MOTIVATIONAL INTERVIEWING

With

William R. Miller

Introduction

This video is one in a series portraying effective approaches to therapy for addictions. Each video in the series presents a distinguished practitioner working with a real client. All of the clients involved are people who are grappling with the pain of addiction. The therapists demonstrate their methods for making a difference in a client's life through the vehicle of a brief intervention.

The expert therapists portrayed in this series share some characteristics in common. Each of them is able to develop a respectful, collaborative, and positive relationship with his or her client. Each of them exhibits a sense of optimism about the possibility of change in addictive behaviors.

The therapists whose work is highlighted in this series also exhibit some important differences. Each of the videos focuses on a different approach or model. These models vary in a number of ways, including the following:

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

This video begins with a brief interview in which Judy Lewis, Jon Carlson, and the practitioner address these questions. We then move on to the actual counseling session. After this demonstration, the therapist discusses the session with an audience made up of practitioners, educators, and graduate students.

Because the video series contains actual counseling interviews, professional integrity is required to protect the confidentiality of the clients who have courageously shared their personal lives with us.

Purpose

This series is designed for use in both educational and practice settings. In educational settings, students embarking on careers in the helping professions can learn about each of the models for addiction therapy by watching a first-rate therapist demonstrate how it is applied. In practice settings, professional counselors, psychologists, social workers, and addiction treatment providers can use these tapes for their own professional development. Therapists who specialize in addictions and those who work with more general mental health issues will find new and practical ideas for use in their practices. As the trend toward brief, outpatient therapy for addictions accelerates, more and more practitioners can expect to be involved in addressing addiction-related issues among their clients.

How to Use the Video

1. As a *stand alone activity* for professional development or orientation to reality therapy as it is applied to addictions. If you are using the video this way, you might want to review the list of suggested readings that is included in this study guide. As you watch the video, note the questions included on the enclosed test.

This will help you identify key points related to this model. If you wish to apply for continuing education credit, complete the test and submit it as directed.

2. As part of an *addiction training program*. Students or practitioners enrolled in courses or seminars related to addiction can be introduced to addiction therapy models by seeing how they are carried out in practice by renowned therapists. They will value the opportunity to see how many options are available for effective treatment of addictions.

3. As part of a *degree program in counseling, psychology, or social work*. Students enrolled in pre-professional classes in the helping professions can learn how therapeutic models can be adapted for work with addiction-related issues. Although students might not expect to specialize in therapy for addictions, they will need to have appropriate tools in their repertoires for clients who need help in this area.

Motivational Interviewing with William R. Miller

Motivational Interviewing is a process that helps people resolve their ambivalence and move toward healthy change. The therapist creates an atmosphere that is conducive to change by following five general principles. First, the therapist expresses **empathy**, demonstrating nonjudgmental understanding of the client's perspective. Second, the therapist works to **develop discrepancy** by helping clients explore the gaps between their current behavior and the lives they would like to lead. Once this discrepancy is perceived, clients can begin to make the case for change. The fact that it is the client—not the therapist—who presents the reasons for change relates to the third principle: **avoiding argument**. The therapist avoids falling into the trap of being the one whose arguments for change awaken resistance in the client. The fourth principle, **rolling with resistance**, involves accepting the reality of ambivalence and inviting the client to enter into the process of problem solving. Finally, the therapist supports **self-efficacy**, encouraging the client's sense of the possibility of change.

William R. Miller is Regents Professor of Psychology and Psychiatry at the University of New Mexico and Director of Research for UNM's Center on Alcoholism, Substance Abuse, and Addictions. A Fellow of both the American Psychological Association (APA) and the American Psychological Society, he also served as Director of Clinical Training for UNM's APA-approved doctoral program in clinical psychology. Dr. Miller's publications include 25 books and more than 200 articles and chapters, focusing especially on the treatment of alcohol problems and other addictive behaviors. His research group has developed and evaluated a variety of innovative clinical strategies including Motivational Interviewing, the Drinker's Check-up, Behavioral Self-Control Training, and the Community Reinforcement Approach. He has also designed a variety of treatment assessment tools for the addiction field. He has served as principal investigator for numerous research grants and contracts, founded a private practice group, and served as a consultant to many organizations including the United States Senate, the World Health Organization, the National Academy of Sciences, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. Dr. Miller has been a recipient of the Jellinek Memorial Award, in recognition of his research contributions to the alcoholism field. He maintains an active interest in pastoral counseling and the integration of spirituality and psychology., Currently he is supported by a 10-year senior career Research Scientist Award from NIAAA, to focus full-time effort on clinical research. He received his Ph.D. in clinical psychology from the University of Oregon in 1976.

Learning Objectives

1. Identify the central concepts of Motivational Interviewing.
2. Specify how the change process is explained by the motivational interviewing model.
3. Describe the specific techniques used to apply Motivational Interviewing in practice.

Abstract of Motivational Interviewing Video

This video is approximately 105 minutes long and is divided into three parts:

Part I: Introduction of the model with Judy Lewis and Jon Carlson interviewing Dr.William Miller.
Part II: An initial therapy session with Dr. Miller and Mike in which Miller helps Mike make decisions about his involvement with alcohol and tobacco.
Part III: Discussion of the therapy session with Dr. Miller, Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.

Transcript

(Insert transcript here.)

Future Directions for Mike

Dr. Miller expresses optimism that Mike is headed toward change. He recognizes that ambivalence tends to continue throughout the process of treatment and change. When Mike comes back in, even if he has had a few days without drinking, he might remember the "old days" and feel some ambivalence. In follow-up interviews, Miller normally checks out whether the client would like some ideas. Mike has a number of ideas of his own, but Dr. Miller would provide some suggestions if asked.

To Learn More About Motivational Interviewing

Brown, J. M., & Miller, W. R. (1993). Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. Psychology of Addictive Behaviors, 7(4). 211-218.

Miller, W. R. (1995). The ethics of motivational interviewing revisited. Behavioural and Cognitive Psychotherapy, 23, 345-348.

