Instructor’s Manual for

HARM REDUCTION THERAPY FOR ADDICTIONS:

from the video series

BRIEF THERAPY FOR ADDICTIONS

with

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and hosts Jon Carlson, PsyD, EdD and Judy Lewis, PhD

by

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Published by Psychotherapy.net
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San Francisco, CA 94118
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Instructor’s Manual for Harm Reduction Therapy for Addictions with G. Alan Marlatt, PhD

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HARM REDUCTION THERAPY FOR ADDICTIONS

with G. Alan Marlatt, PhD

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. GROUP DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the session to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

6. ROLE-PLAY IDEAS
After watching the video, organize participants into pairs. Assign each pair to role-play a therapy session with a client struggling with addiction, using a harm reduction approach. Each role-play shall
HARM REDUCTION THERAPY FOR ADDICTIONS

Consist of one therapist and one client. You can have the pair switch roles and play out another stage if time permits. After the role-plays, have the pairs come together to discuss their experiences. First ask the clients to share their experiences. Then have the therapists talk about their experiences in the session, and finally open up a general discussion on what was learned about harm reduction therapy for addictions.

An alternative is to do this role-play in front of the group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion that explores what does and does not work in harm reduction therapy for addictions.

7. WATCH THE SERIES

This video is one in a series portraying effective approaches to therapy for addictions. Each video in the series presents a master therapist working with a real client, just as you see here. By showing several of the videos in the series, you can expose viewers to a variety of approaches, allowing them an opportunity to see what fits best for their own style and beliefs.

Key Aspects of the Harm Reduction Model: Harm Reduction is an innovative approach to substance abuse treatment that focuses on reducing the harmful consequences of drug use. At its core, harm reduction is a public health effort to save lives, and presents an alternative perspective between the disease model and the criminal justice “zero tolerance” model. In this approach, the therapist accepts clients on their own terms and tries to reduce barriers to treatment. Therapists work with clients to take whatever steps they are ready for that will make their lives, and the lives of others affected by the drug use, safer. Therapists work with clients in various stages of substance use to reduce their usage and make changes in their lives.
Addiction Treatment Models: Other videos in the series use different therapeutic models. We can reflect upon the differences among these models by exploring the following questions:

• How does the model explain the addictive process?
• What assumptions does the model imply about the process of change?
• How is theory translated into practice in real-life situations?
• What is the role of the therapist?
• What outcomes are associated with successful therapy?
• How does the therapist work with people who have mental health problems along with addiction?
• What kinds of research support the approach?

8. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

*A NOTE ON CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared his personal life with us.
Group Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

INTRODUCTION

1. **Enabling**: Marlatt makes a distinction between meeting clients where they are at (i.e. providing a treatment model that they can relate to that makes sense to them and succeed in) and enabling them by ignoring their alcohol or drug problem. Does this distinction make sense to you? Using this framework, in what ways do you see that you may enable clients in their self-destructive behaviors?

2. **Europe vs. USA**: What do you make of Marlatt’s suggestion that Harm Reduction is more widely accepted and utilized in Europe than it is in the United States? Why do you suppose that is? What are some aspects of culture that may be at play here? What does this make you think about differences in perceptions of drug and alcohol use, addiction and substance abuse treatment in these different parts of the world?

3. **Public Policy**: How do you feel about Marlatt’s framing Harm Reduction as a public health policy approach? How do you hold public health policy and psychotherapy together in your own mind? How do you react to the idea of a therapist coming from a particular position in terms of public policy while sitting in the room with a client? Do you see this as inevitable, whether the therapist recognizes it or not?

PSYCHOTHERAPY SESSION

4. **Probing Questions**: Did you find Marlatt’s questions to be too probing, not probing enough, or just right? What do you identify as some of the more effective or significant probing questions? What about the questions, or about how he asks them, stands out? Is this an effective assessment technique? Why or why not?
5. **Two Minds:** Danny wants to stop using, yet he’s having trouble taking the first step. What do you think about how Marlatt works with this? How would it be for you to be the therapist sitting with Danny? What kind of countertransference reactions come up for you around his being of two minds about giving up his addiction? How might you have worked differently with Danny on this?

6. **Purpose:** What is your sense of the purpose of this session for Danny? What is your understanding of why he sought therapy at this moment? What do you suppose he wanted to get out of coming to this session? Do you think he got what he came for? If so, how? If not, what do you think he did get out of this experience?

**DISCUSSION**

7. **Good Candidate:** What is your overall assessment of Danny? Do you see him as a good candidate for a Harm Reduction treatment like a methadone program? In what ways was this therapy successful with him? In what ways was it not successful?

8. **The Therapeutic Relationship:** How would you characterise the therapeutic relationship in this video? Did Marlatt form an alliance with Danny? How significant do you think the relationship was in this particular course of therapy?

9. **The Model:** What do you think about this Harm Reduction therapy model for working with clients who are addicted to substances? Does it make sense to you? Do you see yourself using it in your work with this population? What would you do differently from Marlatt’s approach?

10. **Marlatt’s Style:** What about Marlatt allowed Danny to feel comfortable enough to engage in the therapy? How did Marlatt join with him?

11. **Personal Reaction:** How would you feel about being a client of Marlatt’s? Do you feel an alliance could be made and that he would be effective with you? Why or why not?
Reaction Paper for Classrooms and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Harm Reduction and psychotherapy with clients who are addicted to drugs and/or alcohol? What stands out in how Marlatt works?

