

## Psychologists' Use of Motion Pictures in Clinical Practice

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Do professional psychologists use motion pictures in clinical practice? If so, do they consider motion pictures to have therapeutic value? Of 827 licensed practicing psychologists, 67% reported the use of motion pictures to promote therapy gains. Most of these practitioners (88%) considered the use of motion pictures as effective in promoting treatment outcome, and only a minority (1%) reported them as potentially harmful. Compared with their psychodynamic counterparts, therapists practicing within eclectic–integrative, cognitive–behavioral, or humanistic frameworks were more likely to view or use motion pictures as therapeutic tools. Psychologists provided individual evaluations of 27 motion pictures that deal with a variety of mental health subjects, and overall they were characterized as “moderately helpful.” Clinical applications and issues pertaining to using motion pictures in therapy are summarized.

There is increasing interest in the use of self-help materials, but relatively little is known about psychologists' actual use of self-help materials in clinical practice. Recent advances in self-help materials (books and self-help groups) include the use of *cinematherapy* or *videowork*, that is, the use of entertainment motion pictures for therapeutic purposes (Berg-Cross, Jennings, & Baruch, 1990; Hesley & Hesley, 1998; Solomon, 1995; Sharp, Smith, &

Cole, 2002). Motion pictures hold several advantages over other self-help materials because they are typically more available, familiar, and accessible, and they often represent easy, quick, and pleasurable activities for clients (Hesley & Hesley, 1998). However, there is little information on the extent to which the general psychologist population uses motion pictures in clinical practice and on which motion pictures are considered to have therapeutic value. The use of motion pictures in therapy may also vary as a function of practitioners' clinical experience, theoretical orientation, work setting, and other practice characteristics. The present study was designed to provide data on using motion pictures in clinical practice.

In the late 1970s Rhea Rubin provided a detailed account of the rationale and benefits for the clinical use of the self-help materials, such as psychological books, poetry, and literature (Rubin, 1978a, 1978b). The range of therapeutic self-help materials has since expanded to include client autobiographies, the Internet, and motion pictures (L'Abate, 2004; Norcross, 2000; Scogin, 2003a). Delphi polls of psychotherapy experts predicted that self-help and self-change would be among the clinical interventions of the future (Norcross, Alford, & DeMichele, 1992; Norcross, Hedges, & Prochaska, 2002). This expansion is supported by a variety of socioeconomic and clinical factors (Norcross, 2000), including the study of client self-change within and outside therapy (Bohart & Tallman, 1999; Prochaska & DiClemente, 1992).

Motion pictures are not only narratives that transmit the values and ideas of our culture, but also a very popular and widespread method of communication and expression. In treatment, movies can be seen as therapeutic metaphors that can introduce clients to material that is sensitive or perceived as threatening (Hesley & Hesley, 1998; Heston & Kottman, 1997). Movie characters can essentially act as cotherapists for clients. In addition, Hesley and Hesley (1998) described how therapists use motion pictures to promote therapeutic change by offering hope and encouragement,

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deepening emotion, providing role models, enhancing client strengths, reframing problems, improving communication, and reprioritizing values. To these can be added the potential benefits of providing clients with support and acceptance for their condition and facilitating emotional relief, information gathering, problem awareness, and preparation for action. For example, the depiction of the struggle to overcome alcoholism in a relationship in *When a Man Loves a Woman* (Kerner, Avnet, & Mandoki, 1994) and the importance of a child's welfare in a custody battle in *Kramer vs. Kramer* (Jaffe & Benton, 1979) are two well-known motion pictures that address important clinical issues. Indeed, there is a vast array of motion pictures that deal with abandonment, abuse, adoption, alcohol and drug use, death and dying, divorce, adolescence, family, vocation, friendship, gambling, eating problems, mental illness, physical illness, and sexuality. These materials have been supported by an increasing number of practitioner recommendations on how to use them in clinical practice (see Dermer & Hutchings, 2000; Hesley & Hesley, 1998, 2001; Norcross et al., 2000, 2003; Solomon, 1995, 2001).

