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4625 California Street
San Francisco, CA 94118
Email: orders@psychotherapy.net
Phone: (415) 752-2235 / Toll Free: (800) 577-4762 (US & Canada)

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Wyatt, Randall C., PhD & Seid, Erika L., MA

Instructor’s Manual for Reality Therapy for Addictions
with Robert E. Wubbolding, EdD

Cover design by Sabine Grand

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Instructor’s Manual for

REALITY THERAPY FOR ADDICTIONS

with Robert E. Wubbolding, EdD

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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.

The Case Commentary - Future Directions section is an excellent companion to the video. Make copies available to participants so they can think about additional applications of the model. Have participants respond to the proposed future directions as part of their
reaction paper, or ask them to develop their own future treatment plan for this client instead.

6. ROLE-PLAY IDEAS

After watching the video, organize participants into pairs. Assign each pair to role-play a first session with a client who is struggling with an addiction, using a reality therapy approach. Each role-play shall consist of one therapist and one client. (You can have each pair switch roles and play out another stage if time permits.) After the role-plays, have the groups come together to discuss their experiences. First have the clients share their experiences, then have the therapists talk about their experiences in the session. Finally, open up a general discussion on what participants learned about using reality therapy with clients in treatment for addiction.

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 reality therapy with this population.

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 Reality Therapy Model: Reality therapy is a practical approach to therapy, using a specific set of interventions. Based on the “WDEP” system, Dr. Wubbolding’s therapy includes the following components: (W) asking the client about his wants and helping him to clarify his goals for therapy and for himself, (D) asking the client what he is doing now, (E) encouraging the client to conduct
a self-evaluation about the effectiveness and appropriateness of his behaviors, and (P) focusing on a commitment to a plan of action.

**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 PRIVACY AND 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. **Five Motivators:** What do you think about Wubbolding’s five motivators: survival, power, belonging, freedom and fun? Do they make sense to you? As you think about clients you’ve worked with, can you see any of these motivators at play in the therapy? How so?

2. **Dual Diagnosis:** What are your thoughts on Wubboloding’s characterization of mental illness, such as depression, as a set of chosen behaviors? Did you find yourself reacting to that description? How does thinking about mental illness as a set of behaviors that the client has chosen affect the way you conceptualize psychotherapy?

3. **Recovery:** In the introduction to this video, there is a discussion about the differences between recovery and abstinence. What are your beliefs and understandings about that? Do you see abstinence and recovery as one in the same? If not, what does recovery mean to you? How do you see the role of therapy for a person who is in the recovery phase and is no longer using drugs or alcohol?
4. **Weapons:** How did you react to the discussion about weapons, and Bill’s comment that weapons and depression are not a good combination? Were you satisfied with the way Wubbolding handled it? What might you have done differently? What countertransference reactions came up for you at that point in the session? What would have been difficult for you as the therapist at that moment?

5. **Pulling from the Therapist:** What sort of responses did this client pull for in the therapist? What did you think about the way Wubbolding interacted with him? Did he get pulled in in any ways? How might you have engaged differently with this client? What would have been difficult for you in working with this client?

6. **Depression:** What do you think about Wubbolding’s idea that it takes a lot of energy to be depressed? Does this way of thinking about depression work for you? Do you think it worked for Bill in some way? If so, how? In what ways might thinking about depression as a behavior that uses up a lot of energy impact the way you work with depressed clients?

7. **External Locus of Control:** In the introduction to the video, Wubbolding identifies Bill’s sense that control over his life and problems lies outside of himself. In what ways do you observe Wubbolding working on this issue with Bill? Is his approach effective? How might you work differently with Bill around this?
DISCUSSION

8. The Therapeutic Relationship: How would you characterise the therapeutic relationship in this video? Did Wubbolding make an alliance with Bill? How significant do you think the relationship was in this session?

9. Movement: Wubbolding names two indications of movement in the client during the session: 1) the client touching on a subject that was very important to him (romantic relationships), and 2) his willingness to do something about his problems. Would you agree that there was movement in this session? Are there other ways in which you identify movement?

10. The Model: What do you think about the Reality 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 Wubbolding’s model?

11. Wubbolding’s Style: What about Wubbolding allowed Bill to feel comfortable enough to engage in the therapy? How did Wubbolding join with him?

12. Personal Reaction: How would you feel about being a client of Wubbolding? Do you feel an alliance could be made, and that he would be effective with you? How so?
Reaction Paper for Classrooms and Training

VIDEO: REALITY THERAPY FOR ADDICTIONS

• **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 Reality Therapy with clients who are addicted to drugs and/or alcohol? What stands out in how Wubbolding 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. **Case Commentary - Future directions:** What do you think about Wubbolding’s proposed *Future Directions* in the *Case Commentary*? What do you find particularly helpful there? What ideas or techniques are not helpful? What would you do differently with this client in ongoing treatment? (Note: This question applies if facilitator has distributed the *Case Commentary: Future Directions* from the *Instructor’s Manual*.)

6. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Case Commentary: Future Directions

Wubbolding suggests that a future direction and treatment plan emerge from clients themselves. The effective user of Reality Therapy listens carefully for the client’s reasonable and positive wants related to the five basic, universal, and general motivators or sources of human behavior: survival or self-preservation, belonging or involvement with people, power or achievement, freedom or independence, and fun or enjoyment. The cue that Bill presented was his comment about “something to look forward to.” The future direction of therapy would include this idea as a theme. It could embrace short-term and long-term goals and plans. These always need to be congruent with his wants or willingness to follow through.