2. **What I am resistant to:** What issues/principles=strategies did you find yourself having resistance to, or what approaches made you feel uncomfortable? Did any techniques or interactions push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.

3. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work?

4. **How I would do it differently:** What might you have done differently than the therapist in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What comes up when you reflect on Marlatt’s assertion that Harm Reduction is a public health alternative between the disease model and the criminal justice model? What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

In-depth Interview with Stephanie Brown, PhD on Psychotherapy and Addictions
    www.psychotherapy.net

Alan Marlatt’s faculty website at the University of Washington
    http://faculty.washington.edu/marlatt/

Addictive Behaviors Research Center at the University of Washington
    http://depts.washington.edu/abrc/

The Harm Reduction Therapy Center
    www.harmreductiontherapy.org

The National Institute on Drug Abuse
    www.nida.nih.gov

NAADAC: The Association for Addiction Professionals
    http://naadac.org

The Center for Substance Abuse Treatment, US Department of Health and Human Services
    http://csat.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism
    www.niaaa.nih.gov
RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Cognitive Therapy for Addictions*
– Bruce S. Liese, Phd

*Couples Therapy for Addictions*
– Barbara S. McCrady, Phd

*Integrating Therapy with 12-Step Programs*
– Joan Ellen Zweben, Phd

*Motivational Interviewing*
– William R. Miller, Phd

*Reality Therapy for Addictions*
– Robert E. Wubbolding, EdD

*Solutions Step By Step: A Solution-Focused Approach to Treating Substance Abuse Problems*
– Insoo Kim Berg & Norman Reuss

*Stages of Change for Addictions*
– John C. Norcross, Phd

*Treating Alcoholism in Psychotherapy, Volumes I & II*
– Stephanie Brown, PhD
Complete Transcript of a Demonstration of Harm Reduction Therapy for Addictions With G. Alan Marlatt, PhD

Note to facilitators: We have marked indicators at five-minute intervals throughout the transcript, which coordinate with chapter markers on the DVD so that you may easily skip to desired points within the psychotherapy session.

PSYCHOTHERAPY SESSION

Marlatt: Hi, Danny.

Danny: How you doing, Alan?

Marlatt: My name’s Alan. I’m glad you could come …

Danny: Thank you.

Marlatt: … talk today. So before we start, I’d just like to get to know a little bit about you. So you were saying you’re from Chicago.

Danny: Yes.

Marlatt: Born and raised in Chicago.

Danny: Born and raised in Chicago.

Marlatt: And how old are you now?

Danny: 41, 42 next Friday.

Marlatt: Wow. Well, happy birthday in advance.

Danny: Thank you.

Marlatt: So what are you doing these days and what are … what brings you here today?

Danny: Well, I’m trying to be, get over this drug problem that I’m having, you know, and trying to get my life in order, you know. It’s
rough, but you know, I got to, you know, get it together.

Marlatt: Feeling like now’s the time.

Danny: It has been the time, but you know, I don’t know. Now it’s like, you know, getting older and getting tired, you know. Straighten it out.

Marlatt: Has it been going on for a while? Tell me about how it started.

Danny: Well, it started, you know, running with older guys and following in their footsteps. You know, everything they was doing I was doing, you know, they grabbed me and pulled me up under their wing, right, you know, teach me everything, so. Doing the same thing they was doing, you know.

Marlatt: Yeah. This was like, well, how old were you when that started?

Danny: About 14, 15 at the time, you know. And got into a few things, stopped. Got back in it. Stopped, you know. But the last, maybe six, seven years I been back doing it again, you know. You know and … . Ain’t nothing I would wish on nobody. Yeah.

Marlatt: Yeah. So, we’re talking about cocaine.

Danny: Heroin.

Marlatt: Heroin. Talking about heroin. So that was right from the beginning.

Danny: Uh-huh.

Marlatt: So, was doing it with friends or they sort of got you into it?

Danny: Yeah.

Marlatt: What did it seem like at the time? Something to see what it was like?

Danny: No, more so like, you know, it was like the thing to do, you know. Like I said, I was hanging with, you know, the older guys and they was doing it so, you know, I got into it.

Marlatt: You wanted to be like them, right?

Danny: Yeah. You know, because they was dressing and having a lot of money and doing this and doing that, so you know, start hanging with
them and start doing the same thing.

**Marlatt:** Sure. And did they teach you how to do it?

**Danny:** Yeah.

**Marlatt:** So how did you first try it? Shooting it up or …

**Danny:** No, tooting it.

**Marlatt:** Shooting it.

**Danny:** Tooting it.

**Marlatt:** Tooting it.

**Danny:** Snorting.

**Marlatt:** Snorting it.

**Danny:** Yeah.

**Marlatt:** And how did it make you feel when you first tried it?

**Danny:** Like real mellow and, you know, calm, relaxed, you know. Like in a little groove.

**Marlatt:** And it would last a long time?

**Danny:** Yeah.

**Marlatt:** Especially in the beginning?

**Danny:** Yeah. But then, like, after you do it for so long, then the problem starts setting in, you know. Seem like when you get the little habit and, you know, and you get comfort and this and that and you just get where you got, that you got to have it, you know. That’s the only bad part, really, about it.

