Instructor’s Manual

TIME LIMITED DYNAMIC PSYCHOTHERAPY
MAKING EVERY SESSION COUNT

with
Hanna Levenson, PhD

by
Randall C. Wyatt, PhD

&
Erika L. Seid, MA

psychotherapy.net

© 2006, Psychotherapy.net, LLC. All rights reserved.

Published by Psychotherapy.net

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

Teaching and Training: Instructors, training directors and facilitators using the Instructor’s Manual for the DVD Time Limited Dynamic Psychotherapy may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of the publisher, Psychotherapy.net. The DVD Time Limited Dynamic Psychotherapy (Institutional/Instructor’s Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Wyatt, Randall C. & Seid, Erika L.

Instructor’s Manual for Time Limited Dynamic Psychotherapy: Making Every Session Count

with Hanna Levenson, PhD

Cover design by Sabine Grand

Order Information and Continuing Education Credits:
For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at www.psychotherapy.net or call 800-577-4762.
Instructor’s Manual

TIME LIMITED DYNAMIC PSYCHOTHERAPY
Making Every Session Count

with Hanna Levenson, PhD

---

Table of Contents

Tips for Making the Best Use of the DVD  7
Session-by-Session Group Discussion Questions  9
Reaction Paper Guide for Classrooms and Training  13
Suggestions for Further Readings, Websites and Videos  15
Session Transcript  17
  SESSION 1  19
  SESSION 2  26
  SESSION 3  29
  SESSION 4  32
  SESSION 6  34
  SESSION 7  36
  SESSION 16  39
  SESSION 18  41
  SESSION 20  43
About the Contributors  49
Earn Continuing Education Credit for Watching Videos  51
More Psychotherapy.net Videos  53
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. SESSION-BY-SESSION DISCUSSION QUESTIONS
Pause the video after each session to elicit viewers’ observations and reactions. The Discussion Questions provide ideas about key aspects of the therapeutic work that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the sessions 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 the viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the sessions? 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
After watching the video, organize participants into groups of three. Assign each group to role-play either a first or a last session of time limited dynamic psychotherapy. Each role-play shall consist of one therapist, one client, and one observer. After the role-plays, have the groups come
together to discuss their experiences. First have the clients share their experiences, then the therapists, and then ask for the comments from the observers. Open up a general discussion on what was learned about setting up and concluding dynamic therapy in a time limited context.

Another alternative is to conduct a single role-play in front of the group with just one therapist and one client; the entire group can observe before discussing the interaction. After a while, another participant may jump in as the therapist if the therapist gets stuck or reaches an impasse. Follow up with a discussion that explores what works and does not work in balancing a psychodynamic approach with a time limited structure.

7. 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 then is typical in everyday practice to demonstrate a technique. The personal styles of therapists are often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, all participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Session-by-Session Group Discussion Questions

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

SESSION 1
1. **Countertransference:** What reactions do you have or what buttons are pushed in you while watching Mr. Johnson’s style of relating?

SESSION 2
2. **Helpless and Hopeless:** Why does Levenson put so much emphasis on helplessness and hopelessness in her work with Mr. Johnson? Do you agree with her assessment? Why or why not?

SESSION 3
3. **Balancing Act:** Levenson attempts to balance psychodynamic interpretations and experiential goals with Mr. Johnson. Do you agree with her order of priorities? How would you prioritize the focus of the therapy?

SESSION 4
4. **Feelings:** Why does Levenson push Mr. Johnson so hard to talk about his feelings in spite of his insistence that he is unable to do so? What are some other ways you would have approached this situation? How might the outcome have been different?

SESSION 6
5. **Abandonment:** When Levenson interprets Mr. Johnson’s disclosure of his feelings of disappointment, do you agree with her linking his feelings with abandonment? What is the connection? What other interpretations might you offer the client at this juncture in the therapy?
6. **Sitting with Difficult Clients:** How is it for you to sit through this therapy session? How is the pace and the general emotional tone? Do you find yourself reacting to Levenson’s style or to Mr. Johnson’s presentation? How so?

SESSION 7

7. **The Past:** Does it make sense to you to bring the client’s past history (e.g., family, parents) in to a time-limited course of therapy? Why or why not? Does it work here?

SESSION 16

8. **Time Limit:** What is so special about 20 sessions? Does the pace of treatment in this video seem realistic to you? Would you feel ready to begin termination with Mr. Johnson?

SESSION 18

9. **Concrete Rehearsal:** At this later stage of the therapy, what is going on for Mr. Johnson as he presents this new possibility? What do you think about the concrete rehearsal and didactic encouragement Levenson employs here? What else might you bring in to the process at this point?

SESSION 20

10. **Therapeutic Gains:** How do you react to Mr. Johnson trying to give credit for therapy gains to Levenson? What’s hard for you in working with this kind of self-deprecating behavior in clients?

11. **Termination:** Do you agree that Mr. Johnson met the termination guidelines sufficiently to consider this a successful case? Why or why not? What do you think about the notion of having distinct guidelines for termination?

12. **And You?** How would you feel about being Levenson’s client? Do you feel an alliance could be made and that she would be effective with you? What are the strengths and drawbacks of this time limited dynamic approach?
Reaction Paper for Classrooms and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the professor or 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 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 Time Limited Dynamic Psychotherapy (TLDP)? For example, how does the therapist use the time limit in service of the dynamic process? What stands out in how she works?

2. **What I am resistant to.** What issues/principles/strategies did you find yourself resisting, 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 do you think you would 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 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
www.hannalevenson.com Hanna Levenson’s website
www.cyberpsych.org/sepi/sepistdp.htm A discussion on Short Term Dynamic Psychotherapy at The Society for the Exploration of Psychotherapy Integration

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET
Effective Therapy with Men
– Ronald Levant, PhD

Mixed Anxiety and Depression
– Donald Meichenbaum, PhD

Solution Focused Video Series
– Insoo Kim Berg & Steve De Shazer
**INTRODUCTION**

**Levenson:** Hello. I’m Hannah Levenson. Time Limited Dynamic Psychotherapy, or TLDP, is an interpersonal, time-sensitive approach for individuals with chronic, pervasive, dysfunctional ways of relating to others. TLDP makes use of the relationship between therapist and client, to kindle fundamental changes in the way the individual interacts with others, as well as with him or herself. Its method of formulating and intervening make it particularly well suited for the so-called difficult client seen in brief or time-limited therapy. Mr. Johnson, a 74-year old widower with four grown children, is just such a client. He had been hospitalized for major depression and then referred to me for outpatient treatment. In my very first session with him, I will begin to develop a blueprint for the entire therapy by considering four questions.

First, is Mr. Johnson an appropriate candidate for TLDP? Is he in emotional distress? Will he come to therapy and talk about his problems? Is he willing to consider that his difficulties are due to interpersonal issues? Will he talk about his feelings? Is he able to enter into a relationship with the therapist?

**Selection Criteria:**

- Emotional distress
- Willingness to talk
- Willingness to consider difficulties in terms of interpersonal conflicts
- Willingness to talk about feelings
- Capacity to have a relationship with the therapists
Second, what will be the focus of our work? What is his long-term dysfunctional manner of relating? What are the inflexible, self-defeating behaviors, expectations, and negative self-appraisals that lead to his maladaptive interactions with others?

Central Focus
- Dysfunctional relationship
- Self-defeating behaviors and expectations
- Negative self-appraisals

Third, what will be our treatment goals? What new experiences in therapy will help Mr. Johnson relinquish old behavior patterns and internalize new relationship models?

