THERAPY BASED ON HARM REDUCTION

With

G. Alan Marlatt

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 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.

**Harm Reduction Therapy with G. Alan Marlatt**

An approach based on a harm-reduction model attempts to determine the extent to which clients' behaviors may be harmful to themselves or others. The therapist’s focus is on finding ways to work with the client toward the goal of reducing the harmful consequences of drug use. Although abstinence may be viewed as an ideal outcome of treatment, the therapist does not insist on it as a precondition for service. The model emphasizes the notions that clients must be accepted on their own terms and that barriers to treatment should be reduced.

G. Alan Marlatt spent many years as a Professor of Psychology and Director of the Addictive Behaviors Research Center at the University of Washington. He received his Ph.D. in clinical psychology from Indiana University in 1968. After serving on the faculties of the University of British Columbia (1968-1969) and the University of Wisconsin (1969-1972) he joined the University of Washington faculty in the fall of 1972. His major focus in both research and clinical work is the field of addictive behaviors. In addition to many journal articles and book chapters, he has published several books in the addiction field, including *Relapse Prevention* (1985), *Assessment of Addictive Behaviors* (1988), and *Harm Reduction* (1998). In 1996, Dr. Marlatt was appointed as a member of the National Advisory Council on Drug Abuse for the National Institute on Drug Abuse (NIH). His research is supported by a Senior Scientist Award and a MERIT Award from the National Institute on Alcohol Abuse and Alcoholism. In 1990, Dr. Marlatt was awarded The Jellinek Memorial Award for outstanding contributions to knowledge in the field of alcohol studies.

**Learning Objectives**

1. Identify the central concepts of the Harm Reduction Model.
2. Specify how the addictive process is explained by the Harm Reduction Model.
3. Describe the specific techniques used to apply the Harm Reduction Model to therapy.

**Abstract of Harm Reduction 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. Alan Marlatt.
Part II: An initial therapy session with Dr. Marlatt and a client who is considering entry into a methadone treatment program.
Part III: Discussion of the therapy session with Dr. Marlatt, Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.

**Transcript**

(Insert transcript here.)
Future Directions for the Client

Marlatt suggests that he would follow up immediately with the client to see if he complied with his commitment during the interview to sign up for a methadone treatment program. If not, he would schedule another meeting as soon as possible to help him get to this “first step” or select another initial goal that the client is capable of achieving. Therapist and client would collaborate to identify ways of reducing harm, including the possibility of drug use management to prevent overdose and other problems. If the client did sign up for the methadone program, Marlatt would work with him actively to prevent the client from dropping out in the event of a long waiting list. Once on the methadone program, Marlatt’s goal in meeting with him on an outpatient basis would be to help him stay on the program and remain heroin free. Dr. Marlatt would focus on relapse prevention (training him to cope with high-risk situations for relapse into heroin use). If the client did experience backsliding to heroin, Marlatt would help him manage the relapse episodes until he got back on track with methadone.

Dr. Marlatt also suggests that he would attempt to involve the client’s brother in therapy, since he also is currently enrolled in a methadone program. Involving the client’s grown children in family therapy meetings would also be encouraged. Participation in a group support program (e.g., therapeutic community) might also be helpful in establishing a drug-free social network. Helping him establish successful employment would be a long-term goal (he mentioned that he might seek a job helping others who have drug problems). Maintaining the therapeutic alliance is the top priority with this client. Helping him select and maintain his own goals for change is the most important way to keep the alliance active in harm reduction therapy.

To Learn More About Harm Reduction


Therapist 1: Hi, Danny.

Client 1: Hi.

Therapist 2: My name is Allen. I'm glad you could come.

Client 2: Thank you.

Therapist 3: And talk today. So before we start, I would just like to get to know a little bit about you. So you were saying you are from Chicago.

Client 3: Yes.

Therapist 4: Born and raised in Chicago?

Client 4: Born and raised in Chicago.

Therapist 5: And how old are you now?

Client 5: I'm 41, 42 next Friday.

Therapist 6: Wow. Well, happy birthday in advance.

Client 6: Thank you.

Therapist 7: So, what are you doing these days? What brings you here today?

Client 7: Well, I'm trying to get over this drug problem that I'm having, you know, and trying to get my life in order. It's rough, but you know, I gotta get it together.

Therapist 8: Feeling like now is the time.

Client 8: It's been the time, but I don't know, now it's like I'm getting older and tired of it. Need to straighten it out.

Therapist 9: Has it been going on for a while? Tell me about how it started.
Client 9: Well, it started when I was running with older guys, and followed in their footsteps. Everything they were doing I was doing. They grabbed me and pulled me up on their wing, teach me everything, so doing the same thing they was doing.

Therapist 10: Yeah. This was like, how old were you when that started?

Client 10: About 14, 15 at the time. Got into a few things, stopped, got back in, stopped, you know. The last six, seven years I've been back doing it again. Ain't nothing I would wish on nobody.

Therapist 11: So, we are talking about cocaine?

Client 11: Heroin.

Therapist 12: This is about heroin. So this was right from the beginning?