Evidence from experimental research has supported the assertion that self-help materials can enhance therapeutic effectiveness. Meta-analytic reviews have demonstrated that certain self-help programs are superior to placebo and even equally effective with therapist-facilitated interventions for a variety of psychological problems (Cuijpers, 1997; Gould & Clum, 1993; Marrs, 1995; Scogin, 2003b; Scogin, Bynum, Stephens, & Calhoun, 1990). However, few studies have assessed the extent to which self-help materials are used in clinical practice. Surveys of practitioners' use of self-help books and client autobiographies have shown that a substantial percentage of clinicians have used them for therapeutic purposes (Clifford, Norcross, & Sommer, 1999; Marx, Royalty, Gyorky, & Stern, 1992; Norcross et al., 2000, 2003; Starker, 1988).

Norcross et al. (2000) provided preliminary data on the clinical use of movies from 401 members of the clinical and counseling psychology divisions of the American Psychological Association (APA). The researchers reported that almost one half of respondents recommended movies to their clients and that 68% of these practitioners found them helpful (2% perceived them as harmful). Norcross et al. also obtained quality ratings for a list of motion pictures across 20 problem areas, which they have since updated with the evaluations of additional titles from a subsequent survey of 316 clinical and counseling psychologists (Norcross et al., 2003). Despite these emerging data on practice, there are no published reports about the methods of motion picture use, or whether practitioners with different levels of experience, theoretical orientation, work setting, and other characteristics differ in their clinical use of motion pictures. Similarly, there are no published reports on the specific motion pictures most commonly recommended to clients. This project provides such information by surveying a sample of APA practitioners.<sup>1</sup>

### The Movies Project

Consistent with prior surveys of psychologists' use and evaluation of self-help books and autobiographies for mental health clients (Clifford et al., 1999; Marx et al., 1992; Starker, 1988), we aimed to provide preliminary data that could assist practitioners in evaluating and using popular entertainment motion pictures in

therapy. Do psychologists believe that motion pictures can be therapeutic and used in treatment? Have they ever discussed or recommended a movie to a client? If so, in what way have they used it in session and what were the results? Are they familiar with some of the commonly used motion pictures in clinical practice, and would they recommend them to other practitioners?

The present study obtained information on demographics, theoretical orientation, attitudes, evaluation, patterns of clinical use of motion pictures, and ratings of specific motion pictures. The latter list was developed on the basis of the lists of motion pictures described in the two major guidebooks on cinematherapy (Hesley & Hesley; 1998; Solomon, 1995), from which we chose only those titles that were also recommended by the mental health professionals in a small local survey by Dermer and Hutchings (2000). This procedure was used to ensure title recognition and clinical use of motion pictures in our survey. The final list comprised 27 titles that covered a variety of problems and disorders.

In September 2000, a cover letter, the survey, and a postage-paid return envelope were mailed to 3,000 randomly selected members of the APA. The mailing labels were provided by the APA with the constraints that psychologists (a) resided in the United States, (b) were licensed practitioners, and (c) had indicated that the provision of health and mental health services was their primary activity in their primary or secondary work setting. Two weeks later a reminder card was sent to all participants, and 1 month later a second survey was mailed to 1,200 randomly selected participants from the original 3,000. The return rate of 28% yielded 840 returns and a total of 827 usable returns. All responses were completely anonymous. The return envelopes were not coded and were destroyed on receipt.

To evaluate the representativeness of the respondents, we compared their characteristics with those of the initial sample of 3,000 provided by the APA, as well as those of the APA members who provide mental health services (provided by the APA research department). The respondents had almost identical characteristics with both of these groups in terms of gender, age, race-ethnicity, highest degree obtained, number of years since degree, and area of highest academic qualification. Forty-nine percent of respondents were men and 95% of respondents were Caucasian. The mean age of respondents was 52.43 years ( $SD = 9.64$ ). In terms of professional degree, 84% had earned a PhD, 9% had earned a PsyD, 4% had earned an EdD, and 3% had earned another advanced degree. Respondents had been out of graduate school an average of 18.60 years ( $SD = 9.51$ ). Seventy-six percent of respondents identified with clinical psychology, 18% with counseling psychology, 2% with school psychology, and 4% with "other." Although the sample had similar characteristics to the initial APA-provided sample and was similar to recent practitioner surveys (i.e., 30% in Addis & Krasnow, 2000), the final response rate of 28% does suggest that the findings should be considered indicative and preliminary.