Miller, W. R. (1994). Motivational interviewing: III. On the ethics of motivational intervention. Behavioural and Cognitive Psychotherapy, 22. 111-123.

Miller, W. R. (1996). Motivational interviewing: Research, practice, and puzzles. Addictive Behaviors, 21 (6). 835-842.

Miller, W. R., & Rollnick, S. (1991). Motivational interviewing: Preparing people to change addictive behavior. New York: Guilford Press.

BRIEF THERAPY FOR ADDICTION-RELATES ISSUES
MILLER - CLIENT C

Therapist 1: So, fill me in a little bit. What is it that brings you here today?

Client 1: Well, actually I'm doing a favor for a friend of mine.

Therapist 2: Uh huh.

Client 2: And he told me about a study you guys were doing, and so I figured I would participate in it, and they told me you were basically an addiction counselor, and he thought I might be an interesting subject.

Therapist 3: Uh huh.

Client 3 : Okay?

Therapist 4: Okay. Well, tell me about where you are now with the addictions that you've been . . .

Client 4: Well, what do you want to know in particular?

Therapist 5: Well, are you in recovery now, or . . .

Client 5: No, I'm not.

Therapist 6: Okay. Alright. So what are the drugs or what it is you struggle with?

Client 6: Well, honestly cigarettes.

Therapist 7: Okay.

Client 7: That's the biggest.

Therapist 8: Okay.

Client 8: Alcohol to a degree, but I think I've had more of a problem with that two or three years ago, you know, it seems to have gone down to a degree and probably simply because of the environment.

Therapist 9: So that's kind of settled down.

Client 9: Well, not all that much. Okay, but enough, that it's gone down simply because I'm getting too old to do this stuff anymore if that make any sense to you.

Therapist 10: It does. You can't keep up with it anymore.

Client 9: I don't think I can. I really don't think I can.

Therapist 11: And then the cigarettes are still a real addiction for you?

Client 11: Yeah, I really do. I think they are worse. In the past I've done cocaine. I've even done crack cocaine. I've heard that's one of the most addictive drugs around quite frankly. From my own personal experience, I don't find it addictive at all.

Therapist 12: Yeah, it's interesting how it is different for different people.

Client 12: Yeah.

Therapist 13: Yeah, but for you it's tobacco and alcohol.

Client 13: Yeah. Yeah, and coffee.

Therapist 14: Yeah.

Client 14: I mean if we want to get that specific.

Therapist 15: How far do you want to go there?

Client 15: How do you want to go? I got a lady that's supposedly addicted to Chapstick.

Therapist 16: So it's used for almost anything these days.

Client 16: Right.

Therapist 17: Yeah. Well, how might you like things to be different. I guess that's a good place to start.

Client 17: Well, basically, you know, I don't, see that's my problem. I don't think I'm really all that committed to making things all that different because I'm not seeing that much harmful benefit. I was told that you are not able to slow down. It's progressive. You get worse and worse and worse and worse, and that just doesn't seem to be the case with me. Okay? I think that there are certain things in my lifestyle that just preclude me not using, okay?

Therapist 18: Right.

Client 18: And that, and smoking has become a problem because I'm starting to play soccer, okay?

Therapist 19: So you can't breathe.

Client 19: So I can't breathe. The kinds are younger and younger. They are half my age, twice my size. I'm having a problem with it.

Therapist 20: You are noticing it.

Client 20: Yeah.

Therapist 21: So, I mean the message that you shouldn't use at all is like somebody out there telling you that, but that doesn't fit your experience.

Client 21: I don't know. Use at all. What does that mean? What do you mean by that?

Therapist 22: Well, I guess maybe I misunderstood you. I thought you were saying people tell you that you can't use or shouldn't use or whatever.

Client 22: Oh yeah. Yeah, they've told me that before, you know. I've been through, I guess you know nothing about me do you?

Therapist 23: Nothing at all.

Client 23: Okay, I'm sorry about that. I though at least they filled you in on some . . .

Therapist 24: No, I asked not to be.

Client 24: Okay. Well, no. Alright, here's what happened. I got a DUI a while back. I think it was back in '93, and I had one prior to that in '85 and went though some counseling. It was mandatory state-driven. Basically you go through the counseling, and after you successfully complete it, you are rehabbed. Actually rehabbed.

Therapist 25: Right.

Client 25: Then you get your driving privileges back. And I guess what I'm trying to say is that I've had some bad experiences. Not bad experiences with the counselors, but I found them to be not less than professional but just very rigid in their approach.

Therapist 26: Okay. And that didn't work for you, that didn't fit.

Client 26: It didn't fit at the time, and at the time I don't think I was really all that committed to quitting, and then I was, but at another time, but the other time was because I was earning $40 an hour, and I was working ten hours a day five days a week, so guess what? You're not supposed to be able to quit, you see? That's what those counselors told me. That was strange that I was, wasn't it? So I mean, I guess what I'm saying is that I do probably have a rather negative attitude about some of the things I've been through as far as the state program is concerned. I don't know how I could explain that more, or if you have any . . .

Therapist 27: Well, I think I've got it. It sounds like your experience doesn't match what you were being told.

Client 27: No.

Therapist 28: They are telling you this is how you are, and you look at yourself and say, no.

Client 28: Yeah, that's not necessarily true. And then there too you are supposed to say well I'm an alcoholic and I've always had problems and I have to quit and I can never drink again and this, that, and everything else. And you had to really say that, you see. Or else you weren't fitting in the role they wanted you to play. Without fitting in the role they wanted you to play you could not get your license back. So, you know, I played the game basically, and I went to AA, and I also found that just to be a little bit on the, you know, it didn't work for me. It's bumper sticker therapy. Fake it till you make it. Wow, how profound. Man, you guys are deep, you know.

Therapist 29; Alright.

Client 29: And you know, yes seriously, I've been there and these guys didn't do anything all day, but they didn't drink that day. You know, I would rather, let's say, lift weights, maybe build a patio, maybe program R base, and then drink instead of just not drink and do nothing else. I just, I found that you know, certain aspects of it I like, but I think you have to have a deep seated religious belief for it to work for you.