In the short term, Bill would be helped in the following ways:

1. Develop a more consistent exercise program, such as using the treadmill every day. **Survival and Power**

2. Change his self-talk to “I’m one in a hundred.” He would have a specific plan for repeating this. Other affirmations would help him move from his implicit “I can’t” to “I can” and “I have choices.” This would build on his insight that he has already changed his action, thereby changing his feelings, as when he chose to get angry at the hospital and took charge of his operation. **Power, Accomplishment**

3. Search for some initial ways to establish more satisfying relationships by engaging his brother in conversation, by going to church groups, or by going to a 12-step program once a week, even though he is less than enthusiastic about the program. **Belonging and Fun**

5. Help him define his level of commitment more explicitly, selecting from the five levels of commitment used in Reality Therapy.
   a. “I don’t want to be here and I won’t do anything.”
   b. “I want the pleasure resulting from change but I don’t want to make the effort.”
c. “I’ll try.”

d. “I’ll do my best.”

e. “I’ll do whatever it takes.” **Power or Achievement**

6. Teach him the basics of choice theory, including the importance of relationships in recovery, as well as the five levels of commitment that are part of the reality therapy process.

7. Help him discuss the many decisions that he has already made and continues to make. Then help him make more short-term decisions related to his wants. **Freedom**

In the **long term**, more remote plans and direction would focus on the following:

1. Establishing a relationship with a woman. **Belonging and Fun**
2. Developing a network of friends. **Belonging and Fun**
3. Working the 12-step program. **Power and all other motivators**
4. Volunteering again at the VA Hospital. **Belonging and Power**
5. Obtaining at least a part time job. **Power**
6. Dealing with the spiritual aspects of recovery such as the ultimate purpose of recovery and his perception of his higher power. **All Motivators**
7. As he recovers, helping him to get beyond merely being abstinent. His issues will include establishing a predictable structure and daily routine, finding ways to deal with stress and anxiety, being willing to read and to write, and making plans for maintaining recovery and engaging in contributing and productive behaviors. **All Motivators**

The success of the above plans depends on the skill of the therapist as well as the receptivity and ability of the client. The formation of a connection and relationship between the therapist and client is important. Still, the client himself must want to change and be willing to make the effort to adopt new behaviors.

“Future Directions” provided by Allyn & Bacon.
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES
In-depth Interview with Stephanie Brown, PhD on Psychotherapy and Addictions

www.psychotherapy.net

Center for Reality Therapy

www.realitytherapywub.com

The William Glasser Institute

www.wglasser.com

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

Harm Reduction Therapy for Addictions
  – G. Alan Marlatt, PhD

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

Motivational Interviewing
  – William R. Miller, PhD

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 Reality Therapy for Addictions With Robert E. Wubbolding, EdD

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

Wubbolding–1: Bill, I’m Bob, and you want to shake hands?
Bill–1: Nice to meet you, Bob.

Wubbolding–2: Nice to meet you. And you were sent here for a little session in reality therapy.

Wubbolding–3: So, what’s going on with you?
Bill–3: Well, I’ve been, like I told you, I’ve been clean for almost five years now, and I don’t really have so many problems with, you know, thinking about doing the drugs again because when I do I just flashback to what it was like when I was out on the street and broke and starving, eating out of garbage cans. Those are all good reminders to keep you clean. But, you know, my daily thing I deal with, been dealing with a lot of depression and fatigue from … they told me it was from Hepatitis C which I probably got when I was doing drugs.

Wubbolding–4: Yeah. Well, what would you like to have happen here today as we talk?
Bill–4: I don’t know. Maybe figure out where I’m at and maybe give me a path to go forward on.

Wubbolding–5: Okay. Um, what’s the big thing in your life? I think
you said you kind of feel depressed at times.

**Bill–5:** Yeah, I’m having problems with depression. I haven’t worked in like eight years.

**Wubbolding–6:** Well, that was my question. How do you know you are depressed?

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**Bill–6:** It takes me like four or five hours to get out of bed, just to do anything. It took me since noon to get in the shower at 6:00 to get out here by 8:00, and I guess that’s the fatigue along with the depression, but you know, it seems like they are intertwined.

**Wubbolding–7:** Sure.

**Bill–7:** Some days I’ll feel good physically, you know, I won’t hurt. You know, I have arthritis and degenerative joint disease. I won’t hurt, and I’ll feel good physically, and you know, if I’ve been depressed, I’ll just feel, you know, it will take me forever to get going. I go out to Hines VA like twice a week, and I’m on methadone maintenance program out there, and I see a good psychiatrist and a psychologist.

**Wubbolding–8:** So, you are under care already and I get a sense your medical needs are taken care of.

**Bill–8:** Pretty much, yeah.

**Wubbolding–9:** It sounds like it.

**Bill–9:** Yeah, I go outside the VA for my arthritis because they don’t want to treat me because I was an addict. They had a problem with giving an addict a new hip replacement. They wanted to give me a hip fusion. They didn’t think I was worth giving a new hip to.