Seventy-four percent of respondents reported independent practice as their primary employment setting, and 94% of respondents indicated direct patient contact as their primary professional activity. The mean percentage of respondents' annual caseload seen in different therapy formats was 72% ( $SD = 19%$ ) for individual

<sup>1</sup> The results of the Norcross et al. (2000) study were not available at the time we were planning and conducting the data collection for this project.

therapy, 16% ( $SD = 12\%$ ) for couples therapy, 14% ( $SD = 15\%$ ) for family therapy, and 10% ( $SD = 14\%$ ) for group therapy. Respondents reported treating mostly adults (68% of yearly caseload;  $SD = 25\%$ ), followed by adolescents (17%;  $SD = 15\%$ ), children (17%;  $SD = 18\%$ ), older adults (12%;  $SD = 12\%$ ), and infants (1%;  $SD = 4\%$ ). In terms of primary theoretical orientation, respondents self-identified with cognitive-behavioral therapy (41%), psychodynamic-analytic therapy (25%), existential-humanistic therapy (8%), interpersonal therapy (8%), family systems therapy (4%), behavioral therapy (2%), social learning therapy (1%), and other therapies (integrative-eclectic; 12%). The ranges and percentages of theoretical orientations were consistent with a survey of APA Division 12 (Clinical Psychology) members (Norcross, Karg, & Prochaska, 1997).

### *Attitudes and Use of Motion Pictures in Clinical Practice*

Sixty-seven percent of responding practicing psychologists either agreed (54%) or strongly agreed (13%) that "quality entertainment motion pictures that deal with psychological issues can be beneficial and could be used for therapeutic purposes (e.g., awareness raising, modeling behavior, and client inspiration)." Twenty-five percent of respondents remained neutral, and only 8% of respondents indicated they either disagreed or strongly disagreed with the above statement ( $M$  response = 3.67,  $SD = 0.90$ , on a Likert-type scale with anchors 1 = *strongly disagree* and 5 = *strongly agree*).

We were interested in examining whether theoretical orientation was related to the perceived therapeutic value of motion pictures for two reasons. First, assigning motion pictures in therapy has been described as a type of homework assignment (Hesley & Hesley, 1998), and homework has been traditionally associated with the practice of cognitive-behavioral therapy compared with other therapies (Blagys & Hilsenroth, 2002; Kazantzis & Deane, 1999). Second, the use of motion pictures as self-help adjuncts to therapy is consistent with the tenets of humanistic therapy, where clients are seen as active self-healers (Bohart & Talman, 1999). Therefore, we recoded theoretical orientation into five categories (cognitive-behavioral, humanistic-existential, psychodynamic-analytic, interpersonal-family systems, and eclectic-integrative) and conducted an analysis of variance (ANOVA) to examine differences among practitioners of major theoretical orientations. For the potential value of using motion pictures in therapy, there were statistically significant differences among respondents of different theoretical orientations,  $F(4, 760) = 4.70, p = .001$ . A Tukey post hoc test revealed that cognitive-behavioral ( $M = 3.76, SD = 0.87$ ) and eclectic-integrative ( $M = 3.81, SD = 0.77$ ) therapists more frequently considered motion pictures as therapeutic tools than did psychodynamic-analytic therapists ( $M = 3.44, SD = 0.95, p < .01$ ).

When asked about the natural occurrence of in-session discussions of motion pictures, 90% of respondents reported that they had discussed a motion picture with a client in therapy without necessarily recommending it. Sixty-seven percent of respondents reported that they had recommended a motion picture to a client, a substantially higher proportion than the 46% reported in the Norcross et al. (2000) study.

Practitioners who had recommended a motion picture to a client were asked to check up to four options describing the method they

used for incorporating motion pictures in therapy. Of the 536 respondents who recommended a motion picture to a client, 95% discussed the movie in session, 53% recommended the movie but did not discuss it in session, 29% assigned therapeutic homework related to the movie, and 5% watched the movie or parts of it with the client in session. The percentages reported for the use of each method were comparable with those reported for self-help books (Marx et al., 1992) and autobiographies of mental health clients (Clifford et al., 1999), suggesting that the in-session use of motion pictures may be similar to other adjunctive self-help materials.