Therapist 30: Well, and it sounds like you want to have an active life. Not drinking is not doing something, it's doing nothing.

Client 30; Yeah, it's doing nothing.

Therapist 31: So, for you the question is what am I going to be doing? How do I spend my time? Playing soccer, and . . .

Client 31: Yeah, that's good. Actually I was thinking myself the way I can best quit smoking is not by quitting smoking but playing soccer three times a week. Okay? Now, I'm going for something, okay?

Therapist 32: That's right.

Client 32: And then all of a sudden I'm having a problem breathing, okay? So guess what? You're gonna quit smoking. You're not going to say I gotta quit smoking, you know. But to me that doesn't work for me.

Therapist 33: It might even less than not work. It might make it less likely.

Client 33: I think it's less likely. I quit smoking before for about four months. Then I blew out my knee, and you know, I went down to see my brother, and boom, right back to it. And you know, it's the same thing with drinking. I think I was actually more, how shall I say, I seem to have more of a craving when I was going through counseling.

Therapist 34: Right?

Client 34: Then when I wasn't, okay? So, it's like okay, reverse effect. Guys you really helped me a lot, you know.

Therapist 35: Well, I wonder if it isn't being told you can't or like being in prison in a way.

Client 35: Yeah, it could be just immaturity on my part. You know, if you tell me I can't do something, I'm going to do something.

Therapist 36: Right.

Client 36: You know, maybe what they should say is you better drink every day goddammit. I want you to drink a fifth before noon time. Then maybe I'd say of screw you guys, you know. I don't know. Maybe there is something about my personality that is like that. So, you know, what shall I say. One size doesn't fit all.

Therapist 37: Yeah, exactly.

Client 37; One size doesn't fit all.

Therapist 38: And for you what matters is having something that you are going toward, not something you run away from.

Client 38: Right, right.

Therapist 39: And one of those things is soccer.

Client 39: Yeah.

Therapist 40: What else?

Client 40: Well, tennis. How 'bout backpacking. You know, how 'bout just waking up clear headed.

Therapist 41: Yes, that's right.

Client 41: I mean, don't you think that's kind of . . .

Therapist 42: That's great.

Client 42: . . . pleasurable, sometimes, you know?

Therapist 43: So just getting up in the morning and being able to think clearly.

Client 43: Yeah but I'm telling you one thing right now. You know, sometimes I won't drink four, five, six days. If I smoke two packs of cigarettes, I wake up with a hangover. I thought it was the booze, but it isn't.

Therapist 44: Even without the booze.

Client 44: Oh, yeah. It's carbon monoxide man. You got no oxygen in your system. So. I guess that's my real problem right now is the cigarettes.

Therapist 45: Uh huh.

Client 45: So.

Therapist 46: It sounds like you are not that worried about alcohol really.

Client 46: No, it's bad, but it's not as bad.

Therapist 47: Not causing you problems . . .

Client 47: Well, it is. It will cause anyone problems.

Therapist 28: Hm, how so?

Client 48: Have a six pack of beer, wake up, try to program a computer.

Therapist 49: Okay.

Client 49: And so, have a six pack of beer, wake up, find out how alert you are for the first two hours of the day.

Therapist 50: Right.

Client 50: It's going to cause anyone problems. You know, have a six pack, have a twelve pack, try to play soccer the next day.
Therapist 51: Right.

Client 51: Okay. It's . . .

Therapist 52: It's amount and the after-effects of that.

Client 52: Right. Right. And I think my tolerance is up so high that it takes me too much to get the same buzz, and unfortunately, the recovery, it's getting to the point where it is just not worth it. If I could get like a twelve pack high on three beers, then I only have three ounces I've got to process. If it's taking me twelve to get the same which I got three on, now I got twelve to process you see.

Therapist 53: Yep.

Client 53: So we are at a balance point where we are getting diminishing returns on ever expanding, how shall I say, quantities.

Therapist 54: Like the slot machine doesn't pay off so much anymore.

Client 54: Well, you know, it's addictions, so you're stupid, so you keep on playing it, you know.

Therapist 55; It is amazing. How long you keep going.

Client 55: Yeah.

Therapist 56: But you're, with alcohol, you are kind of hitting a point where this isn't worth it anymore.

Client 56: Yeah, yeah. But it is not because anybody is telling me from the outside, because I'm being forced to do that. It's just because I gotta wake up in the morning, and I know how I feel. Period, okay. And I think what has happened is before I used to drink all the time, and I was always drinking. And then I stopped and found out how good I felt, okay? Now I have a compare and contrast whereas before I never had a compare and contrast.

Therapist 57: Now you know.

Client 57: Now you know. Now you know, hey wait, wasn't it a lot better when I was clear headed then when I was, so, and to me then it does become a problem because now at least you have something you can you know, you can relate to. You can say this is how I am without it. This is how I am with it. This is my performance without it. This is my performance with it, you know.

Therapist 58: It's only when it's a problem for you, really, that it matters.

Client 58: Right.

Therapist 59: If somebody else is telling you . . .

Client 59: Yeah, it doesn't work.

Therapist 60: Or worse. More likely you back away from it.

Client 60: Well, then why is the approach the opposite? That's what I, I don't mean to be belligerent toward addiction counseling, but I can't help but be. Why, sometimes I wonder if these people didn't . . .

Therapist 61: It doesn't make any sense to me. It's human nature to push against something when they push against you.

Client 61: Well, I always heard in AA too is the dumbest things I ever heard. Some of the comments I heard that were just god awful stupid. And these people were just complete idiots. We alcoholics don't like to be told what to do. I'm thinking wait. We alcoholics. What are you some special breed of people? No one likes to be told what to do. You know what, I really got tired of that kind of. The kind of like we're special because we have this disease or come feel sorry for us because we have a disease. And quite frankly, the more I read about alcoholism, no one knows what the hell it is. So I'm not going to say I am cause until there is a definitive area that we can agree on, you know, I could say alcohol dependent. Now that makes sense. It's a bit more . . .