**Wubbolding–10:** Yeah. You were in the military?

**Bill–10:** Yes. I was in the Marine Corp. for three years.

**Wubbolding–11:** Were you? Where were you?

**Bill–11:** I was in Camp Lejeune and Kanoe Bay, Hawaii, and then Triple Army Hospital in Oakland.

**Wubbolding–12:** So you were quite a number of places.
Bill–12: Yeah.

Wubbolding–13: But the main thing now, is this what you are telling me, is that you’re kind of feeling down in the dumps during the day, not working you said?

Bill–13: I haven’t worked in a long time.

Wubbolding–14: How long?

Bill–14: A job, an actual job has got to be at least eight years. Even when I was living on the street or when I was bouncing between one friend or another I couldn’t keep a job or work a job to save my life to keep me in food, you know. If I couldn’t do it then, you know.

Wubbolding–15: So where do you live now?

Bill–15: Um, my brother and I, we bought a condo. My father helped us out with a loan.

Wubbolding–16: Yeah. Is he working?

Bill–16: My father just retired.

Wubbolding–17: How ‘bout your brother?

Bill–17: My younger brother, he’s a mechanic at a car dealership.

Wubbolding–18: And that’s who you live with?

Bill–18: Right.

Wubbolding–19: Okay. He’s not married?

Bill–19: No.

Wubbolding–20: Okay. And how old are you?

Bill–20: I’m 43.

Wubbolding–21: 43. Okay

Bill–21: I’ve got an older brother who teaches and coaches, I’m the second, you know, and I have a sister who’s younger. She’s got a family and was a housewife, and now she is going to college because the kids are growing up, and then there’s my younger brother. And he’s a mechanic at a dealership.

Wubbolding–22: So, you know you’re depressed because of the fact
that you don’t get up and do things and work and you’re not active. Is that the idea?

**Bill–22:** It’s like, it’s real hard to explain. You know, if you don’t do these things, you know you’re depressed, but you know, when I wake up, I got nothing to look forward to, you know. I wake up and I turn the TV on.

**Wubbolding–23:** Now that will do it.

**Bill–23:** You know,

**Wubbolding–24:** Not having something to look forward to kind of helps you to be depressed.

**Bill–24:** There is a lot of stuff I can do, but you know, once I do it, I got nothing else to do. And I started volunteering out at the VA, and it got to a point where I couldn’t even do that anymore. And that felt good. I did like 140 hours the year before last, but then they cancelled the program where I was volunteering. It was a workshop for psych and drug rehab patients. I used to go in there and help out the guys. You know, talk to them and tell them what it’s like being sober and how I got off the drugs and stuff, and that helped me out a lot. That made me feel sort of useful.

**Wubbolding–25:** It’s hard to be depressed when you are doing that kind of stuff.

**Bill–25:** Well, yeah. Because I get a look at some of the guys who are just going through what I went through, and it was hell back then, and it made me feel good where I was at. It made me feel better being able to tell these guys, you know, how hard it was getting to the point where I was at at that time.

**2–7**

**Wubbolding–26:** So, this is interesting though, Bill, that you say there were times when you weren’t depressed.

**Bill–26:** Yeah, yeah.

**Wubbolding–27:** And you were doing something.

**Bill–27:** Right.
Wubbolding–28: You had relationships with people.
Bill–28: Yeah.

Wubbolding–29: When you are talking to them in kind of a group, and you felt like you were helping them.
Bill–29: Yeah, I did. But, you know, the flip side to that was the next day I would come, I’d be home. I’d stay in bed the whole next day because of pain.

Wubbolding–30: Physical pain?
Bill–30: Right.

Wubbolding–31: What’s the doctor say about now the physical pain? Do they say you can’t get out and do things?
Bill–31: He said I can do as much as I can do, but you know, I had an addiction. My addiction was pain killers and cocaine. So, we’ve, the cocaine was gone. But the pain killers, he had to put me on methadone because there was way for me to up my dosage, and I’ve come from 125 mg. down to 70, and …

Wubbolding–32: So you are getting monitored on that, and you are doing some self-monitoring?
Bill–32: They let me go down as much as I want to until I feel uncomfortable, and that’s where I stay.

Wubbolding–33: I mean if your brother were sitting here, would your brother say that you are not abusing any drugs, or would he say, oh yeah, he’s still abusing drugs.
Bill–33: No, he’d say I’m doing great.

Wubbolding–34: He would say you are doing great, as far as the drugs go.
Bill–34: Right. Drugs and alcohol.

Wubbolding–35: So, you came here hoping maybe this guy’s got a little idea about a path. I think you used the word path.
Bill–35: Right. Something I could put in my head that would you know make it easier for me to get up and get going, you know. Maybe
a direction that I could travel because my psychiatrist passes it on to my psychologist, and he has a hell of a time just trying to keep me in check out at the VA because these people, you know, the way they treat the veterans out there is awful.

Wubbolding–36: Is it?

Bill–36: Yeah. They refused to treat me. Well, when they did want to treat me, they wanted to give me a hip fusion. They wanted to cripple me. I had to go to an outside hospital, and I was a service connected disabled veteran going to an outside hospital just to get a hip replacement.

Wubbolding–37: So you took charge of that situation.

Bill–37: Pretty much, yeah.

Wubbolding–38: When you took charge of that, Bill, did that do anything for you inside? I mean as far as …

Bill–38: It made me angry as hell that they wouldn’t do it.

Wubbolding–39: Yeah, but I mean when you took the charge. That would be when they didn’t do anything for you.

Bill–39: Right.

Wubbolding–40: When you took charge of it.