**Marlatt:** Did that take a while? Before it …

**Danny:** Yeah.

**Marlatt:** Yeah? In the beginning, you could do it when you wanted.

**Danny:** Yeah.

**Marlatt:** And then how did you know when it sort of had hooked you?

**Danny:** Well, when you wake up one day and your body’s not functioning, you know. You can’t eat nothing.
You’re weak. You know, your back is hurting. And you starting running to the bathroom, throwing up. You know, and the only way to stop this is when you get it, and when you get it, it’s like your body goes, you know, it’s back normal, you know. And the first thing that come to your mind is that, “Wait a minute. No, I ain’t …” You know, you done heard people talk about habits, you know, and you, “No, no. I ain’t got no habit.” You know, so you may relax a day or two just to see, you know what I mean.

Marlatt: Testing yourself.

Danny: And it start all over again. And you know you got it, so you know what you got to do. You got to try to get off or keep getting out there getting it so, you know, so you’ll be alright.

Marlatt: Yeah. So at first you don’t think it’s going to happen to you, but then all of the sudden, yikes, right?

Danny: Yeah. Then it’s there, you know.

Marlatt: Then you realize. So you realized that at some point?

Danny: Oh, yeah. And that’s a feeling that I won’t wish on nobody, you know. Yeah. That’s a ugly feeling, you know.

Marlatt: It sounded like you needed to know that without the drug your body didn’t even feel alive or normal.

Danny: Uh-uh. It wasn’t even, your body wouldn’t even function right, you know, without it, you know. And it’s kind of scary, to a sense but, you know, but reality has set in, you know. And do what you got to do, you know.

Marlatt: Would you say in the beginning when you first tried heroin it would actually make you high or you’d feel the good things about it: relaxed, in the groove. But then later, it felt like your body was just not working without it, right?

Danny: Right.

Marlatt: So it wasn’t so much getting high, just feeling normal at that point?
Danny: No, then it was all about trying to get it to, you know, to get your body back right. To get yourself back right.

Marlatt: Yeah, so you could function, right?

Danny: Yeah. You know, trying to get like, what we call getting the monkey off your back. You know, more like that.

Marlatt: So did you, once you realized you were hooked did you, what happened? Did you try and get some …

Danny: Yeah, well, you know, a couple times I, you know, I quit, you know, and went through the phases of quitting. You know, through the rough part and stayed off for a while. Then I ended up going through little problems and things like that and end up back on it and a couple times I got off, I just got back on it because hanging out and just wanted, you know, try, figured, you know, I’d do it again. You know, I ain’t going, I’ll know when to stop, right.

Marlatt: But you could get off it. You did get off it a couple times.

Danny: Yeah.

Marlatt: Did you do that on your own by yourself?

Danny: Yeah.

Marlatt: Just cold turkey …

Danny: Yeah. It was rough, but … It was rough, but I did it.

Marlatt: It must have been rough, right?

Danny: Yeah.

Marlatt: How long did it, did you have a …

Danny: Did it take?

Marlatt: Yeah, how long was the withdrawal period?

Danny: I’d say really about, for the first three days, you know, was rough, you know, and then after that it was a little bit smooth sailing but it wasn’t all the way there yet. And so all together it take about, say maybe like week, two, you know, but you still have, you know, some withdrawals but they don’t be as bad as, you know, like the first week.
Marlatt: First week is the hardest.

Danny: Yeah.

Marlatt: Yeah. But it still takes a couple weeks, right?

Danny: Yeah.

Marlatt: So you’re … How did you keep from using during that time?

Danny: You know, I just to a sense like stayed away from everybody, and … Because see, at the time, I had an ultimatum, right, because there was this friend of mine, there was a choice between her and the drugs, you know what I’m saying?

Marlatt: Oh, I see. Your girlfriend.

Danny: Yeah. My ex-wife. And it was her or the drugs, so I decided to keep her, you know what I’m saying, the drugs go, you know. And you could say she helped me get through it, too.

Marlatt: She helped you.

Danny: Yeah. She was my, you know, my back, my strength.

Marlatt: Well, that’s good.

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Danny: You know. And we started, you know, non-stop, you know, paying for the straight, going alright. And I started hanging back with certain people and then doing certain, you know, having, doing certain things. Stop messing, ease back in a little bit and it went from there.

Marlatt: You were off for a while there, though, right?

Danny: Yeah, about …

Marlatt: How long?

Danny: Almost a year, give or take. Might have been a year.

Marlatt: That’s very good. That’s a long time. Did you feel different that year?

Danny: Yeah, I felt great.
Marlatt: Felt great, right.
Danny: A lot better. I wish I’d have stayed off, but …
Marlatt: Well, you know how good it is when you’re, when you’re not on it.
Danny: Yeah.
Marlatt: And you know that you have done that, right, so it’s something that you can do again. Were you … Did you get married that year or were you already married?
Danny: When I stopped, I was already married.
Marlatt: You were already married.
Danny: Yeah.
Marlatt: She gave you the ultimatum, right?
Danny: Yeah. It was leave it alone or she was going to leave me alone, you know.
Marlatt: So, which was most important to you, right?
Danny: She was, yeah. So I went that way.
Marlatt: Do you have any kids?
Danny: Yeah. Now, we have, we got three. At the time, I think I had, what, we had two kids then, and we got three now, you know.
Marlatt: How old are they?
Danny: Well, one is 24—the oldest is 24, and 23, one is 17, be 18 in September.
Marlatt: They’re doing okay?
Marlatt: Well, that’s good. You still married?
Danny: No. We got divorced, maybe, 12 years ago, 13, 13.
Marlatt: Was that about the drug problem?
Danny: Yeah, that and a couple of other things. A couple of things, but it was all revolving around the drugs, though.
Marlatt: The other things sort of get caused by the drugs in some ways, right?