Therapist 62: That you can understand.

Client 62: Yeah, that's understandable, but that's one of the things I didn't like about AA is they wore it like a badge. It's nothing to be proud of, but it's nothing to be ashamed of. But you certainly don't do some reverse pride on it, and you know, we're special because we're this. We're different. I didn't see any difference between those people and normal people.

Therapist 63: It seems to work for some people, but that's not going to help you.

Client 63: Well, who do you think it works for? Apparently highly religious people who believe in higher powers and miracles and some deity is going to come down and save them anytime they have problems. I'm not that type of person.

Therapist 64: That's not you. And for you it has to be some reason that you see that persuades you, okay, it's time.

Client 64: Yeah, a little bit.

Therapist 65: A little bit.
Client 65: A little bit more realistic, okay. No nonsense, no bumper sticker stuff.

Therapist 66: And not being able to breathe on the soccer field is no nonsense.

Client 66: I think that's kind of, I don't know if you can get too much more guttural than that you know, and so that's where it is.

Therapist 67: So, it's having something to pursue, having something to live for really.

Client 67: Yeah, yeah. That's it in a nutshell. I've read a couple of books, and the one thing I really enjoyed was the book Positive Addiction. You know, having been a runner before, being cross country, I can see exactly how that worked. Basically, this guy was saying what had happened is he was under the suspicions that a lot of people running were actually, had drinking problem and ran themselves out of those. Now I think that is actually true because after I run, I have about this much desire to drink, and I have about that much desire to smoke.

Therapist 68: Yeah.

Client 68: You got endomorphins, you feel good, you are alert.

Therapist 69: Yep, yep.

Client 69: Why would you want to pollute yourself, you know?

Therapist 70: Makes sense to me.

Client 70: So, that's my deal on that. My read on who I am. But am I committed? No. Total abstinence? No. Not at all.

Therapist 71: Oh, to total abstinence. Okay. Because I am hearing a lot of commitment in what you are saying, that it is worth it to me to, in order to be able to breathe on the soccer field. . .

Client 71: Right.

Therapist 72: . . . to do something about cigarettes.

Client 72: Yeah.

Therapist 73: To quit smoking even.

Client 73: Yeah.

Therapist 74: So there I was hearing some commitment.

Client 74: Yeah, I think there is. You see when I quit smoking, I quit drinking too you know.

Therapist 75: Is that right?

Client 75: Well, you have to. Well, I mean at least I have to.

Therapist 76: Uh huh.

Client 76: Cause I can't like drink. If I drink I'll have a cigarette.

Therapist 77: Okay, they are that tied together.

Client 77: Yeah.

Therapist 78: You do them together so many . . .

Client 79: Well you . . .

Therapist 80: tens of thousands of times.

Client 80: Yeah. Well, even coffee. You know coffee, cigarette, just association. Yeah, I think like when you drink, you lose your judgment and your willpower just goes down. I don't know if you call it willpower. I think it's just judgment.

Therapist 81: Whatever it is.

Client 81: You are going oh a cigarette sure would taste good now. Oh, yeah, okay.

Therapist 82: That happens with cocaine too. I mean people, drinking is the most common reason why people go back to using cocaine when they really wanted to stay away from it.

Client 82: Oh, really?

Therapist 83: Yeah. So that's exactly what you are talking about.

Client 83: There is such an association between the two.

Therapist 84: Well, whatever it is. Or it just kind of dulls down your judgment.

Client 84: Yeah.

Therapist 85: Enough that you say oh that would feel nice.

Client 85: Should I ask if you drink?

Therapist 85: I do. Yes, I do.
Client 86: Well, you know how the judgment goes. And let's face it, it goes. It goes on everyone, you know. They always say oh we alcoholics are different. No, no, no, no. You feed someone six beers and their judgment is going to go down.

Therapist 87: It's going to have that effect.

Client 87: It's a physiological reaction to a toxic drug. You know, let's face it.

Therapist 88: Yep.

Client 88: So, it is.

Therapist 89: So, you really would be talking about stopping cigarettes and alcohol then.

Client 89: Well, yeah.

Therapist 90: In order to breathe.

Client 90: But I don't want to think about it.

Therapist 91: Oh.

Client 91: I don't want to think about that.

Therapist 92: Meaning you just want to do it and not think about it, or you don't want to get serious?

Client 92: Well, I would rather do it and not think about it.

Therapist 93: Yep. Not much point in thinking about it.

Client 93: Well, I mean, is there?

Therapist 94: No, no.

Client 94: Do I think about working out every day? Do I think about brushing my teeth? If I did I wouldn't want to brush my teeth. I gotta brush my teeth tomorrow. That's going to be pretty bad, you know that. I gotta brush my teeth. You know that I'm saying?

Therapist 95: I do.

Client 95: I think that's what happens when people do that, and I see more procrastination because it is worse to think about having to go to the gym and work out. My god it's going to hurt and oh I'm going to do those curls and my biceps are going to kill me and then I have to wake up and brush my teeth. I think that when you think about stuff like that, I think it actually is more counterproductive than just saying, oh screw it. Just do it.

Therapist 96: Thinking about going to sleep.

Client 96: Yeah.

Therapist 97: As long as you are going that you are not going to be going to sleep.

Client 97: You're not going to sleep, no. I hope that makes sense to you.

Therapist 98: Oh, it does. No, it wasn't what I had meant by think about it, but I see exactly what you mean, that if you are thinking about something or like trying. In other words if you are trying to do it, you are not doing it. You either do it or you don't do it. But you don't try to do it. You don't try to go to sleep. You just go to sleep.

Client 98: You just go to sleep.

Therapist 99: So what would be great is if that was just natural. You're not thinking about it. It's just natural to do it.

Client 99: I mean, what do you think? I'm thinking basically the thing I could best do it just start running again and just start really substituting habits. I don't think, I think substitution of habit and making habits so counterproductive or contradictory I should say maybe which you just replace one habit with another habit rather than just try to get rid of one habit. I think it kind of comes up to a vacuum state. Now what do I do? I got rid of this habit. Now what do I replace it with? You know, so . . .