Bill–40: It made me feel great that I was getting this done, and you know, I felt like throwing it back in their face and I did. You know, I sent them the bills for the operations.

Wubbolding–41: And then you felt angry and …

Bill–41: I’m very hostile. Very hostile.

Wubbolding–42: You weren’t depressed at that time were you?

Bill–42: No. Depression turned to anger. Pain turned to anger.

Wubbolding–43: So it is possible, it is possible to leave a little bit of that depression behind. You did it when you went and gave those talks. You did it when you took charge of your operation.

Bill–43: Right. I guess. If you focus on something else it is possible to get around it. But that’s the trick.
Wubbolding–44: Maybe that’s the kind of way to think about it is how do we get around it. Not how are we going to get rid of it but how to get around it?

Bill–44: Yeah. Well, chemical therapy only goes so far, you know. I have to put it in my head that I’m going to get up and I’m going to do these things, you know, like I don’t really go for grand scale type projects.

Wubbolding–45: Well, you made the decision to give up drugs.

Bill–45: Right.

Wubbolding–46: You made the decision to go to this group and do that for the other recovering people.

Bill–46: Right.

Wubbolding–47: You made the decision to take charge of your operation and to say the heck with the VA. You even made the decision to get angry at them.

Bill–47: Oh yeah.

Wubbolding–48: So now what kind of decisions could you continue to make? I mean you’re on a path here.

Bill–48: That’s where, you know, it gets confusing for me. You know …

Wubbolding–49: I mean the decision to stay in bed. Decision to take six hours to take a shower. What about those decisions?

Bill–49: Well, I didn’t just sit there for six hours. I was trying to get a power washer running and I was thinking about it.

2–12

Wubbolding–50: I understand, but …

Bill–50: But I was sweaty and I had to take a shower.

Wubbolding–51: Well, it’s a good time.

Bill–51: But, it’s not like I just sit there and stare at the ceiling when I do these things. I’m doing stuff, but it’s like there is a blank. My, I’m just doing these things to do ‘em.

Wubbolding–52: You said you wake up and you don’t have anything
to look forward to.

**Bill–52:** I really don’t.

**Wubbolding–53:** What would you like to wake up to? To look forward to?

**Bill–53:** I’d like to have a nice bank account so I could wake up and do what I want to do.

**Wubbolding–54:** Okay.

**Bill–54:** But, I can’t afford to do that because I’m on a small disability payment.

**Wubbolding–55:** Sure.

**Bill–55:** I’d like to go out and work, but I can’t. I’m lucky if I can do something for myself for two or three hours a day …

**Wubbolding–56:** You can’t work at all?

**Bill–56:** … because of this fatigue that I have. I have terrible fatigue, and I’ve got severe degenerative joint disease. Yeah, I go see a surgeon every year to check on whether I need a hip. I need a shoulder operation. I need two feet operations. I’m just putting them off.

**Wubbolding–57:** Well, until you get them, I mean …

**Bill–57:** After I get them it’s not going to be any better.

**Wubbolding–58:** Well, okay. Let’s talk about until that happens. It just seems to me you’ve got a pathway here.

**Bill–58:** Yeah. Taking care of myself.

**Wubbolding–59:** And the pathway is those action kind of things that you describe which satisfy something inside of you.

**Bill–59:** Yeah. Taking care of myself and doing the right thing. That satisfies me. That makes me feel good.

**Wubbolding–60:** You said you wanted to have a job. Did you say that?

**Bill–60:** I said I’d like to have something to do. I’d never hold a job. I could never hold a job.

**Wubbolding–61:** Well, not yet.
Bill–61: No.

Wubbolding–62: Never?

Bill–62: You know, who would hire me taking 70 mg. of methadone a day? I take 300 mg. of Zyban, 100 mg. of Elavil.

Wubbolding–63: You’ve got a thousand reasons for not getting a job.

Bill–63: Who would hire me?

Wubbolding–64: Well, I don’t know.

Bill–64: I couldn’t even get a job at McDonald’s.

Wubbolding–65: Would you be the first person who ever took this medicine?

Bill–65: No.

Wubbolding–66: No. No. I want to ask you this. Do you think this way pretty much? I mean these are the kind of thought you have whenever a job comes up? Who would hire me? Those are the kind of thoughts that you pretty much take up your time?

Bill–66: Well, you know, I don’t think about getting a job per se. You know, I try and help my father out when he calls. I do little projects out there, and you know, I’ll do a project for him like we were hanging these lattice strips in his basement. It’s the criss-cross type board and stuff, and I do four hours work there, and then I’d be in bed the whole next day with pain.

Wubbolding–67: Still?

Bill–67: Yeah. Oh, yeah. That’s the problem. If it’s not the fatigue . . .

Wubbolding–68: Well maybe four hours is too long?

Bill–68: Yeah, but then I’m in bed the whole next day. What kind of a job could I have where I go four hours a day and then take two days off?

Wubbolding–69: Those are part time jobs.

Bill–69: Yeah, I take a part time job . . .

Wubbolding–70: Those are volunteer type jobs.

Bill–70: That’s all I’m limited to, volunteer.
Wubbolding–71: But when you are doing these, I don’t want to talk you into something, but when you do those things, do you feel any better inside?

Bill–71: Yes, I do. Because I was able to do something that I couldn’t do the day before. And, you know, if that’s the only kind of gratification I get for the rest of my days, you know, I just gotta find a way to live with that and make myself feel content with that.