A chi-square analysis revealed significant differences among practitioners of major theoretical orientations in their use of motion pictures,  $\chi^2(4, N = 772) = 35.48, p < .001$ . More specifically, 87% of eclectic-integrative practitioners had recommended motion pictures as a therapy adjunct, whereas 79% of humanistic-existential practitioners, 65% of interpersonal-systemic practitioners, 65% of cognitive-behavioral practitioners, and 54% of psychodynamic-analytic practitioners had recommended motion pictures. Additional chi-square tests between pairs of theoretical orientations were conducted, with alpha set at  $p < .01$  for all tests (to reduce the likelihood of Type I error). These tests revealed that (a) eclectic-integrative therapists were more likely to recommend movies compared with practitioners with interpersonal, cognitive-behavioral, and psychodynamic orientations, and (b) humanistic-existential therapists were more likely to recommend movies than their psychodynamic-analytic colleagues.

Statistical tests were also conducted to examine differences in use of motion pictures in terms of the following five variables of interest: practitioners' gender, clinical experience, primary employment setting (private practice vs. other), type of academic degree (PhD vs. PsyD), and area of academic degree (clinical vs. counseling psychology). Male respondents were slightly more likely to have recommended a movie to a client than women (72% vs. 60%),  $\chi^2(2, N = 802) = 12.34, p < .001$ . Psychologists in private practice were also more likely to have recommended a movie to a client compared with those who reported a different primary employment setting (70% vs. 58%),  $\chi^2(2, N = 791) = 10.12, p = .001$ . In terms of clinical experience, psychologists who had recommended a motion picture to a client had more years of clinical practice ( $M = 21.41, SD = 9.08$ ) than their colleagues who had never recommended a movie ( $M = 19.01, SD = 8.70$ ),  $t(797) = 3.58, p < .001$ . However, the use of motion pictures was not significantly different among those who were PhD versus PsyD trained or between those trained in clinical or counseling disciplines.

To survey the perceived therapeutic effects of motion pictures as a therapy adjunct, we asked psychologists to evaluate their own experience with using motion pictures in treatment on a Likert-type scale with anchors of 1 (*very harmful*) to 5 (*very helpful*). Seventy-six percent of respondents rated the effects as somewhat helpful and an additional 12% as very helpful, whereas 11% did not perceive any effects and only 1% rated them as somewhat harmful (and none rated them as very harmful).

### *Ratings of Therapeutic Value for Specific Motion Pictures*

With the goal of providing preliminary data for practitioners regarding the perceived value of recommending particular motion pictures in treatment, we provided participants with the list of 27

motion pictures. Table 1 presents motion pictures' titles, years of release, and main psychological-therapeutic subjects. The latter issue was not always clear-cut because most of these motion pictures dealt with a variety of subjects, and descriptions were based on a review of different sources (i.e., Dermer & Hutchings, 2000; Hesley & Hesley, 1998; Solomon, 1995).

Participants who recommend motion pictures ( $n = 536$ ) indicated whether they had seen each movie, with responses ranging from 27 (5%) to 501 (93%) respondents for the most popular movie (see Table 1). The therapeutic quality of each movie for treatment purposes was then rated on the following scale:  $-2 =$  extremely bad (this movie exemplified the worst of these type of motion pictures);  $-1 =$  moderately bad (not a good movie, may provide misleading or inaccurate information);  $0 =$  neutral (an average movie of this type);  $1 =$  moderately good (provides good insight, can be helpful);  $2 =$  extremely good (outstanding, highly recommended). This scale was based on those used in similar studies of self-help books (Santrock, Minnett, & Campbell, 1994) and mental health client autobiographies (Clifford et al., 1999).