Danny: Yeah.

Marlatt: So you drifted back to some old friends. Is that how you started using again after this year when you were off?

Danny: Yeah, hanging back with them and, you know, they was doing it. At first, you know, I was like, “No, I ain’t going to mess with it,” you know. And then, one day I just decided, you know, I want to try it and kept on and kept on and went from there, you know.

Marlatt: You got back into it again.

Danny: Yeah.

Marlatt: Yeah. Did you get hooked right away when you got back into it or it took awhile again?

Danny: No, it took a little while. You know, it wasn’t like, not like automatic, you know. But I’d been off for a while, you know, it took a while to, you know, get me back there. But it didn’t take as long as it did when I first started, you know.

Marlatt: The second time was more quickly that you got hooked.

Danny: Yeah.

Marlatt: Yeah, that seems … That’s what people say, right. The body knows about, falls right back into the old groove or something, right. So …

Danny: Yeah, see, it was like, like two old friends meeting again, you know, for a long time.

Marlatt: Yeah. Does it seem like a friend in a way, heroin?

Danny: Somewhat. Somewhat.

Marlatt: What kind of a friend?

Danny: I’m saying like, you know, like, like when it hits you, you know, it’s like it’s … You know how when you had a real close buddy or something and, or it’s like when you get back into it, it’s like the heroin in your body and the body like, like two friends that’s been
drifted away from each other and now they met back up again, you know.

**Marlatt:** Like a big reunion or something.

**Danny:** Yeah.

**Marlatt:** So your body likes the way it feels when it’s with heroin.

**Danny:** Somewhat.

**Marlatt:** But not totally?

**Danny:** Not totally. You know, because …

**Marlatt:** What’s, what’s not right with it?

**Danny:** You know, your body knows the control that this drug can have over it.

**Marlatt:** Yeah.

**Danny:** You know what I’m saying? Yeah. And the way that it, you know, makes you feel, you know, and the problem that you’re going to have when, like when that friend ain’t there, you know.

**Marlatt:** Yeah. What are you going to do when the friend ain’t there?

**Danny:** Then you’re in trouble, see.

**Marlatt:** Is there any replacement?

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Anything that would, like in the, when you were married, it was more important to stay with her than to take the drug, right?

**Danny:** Uh-huh.

**Marlatt:** What about now, nowadays?

**Danny:** What you mean by that?

**Marlatt:** What would be more important than taking the drug?

**Danny:** My life.

**Marlatt:** Your life.

**Danny:** Like in my life, what would be more important? My kids.
Marlatt: Your kids.

Danny: Yeah. It’s the most important thing in my life now, you know. Even though, you know, I’m back messing with the heroin, but I would leave it alone for them.

Marlatt: You would leave it alone for them.

Danny: Yeah.

Marlatt: So do they know that you’re using now?

Danny: Not really, you know, because I’ve, I’ve always kept … They have an idea, you know, but I always try to keep everything, you know, a lot of, some of the things that I do, you know, away from them, you know. But they probably have a idea.

Marlatt: You see them or some of them on a regular basis?

Danny: Yes. My oldest.

Marlatt: Your oldest. Is this, your oldest, somebody you can talk to about this? Or …

Danny: Yeah.

Marlatt: A little bit. Yeah. So maybe there’s something in there that would make it worthwhile for you to consider …

Danny: Leaving it alone.

Marlatt: Yeah.

Danny: Yeah.

Marlatt: It has to be worth your while, though, right, because why else would you want to do it, right? It must be worth it for you.

Danny: See it’s not going to be easy, but I would.

Marlatt: You would.

Danny: You know, yeah. It’d be hard to do, you know what I’m saying, because it’s, like I said, some, it’s a very messed up situation, you know, but for them.

Marlatt: For them.

Danny: Yeah.
Marlatt: Well, let’s just say that you were wanting to do it for them even though it’s a huge step to quit. What could you do right away? Is there something you could start to do that would …

Danny: That would help me.

Marlatt: Yeah.

Danny: Well, probably like get on the, in the program and stick with that for a little while and, you know, and then take the steps, you know, to get off.

Marlatt: Steps to get off. Yeah.

Danny: Yeah, you know, like be ending, the steps come down, you know, and know that, you know, and then plus at the same time with the counseling. You know.

Marlatt: Have you tried any counseling?

Danny: No.

Marlatt: But that might help, right?

Danny: Yeah.

Marlatt: Somebody to talk to while you were stepping it down, right?

Danny: Yeah. Because I know, I’ve got a lot of friends that’s been through it and told me about it, I talked with them. And they asked me, “Danny, why don’t you come on and do it?” and I’ve been pushing it to the side, you know. Like I said, I got tired, you know, so I think I’m about ready to go with it now.

Marlatt: Thinking about it again.

Danny: Yeah.

Marlatt: Now these are people, these are friends of yours …

Danny: Yeah.

Marlatt: … that went through the program. And now they’re, how are they doing now?

