



Counseling

Don Dinkmeyer, Sr., *Column Editor*

This section is devoted to presenting Adlerian counseling cases, situations, or transcripts that will be evaluated and analyzed by the editor or guest reviewers. Counselors and therapists are invited to submit cases and transcripts of counseling that include the following information: (a) sex and age of counselee, (b) background information, (c) reasons for initiating counseling, and (d) actual incidents (preferably verbatim descriptions of a situation). This material should be typed and double-spaced and not be longer than four pages. Send contributions or questions to Don Dinkmeyer, Sr., 4010 NW 99th Street, Coral Springs, Florida 33065.

Utilizing Task Assignments within Adlerian Therapy

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“Patients often learn more from what they do than from what they hear” (Zeig, 1987, p. 403).

Adler (1956) was the first to use direct and indirect therapeutic task assignments. The technique of task assignment is defined as the prescribing, assigning, or giving the client a task to do during or in between sessions (Lankton, 1988; Last, 1985; Shelton & Ackerman, 1976). For purposes of this

Table 1
Categories and Subtypes of Task Assignments

<i>Types/Sources</i>	<i>Definitions</i>
1. Cognitive Oriented Tasks (Dobson, 1988; Ellis & Dryden, 1988; Beck, 1979; McMullin, 1986)	Homework assignments that mainly involve cognitive processes of beliefs/thoughts, perceptions, etc. These include: guided imagery, images, practicing specific self talk, etc.
2. Cognitive/Behavioral Tasks (Dobson, 1988)	Task assignments involving cognitive/behavioral (both thought and physical) activity. These include: letter writing (anger, forgiveness, acceptance, guilt, goodbye, self and other love, etc.); keeping journals, contracts; listing techniques; listing problems, positive/negative or likes/dislikes of self, writing redundant statements, listing goals and expectations. relaxation exercises.
3. Behavioral Tasks (Dobson, 1988; Bellack & Hersen, 1985)	Task assignments involving observable overt physical activities such as exercises, doing things, reinforcement strategies, extensive strategies, punishment, aversive conditioning (Dobson, 1988).
4. Metaphorical/Symbolic Tasks (Barker, 1985; Lankton & Lankton, 1983; O'Hanlon, 1987; Yapko, 1988a)	Tasks assigned that symbolically represent the therapeutic message (Barker, 1985; Lankton & Lankton, 1983; Yapko, 1988a). These tasks are in the form of parallel communications (O'Hanlon, 1987). These include stories, anecdotes, puns, riddles, analogies, metaphors, multiple embedded metaphors, etc.
5. Strategic/Paradoxical Tasks (Haley, 1973, 1976, 1984, 1985; Lankton, 1988; Yapko, 1988a)	These tasks include assignments with paradoxical (self-contradictory meanings) prescriptions, experiences, and messages (O'Hanlon, 1987; Yapko, 1988a).

Table 1 (continued)

<i>Types/Sources</i>	<i>Definitions</i>
	Some of these include symptoms, prescription, benevolent sabotage or ordeal therapy, predicting relapses, scheduling symptoms, confusion, simple/double binds, reframing, etc.
6. Absurd/Ambiguous Task Assignments (Haley, 1973; Yapko, 1988a, 1988b)	The assignment of deliberate ambiguous, absurd tasks with an indirect hidden meaning or experience (Lankton, 1988; O'Hanlon, 1987). The meanings are indirectly implied (Erickson, Rossi, & Rossi, 1976).
7. Social Directives (Adler, 1956; Dobson, 1988)	Tasks that involve or promote social interest, cooperation, and interactions. These include activities involving people such as doing things for people and making a specific number of contacts, directives used in relationships (couple and family therapy)

paper, task assignments have been subdivided into seven types based on therapeutic function, process, and/or school of therapy (see Table 1). Each type can be combined with each other in order to create more innovative interventions.

Principles

The following principles indicate the use of task assignments:

1. A modest, friendly, and cooperative attitude;
2. Clear expectations of change and task compliance;
3. Therapist confidence;
4. Patterns of stability; and
5. Development of a meaningful task.

The first principle, a modest and friendly attitude, establishes a cooperative therapeutic context. Adler (1956) emphasized the importance of

having a modest and friendly attitude when giving prescriptions. He felt it was important to facilitate client cooperation and to avoid power struggles. In general, when the task is the focus of a power struggle the therapeutic value is lost.

The second principle is the establishment of a positive set of expectations (Adler, 1956; Haley, 1984; Yapko, 1988a, 1988b). If the client expects something positive to happen then most likely something positive will happen. Change is least likely to occur without expectations. Establishing expectations also encourages task compliance. Expectations of compliance may be contra-indicated when the purposes of the task include noncompliance.

The third principle is therapist confidence. Clients tend to comply with the task and are more assured and encouraged when the therapist displays confidence. Confidence facilitates positive expectations of change and task compliance.

The fourth principle involves creating patterns of stability while inducing change (Adler, 1956; Keeney, 1983; Keeney & Ross, 1983). Task assignments need to be structured to incorporate patterns of both stability and change. The task assignment needs to feel safe and meaningful to the client.

The final principle is the creation of a meaningful task for the client (Yapko, 1988a, 1988b). According to Haley (1984), successful task assignments have some kind of meaning for the client. The client is therefore more motivated and compliant.

Therapeutic Goals

The overall goals or purposes of task assignments depend upon the type of experience that the client needs to have in order to facilitate change (Yapko, 1988b). In general, goals of task assignments range from problem assessment to actual life-style change (Adler, 1956) (see Table 2).