Therapist 100: Well, you are clearly telling me that's what works for you. That's what is going to do it.

Client 100: Well, that's what has done it in the past. That's what's done it in the past. Actually I got to join another soccer team. I can play with even better people and that way I will really get pissed off at myself, you know. So.

Therapist 101: And that's, did that work for you before?

Client 101: Mm hm.

Therapist 102: Good indication.

Client 102: Yeah. Well, what hasn't worked for me is drug addiction counselors, sorry to say.

Therapist 103: Yeah, yeah. No your reaction to that was . . .

Client 103: Well, you have to realize first off, most of the people there, and I'm not trying to apologize for them, but in a way I am. They were good people. Most of the people there were forced to be there. They weren't there on their own free will. So, of course, they are going to be resistant. And most of the people there, I mean you are basically, you have to talk a certain way, behave a certain way, do certain things so they think you are quote whatever, rehabbed. So you learn real quickly how to play the game. What are you looking for? Okay, what's this counselor looking for, or what's this person want me to say? Okay. I'm supposed to feel this way about something because that's the way she's been told that we define this addiction. So what I'll do is I'll just play in her bullshit even though it isn't true, and as long as I can do it in a convincing way and fool her, boom, whappo, I got it, and I got my license back. And you know that's a game that I was playing the whole time, and actually, I kind of lost respect for people because they were so easy to fool. All I did was I read the addiction counseling books. I found out what they are looking for, what the traits were . . .

Therapist 104: Played the game.

Client 104: Played the game. Found out, you know, what they wanted to hear. And to me that's really counterproductive. It, if anything, it's a waste of time, and it might even be more harmful than it is helpful.

Therapist 106: It sounds like it was for you.

Client 106: Yeah. Does anyone quit anything if they are not committed to it?

Therapist 107: My own sense is it's that internal reason that really make the difference. When instead of there being somebody out there . . .

Client 107: External.

Therapist 108: . . . telling you, what's telling you is something inside of you. Your lungs or whatever it is.

Client 108: I think this time it's my body.

Therapist 109: Hey, yeah right.

Client 109: My brain is saying hey, I'm stupid, but your liver doesn't like you too much. Your lungs are a little pissed, you know.

Therapist 110: Yeah.

Client 110: So.

Therapist 111: So, what gets in the way of your sticking with that? What gets in the way of running?

Client 111: You know, I don't know. I think it may be a fear of failure. I really do. Could be that. Could be just the amount of effort. Like I say it's been going down, going down, going down, but I seem to really have a problem totally committing to just okay this is the year man. Let's do it.

Therapist 112: Yeah, well because it is pretty total. I mean, that was what I was picking up earlier. At least the way you are thinking about it. It means stopping cigarettes and stopping drinking.

Client 112: Well, you know, it used to be a fear of withdrawal with drinking, and when I quit I found out . . .

Therapist 113: It's not a big deal.

Client 113: It's not. And that's another thing. Don't tell people about DT's because quite frankly that doesn't happen all that often.

Therapist 114: It's pretty rare.

Client 114: I mean, what do you get? You get maybe higher energy level and that's it. And you feel better, okay? I mean, whoa, you are going to get DT's, you are going to go through withdrawal. Oh, you are going to have to have doctor's supervision. By telling someone that you are just scaring the fuck out of them. You know? Excuse my french, but that's what you do.

Therapist 115: That is something that happens to some people but not very many.

Client 115: Yeah. Yeah. But I'm really worried about the smoking because I remember last time I got just violent. I mean I was bad to be around for five days. I mean really bad. I mean I was just blowing up on everything. Every little thing I was just, everything was just ticking me off. And then after five days I was pretty cool, and after two weeks I was real cool. And I was kind of, yeah, but I'm thinking my god, what if a client calls me up. What am I going to do?

Therapist 116: Like five days in a mountain hut somewhere.

Client 116: Oh well, you think a kayak trip? Just throw me for five days out in a kayak.

Therapist 117: That's a nice idea.

Client 117: No cigarettes, no booze.
Therapist 118: Yeah, the Grand Canyon or something.

Client 118: Well, you see, that would be very good.

Therapist 119: It would.

Client 119: I mean that's what I was thinking of doing.

Therapist 120: Something physical.

Client 120: Yeah. Do something like that.

Therapist 121: You're committed.

Client 121: Backpacking. 100 miles from nowhere. And maybe I could reward myself with a cigarette by the time I get there. By the time I get there it will be ten days and I won't want one.

Therapist 122: Well, and the trip itself for you sounds like it would be a reward.

Client 122: Oh yeah.

Therapist 123: Doing it would be fun.

Client 123: Yeah.

Therapist 124: So it might be a way to get through those five days.

Client 124: Yeah. Yeah, like I say, I'm, how shall I say? I'm teetering on the edge where you know I've cut down, I've cut down, I know how it feels to at least not drink that much, but now I'm finding out, hey, it's not the drinking that's giving me the hangover. It's the cigarettes.

Therapist 125: Mm hm.

Client 125: And the drinking only compounds it because when I drink I smoke like a son of a bitch. And one of the things is I think I'm cutting down on my drinking, not because I'm trying to cut down on my drinking, but because I don't want to smoke that many cigarettes which is weird, and you're not supposed to be that way. Not by the definition of drug addiction.

Therapist 126: Well, you are breaking all the rules, huh?

Client 126: Yeah, I know. But I mean, I wish they would tell me rules there. If they are not sure, I don't want to hear them.

Therapist 127: Uh huh.

Client 127: You know, I mean it's like I think a lot of this crap is self fulfilling prophecy. You have given people false information and they are taking this false information to heart because these experts in the field, so called experts, and it's really funny how many different variations of the definition of alcoholism we have. All of them almost contradictory. You get some poor slob that's going to say well so- and- so says this, and they've been a leader in their field for the last twenty years. So, therefore, because they say this, I have to be this way. And instead of defining themselves as individuals, they go into the stupid pattern or whatever type of behavior that is supposed to be attached to them, and they assume that behavior is theirs. And that's why I don't like, it's not, it doesn't work. And I don't think it ever will. I mean, do you agree with me, or am I . . .