Danny: Some of them are doing a lot better. Some of them back messing with heroin again, but, but other ones that stuck with it, they’re doing a whole lot better.
Marlatt: Yeah. So you could … And they’re friends of yours.

Danny: Yeah.

Marlatt: So it’s possible to have friends who are not using that could be helpful for you as well, right?

Danny: Yeah.

Marlatt: Have … Are they … Do they go to a particular treatment program or are they just doing it on their own?

Danny: No, they went through … Some of them went to … Well, some of them went to one program. A few went to another program. You know, and, but they still get together, you know, and on certain occasions and, you know, and talk with each other and they’re doing the regular counseling thing and, you know, keep each other, keep in touch with each other and try to keep each other right, stop each other—

Marlatt: That is so helpful.

Danny: —and make sure that they don’t, you know, like I say, backslide.

Marlatt: Backslide.

Danny: You know, go back there, you know, so. Or they don’t dip or nothing, you know, so. That’s all good. You know, and then when I run into them, they always trying to get me to come on.

Marlatt: So you’re, it sounds like you’re of two minds about it: part of you wants to go but part of you doesn’t.

2–20

Danny: No, I want to. I want to. I just, I just haven’t really took the steps yet.

Marlatt: Right. But if we, if you were to start thinking about, you know, taking some small steps towards that, right, does that seem possible? That something …

Danny: Yeah.

Marlatt: What could you … What would be the first thing that you
could do?

Danny: The first thing to do is going and sign up. That would be the first step.

Marlatt: Sign up.

Danny: Yeah, and then go from there, you know.

Marlatt: That would … Right. So you’d just come, go to one of your friends and say, “I want to sign up.”

Danny: No, you go down to the program and talk to them.

Marlatt: Go to the program and sign up. Right. And so that’s the very first step.

Danny: That’s the first step.

Marlatt: What’s keeping you from doing that first step, do you think?

Danny: I don’t know. I don’t know. Really, nothing. You know, well, sometimes when I wake up in the morning, you know, the way I be feeling, you know, I got to, the first thing I have to do is go out there and try to, you know, try to get something to get me, get me right first before I can do anything because like I said …

Marlatt: Right. Before you can do anything you need …

Danny: Yeah. Because see like, it’s like, it’s just something that you’ve got to have every day, you know.

Marlatt: Right.

Danny: And you’ve got to have it like soon as you wake up because if you don’t, you know, then you’re messed up. You know, your whole body functions and everything is just like, you know, is just messed up.

Marlatt: So you need that morning fix to just feel normal.

Danny: Yeah. Uh-huh.

Marlatt: But if you felt normal, then you’d be more likely to go and sign up and get right then you would first …

Danny: Yeah. Because see sometimes you would be down there and you in here and you get there, they don’t start you off right then, you know.
Marlatt: That’s right.
Danny: So cause you is sitting up in here two, three hours and it’s like
the more you sitting up in there, the more you hurting, see what I’m
saying?
Marlatt: Sure.
Danny: So, you try to get that first before you get there so that way
you can sit up in there, that you alright.
Marlatt: Well, yeah.
Danny: You can sit, go through the changes, you know.
Marlatt: So you have to be able to feel okay to be able to go, right?
Danny: Yeah.
Marlatt: Even though it might mean that if you do go you’re going to
be to the point where you don’t need it so much anymore.
Danny: Right.
Marlatt: It seems in the beginning you need it just to get there, right?
Danny: Yeah.
Marlatt: Just to get yourself feeling like you can do anything. Yeah.
Danny: Well see, like I say, like when you get there, you might not
start that same day, you know, so … But once you do start …
Marlatt: Are you a little afraid that it would start the same day, right?
Danny: Yeah.
Marlatt: Maybe it would be better to sign up and then say the
next step is a couple of days down the road or something. Because
sometimes I think people get afraid that if they’re going to have to quit
immediately, then they’re going to feel terrible and, you know, that
that keeps them from doing anything.
Danny: Yeah, but you know, I’m, I’m going to do it anyway, you know.
Marlatt: You’re going to do it anyway.
Danny: Yeah, because like I say, I have to, you know.
Marlatt: Now why do you think you have to at this point? Could you just continue this way indefinitely?

Danny: No, I’m tired, you know.

Marlatt: Tired.

Danny: Going through this same cycle every day and, you know, the fear of waking up the next morning without this or without the money to get this and, you know, knowing if you don’t have this that the way you’re going to feel, you know. I mean, that’s a feeling that, like I said, I wouldn’t even wish that on my worst enemy, you know. I don’t think there’s nothing in the world that’s worser than that. I think the only thing that may be worser than that is, is like if you got shot maybe 50 times, that probably the only thing that could be worser than that.

Marlatt: 50 times.

Danny: Yeah.

Marlatt: Being shot 50 times is the only thing worse than … Boy, that must feel terrible.

Danny: Yeah. It is, you know.

Marlatt: And you know how it feels when you’re not it because you had that experience for a while, so there’s …

Danny: That’s why I’m trying to get back to there.

Marlatt: You have to get back there, but you were there so …

Danny: Yeah.

Marlatt: … you know there is a way back.

Danny: And I know what it’s like to be there, you know.

Marlatt: Yeah, that’s right.