Wubbolding–72: You made the decisions and let drugs go …

Bill–72: Very hard. It was more painful using than it isn’t.

Wubbolding–73: Yeah. But you made that decision.

Bill–73: Yeah, I did. After 25 years of using. It took me a while.

Wubbolding–74: It’s a heck of a decision. You proud of that?

Bill–74: Very much.

Wubbolding–75: Darn right.

Bill–75: They say one in 100 makes it, you know, and I seen …

Wubbolding–76: Well, let me ask you this. When you look in the mirror what do you see?

2–17

Do you see one in 100 that makes it?

Bill–76: Not all the time, no. I should. I’m proud of myself that I had the ability and the courage to stop using and to stop drinking because it is very easy for me to go out and do the stuff. You know, I gave up all the people I knew, and I live in that neighborhood still. I just moved back to it. And I still don’t go by these people because I know five years clean ain’t nothing. If you get that itch and you’re right there, you are going to use.

Wubbolding–77: You are one in 100.

Bill–77: When I’m not using, yeah. But it only takes a second to get back into that situation where you, you know, where you are in a situation, you know. You got money in your pockets. You got free time on your hands. You got nobody looking over your shoulder, and you’re
with the wrong people, I mean, that’s a situation where you are putting yourself in harm’s way to use.

**Wubbolding–78:** Sure. You work the program?

**Bill–78:** Um, I tried for the first two or three years. I tried.

**Wubbolding–79:** How ‘bout now?

**Bill–79:** No. I used after the first year and two months. I used. So, I stopped going to the program about six months after that, and I’ve been clean since. You know with these people talking about, I have a hard time with that. You know the program is great for a lot of people. It didn’t help me. I don’t like, I feel very uncomfortable socializing.

**Wubbolding–80:** Well, it takes a little while doesn’t it?

**Bill–80:** These people talk about their last bang and how good it was and this and that. And I go back to that mindset, and I think about the good times I had, and these people are talking about it and talking about it, and it’s in my head. By not going to those, I don’t think about it. And if I don’t think about it, it doesn’t bother me. It doesn’t bother me, and chances are, I won’t go and look for it.

**Wubbolding–81:** You’re not using now.

**Bill–81:** No, no. Not drinking, not using. I get, I still get urine tested and whenever my counselor wants. No. I could think of a lot of things I could do, but using, it ain’t one of ‘em anymore. I don’t care what goes wrong. You know, that …

**Wubbolding–82:** So now it’s a matter of kind of moving to the next level of recovery, isn’t it? Going down that pathway another step.

**Bill–82:** Yeah, I guess so. You could say that.

**Wubbolding–83:** And when you do things which we talked about before, you’re taking those steps. Helping your dad.

**Bill–83:** Yeah.

**Wubbolding–84:** Maybe not four hours a day. Maybe two hours a day.

**Bill–84:** Psychologically that helps me. Yes.

**Wubbolding–85:** Really?
Bill–85: Yeah. And when I do that, when I’m helpful to others, I feel good. When I can help other people, or when I can do something to help myself I feel good.

Wubbolding–86: In recovery that’s called productive living. Doing something productive.

Bill–86: Yeah.

Wubbolding–87: Maybe you’re ready now for something, for that next big step. Because recovery isn’t just either or. You either use drugs or don’t.

Bill–87: Right.


Bill–88: Yeah.

Wubbolding–89: So the pathway is like, one of the obstacles is feeling depressed.

Bill–89: Yes, it is. Depressed, fatigued because it seems like those two intertwine.

Wubbolding–90: Oh, yeah. Sure they do.

Bill–90: You know, if you’re fatigued, you’re going to get depressed, and vice versa.

Wubbolding–91: Well, you know depression is like a behavior. And it takes a lot of energy to be depressed.

Bill–91: Yes, it does.

Wubbolding–92: You get tired when you’re depressing.

Bill–92: I isolate myself. I don’t want to talk to anybody. I always used to like being alone, but I’ve brought it to new heights now.

Wubbolding–93: Are you alone most of the time, like when your brother is out working?

Bill–93: My brother goes out and he works from 3:00 to 2:00 in the morning.
Wubbolding–94: Oh.

Bill–94: So he comes home at 2:00 in the morning and wants to talk to me.

2–22
I don’t want nothing to do with it.

Wubbolding–95: It’s a little late.

Bill–95: So I wake him up at noon, and he doesn’t want anything to do with me. So we don’t socialize.

Wubbolding–96: So, that’s another thing I think we could talk about is relationships.

Bill–96: Yeah.

Wubbolding–97: Is he the one that’s the primary person in your life as far as a relationship?

Bill–97: Yeah, he’s the closest to me. I’ve got one good friend, but he lives up in Wisconsin.

Wubbolding–98: That’s a little far.

Bill–98: Yeah. But he comes down once a month or so, and we go out target shooting and stuff like that.

Wubbolding–99: Is he a veteran?

Bill–99: Yes. He is.

Wubbolding–100: Anybody near by?

Bill–100: No. Nobody that I respect enough to be around or feel comfortable with, no.

Wubbolding–101: Must be kind of lonely.