Table 1 presents the means and standard deviations of therapeutic quality ratings for the 27 movie titles. Movie ratings ranged from 0.29 to 1.33 for the most valuable motion pictures, which are presented in ranked order. Overall, these specific motion pictures were considered to be moderately helpful, and none of them

received negative mean ratings. Practitioners were also given the option to cite and evaluate their own motion pictures at the end of our prepared list, in a response choice marked as "other."

Respondents who recommend motion pictures ( $n = 536$ ) also indicated which of the listed motion pictures they had recommended to a client, with the number of therapists having recommended each title ranging from 3 to 188 (see Table 1). As a second descriptive analysis of these data, the percentage of the sample that had viewed and subsequently used a movie in therapy can be used to indicate how "recommended" a movie might be. The highest percentage was for *Ordinary People* (41% of the sample who viewed it used it in therapy), which also received the highest quality rating. The proportion of therapists using any specific movie ranged between 41% and 11%. Some infrequently seen motion pictures may be used relatively frequently by the small number of therapists who have seen them (e.g., *Under the Influence*, 19 of 71, or 27%, used it). These data may provide preliminary guidelines to help clinicians select and assess the therapeutic quality of specific motion pictures.

### Summary and Implications for Practice

Our study attempted to clarify clinicians' attitudes and patterns of use of motion pictures for therapeutic purposes and provide

Table 1

Frequency of Respondents ( $n = 536$ ) Who Personally Viewed and Therapeutically Used Motion Pictures and Mean Ratings of Their Therapeutic Quality

Motion picture (year and main subject)	Viewed	Used	Therapeutic quality			
	<i>n</i>	<i>n</i> / <i>%</i>	<i>M</i>	<i>SD</i>	<i>n</i>	Rank
<i>Ordinary People</i> (Schwartz & Redford, 1980; multigenerational issues, loss)	453	188/41	1.33	0.72	412	1
<i>Philadelphia</i> (Saxon & Demme, 1993; AIDS and prejudice)	342	68/20	1.17	0.80	307	2
<i>The Great Santini</i> (Pratt & Carlino, 1979; father-son relationship, abuse)	252	89/35	1.14	0.85	227	3
<i>On Golden Pond</i> (Gilbert & Rydell, 1981; aging and relationships)	471	126/27	1.14	0.76	422	4
<i>Trip to Bountiful</i> (Vanwagenen, Forte, & Masterson, 1985; age and ageism)	198	40/20	0.97	0.77	179	5
<i>My Life</i> (Lowry & Rubin, 1993; terminal illness and dying)	84	21/25	0.94	0.85	83	6
<i>Kramer vs. Kramer</i> (R. C. Jaffe & Benton, 1979; divorce and custody)	462	97/21	0.93	0.81	409	7
<i>Dad</i> (Kennedy, Marshall, Spielberg, & Goldberg, 1989; aging and family)	78	15/19	0.91	0.64	75	8
<i>Dead Poets Society</i> (Haft, Witt, Thomas, & Weir, 1989; adolescence, family issues)	453	105/23	0.85	0.76	402	9
<i>When a Man Loves a Woman</i> (Kerner, Avnet, & Mandoki, 1994; alcoholism)	184	47/26	0.84	0.89	170	10
<i>Terms of Endearment</i> (Brooks, 1983; terminal illness)	436	77/18	0.84	0.85	384	11
<i>Parenthood</i> (Grazer & Howard, 1989; parent-child relationships)	192	44/23	0.78	0.82	172	12
<i>Steel Magnolias</i> (Stark & Ross, 1989; friendship, grief)	381	80/21	0.77	0.80	342	13
<i>One Flew Over the Cuckoo's Nest</i> (Douglas, Zaentz, & Forman, 1975; mental health)	501	116/23	0.76	1.04	447	14
<i>The Accused</i> (S. R. Jaffe, Lansing, & Kaplan, 1988; sexual assault)	152	23/15	0.76	0.95	138	15
<i>Under the Influence</i> (Greene & Carter, 1986; alcoholism in the family)	71	19/27	0.75	0.77	71	16
<i>It's a Wonderful Life</i> (Capra, 1946; meaning in life, suicide)	422	77/18	0.74	0.84	368	17
<i>Four Seasons</i> (Bregman & Alda, 1981; divorce and remarriage)	232	34/15	0.67	0.79	212	18
<i>How to Make an American Quilt</i> (Pilsbury, Sanford, & Moorhouse, 1995; intimacy)	136	18/13	0.67	0.61	121	19
<i>Like Water for Chocolate</i> (Arau, 1993; family of origin)	283	53/19	0.64	0.78	250	20
<i>Forest Gump</i> (Finerman, Starkey, Tisch, & Zemeckis, 1994; mental challenges, labeling)	475	87/18	0.64	0.86	427	21
<i>The Big Chill</i> (Kasdan, 1983; friendship, grief)	400	52/13	0.59	0.75	356	22
<i>Nuts</i> (Corman, Schwartz, Streisand, & Ritt, 1987; sexual abuse)	186	34/18	0.54	0.99	174	23
<i>Bye, Bye Love</i> (Goldberg, Hall, & Weisman, 1995; divorce)	27	3/11	0.37	0.79	27	24
<i>Dolores Claiborne</i> (Mulvehill & Hackford, 1995; violence and sexual abuse)	153	17/11	0.34	0.91	142	25
<i>War of the Roses</i> (Brooks, Milchan, & DeVito, 1989; conflict resolution)	352	65/18	0.29	1.18	315	26
<i>Prince of Tides</i> (Karsch & Streisand, 1991; sexual abuse)	397	82/21	0.29	1.32	362	27