Therapist 128: Well, you know more about you than I do obviously.

Client 128: Well, that's the whole thing.

Therapist 129: I believe you.

Client 129: Yeah, but I mean how many people have you counseled in your lifetime? I mean you've had to see certain things works for certain people and certain things work for other people, and it's not going to be one size fits all.

Therapist 130: No it isn't.

Client 130; It just, it's not there.

Therapist 131: I've worked with people who have done really well in AA. And I've worked with a lot of people who have said ah, it's not for me. That's not my cup of tea.

Client 131: And I'm not trashing them. I mean if it works for you, fine.

Therapist 132: There you go.

Client 132: If it works for you that's fine. And I've seen it help a lot of people, and I know the type of person it is going to work for. It is not going to work for me.

Therapist 133: Now, tell me about this teetering on the edge business.

Client 133: Don't know. I think it's, like I said, I think it's fear of failure. I think on my part it's a fear of failure, and it's also the fear of withdrawal, especially from nicotine. Because I know how I get.

therapist 134: Mm hm.
Client 134: And I'm committed and then I'm not. It's this ambivalent feeling.

Therapist 135: Yeah.

Client 135: And I can't seem to, you know, and that's where I'm stuck. That's where I'm stuck. I'm stuck in that ambivalence which I guess is a good thing in a way. I mean, it's better than just being not committed at all.

Therapist 136: Well, that's exactly right. It's a step forward.

Client 136: Yeah, it's a step forward, but it's still. . .

Therapist 137: Becoming ambivalent is the first step toward change.

Client 137: Yeah, but let's face it, that's cognitive dissonance. The ambivalence I really want to get over it, but I can't seem to, I can't seem to just say okay, today's the day. This is it.

Therapist 138: Right.

Client 138; So maybe, I don't know. See I don't know even what to do. I mean, quite frankly. . .

Therapist 139: Well, you mentioned a couple of things.

Client 139: Yeah, see I'm thinking I could cut down slowly. See, lookit, if I quit cigarettes, drink is going to go. It's going to have to go.

Therapist 140: Mm hm.

Client 140: Okay, so then that's it. That's out. Now that I know isn't that hard.

Therapist 141: Right. You've done that.

Client 141: Yes, but the nicotine, ooooh, that's a scary thing for me man.

Therapist 142: And you've done that before also. Yes?

Client 142: Playing. Yeah, I was playing around. I was playing two games a week.

Therapist 143: Okay.

Client 143: Now I would have to start running every day, an hour a day five days a week. I would have to gradually cut down, okay? And then I would have to set a date, and I guess go on the patch, and I would have to stay away from anyone that wants to have a beer with me, because if I have one beer, boom. Right back to smoking. Now I'm telling you what happened with smoking. What was it, four months? Whatever it was, blow out the knee. As soon as I started again, now this is, as soon as I started again, I was back up to two packs within a day.

Therapist 144: That's scary isn't it?

Client 144: Within a day. It wasn't like this gradual oh I'll just have one. It was just like boom, and I was just right back in there, and then I feel the lungs quit on me, yeah I guess a fear of failure. I don't know. Maybe it was fear. I don't know what it is. Maybe it's fear of failure. I don't know.

Therapist 145: How confident are you that you can do it?

Client 145: That's the problem. I don't know.

Therapist 146: You're not sure.

Client 146: I'm not too sure. I'm really not too sure.

Therapist 147: It's not so much the wanting to do it as I don't know if I could if I make the decision.

Client 147: Right, right, right.

Therapist 148: Mm, okay.

Client 148: It's confidence probably.

Therapist 149: Well, and that's what would help. Something that you could really be confident in. Like the way you lit up when we talked about the Grand Canyon or something. Like I could get through five days that way. I could do that.

Client 149: Am I supposed to spend maybe a year out there?

Therapist 150: No, I'm just giving that example.

Client 150: Wait a second, if I made a lot of money, that would be a good . . .

Therapist 151: How long would it be? Well, the first five days you said are the tough ones.

Client 151: Yeah, the first five are tough. But really what it is, what basically what it really is just not hanging around Chris because Chris will come over and he'll want a beer. I don't care if he has a beer, but if I have a beer, boom. I'm going to light up. I'm going to have to stay away from Bogden. That's another guy on my soccer team. It would have to be like really staying away from a lot of people I know. You know, maybe I'm just making excuses for myself. I don't know. I don't know. But I would have to do that, and then I would really, I would have to watch myself and not let myself talk to any clients for five days. Because I know how I get.

Therapist 152: Oh that five day period. Yeah.

Client 152: Yeah, I don't know. I don't know. I'm still ambivalent.

Therapist 153: Well, that clearly is where you are. And you are right that that's a normal place people pass through. You are saying well let's get through, you know.

Client 153: I still want to . . .

Therapist 154: It's an unpleasant place to be.

Client 154: Yeah.

Therapist 155: You either want to go back to not being able to . . .

Client 155: Which is more comfortable. Let's face it. Which is more comfortable. And I'll tell you that right now. That's a hell of a lot more comfortable saying ah, I'm not going to quit smoking. That's more comfortable.

Therapist 156: Either side is more comfortable.

Client 156: Either side is more comfortable than the ambivalence. It's the ambivalence that's the hell.

Therapist 157: It is.

Client 157: That's the hell. Okay, cause well I know I shouldn't but I will and I don't know if I should. Here's what it is. It's knowing that you are taking a carcinogen, a known carcinogen, and you are putting it in your lungs. You know that it's upping your blood pressure. You know it is increasing your chance of lung cancer. You know it's really screwing up your soccer. It's that, it's doing that is pissing me off. It's knowing that you are taking a poison, a poison called alcohol. You know the second drink your judgment is going to go to hell. And why am I doing this? Let's just bang that head against that brick wall some more too please. And that's what pisses me off. I mean if I was stupid, I could forgive myself for it. If I define myself as an addict, you know, and I think a lot of people do, then they can forgive themselves for it. But that's, no.