Bill–101: It is. But then since I’ve been clean, I’ve started building bridges back with my family, and they’ve seen all the work I’ve put in to staying clean. And they are beginning to, well they trust me now, and they respect me somewhat. So I can go, you know, talk to them. Hang around with the kids, you know, babysit for a couple of hours. Stuff like that.
Wubbolding–102: So, you gotta new pathway, and you’ve gotten some hints here that you’ve come up with about what’s on that pathway. How hard would you like to work at going down this pathway, this new kind of life that might be open to you?

Bill–102: I would like to take it slow. You know, I’m not going to knock myself out with doing anything anymore. My surgeon …

Wubbolding–103: You mean you want to get over the depression slowly or quickly?

Bill–103: Well, I’ll tell you the truth. Um, some days you have it and some days you don’t. It is a very troubling illness.

Wubbolding–104: Well, how hard do you want to work at making those days that you have it fewer?

Bill–104: I think I’ve been working pretty hard at it. I take my medicine on time. I try and create projects to get me out of my room, you know? And it’s a hard illness to get away from.

Wubbolding–105: Sure it is.

Bill–105: And, you know, I don’t think anyone has one definitive answer of how to stop it. If they did they’d make millions, you know, but I would like to be able to work through it sometimes when I feel terrible, you know. Just to be able to you know smile on a day like that would be an accomplishment.

Wubbolding–106: Really? Maybe you could look in the mirror and say I’m one in 100.

Bill–106: Yeah, I could do that.

Wubbolding–107: Yeah, you could do that. Can you do that when you’re depressed?

Bill–107: I don’t but, yeah, I could. I don’t think of those things.

Wubbolding–108: I’d like to suggest you do it even if you don’t believe it, say it.

Bill–108: I believe it.

Wubbolding–109: There may be days when you doubt it.
Bill—109: No. I know …

Wubbolding—110: Ah, so you believe it even on the bad days?

Bill—110: I know how hard it is for drug addicts to stop using, and alcoholics to stop drinking.

Wubbolding—111: This could be a big step Bill is to start doing something like that when you wake up in the morning.

Bill—111: I never …

Wubbolding—112: A lot of people think this is trivial. This is not trivial.

Bill—112: No, it’s not. Thank you. I never thought about telling myself that.

Wubbolding—113: Well, right now you’re telling yourself, “Who would want to hire me?” and I’m suggesting maybe it’s time to tell yourself something else. Something you already believe which is “I’m one in 100.”

Bill—113: Getting a job, that’s a different story.

Wubbolding—114: Ah, that’s a different story. Can’t do everything, you know. Today.

Bill—114: No. Right. If I can get through this day without drinking or using, I’ve had a good day.

Wubbolding—115: That’s a big step. That’s right.

Bill—115: If I can get through it and not feel depressed, I’ve had a better day.

Wubbolding—116: Absolutely, but how would you do that like say tomorrow?

Bill—116: I wake up.

Wubbolding—117: What time?

Bill—117: Well, I usually wake up about between 8:00 and 10:00. I never was a morning person. I’ve only held two jobs, and they were afternoon shift. I wake up …

Wubbolding—118: Well, maybe it’s time …
Bill–118: … open the blinds. That helps.
Bill–119: Eat something. Take my medicine.

2–27
And try and think of positive things to do that day. Stuff that I can accomplish, not you know, not major goals to accomplish. Simple things that I can accomplish that might make me feel like going on to bigger things.

Wubbolding–120: You said you want to take it kind of slowly, but you do want to deal with this depression and kind of get rid of it.
Bill–120: I have.

Wubbolding–121: What would you be willing to do that would change your routine in the mornings? One thing, you’re going to look in the mirror and say that. What else?
Bill–121: I don’t know.

Wubbolding–122: Well, you plan your day in the mornings.
Bill–122: I try and plan my day the night before.

Wubbolding–123: The night before? I thought you said the mornings.
Bill–123: I try and think up a project that I can do that will get me out of bed a couple hours after I wake up.

Wubbolding–124: Do you write it down?
Bill–124: Ah, no.

Wubbolding–125: So maybe that’s a little change in the routine.
Bill–125: I’m not much for writing things down.

Wubbolding–126: Up until today maybe, but maybe after today you will. You came for help.
Bill–126: That’s true. I look at this realistically. There’s things that I do and there’s things I don’t do. I’m not a person that writes things down. I think of things, and I keep that thought in mind.
Wubbolding–127: You sign your name to your checks, don’t you?
Bill–127: Yeah.

Wubbolding–128: So you write that.
Bill–128: That’s different.

Wubbolding–129: That’s what you really want to do. Okay.
Bill–129: That’s something I gotta do to survive.

Wubbolding–130: That’s right. Well, how else could you vary your routine? In ways that you would want to.
Bill–130: You know, I’ve been trying to, I moved a treadmill in my bedroom, and so when I get the impulse, I’m staring right at it, I’ve been working real hard to try and get on that thing. I got weights in my bedroom.

Wubbolding–131: When was the last time you got on the treadmill?
Bill–131: It was last week.

Wubbolding–132: Yeah?
Bill–132: Yeah.

Wubbolding–133: Well, it’s very hard to walk on that treadmill and be depressed at the same time.
Bill–133: Oh, yeah, it is.

Bill–134: I have a TV, I swing in front of me, and I can watch TV while I’m on it.

Wubbolding–135: You can watch TV and you can walk on the treadmill.
Bill–135: To take me somewhere else …

Wubbolding–136: How long did you walk the last time?
Bill–136: It was a half hour.