Task assignments can be used in each of the four Adlerian stages (relationship, investigation/analysis, insight/interpretation, and reorientation/action) depending upon the purpose of the task.

Procedures

Because there are many different kinds of task assignments (see Table 1), there are many different procedures. However, a general procedure can be delineated that includes the following steps: (1) problem definition; (2) defining a goal and identifying the appropriate therapeutic experience sought; (3) develop and plan the task with the appropriate degree of direc-

Table 2
General Therapeutic Goals of Task Assignments

1. Problem assessment and identification (Dobson, 1988).
 2. Identifying and prioritizing problems (Dobson, 1988).
 3. To reassess lifestyles (Dobson, 1988; McBrien, 1985).
 4. Initiating unconscious searches by accessing problems (Lankton, 1988).
 5. Initiating unconscious creative processes by accessing problems (Lankton, 1988; Rossi, 1986).
 6. To expand self-image, confidence, esteem, and self-concept (Lankton, 1988).
 7. To assess the teleology of behavior (Adler, 1956).
 8. To facilitate insights (Adler, 1956).
 9. To facilitate interpretations (Adler, 1956).
 10. To facilitate actual behavior change (Adler, 1956; McBrien, 1985).
 11. To interrupt symptomatic or dysfunctional patterns of behavior (O'Hanlon, 1987; Yapko, 1988a, 1988b; Haley, 1984).
 12. To promote and incorporate newly learned behavioral patterns (Yapko, 1988a, 1988b).
 13. To facilitate analysis (Dinkmeyer, Dinkmeyer, & Sperry, 1987).
 14. To promote rapport.
 15. Facilitates motivation to change (Haley, 1984; McBrien, 1985).
 16. To promote social interest (Adler, 1956).
 17. Indicates therapeutic progress (Dinkmeyer, Dinkmeyer, & Sperry, 1987; McBrien, 1985).
 18. Promotes client responsibility (Murphy, 1984).
 19. To measure the degree of cooperation (McBrien, 1985).
 20. To maximize time by providing therapy outside of sessions (McBrien, 1985).
 21. To establish a positive set of expectations toward change (McBrien, 1985).
 22. To assess and monitor client progress (McBrien, 1985).
 23. To initiate generative change processes (Lankton, 1988).
 24. Building skills and coping strategies (Lankton, 1988).
 25. Planting or seeding ideas and suggestions (Lankton, 1988; Zeig, 1987).
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tiveness or indirectiveness; (4) delivery of the task with an explanation and/or rationale; (5) monitor outcome and follow-up; and (6) reassessment or task evaluation. These steps are generally followed unless the therapist strategically uses indirect tasks.

1. Problem Definition. Problems are defined in specific behavioral concrete terms (Yapko, 1988b). This involves identifying the target problem(s) or issue(s) to be influenced by the task assignment (Haley, 1984; Shelton & Ackerman, 1976). Haley (1984) suggests obtaining a contractual commitment from the client to change prior to task assignment. He also emphasizes that it is the therapist's responsibility to motivate unmotivated clients.

2. Goal Definition. The second step involves identifying various therapeutic goals in relation to the task (Shelton & Ackerman, 1976; Yapko, 1988a, 1988b). In order to establish the goals of the assignment, the therapist defines the type of experience necessary to facilitate change (Yapko, 1988b). The task assignment is structured to facilitate the designated experiential dimension or domain.

3. Task Assignment/Degree of Direction. Step three involves the selection and development of the appropriate task assignment. This includes the proper degree of directiveness versus indirection (Yapko, 1988b). If the therapist perceives resistance toward change, the indirect tasks are utilized (Yapko, 1988a, 1988b; Zeig, 1980, 1987). Likewise, straightforward tasks are assigned when clients are cooperative. Indirect task assignments include metaphoric task, symptom prescriptions and relapses, ambiguous directives, double binds, and implied directives. Examples of direct tasks include maintaining journals, writing letters, and making lists.

4. Delivery with Rationale. The next step is the delivery or presentation of the task with some kind of rationale (Haley, 1984; Lankton, 1988; O'Hanlon, 1987; Yapko, 1988a, 1988b; Zeig, 1985). The degree of direction defines the type or amount of explanation for the task. Direct tasks usually require more of a rationale or explanation (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Lankton, 1988). The delivery involves giving the assignment in a context of meaningfulness (with a rationale); expectations of usefulness, compliance, change, and that something will happen; and therapeutic sincerity.

5. Follow-Up/Monitor the Outcome. Follow-up and monitoring the outcome of the task is a crucial step. Monitoring indicates the therapist's commitment and desire to have compliance. It also indicates the therapist's sincerity and the importance of the task toward change. The goal of the task needs to be realistic, attainable, and measurable, so that at the next meeting progress can be discovered in terms of specifics (Dinkmeyer, Dinkmeyer, & Sperry, 1987). Furthermore, the outcome of any task can be utilized to enhance change.

6. Reassessment/Evaluation. The last step is evaluation or reassessing the effectiveness of the intervention in terms of the purposes or goals. Evaluation of the outcome indicates motivation toward change, degree of change, change in what experiential domain, and the overall success of the task assignment.

Summary

The use of task directives or homework assignments can be an effective and quick way to facilitate therapeutic change. Tasks can be used in all phases of Adlerian therapy including relationship building, data collection or assessment, insight, analysis, and reorientation or behavioral change.

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