental Health (MNCAMH), University of Minnesota.

## SUGGESTED CITATION

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