Wubbolding–137: Oh, that long?
Bill–137: Yeah. You know first time I’ve been working from 20
minutes up. But that, getting motivated to do that, would help me out.

**Wubbolding—138:** You want a suggestion?

**Bill—138:** Sure.

**Wubbolding—139:** Well, my suggestion would be, and I don’t know if you’d like this suggestion, to walk even though you’re not motivated. If you wait around for motivation to kind of hit you from the outside, you might be waiting a while.

**Bill—139:** I have been.

**Wubbolding—140:** What a way to start the day. Man. Walking and feeling good.

**Bill—140:** Yeah. I think I just started taking this new medicine. Zyban. It’s, I’ve been taking Wellbutrin for a while, but this is time released, and they doubled what I usually took, and the doctor, I have to go see the doctor, and he is going to try and increase it accordingly to …

**Wubbolding—141:** Well, this will add on to the medicine that you take. The activity will help.

**Bill—141:** I think so.

**Wubbolding—142:** It will help you.

**Bill—142:** I think so. I think if I could just lose a little weight I’d gain some energy, and I’d be able to work through my depression a little more, you know. But it’s that first boot to get goin’.

**Wubbolding—143:** It’s your boot.

**Bill—143:** Yeah, I know. I know.

**Wubbolding—144:** It just means taking that boot and moving it down the pathway a little bit.

**Bill—144:** One step at a time.

**Wubbolding—145:** What do you think about those two plans so far? Looking in the mirror, walking on the treadmill, even when you are not motivated. In fact, especially when you are not motivated.

**Bill—145:** That’s hard.
Wubbolding–146: Oh, this is not going to be easy.
Bill–146: No.
Wubbolding–147: Believe me, this is not going to be easy.

2–32
It’s easier to wait around.
Bill–147: Yeah. It is. I’m a professional time waster.
Wubbolding–148: Well, that’s okay.
Bill–148: It’s what I do.
Wubbolding–149: Well, how ‘bout wasting just a little bit less time. You don’t have to make 180 degree turn here. Just two degrees, then three.
Bill–149: I’ve been trying.
Wubbolding–150: You’ve been doing a terrific job, let me tell you I mean, I told you. I really believe that what you said. I mean anybody that’s kicked a drug habit has made a gigantic change in his life.
Bill–150: And then you face a whole new set of problems.
Wubbolding–151: Oh, yeah. But you’ve been straight for, what, five, what did you say?
Bill–151: Going on five years.
Wubbolding–152: Five years. What’s a third thing you would be willing to do. Things usually come in threes.
Bill–152: I don’t think there is a third thing. Two things is pushing it.
Wubbolding–153: Really? Two things is pushing it. There might be a third thing that wouldn’t be too much. I mean you’re looking in the mirror saying this. That’s only going to take you a couple of seconds.
Bill–153: Right.
Wubbolding–154: Walking on the treadmill, 20 minutes or maybe less. It depends on you.
Bill–154: I’m thinking about my day, and …
Wubbolding–155: Yeah. Writing something down is out. Out of the question. You don’t want to do that.

Bill–155: No, I’ve got papers and magazines all over. I’d, it would just be another piece of paper lying around.

Wubbolding–156: Alright. So that was my suggestion. Not a good one. Now why don’t you come up with one.

Bill–156: I can’t. I’m drawing a blank.

Wubbolding–157: A third, some kind of third variation in your morning routine.

Bill–157: I’m drawing a blank.

Wubbolding–158: I mean do you have some friend you could call? How ‘bout your dad?

Bill–158: Well, he works til like 1:00 in the afternoon most days.

Wubbolding–159: Does he?

Bill–159: He is semi-retired.

Wubbolding–160: Is he?

Bill–160: Yeah. But …

Wubbolding–161: Any friends in the neighborhood?

Bill–161: Ah, no. No.

Wubbolding–162: Do you have any hobbies? I forgot to ask you that.

Bill–162: Yeah, I do.

Wubbolding–163: What do you do?

Bill–163: I used to parachute, but now I go out and target shoot.

Wubbolding–164: Yeah. Oh, yeah you did mention that, yeah. That’s a little tough to do that everyday.

Bill–164: It’s expensive. But, I work on keeping my weapons clean, and I really, that’s a dangerous combination, guns and depression. But believe me I’ve got good respect for ‘em.

Wubbolding–165: Do you?
Bill–165: Yeah. I had a guy shoot me in the chest, and I got a good respect for them.

Wubbolding–166: So you don’t think about using it on yourself or anything?

Bill–166: No, no. No, I when I got out of the service I had problems, issues with suicidal ideas and such, you know. I’ve tried four times.

Wubbolding–167: Did you?

Bill–167: Yeah.

Wubbolding–168: Lately?

Bill–168: No. Not since before I got clean. It’s something I think I grew out of and my mind has gone around.

Wubbolding–169: There is another decision you’ve made. To stay alive.

Bill–169: Yeah. That’s a major one.

Wubbolding–170: That’s a major one. You’ve made about four or five major decisions that we’ve talked about Bill.

Bill–170: In a normal person’s life, that’s you know, those are just natural things that come to people. You know. That’s things people take for granted.

Wubbolding–171: Yeah, but you are one out of 100. You said that.

Bill–171: I am.

Wubbolding–172: Do you think those two things that you came up with, you think those two things would be sufficient to do?

Bill–172: Yeah.

Wubbolding–173: Okay. I’d like to ask you about something else. Not to ask you to do anything, but just to talk about.