Danny: I’m fixing to take them first steps to get back there, you know. That’s the only way to get there. You have to take the steps to get there. If you don’t take them steps to go there, you know …

Marlatt: You’re not going to get there. Yeah, every journey begins with the first step so
if you can just get yourself to the first step then the second step will follow from there.

Now, let’s just say, like this morning, right? You woke up. How did you feel when you woke up this morning before you had any?

Danny: Well, when I first woke up I was somewhat alright, you know. But I had somewhat got to it before it could, you know, before it could get there, you know.

Marlatt: So do you have to … How do you get the money to buy it?

Danny: You know, I do different, all kind of different odd jobs, you know, plaster, paint, you know. All kind of different things, you know.

Marlatt: Well, that’s another preoccupation that you’re going to have to get. Whatever it takes to keep the habit going, right.

Have you, what about methadone? Have you ever thought about that?

Danny: Yeah, that’s what I’m talking about getting into.

Marlatt: It’s a methadone program that you’re getting into. Oh, okay. And that’s what your friends have been able to do successfully. Uh-huh. And there’s a waiting list for that, is that?

Danny: Yeah.

Marlatt: But once you sign up then the process starts.

Danny: It starts, yeah.

Marlatt: Have you ever tried methadone?

Danny: Yes, I have.

Marlatt: And what’s your thoughts about it?

Danny: It’s alright. It’s alright, but, see, one thing about the methadone thing is that you’ve got to make sure you’re taking care of your body right when you’re messing with methadone. And you’ve got to make sure you don’t abuse that, you know, like you did with the heroin.

Marlatt: Yeah, it’s still an addictive drug but …
Danny: Yeah, that’s why you get on, you know, you take the steps to get off, you know. And the steps to get off that is much better and easier than the steps getting off, you know, like coming down of heroin by yourself, you know what I’m saying?

Marlatt: Yeah. Right. Then you would have a very painful …

Danny: Yeah. You would be in trouble.

Marlatt: But with methadone … You would be in trouble, yeah.

Danny: But with methadone, you’d be alright, you know.

Marlatt: Yeah, so it helps. Methadone to stabilize and then you can reduce slowly.

Danny: Yeah.

Marlatt: But your goal would be to eventually to be …

Danny: To get off.

Marlatt: … off methadone also, right. So it’s a way to get off, right? It’s sort of a bridge or something.

Danny: You can take, you know, you like, you can take the long way or you can take the short way, you see what I’m saying?

Marlatt: So this long way … You’d rather do the long way right now, right?

Danny: Yeah.

Marlatt: Because at least it’s a way and it goes, it has the same destination, same goal, right? It’s just what you feel like you could do now, you know.

Danny: Uh-huh. Yeah. And plus it, you know, it brings you down and off better, you know, and peacefully and safer.

Marlatt: That’s right. Yeah, safer. Well, I think many people have been able to use it safely and get off drugs that way altogether.

Danny: And at the same time, while you’re coming down off of it like that, you know, they got the counseling that goes along with it, so you know, you have that to help you as you take the steps getting off, you know.
Marlatt: That’s really important, isn’t it?

Danny: Oh, yeah.

Marlatt: Because just using methadone by itself doesn’t seem to be as helpful as having the counseling at the same time.

Danny: Right. Right. So this way, you know, once you get off you already know, you know, exactly which direction you’re going in then. See. And if you’re truly sincere about that decision, you’re going to go in the right direction, you’re going to stay going that way and everything else is going to be behind you, you know what I’m saying.

Marlatt: Yeah. So something about staying in the right direction is …

Danny: And that’s exactly what I’m going to do. I’m going. You know, I’ve got to go in this right direction.

Marlatt: Steps in the right direction.

Danny: Oh, yeah.

Marlatt: That’s … It just starts with the first step, so it’s just kind of psyching yourself up for the first step, right? Once you do that, the rest of it will probably be that much easier.

Danny: Be alright, yeah. That will be a lot better. You’ll be a lot better, you know, because you’re going the right way and you start doing the right things, you know, and you start feeling better and you start seeing everything looking better and everything’s going better, so you’re going to stay going that way.

Marlatt: That’s right.

Danny: You know, and you’re going to start bringing everything in that direction towards you instead of, you know, turning around and going back the other way.

Marlatt: Yeah. That’s very good.

Danny: You don’t want that no more. You had that. You know what’s to that.

Marlatt: You’ve been there.

Danny: You know that ain’t no good, you know what I’m saying.
You know the pain that it’s going to bring you, you know, you and everything and everybody around you. So you don’t want that. You want to keep going forward to something better, you know.

**Marlatt:** That’s right. Yeah.

2–30

And the more forward you go, the more better things happen. But actually, they … it takes a little while before you start to get the benefits and stuff. More light at the end of the tunnel that way, but eventually …

**Danny:** But you know it’s there.

**Marlatt:** You know it’s there.

**Danny:** And you know the doors are opening for you better now.

**Marlatt:** That’s right. You know, it’s sort of an interesting thing about addiction is that there are pathways out and in other kinds of problems, there are no … You know, like some physical illnesses, there is no way to get cured, you know. But this problem, there’s a way and you actually know what it is, right?

**Danny:** Yeah. That’s the good part.

**Marlatt:** That’s the good part. It’s just a question of how to get …

**Danny:** And see, then, knowing the way to go to get this help then, you know, and being true to yourself that this is what you want to do, you know.