Therapist 158: That is not a way out of you.

Client 158: No. That out doesn't work. That's a cop-out. I mean, and see I wish I was stupid and I could just say, didn't know any better.

Therapist 159: And you could sit back here and . . .

Client 159: Yeah.

Therapist 160: . . . be comfortable.

Client 160: Yeah, right.

Therapist 161: Now the place where you are is real uncomfortable.

Client 161: Yeah.

Therapist 162: And moving either way from it is more comfortable.

Client 162: Of course. Of course. Moving up or back.

Therapist 163: But staying in the ambivalence, because you are conscious of it, you are conscious of taking in the poison or the carcinogen or whatever it is . . .

Client 163: That's the problem.

Therapist 164: Boy.

Client 164: That is, what are you doing this for? You know, what are you doing this for? And . . .

Therapist 615: And that's the teetering then. Which way am I going to move off of this.

Client 165: Right.

Therapist 166: Because I don't want to stay here.

Client 166: And not only that. You know the guys at soccer they always kill me. Hey you smoking again. Oh yeah. You're stupid, man. So I got a little peer pressure going there.

Therapist 167: So they are not all pulling you into drinking and smoking?

Client 167: Oh, no, no. They wouldn't, well it all depends. This is the Polish soccer team. Most of these guys are right off the boat, okay? And they do drink a lot, so . . .

Therapist 168: They just give you a hard time about smoking?
Client 168: Right, and they don't smoke.

Therapist 168: Oh, okay.

Client 169: And I say well listen, you know, hey, if you want me to quit smoking, I'm going to have to quit drinking. Oh no you could. No, I says I can't. It doesn't work that way for me. And then having never done it they don't know. So I'm going to have to like, if I do this, I'm going to have to stay away from them at least long enough to establish some type of. . .

Therapist 170:There you go. People who make it through change usually do it, I mean you've got it. Usually do what you are saying which is for a while avoid the valley of the shadow of death, you know. I mean avoid the difficult place. And then it gets more okay. You've got to not rush too quick back in there, but it gets to be okay. You don't then have to stay away . . .

Client 170: Forever.

Therapist 171: Right. So it's not forever and ever. But for a while you are probably right.

Client 171: Yeah.

Therapist 172: Or, somehow, get them to, say help me out guys. I mean, if they won't do it, then you are right.

Client 172: No, it's not like they are bad guys. They just don't know. See, they're not . . .

Therapist 173: Haven't done it.

Client 173: You know, they don't know. I mean I think if you don't smoke, you don't smoke cigarettes, you don't know. You're not going to know. And how could they possibly help it?

Therapist 174: Well, I only meant that if they could get it in their heads that what you are saying is right . . .

Client 174: Yeah, right.

Therapist 175: That if they want to help you stop smoking, they've gotta also not encourage you to drink.

Client 175: Don't come over with the twelve pack and want something.

Therapist 176: Yeah.

Client 176: You know, come on.

Therapist 177: So if you could ask them to do that, help you out that much, then . . .

Client 177: They're guys. They're guys.

Therapist 178: They won't. . .

Client 178: These are guys, okay? They're guys. I'm single you see. If I was married I could blame it on my wife. In fact, I'm thinking of getting married, well I'm just kidding. But I'm thinking of a rent a wife situation. See you rent a wife and you tell all your guy friends, hey, I'm married man. My wife will kill me if you guys come over. Then you get to get then the hell out of your place. If you are a bachelor, they're trying to get away from their wives, guess who they come over and hang around with? You.

Therapist 179: Yep.

Client 179: And guess what. That excuse doesn't work. The only thing they understand is some bitchy lady with a skirt, okay?

Therapist 180: That would work.

Client 180: And then you could clear them out of the place. Otherwise, you can't clear them out man. See, then you have no excuse but to do what they want to do.

Therapist 181: Yeah.

Client 181: That's the way guys are. At least the guys I know are that way.

Therapist 182: So, you are right. You would have to stay away from them for a while.

Client 182: Right. Right. I hope I'm not babbling here.

Therapist 183: No, no.

Client 183: I seem to be all over the place here.

Therapist 184: I mean you are giving me a real good sense of who your are.

Client 184: Yeah.

Therapist 185: I mean I love to read a book to the end, and I'd love to know which way you are going to go from this place.

Client 185: I would like to know myself. I don't even know. You know, I don't even know. Like I say, I'm still at the ambivalent stage, and it's getting to the point where I'm going to have to make . . .

Therapist 186: It's too uncomfortable.

Client 186: Well, yeah. But what do you want to go back? I mean, where's back. Where's back going to take you.

Therapist 187: Yeah. You know.

Client 187: Yeah. Yeah.

Therapist 188: But it's that can- I- do- it obstacle.

Client 188: Well, that's, it's a confidence problems.

Therapist 189: So something that would help you be more confident.

Client 189: Yeah, well, yeah, yeah.

Therapist 190: Could be able to look at it and say I could do that. I can see myself doing that.

Client 190: Well, yeah, but what's that going to do?

Therapist 191: I'm not sure.

Client 191: It's going to have to be internal if it's going to work for me.

Therapist 192: Mm hm.

Client 192: It can't be anything external. I can't deal with cheerleaders. I can't deal with oh you can do it you can do it. Hey, come on. I'm a little too old for that.

Therapist 192: There is certainly nobody pushing you.

Client 193: Well, you know, I'm going to have to figure out that I can do it myself or just not going to be able to get done. And that's just, the long and the short of it is that's what it's really going to take.

Therapist 194: That's the bottom line.

Client 194: Yeah. I mean for a person like me, that is the bottom line. And it has to be important enough. But I think it is important enough now or else I wouldn't be thinking about this in the first place.

Therapist 195: That's how it sounds.

Client 195: You know, as far as I'm concerned, I don't care if I die tomorrow. This is not about my health.

Therapist 196: Mm hm.