Note. Viewed = number of therapists who indicated they had personally viewed the movie. Used = number of therapists who indicated they had used the movie for therapeutic purposes with clients. % used = percentage of therapists who had used the movie from those who had viewed. Therapeutic quality = ratings of perceived quality of the movie for therapeutic purposes (scale ranged from  $-2 =$  extremely bad to  $2 =$  extremely good).

pilot data on the usefulness of specific motion pictures that deal with psychological subjects. Overall, the findings are consistent with those of Norcross et al. (2000) in that the majority of responding psychologists have at some point discussed a movie in session, have positive attitudes toward motion pictures, and use motion pictures in clinical practice. These preliminary findings also suggest that motion pictures are almost as popular and helpful as self-help books, at least according to practitioners' reports (see also Norcross et al., 2000). However, a higher percentage of respondents in the present study (67%) had recommended a motion picture to a client than in the Norcross et al. study (46%). Consistent with this, 88% in the present study considered the use of motion pictures to be helpful in therapy, whereas a lower proportion (68%) rated them as helpful in the Norcross et al. study. These differences may be due to our sample having more private practitioners compared with Norcross et al. (74% and 41%, respectively). Private practitioners seemed to be more willing to recommend movies to their clients, as was also the case with self-help books (see Marx et al., 1992). Similar to the attitudes toward self-help books (Campbell & Smith, 2003), eclectic-integrative, cognitive-behavioral, and humanistic therapists were more likely to view or use motion pictures as therapeutic tools compared with psychodynamic-analytic therapists.

Given such common use and the perceived value of motion pictures in therapy, there remains a need for research to quantify the effects on psychotherapy processes and subsequent outcomes. However, because it may be unrealistic to expect that specific studies will be conducted in the near future for each motion picture as a therapeutic tool, it has been suggested that practitioners could explore the clinical use of films that have already been positively evaluated and recommended by hundreds of therapists (Norcross, 2003). The results of the present study, together with the Norcross et al. (2000, 2003) studies have provided preliminary ratings on the perceived value of several specific motion pictures that cover a variety of problems. It is notable that the majority of the motion pictures listed in this study were evaluated positively by practitioners in the present study. At the very least, these findings can be used as a preliminary clinical resource for selecting and using motion pictures in clinical practice.