Treatment Goals:
- New Experiences
- Relinquish old behaviors
- Internalize new relationship models

And fourth, how will I, as the therapist be hooked into acting out the expected response to his inflexible, self-defeating behaviors? How will I be pushed and pulled, countertransferentially so that I re-enact with Mr. Johnson the very same maladaptive pattern that characterizes his interpersonal difficulties elsewhere.

Countertransference:
- Therapist acts out patient’s expectations
- Therapist and patient re-enact maladaptive relationship patterns
SESSION 1

Levenson Commentary: Mr. Johnson has a history of recurrent depressive episodes and low self-esteem but no evidence of suicidal ideation or attempts. On the unit, he was very passive and compliant and had been placed on anti-depressants for his vegetative symptoms. While walking down the hall to my office, he repeatedly apologized for being late, although he was on time. When I told him he could have whichever chair he chose, he seemed quite uncomfortable. I finally motioned him to take a seat.

Mr. Johnson: Well, it’s nice out there. I’m sorry I’m late. I…

Levenson: I think you’re just about on time, Mr. Johnson.

Mr. Johnson: Well, it’s, uh…

Levenson Commentary: After Mr. Johnson sat down he again apologized for his tardiness. As I reassured him for the fourth time that he was not late, I could tell by the tone of my voice that I was becoming annoyed with his contrite and self-effacing demeanor.

Mr. Johnson: The parking lot man directed me to the north parking lot, and I guess I got confused. Well, I’m here on time, I guess, so it’s okay.

Levenson: Does that happen frequently, the confusion?

Mr. Johnson: Well, (coughs) Excuse me. I just don’t… I don’t drive much anymore.

Levenson: Uh-huh. And why is that?

Mr. Johnson: Well, there’s just no need for me to go anywhere.

Levenson: Mm-hmm. Well, I know you were referred by Dr. Moffett from the inpatient unit, and he sent you here. But I’m wondering maybe if you can tell me in your own words as to what’s been going on with you and how I might be able to be of help.

Levenson Commentary: I let Mr. Johnson know that I’m interested in his perception and his ideas. I am particularly interested in how he relates to me and what he expects from me. I’ll begin to formulate his interpersonal difficulties by noticing not only what he says but also how he says it and how I react to it.
Mr. Johnson: It started in June, I guess. My daughter and I are living in San Carlos. That’s my daughter, Susan. We have four children, but Susan is the youngest, and she stays with me. So, we get notice from the landlord saying he wants to move into our apartment, and we have to move out.

Levenson: And this was when?

Mr. Johnson: This is in June.

Levenson: June, just last month June.

Mr. Johnson: No, no. This is a year ago.

Levenson: Oh, a year ago.

Mr. Johnson: So, I started looking for a place. We have a cat. And I look all over San Carlos, that area down there. You know, my daughter works down there so… I couldn’t find a place that would take animals. So, they decide… well, somebody’s got to take care of the cat. You know, like a relative or something.

Levenson: Sure.

Mr. Johnson: So, I keep looking and looking. And can’t find a two bedroom apartment for under $700 - $800. It’s terrible. We finally found a place for $700, way out in Tilton that’s at the end of a dead end street. It’s kind of high up on a plain. It’s very isolated.

Levenson: Very isolated.

Mr. Johnson: I don’t know. I just… I knew something wasn’t right. I was behaving weirdly. So, one day I went down to the day treatment center. Let’s see, that was in… That was in October. I see Roy most of all because when I couldn’t find a place to stay… Roy lives in Tilton with his girlfriend, I guess you’d call her, so they took me in and… But I don’t see much of them because they spend a lot of time together. But I have my own room and I have a TV, and it’s okay.

Levenson Commentary: Mr. Johnson includes a lot of details about the loss of his home, but little about his relationships. I want to explore the interpersonal context of his life to see if it relates to his problems. When he tells me that his wife died of a heart attack, I ask about their relationship.

Mr. Johnson: Well, my wife died when I think Susan was about 10. Yeah.
Levenson: And how long ago was that?

Mr. Johnson: Well, let’s see, Susan is 23. About 13 years ago.

Levenson: Can you tell me a little bit about your relationship with your wife?

Mr. Johnson: She threatened to leave me a couple of times. She wanted a more forceful man, “more full of life,” she put it. Actually, she was an alcoholic; she wanted somebody to drink with.

Levenson: Oh, I see.

Mr. Johnson: But I wouldn’t do it because we had these four kids. So, then after she died, Judy got married right away. Moved on to Baytown. She got a job in the offices of the Western Alarm Company. And then she got a promotion. She’s installing alarms. You know, that Western Alarm. They’re all over the place.

Levenson: Yes, I’ve heard of them.

Mr. Johnson: So, then, the two boys… Well, actually the two boys ran away.

Levenson: They ran away?

Mr. Johnson: Ran away.

Levenson: After your wife died?

Mr. Johnson: Yes. I heard that they got jobs on a fishing boat out of Seattle. So, I was really worried until they called, and they said they were okay.

Levenson: Now, was their running off after your wife died, was that difficult for you? Was that a difficult time for you?

Mr. Johnson: Well, it was a rough time for me. I was depressed, and I was hospitalized…

Levenson: Similar to this recent hospitalization?

Mr. Johnson: Oh, I think a little more severe.

Levenson: Little more severe.

Mr. Johnson: Yeah.
Levenson: Have there been any other hospitalizations?

Mr. Johnson: No, just the two.

Levenson: So, this left you now…

Mr. Johnson: With Susan.

Levenson: …living with Susan.

Mr. Johnson: Yes.

Levenson: And what was that relationship like with her?

Mr. Johnson: Well, I can’t say I was the best father in the world. I never hit her. I was… always saw that she had good clothes and plenty of toys.

Levenson: So, you kind of raised her single-handedly?

Mr. Johnson: Yeah.

Levenson: That’s not an easy task to do, to be a single parent these days.

Mr. Johnson: No. And as she started getting older, she started spending more time with her friends, you know, her older friends.

Levenson: Yes. Yes. And this is kind of what happened before you were hospitalized: you got evicted and your daughter left…

Levenson Commentary: I’m beginning to get a picture of a man who views himself as the proverbial cork floating on the sea of life, without will or direction, victimized by others or just bad luck. I test this hypothesis by seeing how he responds to my invitation to be more active in the treatment and collaborative with me.

Mr. Johnson: Yeah.

Levenson: And I know Dr. Moffett sent you here from the inpatient unit.

Mr. Johnson: Yes.

Levenson: But I’m wondering maybe what you would like to get out of any therapy we might do together. What… What would be best suited for you? What would you like?

Mr. Johnson: Well, I don’t know.


**LATER IN SESSION**

**Levenson:** You know, I’ve been asking you a lot of questions, Mr. Johnson, here today and we’re almost finishing up. I’m wondering if you might have any questions you’d like to ask me.

**Mr. Johnson:** Well, I’m hoping you can help me. I don’t know. I just don’t know. As I said, I’ve been depressed for so long.

**Levenson:** Yes. Well, I hear that there have been a lot of losses in your life.

**Mr. Johnson:** Yes.

**Levenson:** There was the death of your wife.

**Mr. Johnson:** Wife, mm-hmm.

**Levenson:** And then your sons leaving you, your older daughter leaving you, the eviction, Susan’s moving out; sounds like you really miss her a lot.

**Mr. Johnson:** Oh, boy.

**Levenson:** And right now you’re feeling kind of dejected and hopeless.

**Mr. Johnson:** I’m left... I’m left...

**Levenson:** And helpless.

**Mr. Johnson:** I just, I feel left out.

**Levenson:** Yes. And really feeling stuck.

**Levenson Commentary:** With this series of interchanges, I explicitly attempt to connect his recent losses to his depressive symptoms, thereby locating his problems within an interpersonal context.