Client 196: Boy I can't stand, if I'm not the fastest guy out there, I have an identity crisis, okay? It's my arrogance, okay? It's my conceit. It's my pride, okay? So I am using all the negative stuff you're never supposed to have to help me. . .

Therapist 107: Challenge. That's what will get you through. Sheer cussedness.

Client 197: Yeah just sheer, you know, if anything, arrogance. If anything, probably that's all it is. And it really has nothing to do with health. It really doesn't. I mean I hate to admit it, but as far as longevity and life, I don't really care about it. High quality of life? Well, everyone dies. Everyone makes such a big goddam deal out of it. I'm so goddam tired of these people who oh I eat these healthy food, and I do this, and I know God the Son, and yeah, yeah, you're 400 pounds overweight, you don't work out. You know, don't give me this live forever, but live what?

Therapist 198: We're all going to die anyhow.

Client 198: We're all going to die anyhow. What are you going to do? Just never go out in the sun?

Therapist 199: But while you are here, you want to be the best.

Client 199: Well, you know, it would kind of be nice to wake up, you know, and feel healthy and be able to do what you like to do.

Therapist 200: It is.

Client 200: Uh, well, yeah, if you could do what you like to do forever, hey. I would like to do that. But I know that's not going to happen, and I accept that, and to me it's not so much a longevity issue as it is a quality of life issue. And so that's the deal.

Therapist 201: You know the funny thing is it sounds to me like you have made up your mind.

Client 201: Possibly.

Therapist 202: Maybe.

Client 202: Yeah. I think I'm swaying.

Therapist 203: Leaning just a little.

Client 203: Swaying. I hope it's not a pendulum, you know.

Therapist 204: I don't know though. It's kind of back there.

Client 204: Yeah, back there is more comfortable. At least it's known. It's known. See that's . . .

Therapist 205: It's predictable.

Client 205: That's all it is. It's known.

Therapist 206: It is predictable.

Client 206: That's all it is. It's known. Yeah, someone told me and it made a lot of sense. Bang your head against a brick wall, you start to miss that brick wall when you quit banging your head against it. You know, I think that's what everything is. Not just smoking, not just drinking, not just doing whatever, cocaine or anything else, but everything else. I think bad relationships are like that.

Therapist 207: Mm hm.

Client 207: I think bad jobs are like that. I think living in bad areas of town are like that. I think, it's familiar. Because it is familiar it is predictable.

Therapist 208: Right.

Client 208: You are comfortable with it. It's not that terrible change, you know, that's a scary thing. And you know, maybe that's what it is. So.

Therapist 209: What if you stopped smoking and drinking and you still couldn't keep up with the young guys?

Client 209: Oh, I don't think that is going to be a problem.

Therapist 210: That's alright.

Client 210: I already can. That's the thing. It's just that you know I'm getting older, and this is not going to last forever. I put a lot in a bank account. I had a scholarship, marathon scholarship, when I went to college which I didn't take. Ran a 4:32 mile, always been fast.

Therapist 211: Really.

Client 211: But I always had, the way I'm looking at it, I always had a bank account, and I put a lot in that bank account, that cardiovascular bank account. Well, I've been drawing off that bank account for a long time. Now it's just about . . .
Therapist 212: Balance is getting low.

Client 212: Balance is getting low. So I have to start kind of filling it up again. And. . .

Therapist 213: That's a nice image.

Client 213: Well, I think that's exactly what's going on.

Therapist 214: That works.

Client 214: You can only do this stuff so long before you are going to start feeling the effects. I'm starting to feel the effects. Maybe I always was but I was too stupid to realize it. I'm not too sure.

Therapist 215: You don't want to go into debt.

Client 215: No. I don't want to go into debt.

Therapist 216: Makes sense to me. Well, I'd love to know how the story comes out.

Client 216; Well, should we do a follow up?

Therapist 217: I'd like to know.

Client 217: You know, I tell you. If I do this, it's going to be for two to three weeks, you know. Everyone says oh do it tomorrow. You know what? No.

Therapist 218: You are going to set a date out there somewhere?

Client 218: Well, yeah.

Therapist 219: Not tomorrow.

Client 219: Not tomorrow. Not tomorrow. Not today, not right now. I mean, you know, I'm just not going to do that you know. It's going to be, here's what happens to me. When I start doing shit that’s contradictory to bad habits, the bad habits start disappearing almost naturally. And I start getting a roll.

Therapist 220: Beautiful.

Client 220: And then I start getting to the point where I want to continue this good habit. Bad habits, I'm not really thinking about. They are starting to go away. So I want to kind of like steamroll this turkey, and then as soon as I got that steamroll thing going and I got this thing on the run, it's okay baby, and now we're going to get you. Now you are vulnerable. Now you're going to die. That's . . .

Therapist 221: That's the plan that works for you.

Client 221: Yeah.

Therapist 222: Good.

Client 222: Strange.

Therapist 223: No, people are real different in terms of the way they _____, and it's kind of your personality and what grabs you and what's the thing that finally tips the seesaw for you.

Client 223: I was told that doesn't work. I was told well no, no. One size fits all. This is how we have to do this. This is the only way we do it. You know, that's what I was always told. It made no sense to me, and I just really lost respect for you know anyone in the industry because, do you have any intuition? Do you ever listen to your clients? Have you ever thought that there could be something called individuals out there. Hey, bell shaped curve guys. Hey, you know what it is. Guess what different IQ levels, different personality traits. Guess what.

Therapist 224: People know something about themselves.

Client 224: Yeah.

Therapist 225: Mm hm. Yeah.

Client 225: So, but I never got that far. Of course, like I said, it was state run. It was a little bit different, so.

Therapist 226: Well, I wish you well. I'd like to know how the story comes out.

Client 226: You want to follow up with me?

Therapist 227; I'd, well, at least let your friend here know.

Client 227: Yeah. I'll John know.

Therapist 228: And then he can let me know.

Client 228: I'll let John know. We'll just take it from there then.

Therapist 229: Yeah. Good luck to you.

Client 229: Thanks a lot.