**Marlatt:** Yeah. Now is your use these days fairly the same amount everyday as a stable dose level for you?

**Danny:** It differs.

**Marlatt:** It differs. Like what?

**Danny:** The amount.

**Marlatt:** Yeah. Some days you want more?

**Danny:** No, it’s not actually want more. It’s like some days I may get more.
Marlatt: May have more, get more.

Danny: Yeah, I may get a half, you know. And then you do have days where, you know, you’ve got to have more because you’ve done had this and everything, you know, ain’t functioning right with you so you’ve got a little bit more to keep you right.

Marlatt: Keep you normal. Yeah. To stave off the sickness of withdrawal, right?

Danny: Uh-huh.

Marlatt: Now are you still just snorting?

Danny: Yes.

Marlatt: So you don’t shoot?

Danny: No.

Marlatt: Why don’t you shoot? I’m glad you don’t shoot, but just …

Danny: All my life I’ve been scared of needles.

Marlatt: Scared of needles.

Danny: Yeah. You know, even I go to the doctor, you know, I’m scared. Right now today I’m still scared of needles but only, you know, I can at least go up, I mean, like if I’m, if I’m real, real sick, I mean, not as far as from the drugs, I mean like where I had to go to a doctor and I had to have this shot for, you know, something that’s been, you know, life and death thing, you know. I don’t know. I’ve just always been scared of needles.

Marlatt: Scared of needles. Probably was a good thing, right? People sharing needles, that’s one way that …

Danny: Yeah. I’ve got a lot of buddies that, you know, that do it but like I don’t discriminate. You know, you do yours your way. I do mine’s my way. We both … It’s all the same thing. It’s all going in the same way, it all going to affect us the same way. You know, but I just ain’t, you know, been into the needle thing. You know. But that’s what they going to do, no problem. You know, I ain’t got nothing against it.

Marlatt: But they’ve had more problems, you think, with their shooting?
Danny: A little bit.

Marlatt: Little bit.

Danny: Give or take. Because they’ve got to find a place to put it at.

Marlatt: That’s right. And you just put it in the same way.

Danny: No, a different way.

Marlatt: Different way from them. Same way for you.

Danny: Yeah.

Marlatt: Do you ever worry about taking too much or, you know, over—OD problems?

Danny: No. No, because I don’t always do a whole bunch at one time. You know, say like I got a lot of it, right, and it’s in front of me, I’m not going to overdo all of it. I’m going to do a little bit and then sit back, relax and see how it feels and see, you know, let it, you know, get me right and see what’s to it then I may do a little more and I’ll wait a little longer and do the rest, you know.

Marlatt: Because if you did it all at once, it would be …

Danny: It’s according to how good it is. Then you might be in real big trouble.

Marlatt: Right. Because it’s, if it was stronger than you … I mean, that’s what happens when people take too much, right? They don’t know how strong it is. But you’re kind of taking a little bit and then waiting—“How does this feel?”—before going to the next part.

Danny: Before … Yeah.

Marlatt: So you’re, in a sense, you’re checking your reactions, right?

Danny: Yeah.

Marlatt: That’s good. I mean, it’s probably a safer way than to take it all at once would be, right?

Danny: Uh-huh. Then you make sure that it’s good, too, you know. Because see, I had a few friends that done died like that, you know, from overdoses, so …
Marlatt: Yes. Even snorting it, they died of overdose or …

2–35

Danny: No. But you know, my friends that died from overdoses, you know, it’s from …

Marlatt: Shooting.

Danny: … shooting, yeah.

Marlatt: It’s harder to know how much the dose is when you’re shooting and you can regulate it more, I think. It sounds like.

Danny: Yeah.

Marlatt: Yeah. Well, this is good to know just because it’s safer, but the real thing for you is it sounds like you’re getting ready to move on from drugs altogether, right, or to go to …

Danny: Right. Definitely.

Marlatt: … methadone as the bridge to get off.

Danny: Because see, there’s a time where you just, you know, you just get tired of this daily struggle that you, you know, that you’re going through. I know I am, anyway.

Marlatt: Tired of it.

Danny: You know. Because like I said, ain’t nothing nice, you know. Just tired of it, you know.

Marlatt: Yeah. It doesn’t sound like you get very many good things out of the drugs anymore. They take more out of you than you’re getting out of them or something, right?

Danny: Yeah.

Marlatt: So it makes you feel tired of it, right?

Danny: Yeah.

Marlatt: So it’s a friend. You mentioned that it’s like a friend, but you can get tired of friends sometimes.

Danny: You’ve got to move on from them sometimes.
Marlatt: Got to move on. How do you say good-” …

Danny: You know, they stick, they stick around too long, too, you know, so you got tell, you know.

Marlatt: You’re the one that has to tell them to move on, otherwise they would just camp there forever, right.

Danny: Yeah.

Marlatt: So how do you break up with this friend?

Danny: You try to do it nicely and politely, you know.

Marlatt: If you were to say good-bye to heroin like it was just sitting here, you know, what would you say?

Danny: “See you later. You know, have a nice life because I’m going to.”

Marlatt: So it’s funny: you’re not really angry at it. You’re …

Danny: No. Because see, I know I chose to do this, you know. It ain’t like it just jumped in my life and, you know, and did this to me. I did this to myself, so you know, so if I had to get mad at anybody, you know, it’d be myself.