**Levenson:** I’m wondering if it might make sense for us to set up an appointment to meet next week and see if we can figure out a plan to get you unstuck.

**Mr. Johnson:** Yeah.

**Levenson:** Does that sound like it might be a good idea?

**Mr. Johnson:** Oh, that sounds like... Yeah, good. Sure, I’ll do anything you say, Doctor.

**Levenson Commentary:** Notice how Mr. Johnson readily follows my lead. I
am concerned that I may be falling into a countertransferential re-enactment of taking too much control in direction, thereby colluding with his compliant and helpless stance. Stromp and Binder, the originators of TLDP have outlined five selection criteria. Mr. Johnson is clearly in emotional discomfort. Indeed, real pain. He has sufficient hope and trust in the therapeutic process, that he will come to sessions and talk. There is even a danger he would be too compliant. He does give some evidence that he is willing to consider it that his difficulties have something to do with interpersonal conflicts, but clearly puts more emphasis on external events. He’s willing to talk about his feelings, but chiefly the despondent ones. Mr. Johnson certainly recognizes that I am a separate person, but it is not readily apparent that he can have a meaningful therapeutic interchange with me. I conclude that Mr. Johnson meets, perhaps barely, the five basic selection criteria. However, his concrete thinking style, impoverished descriptions of his relationships, and limited introspection will call for a correspondingly more didactic and directive version of TLDP.

**TLDP Selection Criteria:**

- Emotional discomfort
- Willingness to talk (basic trust)
- Can see difficulties in terms of interpersonal conflicts
- Willingness to examine feelings
- Capacity for differentiated relationship

In TLDP, the focus is derived by being sensitive to commonalities and redundancies in the way patients relate to others. As explained in the manual, therapists organize these interpersonal themes into a narrative called the cyclical maladaptive pattern or CMP. Cyclical Maladaptive Pattern: Isolated, passive, dependent, depressed Solicits help Others take over Exasperation Others leave or withdraw Rejected, unloved Self-deprecating Hopeless, helpless Isolated, passive, dependent, depressed Mr. Johnson is isolated, passive, and dependent and expects that others will help him or take over for him. He indirectly solicits others to assume responsibility for his life and give him direction. Other people do step in, perhaps because they feel sorry for him or because they feel guilty for not wanting to do more. Eventually, they become exasperated and annoyed, causing them to leave, withdraw, or ignore him. Mr. Johnson ends up feeling rejected, unloved, or worthless. Unable
to feel effective and nurtured, he becomes self-deprecating and feels unable to meet life’s challenges. His increased helplessness and hopelessness lead to further isolation, depression, and submission, completing the cycle. Mr. Johnson’s CMP plays a role in guiding the goals of treatment.

TDLP Treatment Goals:

• New Experiences
• Experience of self as more empowered
• Experience of therapist as not rescuing nor punishing him
• Recognize his role in perpetuating dysfunctional relationships
• Appreciate value of acknowledging strengths and expressing negative feelings

First, I consider what new experience of our interaction would provide a disruption in his usual dysfunctional pattern. A more empowered, active sense of himself may divert him from his familiar path of dependency and despondency. The experience of my not rescuing him or punishing him for any assertiveness may further encourage his internalizing a new relationship model. Second, in terms of the goal of a new understanding, I hoped Mr. Johnson could have some appreciation of the workings of his CMP and his role in perpetuating his own isolation. Through this understanding, I hoped he could see the value in acknowledging his own strengths and feelings, especially the more energizing and negative ones and thereby have a greater chance of determining the direction of his life.

Countertransference:

• Pushed and pulled by patient’s dysfunctional style, therapist reacts
• Shapes formulation of case
• Appreciate experientially what it’s like to interact with patient

In the transactional view of countertransference, initially the therapist cannot help but get pushed and pulled by the patient’s dysfunctional presentation. The therapist should use these countertransferential reactions to inform his or her understanding of the CMP and to appreciate experientially what it is like to try and form a relationship with the patient. Even in the first session,
I am aware of how my frustration and impatience come through in the tone of my voice and in my behavior as a reaction to Mr. Johnson’s helpless stance.

SESSION 2

Mr. Johnson: I just don’t know what to do. I can’t believe that our lives have been torn apart like this. I haven’t seen Susan in such a long time. I just don’t know.

Levenson: Well, what do you mean you “just don’t know”?

Mr. Johnson: Well, maybe she feels that I’m responsible for her being evicted. See, I told you about the real estate people and being stranded out there and having to move and being evicted.

Levenson: So, this is what’s been gnawing away at you, has been the eviction and the role you might have played in getting Susan to leave?

Mr. Johnson: Right. That it’s my fault somehow.

Levenson: It’s your fault.

Mr. Johnson: Yeah. See, I miss her so much. I call her up and I say, “Why don’t you come over? We’ll make an afternoon of it.” And she says, “Oh, Dad,” she still calls me Daddy, “Oh, Daddy, I have things to do with my friends. I have things to do.” And she has this friend who has a boat on, I think it’s College Point. They go out on the bay, baying it.

Levenson: So, you’re kind of there with her out on the bay, having a good time…

Levenson Commentary: Mr. Johnson again presents as helpless and disengaged. I wonder if he is suppressing feelings of anger at Susan for abandoning him. While he’s able to admit he feels left out, he seems unaware of his role in their interpersonal dynamic.

Mr. Johnson: I just feel left out.

Levenson: Well, you are.

Mr. Johnson: I am; I’m left out. I’m alone.

Levenson: Yes. The least she could do after you went to all the trouble of raising her is to stick around for the rest of your life.
Levenson Commentary: I meant to express an empathic connection with Mr. Johnson’s resentment that his daughter is not living up to her obligations. But as soon as the words leave my lips, I become aware of my sarcastic tone and provocative phrasing betraying my frustration with his whiny, self pity. Clearly, I am responding countertransferentially.

Mr. Johnson: Well, I’ve been thinking about all these other things that…

Levenson: Mr. Johnson? Mr. Johnson?

Mr. Johnson: Yeah.

Levenson: How do you feel about what I just said to you?

Mr. Johnson: What? Oh, about Susan sticking around. Well, I’d be very selfish if I answered that. Say she’s unjust. She’s unfair. I’m not that possessive that I want her to stick around. I just want her to be in the same household.

Levenson Commentary: Mr. Johnson’s ignoring my provocation gives me another indication of how he deals with conflict in the here and now. Hoping he could have a new experience of being entitled to feel and express his anger, either toward me or toward his daughter, I invite him to examine what had just transpired between us.

Levenson: And how do you feel about the fact that I said, “The least she could do is stick around for the rest of your life”?

Mr. Johnson: Well, I tell you… You see, what happened is, when my wife and I would argue all the time, she always had to win. So dominant, she always had to win.

Levenson Commentary: Instead, he tells me how he interacted with his wife. In this allusion to the transference, Mr. Johnson may have unconsciously communicated his views of what was transpiring between him and me.

Mr. Johnson: But all the love that I would, you know, ordinarily feel for a wife, I’ve put on this little kid who’s stayed with me. My daughter left me. The two boys ran away. But Susan stayed with me. She’s my little kid. I love her. I want to be with her. I mean, it’s a fatherly kind of love, but there’s a strong connection there and I don’t want it broken. If she would leave me… I don’t want her to. I wouldn’t have anybody.
Levenson: So, you’re feeling very alone.

Mr. Johnson: Alone. I’d be alone, yeah. I’d be alone. I wouldn’t have anybody.