2–37

Are you, what about the relationships with other people? We talked a little bit about this, but I mean, is there any relationship that you would like to work on and improve? Not now. I’m not going to suggest
you do anything, but just anything that could be improved in the future? Your brother, your dad?

**Bill–173:** I think I’m doing pretty good with the relationships I’ve, the relationships I’ve started and started to continue to rebuild.

**Wubbolding–174:** Do you have a friend outside of the family?

**Bill–174:** Just one. Just one. It’s hard finding people nowadays who … uh … interested in the same things I’m interested in that don’t use alcohol or drugs.

**Wubbolding–175:** No you only meet them at meetings.

**Bill–175:** And I have a hard time with that. I’d rather not go to meetings and not use than meet people and go there and be totally drained trying to put down cravings and stuff.

**Wubbolding–176:** What about a romantic relationship with somebody?

**Bill–176:** It hasn’t come up. You know, I have a hard enough time getting out of bed. Do you think I have …

**Wubbolding–177:** Well, I’m just asking.

**Bill–177:** If I had a woman, trying to take, trying to establish a relationship takes a lot of energy, and I just don’t have it right now.

**Wubbolding–178:** Well, not yet. Not yet. Would you be interested in that down the road?

**Bill–178:** Ah, yeah. Yeah, I would. But first things first.

**Wubbolding–179:** Sure. I understand. There is no rush.

**Bill–179:** No. I got the whole rest of my life.

**Wubbolding–180:** You are 42?

**Bill–180:** 43.

**Wubbolding–181:** 43, you’re probably going to live another 40 years.

**Bill–181:** I don’t know about that.

**Wubbolding–182:** If things go the way they usually go. Who knows?

**Bill–182:** I’m lucky to live this long. Really.
Wubbolding–183: Yeah, yeah. Well, are you willing to do those two things?

Bill–183: Yeah.

Wubbolding–184: Maybe just think about them. Don’t give up on a relationship with a woman.

Bill–184: You know, usually when you aren’t looking for it, that’s when it happens.

Wubbolding–185: That’s true. That’s very true.

Bill–185: So, I haven’t been looking for it.

Wubbolding–186: That’s the way it happened with me.

Bill–186: And usually you know a good woman could turn me around. That would give me a relationship, a new relationship would give me a sense of purpose. It probably would tear up my gut with nervousness, but there’s a lot of things that I’d like to do, but you know, I don’t think right now is a good time for it. In my life right now it’s a good time for getting well, getting my head back together. And you know you can only do one thing at a time.

Wubbolding–187: That’s right.

Bill–187: Anything else would probably send me backwards.

Wubbolding–188: Well I hope you don’t give up on it.

Bill–188: No, no. I do have a positive outlook even though I get depressed. There’s good things out there, and you can have ‘em. All you gotta do it strive to get ‘em.

Wubbolding–189: Well, you are going to strive. You said you would do a couple of things.

Bill–189: I’m trying.

Wubbolding–190: Firm commitment?

Bill–190: I’ll try.


Bill–191: Yeah.
Wubbolding–192: Who knows? Some day you might meet that woman. It happened to me that way. When I was least expecting it I met somebody and six months later we were married. Man, I didn’t know what hit me.

Bill–192: I’ll bet you didn’t.

Wubbolding–193: Okay. Well, thanks a lot Bill for coming, and it’s nice talking to you, and I wish you the best.

Bill–193: Thank you. I appreciate it.
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About the Contributors

VIDEO PARTICIPANTS

**Robert E. Wubbolding, EdD,** Featured Therapist, Director of the Center for Reality Therapy, is a psychologist and Professional Clinical Counselor. He is Professor Emeritus of Xavier University and Senior Faculty for The William Glasser Institute in Los Angeles. Dr. Wubbolding has written over 125 essays and chapters as well as ten books and published seven videos on Reality Therapy.

Dr. Wubbolding’s professional goal has been to make Reality Therapy respectable, respected, practical, cross-cultural, and universally applicable. To achieve this goal, he has sought to strengthen the delivery system, published chapters, articles, and books, taught Choice Theory and Reality Therapy in many countries, and developed Reality Therapy as the WDEP system. This expression of Reality Therapy facilitates both learning and practicing the skills individually, in groups, on an organizational basis by people around the world working in agencies, schools, and businesses.

**Jon Carlson, PsyD, EdD,** Host, is Professor of Psychology and Counseling at Governors State University and a practicing clinical psychologist. He has authored 40 books, 150 journal articles, and developed over 200 videos featuring leading experts in psychotherapy, substance abuse treatment, and parenting and couples education.

**Judith A. Lewis, PhD,** Host, is Chairperson of the Department of Addictions and Behavioral Health at Governors State University. She is past President of both the American Counseling Association and the International Association of Marriage and Family Counselors. Dr. Lewis has written several books, including *Substance Abuse Counseling,* and over 60 articles and book chapters.
MANUAL AUTHORS

Randall C. Wyatt, PhD, is Editor-in-Chief of Psychotherapy.net and a practicing psychologist in Oakland and Dublin, California. Email: rcwyatt@psychotherapy.net.

Erika L. Seid, MA, MFT, Educational Programs Manager at Psychotherapy.net, is a practicing psychotherapist in the San Francisco Bay Area, specializing in cultural issues and sexual offender treatment. Email: erika@psychotherapy.net.
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