You know, you get a little mad at it because the things it can have you, you know, the control it can have over you. But then you got to look at, you’ve got control over it, too, to a certain extent. So and then, by you know that it was you that messed with it before it messed with you. How can you be mad at it?

Marlatt: I see. So, that’s right. It takes the both of you to develop the problem together in a way, right. So now it takes the both of you to …

Danny: To part.

Marlatt: … to part. But you have to take responsibility, and it’s not just all the drug’s fault, right, is what you’re saying?

Danny: It’s just like getting in a fight.

Marlatt: In a fight?

Danny: Uh-huh. You can’t, you don’t … No matter what this person’s saying and how much he’s provoking you, if you keep walking, the
fight ain’t never happen. But if you jump in the ring with him, throw your dukes up and start swinging, you know …

Marlatt: It’s going to happen again.

Danny: Yeah.

Marlatt: That’s the same with heroin, right?

Danny: Yeah.

Marlatt: So I think you’ve figured out a pretty good way to say good-bye.

Danny: Oh, yeah. Definitely.

Marlatt: Yeah.

Danny: Definitely.

Marlatt: So what are you looking forward to once you’re past all this? What’s going to be out there?

Danny: A nice job. Going a lot of places with my kids, you know. Grabbing a few people hand and try to pull them out of it.

Marlatt: Oh, trying to help some, some of your bros.

Danny: Out there. I’ve got a lot of brothers that, partners of mine that I’ve got to grab hold of before it’s too late.

Marlatt: Wow. That could be, that could be great.

Danny: Yeah, one thing about it, yeah, one thing about it, they’ll listen to me more than they’ll listen to anybody else, so you know, I know about where to pull them they going to come on with it.

Marlatt: Because you’ve been there and, you can, they’ll listen to you.

Danny: Yeah.

Marlatt: So if you’re on the other side, then you can help them even more, right?

Danny: Oh, yeah. Oh, yeah.

Marlatt: Well, that would be pretty great. And then your kids would be very proud of you. They’re not kids anymore, right? They’re all grown up.
Danny: Right. Right. And then they’re kids will be proud of them.

Marlatt: Their kids, yeah. So you could sort of turn it around with the whole generation in a way, right?

Danny: Oh, yeah. I’m going to do it.

Marlatt: All you’ve got to do is the first steps.

Danny: Just take that first one. Take that second one.

2–39

You all good, you know.

Marlatt: Yeah. Well, what about tomorrow?

Danny: Tomorrow, the first step, you know. The place opens in the morning.

Marlatt: It does? Just go down and …

Danny: Oh, yeah. Oh, yeah.

Marlatt: It will feel good just to take that first step, probably, from you’re saying.

Danny: Oh, yeah. Feel good. Just got to stick with it. I’m going to take that step, going to stick with it. It’s going to be alright. But if you don’t take that first step, then, you know. But I’m going to do it because I’ve got a couple of people that’s pushing me that way and …

Marlatt: Is that right? Besides your kids?

Danny: Yeah.

Marlatt: Who?

Danny: One of them is my brother.

Marlatt: Your brother.

Danny: And I don’t want to disappoint them and I don’t want to disappoint myself, you know what I’m saying.

Marlatt: Well, those are two important people: your brother and yourself, right?

Danny: Oh, yeah. So I got to go with it.
Marlatt: Now your brother, is he, can do this with you in some way?

Danny: He, well, he’s somewhat already in there. He’s in there already, so. And I’ve been seeing how it’s been, like, helping him, too, so. And the way I thought about is, I’m the one that talked him into getting in it, you know.

Marlatt: Pardon?

Danny: I talked him into getting in it, you know.

Marlatt: You talked him into getting into the program?

Danny: Uh-huh. And then I backed away from it. So he’s been on me about that, so.

Marlatt: Yeah. He said, “Well, Danny, when are you going to do it?” right?

Danny: Yeah, so, I’m going to go on and take those steps. It’s time for it, you know. Like I said, I’m tired, you know.

Marlatt: Yeah, I hear that.

Danny: It’s been a long time coming, but it’s here. Time to go for it.

Marlatt: Yeah, I guess it finally gets to that point where it’s like anything: you get tired of it enough you just want to get on with something else, right?

Danny: Oh, yeah.

Marlatt: But there’s a lot of neat things that could happen if you take that first step.

Danny: I know. Hopefully they will.

Marlatt: Well, I just wish you a lot of luck in that, and it sounds like you’ve learned a lot from what’s happened before. You know that you can do this if you really want to do it and that you can do it because you did do it. So it’s just …

Danny: I know this time I’m going to stick with it.

Marlatt: Yeah. It’s like riding a bicycle: once you learn how to do it, you …
Danny: You may fall, but you know how to get back on and keep on going.

Marlatt: That’s right. Can even … That’s right. Learn from the falls, right?

Danny: Oh, yeah.

Marlatt: How not to go around the corner too fast or something, right?

Danny: Get enough scratches, you know, you’ll stop falling.

Marlatt: That’s right. Well, great. Do you have any questions before we end because we’re just about out of time?

Danny: No, I’m straight.

Marlatt: Alright. So listen, I wish you the best of luck in doing this and it sounds like your friends who could be helped by you, who have this problem now, they would benefit from this, too.

Danny: They will.

Marlatt: Thanks, Danny.

Danny: Thank you, brother.

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