Levenson: So this is, as I get to know you better, a real theme, this sense of being stranded, being alone...

Mr. Johnson: Stuck.

Levenson: Being stuck.

Mr. Johnson: Stuck. I’m stuck.

Levenson: Deserted. And yet, really wanting more for yourself in all of this, but feeling kind of helpless and hopeless about the whole thing.

Mr. Johnson: Well, I don’t know.

Levenson: Maybe even feeling somewhat helpless and hopeless about our work together.

Mr. Johnson: Well, I know you’re a very good doctor.

Levenson Commentary: I make another attempt to comment on how a pattern outside of therapy appears to be recurring within therapy. But Mr. Johnson has trouble addressing the nature of our interaction and again avoids the direct expression of any negativity.

Levenson: Well, Mr. Johnson, see how this sounds: What if we work on a focus of your dealings with some of these stranded, dejected, and rejected feelings, your depression. And try to see if we could find a way for you to feel more in control of your life.

Levenson Commentary: I propose a focus for our work which is aligned with his reasons for seeking help but which also introduces the interpersonal perspective of having him feel more in control of his life and not so rejected.

Levenson: Would that seem like a focus that would have meaning for you?

Mr. Johnson: Well, I can certainly give it a good try.

Levenson Commentary: Based on the relative clarity of Mr. Johnson’s maladaptive interactive pattern, I’m encouraged to proceed with TLDP despite his lack of psychological mindedness and a depression severe enough to warrant hospitalization.
Levenson: And what I would propose is that we do this, meet weekly, with the goal of trying to get a sense of your having some control over your own life, not feeling so dejected and stranded.

Levenson Commentary: I suggest that we meet for the customary time frame of 20 sessions. In addition, the specific time limit may bring to the fore Mr. Johnson’s dependency needs and his difficulties with losses in the here and now of our session.

Levenson: We work until about the first of the year on this focus. Does that sound like a project that would suit you?

Mr. Johnson: Whatever you say, Doctor. Whatever you say. I’ll be here whenever you want me. Whatever you say.

Levenson: I get the sense it’s easier for you when I take the control.

Mr. Johnson: Yeah.

Levenson: Well, then I’ll look forward to meeting with you next week, and we can work on this focus with the plan of ending around the first of the year.

Mr. Johnson: Okay. Thank you.

SESSION 3

Levenson: So, Mr. Johnson, how is it going this morning?

Mr. Johnson: Well, I feel pretty low.

Levenson: Feel pretty low.

Mr. Johnson: Yeah, I didn’t eat any breakfast.

Levenson: Didn’t eat breakfast. And why was that?

Mr. Johnson: Well, I was nervous and in a hurry to get over here. I just, I’ve got to get some food in me. You know, I take a stool softener, and I had an accident coming over here. I had to clean it up, and…

Levenson: And is that part of the reason why you’re nervous this morning, because you had this accident?

Mr. Johnson: Well, it’s more than that. I haven’t been getting along with the girl…
Levenson: The girl?

Mr. Johnson: My son’s girlfriend. And my son is mad at me because of that. Is there anyplace around here I could get some orange juice or…

Levenson: No, not right around here. Are you having trouble…

Mr. Johnson: I guess I’d have to go over to market.

Levenson: So, it sounds like you’re going to have some difficulty being able to concentrate enough for us to have a session today?

Mr. Johnson: Yeah, unless I get something to eat, yeah.

Levenson Commentary: By coming to the session hungry and having soiled his pants, Mr. Johnson seems to be saying, “Feed me. Clean me.” I continue to gather data supporting the view that he expresses his needs indirectly rather than directly because he fears that straight forward demands will result in abandonment.

Mr. Johnson: I’m very nervous about things.

Levenson: So, is it that you haven’t had breakfast that is the reason you’re so nervous right now?

Mr. Johnson: Well, actually, I’ve been nervous all week. Things are not going well. I’m not helping wash the dishes or cleaning the house. And my son and his girlfriend, they decided they’re going to visit some people in Vancouver. They just left. I’ve been in the house three days by myself. I haven’t even gone out.

Levenson: I see. It sounds like your son and his girlfriend went to… away and left you alone, and so that’s been really upsetting.

Mr. Johnson: Very upsetting. Yeah, it makes me sad.

Levenson: And so to stay and talk about some of those feelings might be difficult here today.

Levenson Commentary: Although I interpreted his need to leave the session as a way to avoid talking about feelings, my experiential goal to encourage Mr. Johnson’s being more in charge of his own life, takes precedence.

Levenson: I’m not sure which it is. I’m not sure if being hungry is making it difficult for you to be here or if knowing we’ll be talking about some
upsetting things makes it difficult for you to be here. Can you tell me which it is?

Mr. Johnson: Well, maybe if I could go get something to eat, I would feel better.

Levenson: So, you feel it’s the food?

Mr. Johnson: Yes.

Levenson: That you really need something to eat in order to be able to concentrate sufficiently on what we’re talking about?

Mr. Johnson: Right. Well, I have to get something. You know, I have to get something in my stomach. I’ve got to have strength.

Levenson: And what would keep you from getting something in your stomach right now?

Levenson Commentary: My aim is to capitalize on this here and now moment in which Mr. Johnson has the opportunity to assume responsibility for his well-being rather than my interpreting what he is saying as a resistance to the therapeutic work. I am intervening in a way designed to challenge his interpersonal schema.

Mr. Johnson: I’m here to see you for the session. I think it would be rude if I just said, “I’m going to go get something to eat.”

Levenson: So, you don’t want to be rude to me?

Mr. Johnson: No. I couldn’t do that. You surely wouldn’t like me and maybe wouldn’t let me come back anymore.

Levenson: Wow. So, if you take care of yourself, if you get something to eat, which you say you need in order to continue the session, then I would take that as your being rude to me and then I might punish you? I might abandon you.

Levenson Commentary: Exploring patterns that constitute a dysfunctional transaction between patient and therapist is a critical step in fostering the goal of helping the patient achieve a new understanding.

Mr. Johnson: Yeah, you might.

Levenson: So, the cost is very high for you to take care of yourself right now.
Mr. Johnson: Right.

Levenson: Because somehow taking care of you is in conflict with what you think I want or need.

Levenson Commentary: Later in the session, I asked Mr. Johnson what he would like to do regarding his hunger, and he replied that he felt better and could continue the session. I would have felt more secure in his truly having had a break with his familiar pattern if he had chosen to risk my displeasure and leave the session. Nevertheless, he was able to make an active choice.

SESSION 4

Mr. Johnson: Well, everything is all screwed up now. Julia… Susan called the other day and said they were closing that restaurant where she works at night. They don’t have any business. And she wanted to know if I could lend her some money to tie her over.

Levenson: And how do you feel about the thought of loaning her some money?

Mr. Johnson: I don’t mind. I don’t mind at all. I’ll lend her the money.

Levenson: Well, I’m hearing you don’t mind but I’m not sure how you’re feeling about loaning Susan the money.

Mr. Johnson: Well, I’d be willing to lend her the money. You know, she’s short. She’s paying about $500 a month for that place, and she doesn’t have any money and now… I don’t mind lending her the money.

Levenson: Well, I am hearing that you don’t mind loaning Susan the money, but I don’t know how you feel about it.

Levenson Commentary: I know that Mr. Johnson does not want Susan living apart from him. My intervention of pushing for his feelings about lending the money is driven by the treatment goal of helping him express his negative feelings.

Mr. Johnson: Well, I don’t know how I feel. I don’t know.

Levenson: Sounds like this is a difficult question.