Although some practitioners described the use of motion pictures more than others, our data suggest that practitioners of all different orientations and therapeutic modalities have used them as clinical tools. Practitioners' responses included a variety of in-session uses of films, from simply discussing a film in session, to assigning homework related to it, or even watching parts of it with the client. Motion pictures can be useful therapy assignments, because their accessibility, familiarity, brevity, and entertainment value can spark client curiosity, build therapeutic rapport, and enhance homework compliance (Hesley & Hesley, 2001). However, therapeutic viewing is different from entertainment, in that it focuses on the analysis of movie characters, their relationships, and behaviors and strives for client insight through conscious identification with the characters (Hesley & Hesley, 2001). The evaluations of movies provided by the present study can assist selection, but we also recommend consulting other available sources to obtain additional clinical guidelines with suggestions of specific movies for specific problems (e.g., Dermer & Hutchings, 2000; Hesley & Hesley, 1998, 2001; Norcross et al., 2000, 2003; Solomon, 1995, 2001). Alternatively, interested clinicians can read

actual cases of cinematherapy (e.g., Heston & Kottman, 1997; Wedding & Niemiec, 2003) or even analyses of specific movie titles from different theoretical orientations (e.g., Cocks, 1991; Paden-Levy, 2000).

The following summary of general recommendations and cautions are offered to clinicians who want to integrate cinematherapy into their clinical practice.

1. Therapists should carefully consider who is and who is not a good candidate for the therapeutic use of motion pictures. Some prerequisites include at least moderate client functioning, client's interest and enjoyment in watching movies, and client's ability to understand the movie. The age of the client, degree of impairment, as well as ability to distinguish between fantasy and reality are important considerations. In addition, cultural and disability issues should be considered, and special caution is advised for clients with severe trauma or violence issues (Dermer & Hutchings, 2000; Hesley & Hesley, 1998, 2001; Schulenberg, 2003).

2. Therapists should choose the timing of the intervention and assign a movie that is appropriate for client's problems. Movies are used as therapeutic tools for specific purposes and should be well integrated in the therapeutic process, case formulation, and treatment plan. Using only one movie at a time is preferred to maximize the benefit of the experience and not overwhelm the client (Hesley & Hesley, 1998, 2001; Solomon, 1995; Sharp et al., 2002; Schulenberg, 2003).

3. Movie selection criteria include choosing titles that clients enjoy or are familiar with and those recommended by other therapists. Considering a client's input and building on a client's previous movie-viewing experience may also increase cooperation with the assignment and the client's benefit from it (Hesley & Hesley, 1998, 2001; Schulenberg, 2003).

4. Desirable movie characteristics include the ability to inspire and evoke emotions, the depiction of characters solving problems, and, generally, of appropriate role models. It is preferable that clients have similar demographics, values, and lifestyles with characters in the assigned movies, so they can better relate (Hesley & Hesley, 1998, 2001; Heston & Kottman, 1997).

5. Therapists should view a movie before assigning it to a client and have a clear rationale for doing so. Clinicians should first normalize the exercise and explain it to clients. This includes explaining expectations, identifying the characters the client should focus on, and giving specific movie-viewing instructions (e.g., watch focused, pause and replay important scenes, keep notes of insights and emotions, and permission to turn the movie off). In addition, therapists should discuss any scenes that may be offensive or problematic ahead of time and address any client concerns (Dermer & Hutchings, 2000; Hesley & Hesley, 1998, 2001; Sharp et al., 2002; Schulenberg, 2003).

6. Therapists should process the exercise in a debriefing session and address any negative client responses. It is equally important to consolidate client insights and benefits from watching the movie as well as to examine and resolve any failed connections or adverse effects. Last, therapists should adapt and connect the movie to the client's real-life context and make sure the exercise is integrated in treatment (Dermer & Hutchings, 2000; Hesley & Hesley, 1998, 2001; Heston & Kottman, 1997; Solomon, 1995; Sharp et al., 2002; Schulenberg, 2003).

In conclusion, clinicians are encouraged to consider motion pictures as an adjunct to in-session or between-sessions activity.

Interested practitioners may find it helpful to follow the guidelines for effective homework assignments (see Kazantzis, Deane, Ronan, & L'Abate, in press; Kazantzis & Lampropoulos, 2002) as well as the specific recommendations for using motion pictures in therapy (Hesley & Hesley, 2001) to help clients gain therapeutic benefit from watching movies. As part of a general scientist-practitioner approach to clinical work, we also strongly encourage practitioners to regularly monitor the process and outcome of their clinical use of motion pictures (see discussions in Lambert et al., 2003; Lampropoulos et al., 2002).

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