Mr. Johnson: It is. How do I feel? I don’t know. My feelings are... They’re so hidden, so down, so deep. I don’t know. I don’t know how I feel. I just
don’t know. Can’t seem to…

**Levenson:** So, they’re down there. Do you think there might be a good reason to keep the feelings hidden from your point of view?

**Levenson Commentary:** *I emphasize his active participation in keeping his feelings at a safe emotional distance because I want to avoid interventions that sound disapproving or lead to an increase in self-blame.*

**Mr. Johnson:** No, I don’t see any reason.

**Levenson:** Well, sometimes people keep feelings hidden from themselves when they’re uncomfortable feelings. Feelings that would make them feel anxious about something if they really got in touch with them, so they kind of keep them pushed away. Do you think something like that could be going on with you in loaning Susan the money?

**Mr. Johnson:** With me, I just don’t know. My feelings have been hidden for so long, I don’t know how I feel. I don’t know how… I don’t know what my feelings are.

**Levenson:** Hold on. What if we just stop for a moment. Just stop for a moment because I get the sense that sometimes you just rush on, to kind of keep talking rather than seeing how you’re really feeling. So, why don’t we just slow things down a bit. You can just sit there. Try and get in touch… You might just shut off your mind and see how your body feels as you think about loaning Susan the money.

**Levenson Commentary:** *I make this process comment in the hopes of interrupting his ingrained pattern of dismissing his own feelings and thereby dismissing me.*

**Mr. Johnson:** Well, I feel constipated.

**Levenson:** Uh-huh. Well, you know, I asked you how you felt. And you told me you felt constipated, so I’m wondering if it’s easier for you sometimes to be in touch with your physical feelings than your emotional ones.

**Mr. Johnson:** Well, Roy and Jean are having company over for dinner tonight. I won’t be able to enjoy it; I’m so constipated. I’m going to have to take a stool softener.
Levenson: What would you like to do about that?

Mr. Johnson: Well, I have a stool softener out in my car. I could just run out there and take it and come back and we’ll finish.

Levenson: Well, I notice we’ve got about 10, 11 minutes left in our session today, so there probably wouldn’t be enough time to go out and come back. But if you wanted to leave now and take it, we could meet again next week. What would you like to do?

Mr. Johnson: Let’s do that. Let’s do that. We can end early and I’ll go take the stool softener and we can pick up again next week.

Levenson Commentary: In the last session, Mr. Johnson stayed rather than getting something to eat. I am encouraged here that he makes the riskier decision to leave, chancing my disapproval.

Levenson: Well, fine. Then I’ll see you again next week.

Mr. Johnson: Okay. Yeah, that’ll be good.

Levenson: I do not interpret this to him because it could detract from his new experience of being more active on his own behalf. Rather, in accordance with my goals, I assume a stance that encourages Mr. Johnson’s autonomy.

SESSION 6

Mr. Johnson: Well, I’m still constipated. I’ve been so uncomfortable all week. I wish somebody would’ve told me what to do. I mean, I don’t want to take... I take it a couple of days. Then I don’t want to take it because I get too loose, and then I stop taking it and I’m constipated again. And I just wish somebody would, you know, tell me what to do. I don’t know what to do.

Levenson: You wish somebody would have told you what to do.

Mr. Johnson: I wish somebody would’ve told me what to do. I just…

Levenson: You wish I would have told you what to do?

Mr. Johnson: Well, I know that you’re doing the best that you can. And I know that you’re very busy…

Levenson: Too busy for you, Mr. Johnson?
Mr. Johnson: Well, I just wish that somebody would have told me, like, the side effects so I would have some idea…

Levenson Commentary: I could refer Mr. Johnson to the psychiatrist managing his medications, but when I hear how annoyed he is, I try to facilitate the direct expression of his feelings in the here and now by repeatedly drawing his attention to his disappointment with me.

Mr. Johnson: Well, maybe I’m a little frustrated…

Levenson: In me.

Mr. Johnson: No. Disappointed.

Levenson: In me.

Mr. Johnson: Disappointed in you, yes. But I know that you’re a very good doctor and that you’re trying to help me. But you just have a lot on your mind and…

Levenson: I heard what you said. I heard what you said. You said you were disappointed in me, but then you had to soften it. You had to take it back.

Mr. Johnson: Isn’t it true that if you tell somebody something they don’t like to hear, then they get mad at you? And you might get mad at me and say, “I don’t want to talk to him anymore. I don’t want him to come over here anymore.” And I need your help because you’re helping me.

Levenson: So, so this is… You know, I think you’re telling us something very important about a lesson you live by. That if you let someone know that they’ve let you down, that you’re a little frustrated, a little disappointed, even angry with them, if you let them know, then you run the risk that they will abandon you. That they’ll leave you.

Mr. Johnson: Sure. Absolutely.

Levenson: And so that’s what’s going on in here, that if you tell me that you’re disappointed that I’m not doing enough in here, that I’ll tell you that I don’t want to see you anymore.

Mr. Johnson: To get out. That you won’t see me anymore. I don’t have any other place to go. So, as I said, I know that you’re busy, and I know you’re doing the best that you can. So, I just wanted to tell you I felt uncomfortable…
Levenson: You really took a risk in here by telling me that you’re uncomfortable and that you’re frustrated and disappointed in me. You took a risk in here, right now, in today’s session, it sounds like.

Levenson Commentary: I label what Mr. Johnson is doing: taking a risk with me and going against his usual inclination to smother his anger. With a patient who is not psychologically minded and introspective, such cognitive anchoring can facilitate both his understanding and experience of new role relationships.

SESSION 7

Mr. Johnson: I brought you some coffee this morning.

Levenson: Coffee. Why coffee this morning?

Levenson Commentary: I suspect that Mr. Johnson is attempting to mitigate last week’s expression of negative feelings, perhaps fearing that without an apology, I may abandon him. I therefore do not automatically thank him for the coffee, but enquire as to the significance of the gesture.

Mr. Johnson: I’ve been such a handful lately. Thought maybe you could use a little coffee. I know I’m not making much progress. I’m really trying. I’m really trying, but it’s so hard. I don’t know why you would want to continue seeing me in therapy.

Levenson: Why I’d want to continue seeing you? Why wouldn’t I want to continue seeing you?

Mr. Johnson: Well, I don’t seem to be making any progress. You’re certainly trying hard. I don’t mean to be ungrateful.

Levenson: Uh-huh. And when were you ungrateful?

Mr. Johnson: Well, I never should have said anything about that medicine and the stool softener. That’s not your job. I just shouldn’t have said anything about it. And I don’t want you to feel that I’m ungrateful.

Levenson: So, you’re concerned that you seemed ungrateful?

Mr. Johnson: Yes.

Levenson: And what gave you the impression that I thought you were being ungrateful?
**Mr. Johnson:** Oh, no. No. You didn’t give me that impression. You’re too nice to do that.

**Levenson:** Uh-huh. So, it sounds like maybe you’re concerned that I might have been upset with you for expressing your frustration and anger back there around the constipation. And so the coffee is a peace offering?

**Mr. Johnson:** Yeah, sort of. And my kids aren’t seeing me much anymore. This is my only outlet.

**Levenson:** So, you’re telling us how important this relationship has become to you?

**Mr. Johnson:** Yes.

**Levenson:** Sounds like you’re very worried about jeopardizing it.

**Mr. Johnson:** Very. Yes.

**Levenson:** And this seems to be a pattern now that we’ve seen over and over again in here, where you are concerned that you’re going to make me angry and that somehow I might retaliate against you. And we’ve also talked about how it happens with your kids. And I’m wondering where you learned this pattern, how long you’ve carried this inside of you.

**Levenson Commentary:** At this juncture, given that Mr. Johnson has some new experiences and understandings of his interactive style, I think it’s timely to explore the origins of his subservient passivity.

**Levenson:** I’m wondering if there’s a time, and you might want to think back to your past, even to your childhood, if there was a time when you learned that you had to hold in the anger, you had to keep your mouth shut, because if you didn’t do that, you were afraid something terrible would happen. What’s going on for you right now?

**Mr. Johnson:** I was thinking about my father. I could never talk to him when he was, when he was drunk, and it seemed like he was drunk all the time when I was a kid. He was one of those big husky guys. He could really let you have it.

**Levenson:** He could really let you have it.

**Mr. Johnson:** Really let you have it if you crossed him. If you made too much noise even or just annoyed him any way… Boy, let you have it.
Levenson: Uh-huh. He’d let you have it. Mr. Johnson, can you, can you think back to one of those times, can you describe one of those times in here with me?

Mr. Johnson: One time when I was 10, we were having dinner and my father was arguing with my mother about something, I don’t know what it was. Something. And I tried to say something, and he jumped up. I’d never… I won’t forget his face. His face was so red. He said, “I’ll teach you to open your mouth.” And before I knew it, he picked up a bowl of mashed potatoes, and he threw it at me. Then he said, “Go up to your room.” So, I went up to my room. Later, I could hear my mother. She was crying through the bathroom. I could hear the crying through the bathroom wall. And I went in and I crawled into bed with my brother, and I guess I cried myself to sleep. And then the next morning, I went down for breakfast, and my mother had a black eye, and there were bruises all over her arms. And I felt so terrible. I let her down.

Levenson: How did you let her down?

Mr. Johnson: I left her there alone with him.

Levenson: What could you have done? You were only 10.

Mr. Johnson: Yeah, I know, but…

Levenson: So, here we’re beginning to hear some inklings of why it was a good idea for you to keep your mouth shut.

Levenson Commentary: I de-pathologize Mr. Johnson’s present behavior by helping him appreciate its historical development and original adaptive function.

Mr. Johnson: Well, yeah.

Levenson: And could you imagine what could have happened in that household had you spoken your mind with this drunken, violent father?

Mr. Johnson: I don’t know. I don’t know. Probably worse. Probably worse.

Levenson: So, we see where this pattern may have started, where you learned to swallow your feelings of anger, and then you’ve swallowed them with your kids and you’ve swallowed them in here with me. And maybe even today, you know, you were feeling the need to swallow your feelings
of being upset with me, and maybe hoping that I would swallow my feelings of being upset with you or at least drown them in a cup of coffee…

Levenson Commentary: As Mr. Johnson understands the reasons for swallowing his anger with an affective connection to his boyhood experiences, he is more able to express his negative feelings about a previous interchange with me, although he still needs my active encouragement to do so.

Mr. Johnson: Well, I remember the time that you were bugging me… I mean…

Levenson: Stay with the bugging.

Mr. Johnson: I remember the time that you wanted me to talk about my feelings about loaning my daughter some money. I didn’t want to talk about it. It was none of your business, and I just wanted to keep it like that.

Levenson: And you weren’t able to tell me that then.

Mr. Johnson: No.

Levenson: But you’re able to tell me that now.

Mr. Johnson: Yeah.

Levenson Commentary: Again, I highlight Mr. Johnson’s new behaviors, to help him comprehend and solidify what he has accomplished. My calm acceptance of his being so outspoken is designed to undermine his feared expectations, further weakening his CMP. For the next eight sessions, Mr. Johnson and I worked and re-worked the themes of his CMP. With each session, he was more willing to assert his needs and say what he was thinking and feeling to me and to his children.

SESSION 16

Levenson Commentary: It is important in a brief therapy, for both therapist and patient, to be aware of the time limited nature of the work. Therefore, at the beginning of the 16th session, I state how many sessions remain.

Levenson: Mr. Johnson, we have a month left of therapy. That gives us four more sessions.

Mr. Johnson: Are you going to send me back to the day treatment center?

Levenson: You’re making it sound like it’s my decision.
**Mr. Johnson:** You’re the doctor.

**Levenson Commentary:** It’s clear that Mr. Johnson is functioning at too high a level for the day treatment center. Since abandonment and rejection are preeminent in his CMP, I surmise that anxiety around termination is precipitating his reverting to his former dependent mode.

**Levenson:** Could we collaborate on this decision, Mr. Johnson? Why would you want to go back to the day treatment center?

**Mr. Johnson:** Well, I have so many problems that I can’t solve.

**Levenson:** You know, I’m wondering if maybe your anxiety about solving your problems has something to do with the fact that our therapy is almost over and that you may be concerned you won’t be able to take what you’ve learned in here and apply it out there. Could something like that be going on?

**Mr. Johnson:** Well, I can’t solve these problems alone.

**Levenson:** So, you’re feeling like you need me to solve them, and... You know, some possibilities could be that... You know, I just... I just was going to give you like a list of possibilities as to how you could translate what you’ve been learning in here out there. But this is a role I often get myself into in here, is trying to come up with solutions for your problems. And the dilemma is, the more I do that, the more I start taking control in here, the more weak and helpless you become.

**Levenson Commentary:** Because his being the helpless victim and my being the rescuer is well trodden ground for both of us, I have little trouble recognizing my own countertransferring acting out, and I draw Mr. Johnson’s attention to it by my self-disclosing process comment.

**Levenson:** And so I’m wondering if there could be a way that we could have a relationship in here where you’re strong and I’m strong. What do you think?

**Mr. Johnson:** What would we talk about?

**Levenson:** It seems hard to imagine that we could have a relationship unless it was around your helplessness.

**Mr. Johnson:** Yes.
Levenson: Well, in fact, I think we’d have a lot to talk about. I think it’s easier for you to talk about feeling weak and helpless than it is to feel strong and in charge in here with me. I think we’d have a lot to talk about if we focused on that.

Levenson Commentary: My reply is designed to weaken his interpersonal schemata that I am only interested in seeing him to the extent that he is weak and deferential.

SESSION 18

Mr. Johnson: Well, you’ll never guess what happened. I got a call from Carl at the day treatment center. He knows a couple of women. They’re looking for a man to move into their house. They want somebody to share the rent, and they’d like to get an older gentleman who can drive the car, pick up the groceries, take out the garbage, mow the lawn, and he suggested me. And he knows about my situation with my son and that girl. And he knows I don’t like her. So, he told me about this and I called him.

Levenson: You called.

Levenson Commentary: I’m encouraged to see changes in Mr. Johnson’s CMP, not only with me but also in his relationships with others. My simple response, “you called,” highlights his budding initiative and independence.

Mr. Johnson: And I’m going to go see him.

Levenson: You’re going to go see him about moving in.

Mr. Johnson: I’m going to go see him about moving in. I think it’s wonderful. I just wonder, you know, whether the distance is too far. Maybe Susan wouldn’t be able to drive that far.

Levenson Commentary: While Mr. Johnson is enthusiastic about the possibilities of change, he is also scared that his making changes might result in the loss of those he holds dear. Characteristically, he expresses his anxiety in a concrete form: Will Susan drive that far to see him? After we examine the underlying fear, he is able to stay focused on what will be best for him.

Levenson: Well, given that the distance isn’t so much a problem, do you have any other reservations about moving in with these two women?

Mr. Johnson: Well, you know, it is a new situation. These are new people
and there’s a certain amount of anxiety. I don’t want to blow it. I want to be nice. Yeah, I have a little anxiety about it, but I think it’s going to be alright. I think it’s going to work out okay.

**Levenson:** Let’s say a conflict emerged as often happens when people live together. Let’s say a conflict came up. One of the women wants to take a bath at 8:00 in the morning, and that’s just when you plan to take your shower. So, what would you do with this conflict situation?

**Levenson Commentary:** *It is important for Mr. Johnson to anticipate how he will apply his new skills to interpersonal conflicts that might arise in his potential new living situation.*

**Mr. Johnson:** I’ll say, “That’s fine with me.”

**Levenson:** What if it were really important for you, that you wanted to take the bath at the very same time she did?

**Mr. Johnson:** Oh, then we would have to talk and I would say, “Listen, we have a little problem here, and I’d like to talk about it. I have a doctor’s appointment, and they expect me there at 9:30 so could we, for this particular day, switch our bath times? Would you mind doing that?” And we could work it out that way.

**Levenson:** So, you’re not going to back down so easily?

**Mr. Johnson:** No. No, absolutely not. I would… We’ll talk things out just like you said.

**Levenson:** So, you’re trying to use what you learned in here out there.

**Mr. Johnson:** Right. I’m trying to make a new life out there. I just hope I don’t blow it.

**Levenson:** And how would you blow it?

**Mr. Johnson:** Well, I don’t know. I don’t want to, you know, slip back into that old subservient way. I don’t think they want somebody like that. They want somebody to take charge because they can’t do it, and I think I’m perfect for that. You know, it’s been so hard and so long. I wasted so much time, and I took up so much time with the kids trying to hang onto them. Now I’m anxious to… I’m just anxious to get out there and sit down and talk to them, you know, and I’ll be able to put into practice in real life what
we’ve talked about here. You know.

**Levenson:** So, what kinds of things will you put forth in terms of your needs and your wants when you go visit them and talk about the potentials of moving in?

**Levenson Commentary:** With a more psychologically minded and insightful patient, this type of didactic, step-by-step encouragement would not be necessary. But for Mr. Johnson, this kind of concrete rehearsal is time well spent.

**Levenson:** You’re really thinking about what you want and what you need.

**Mr. Johnson:** Right, right.

**Levenson:** And not just how you can please them.

**Mr. Johnson:** Absolutely.

**SESSION 20**

**Mr. Johnson:** Well, I’m just fine. I really like this new living situation. I know I’m going to be there, and it’s just great.

**Levenson:** Feels like home.

**Mr. Johnson:** Oh, yeah. I was out the other day mowing the lawn, which I like to do, you know. Susan came up to visit me. She wanted to mow the lawn. So, I let her mow. So, you know, like that. It’s really great. And then, last week, Henry and Dawn and I and his kids went out for a weekend. He has a friend who’s a fisherman, so they went fishing and Dawn and I stayed in the pool and played with the kids. And just had a wonderful time. It was great.

**Levenson Commentary:** Mr. Johnson’s improved relationships with his children illustrate the chief principle whereby TLDP is thought to generalize. His experiential and cognitive learning in therapy encourage him to be more engaged with his family. As a result, they want him more involved in their lives, which is what he wanted in the first place, further encouraging him to be even more emotionally available. Ideally in TLDP, the sessions end but the therapy continues in the mutually reinforcing interactions of everyday life.

**Levenson:** I’m delighted things are going so well for you.
Mr. Johnson: It’s funny. We’d have a session, you know, and afterwards, maybe a couple of hours, I’d just be sitting there thinking about what you said, you know, trying to work it into my mind. You’ve helped me so much. I can’t tell you. You seemed to know what was wrong with me when I came in here, and you seemed to know how to, how to deal with me. I know there must have been times when you wanted to say, “Hey, get off your… and get going.” But you didn’t and you did it in, you know, in the right way.

Levenson: Well, I know that you’ve helped yourself a whole lot in here, too.

Levenson Commentary: I emphasize his active collaboration in treatment, drawing his attention to the positive changes he has made. People with deeply entrenched dysfunctional personality styles often do not recognize when they are making progress.

Mr. Johnson: That’s what Carole said. She said, yeah, because I said to her, you know, you’ve helped me a lot, and she said, “Well, don’t forget you’ve helped yourself a lot, too.” And I said, “Yeah, I guess so.” And it’s true I have because I remember some of those bad times. God, I remember the whiny voice I used to use. Oh, geez. Like chalk on a blackboard.

Levenson: There would have been no way I could have helped you unless you let me, unless you took some risks in here.

Mr. Johnson: And now I feel like I’ve got the strength, you know, that I can do it myself, and I feel that you think I have the strength now, too, don’t you?

Levenson: You do. I do.

Mr. Johnson: I can get out and do it myself.

Levenson: Can you tell?

Mr. Johnson: Yes, I can. And that makes a big difference because, you know, I need your confidence in me as much as I need my confidence in me.

Levenson: Mr. Johnson, let me ask you a question here. Do you have any idea what went on in here that worked for you in our therapy together?

Mr. Johnson: Well, a little bit. Yeah, I knew, although I had the wrong
idea, I thought that… I thought my problem was self-pity, and you made me see it was anger. And I was holding back that anger and you made me see that it was my right to be angry. I have a right to be angry. If something goes wrong, that’s my right. And you made me see that here in therapy.

**Levenson:** So, there was something about my helping you to discover that it was anger that was gnawing away at you?

**Mr. Johnson:** Yes. Yes. And it was my responsibility to let that anger go. And you made me understand, which I didn’t understand before, as I said, I had the right to be angry.

**Levenson Commentary:** Despite Mr. Johnson’s deferential attitude, he sincerely seems to appreciate his right to feel angry and thereby more present in his relationships. I am more assured that he is on his way to consolidating his gains.

**Levenson:** Was there anything else besides the anger that you felt positively about that went on in here that seemed to help you?

**Mr. Johnson:** Well, I think it was very difficult for me to establish a relationship with you at first because I had that, you know, I had that feeling that it was self-pity. I was feeling sorry for myself. And that sort of got in the way of allowing you to do your work, do the things that you’re trying to do.

**Levenson:** Well, actually, I think of it just the other way. I mean, I think we were struggling to have a relationship in here, and you came in and talked to me about what was going on with you in the way that you were used to talking about it.

**Mr. Johnson:** Right.

**Levenson:** So, I think you were here fully as you felt yourself to be and our struggle in trying and find each other. Remember, you were talking about the gauze and I was talking about the molasses? And finally we were able to connect as you stepped forth and could let me know how you were really feeling.

**Mr. Johnson:** That’s right.

**Levenson:** And you didn’t have to be so worried that I couldn’t tolerate your anger and disappointment.
Mr. Johnson: All of those sessions, and then all of the sudden I remember one day, I was so afraid, that day I got angry at you, I was so afraid. I thought, “Oh, my god.”

Levenson: Thought I was going to throw you out of therapy.

Mr. Johnson: “She’s going to throw me out of here.” But it felt so good, you know, when I said to you, “Hey, it’s none of your business.” I mean, I would never dream of saying that to anybody before.

Levenson Commentary: Mr. Johnson definitely made significant progress. However, neither TLDP nor the anti-depressants resulted in a miracle personality transformation. At the conclusion of therapy, he was still preoccupied with the somatic symptoms and still had a proclivity to idealize others and be compliant. Nonetheless, the five guidelines of termination in TLDP were met. Mr. Johnson clearly evidenced more rewarding transactions with significant others in his life. He experienced himself as more outspoken and genuine with me, and experienced me as neither deserting nor caretaking. Our relationship was more on an equal basis, although he still had a tendency to idealize and defer to me as a doctor. My countertransferential feeling changed toward him from impatience and frustration to genuine fondness and respect. And he clearly understood how his passivity and indirectness made it difficult for others to relate to him.

Termination Guidelines

- Interactional changes with significant others
- New experience of self and therapist
- Relate to therapist on adult-adult level
- Therapist’s countertransferential reactions shifted from negative to positive

CONCLUSION

Levenson: Mr. Johnson was certainly a challenging client. He had very rigid, longstanding ways of relating to people and limited motivation. However, because I was able to develop an interpersonal focus for the therapy and work with our relationship to create new experiences and understandings, he was able to accomplish a great deal in less than six months. A one-year follow-up
indicated that Mr. Johnson had retained and even consolidated his clinical gains. He was not taking an anti-depressant, and he was no longer depressed. He was still living with the two women and continued to have positive relationships with his children. He was also doing volunteer work at an elder care center two days a week.

©2006 Psychotherapy.net, LLC.

Originally published in VHS, Newbridge Communications, Inc.
About the Contributors

**Hanna Levenson, PhD**, Featured Therapist, has been specializing in the area of brief therapy as a clinician, teacher, and researcher for over 25 years. She directs the Brief Psychotherapy Program at California Pacific Medical Center, and is a professor at the Wright Institute. She has published over 70 articles and two books, *Time-Limited Dynamic Therapy: A Guide to Clinical Practice*, and *The Concise Guide to Brief Dynamic Psychotherapy*.

**Randall C. Wyatt, PhD**, is Editor-in-Chief of Psychotherapy.net as well as a practicing psychologist in Oakland and Dublin, CA.

**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.
Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

- Visit our CE Credits section at www.psychotherapy.net to register for courses and download supplementary reading material.
- After passing a brief online post-test you will receive your Certificate of Completion via email. Voila!
- **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists and other mental health professionals.

Psychotherapy.net also offers CE Credits for reading *online psychotherapy* articles and *in-depth interviews* with master psychotherapists and the leading thinkers of our times.

**To find out more, visit our website, www.psychotherapy.net, and click on the CE Credits link. Check back often, as new courses are added frequently.**
More Psychotherapy.net Videos

Visit us at www.psychotherapy.net to see our in-depth interviews with master therapists, lively articles, therapy humor, and more videos on the practice of psychotherapy and addiction treatment. Continuing education credits are available for most of these videos. Check our website as new videos are added frequently, or call (800) 577-4762 for more information.

The Ackerman Institute  
*Couples and Infertility: Moving Beyond Loss*

*Gender Differences in Depression: A Marital Therapy Approach*

Constance Ahrons  
*Making Divorce Work: A Clinical Approach to the Binuclear Family*

Ellyn Bader & Dan Wile  
*Couples Therapy: An Introduction*

Stephanie Brown  
*Treating Alcoholism in Psychotherapy*  
*Volume 1: The Developmental Model in Action*  
*Volume 2: A Live Workshop*

James Bugental  
*Existential-Humanistic Psychotherapy in Action*  
*James Bugental: Live Case Consultation*

Pamela Dunne  
*Exploring Narradrama*

George J. DuPaul & Gary Stoner  
*Classroom Interventions for ADHD*  
*Assessing ADHD in the Schools*

Bruce Ecker  
*Down Every Year: A Demonstration of Depth Oriented Brief Therapy (Coherence Therapy)*

John Edwards  
*Tools and Techniques for Family Therapy*

Kenneth V. Hardy  
*The Psychological Residuals of Slavery*

Susan Heitler  
*The Angry Couple: Conflict Focused Treatment*

Evan Imber-Black  
*Family Secrets: Implications for Theory and Therapy*
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arnold Lazarus</td>
<td>Arnold Lazarus: Live Case Consultation</td>
</tr>
<tr>
<td>Steve Lerner</td>
<td>She’s Leaving Me: A Four-Stage Treatment Model for Men Struggling with Relationship Loss</td>
</tr>
<tr>
<td>Ronald Levant</td>
<td>Effective Psychotherapy with Men</td>
</tr>
<tr>
<td>Rollo May</td>
<td>Rollo May on Existential Psychotherapy</td>
</tr>
<tr>
<td>Monica McGoldrick</td>
<td>The Legacy of Unresolved Loss: A Family Systems Approach</td>
</tr>
<tr>
<td>Donald Meichenbaum</td>
<td>Mixed Anxiety and Depression: A Cognitive-Behavioral Approach</td>
</tr>
<tr>
<td>Zerka T. Moreno</td>
<td>Psychodrama in Action</td>
</tr>
<tr>
<td></td>
<td>Zerka on Psychodrama</td>
</tr>
<tr>
<td></td>
<td>Psychodrama, Sociometry and Beyond</td>
</tr>
<tr>
<td>Jacob Moreno</td>
<td>Moreno Movies (4-DVD Set)</td>
</tr>
<tr>
<td>George Papageorge</td>
<td>Connecting with Our Kids: Communication that Promotes Closeness &amp; Confidence</td>
</tr>
<tr>
<td>Erving Polster</td>
<td>Psychotherapy with the Unmotivated Patient</td>
</tr>
<tr>
<td>Ron Scott (Producer)</td>
<td>Psychotherapy with Gay, Lesbian and Bisexual Clients</td>
</tr>
<tr>
<td></td>
<td>Program 1: Historical Perspectives</td>
</tr>
<tr>
<td></td>
<td>Program 2: Individual Assessment and Psychotherapy</td>
</tr>
<tr>
<td></td>
<td>Program 3: Relationships, Families and Couples Counseling</td>
</tr>
<tr>
<td></td>
<td>Program 4: The Coming Out Process</td>
</tr>
<tr>
<td></td>
<td>Program 5: The Bisexual Experience</td>
</tr>
<tr>
<td></td>
<td>Program 6: Diversity and Multiple Identities</td>
</tr>
<tr>
<td></td>
<td>Program 7: Sexual Minority Adolescents</td>
</tr>
<tr>
<td>Lenore Walker</td>
<td>The Abused Woman: A Survivor Therapy Approach</td>
</tr>
<tr>
<td>Christine Padesky</td>
<td></td>
</tr>
</tbody>
</table>
Irvin Yalom

The Gift of Therapy: A Conversation with Irvin Yalom, MD
Irvin Yalom: Live Case Consultation
Understanding Group Psychotherapy
Volume 1: Outpatients
Volume 2: Inpatients
Volume 3: An Interview

CHILD THERAPY WITH THE EXPERTS SERIES

Jon Carlson  Adlerian Parent Consultation
Janet Sasson Edgette  Adolescent Family Therapy
Gerald Koocher  Psychotherapy with Medically Ill Children
Terry Kottman  Adlerian Play Therapy
Stephen Madigan  Narrative Therapy with Children
Bruce Masek  Cognitive-Behavioral Child Therapy
John J. Murphy  Solution-Focused Child Therapy
Violet Oaklander  Gestalt Therapy
David Scharff  Object Relations Child Therapy
Anin Utigaard  Person-Centered Child Therapy
Robert E. Wubbolding  Reality Therapy with Children

BRIEF THERAPY FOR ADDICTIONS SERIES

Bruce S. Liese  Cognitive Therapy for Addictions
G. Alan Marlatt  Harm Reduction Therapy for Addictions
Barbara S. McCrady  Couples Therapy for Addictions
William R. Miller  Motivational Interviewing
John C. Norcross  Stages of Change for Addictions
Robert E. Wubbolding  Reality Therapy for Addictions
Joan Ellen Zweben  Integrating Therapy with 12-Step Programs