Client 12: Yes.

Therapist 13: So it was doing it with friends, or they sort of got you into it?

Client 13: Yeah.

Therapist 14: What did it seem like at the time? Something to see what it was like?

Client 14: No, more so like you know it was like the thing to do. Hanging out with the older guys and they was doing it so . . .

Therapist 15: You wanted to be like them right?

Client 15: Yeah. Because they was dressing, having a lot of money and doing this and doing that, so you know. I started hanging with them and started doing the same thing.

Therapist 16: Sure. . . and did they teach you how to do it?

Client 16: Yeah.

Therapist 17: So, how did you first try it? Shooting it up, or . . .

Client 17: No, tooting it.

Therapist 18: Shooting it?

Client 18: Tooting it.

Therapist 19: Tooting it. Snorting it . . . and how did it make you feel when you first tried it?
Client 19: Like real mellow and you know calm, relaxed, you know. Like in a groove.

Therapist 20: And it would last a long time?

Client 20: Yeah.

Therapist 21: Especially in the beginning?

Client 21: Yeah. But then like after you do it for so long then problems start setting in, you know. Seem like when you get to happy then you know that comfort and this and that and you just got to have it. That's the only really bad part about it.

Therapist 22: Did that take a while before . . .

Client 22: Yeah.

Therapist 23: In the beginning you could do it when you wanted.

Client 23: Yeah.

Therapist 24: And then how did you know when it sort of had hooked you?

Client 24: Well, when you wake up one day and your body's not functioning, you know. You can't eat nothing. You're weak. Your back is hurting, and you started running to the bathroom, throwing up. And the only way to stop this is when you hit it. And when you get it it's like your body goes back normal. And the first thing that comes to your mind is, you know you heard of people talk about habits. And no I ain't got no habit. So you may relax a day or two just to see, and start all over again. And you know you got it. So you know what you got to do. You got to try to get off for cheap and get out and get it so you'll be alright.

Therapist 25: Yeah. But at first you don't think it is going to happen to you, but then all of a sudden yikes, right?

Client 25: Yeah. It is there.

Therapist 26: Then you realized. So you realized at some point.

Client 26: Oh yeah. And that's a feeling that I won't wish on nobody. It's an ugly feeling.

Therapist 27: It sounded like you needed to know that without the drug your body didn't even feel alive or normal.

Client 27: Body won't even function right without it. It's kind of scary too. But reality is setting in, and do what you got to do, you know.
Therapist 28: Did you say, in the beginning when you first tried heroin it would actually make you high or you would feel the good things about it, relaxed, in the groove, but then later it felt like your body was just not working without it right?

Client 28: Right.

Therapist 29: So it wasn't so much getting high, just feeling normal at that point?

Client 29: No, then it was all about trying to get it to, you know, to get your body right. To get yourself back right.

Therapist 30: Yeah. So you could function, right?

Client 30: Yeah. . . Times it was like what you call getting the monkey off your back, you know. More like that.

Therapist 31: So did you, once you realized you were hooked, what happened? Did you try and get some . . .

Client 31: You know a couple of times like I quit, you know, and went through the phases of quitting, went through the rough part, and I stayed off for a while. Then you're going through your problems and things like that and end up back on it, and a couple of times I got off, and just got back on it, started hanging out and just wanted to you know try to figure out how to do it again. I know when to stop.

Therapist 32: But you did get off it a couple of times?

Client 32: Yeah.

Therapist 33: Did you do that on your own, by yourself?

Client 33: Yeah.

Therapist 34: Just cold turkey.

Client 34: It was rough but I did it.

Therapist 35: How long was the withdrawal period?

Client 35: I say really about well the first three days was rough, you know. And after that it was a little smooth sailing, but it wasn't all the way there yet. And so altogether it would take about say maybe like a week or two, but you still have, you know, some withdrawals, but they won't be as bad as like the first week.

Therapist 36: The first week is the hardest.
Client 36: Yeah.

Therapist 37: But it still takes a couple of weeks right?

Client 37: Yeah.

Therapist 38: So, how did you keep from using during that time?

Client 38: You know I just stayed away from everybody, and cause see at the time I had an ultimatum. There is this friend of mine. There was a choice between her and the drugs, you see what I'm saying.

Therapist 39: A girlfriend.

Client 39: Yeah, my ex-wife. And it was her or the drugs. So I decided to keep her, you know what I'm saying. And she helped me get through it too.

Therapist 40: She helped you.

Client 40: Yeah, she was my back, my strength.

Therapist 41: That's good.

Client 41: And we started and I started hanging back with certain people and doing certain things and start like messing and ease back in a little bit . . .

Therapist: 42: You were off for a while there though right?

Client 42: Yeah. About

Therapist 43: How long?

Client 43: Almost a year give or take. Might have been a year.

Therapist 44: That's very good.

Client 44: Yeah.

Therapist 45: That's a long time. Did you feel different that year?

Client 45: Yeah. I felt great.

Therapist 46: Felt great right?

Client 46: A lot better. Wish I'd have stayed off, but . . .
Therapist 47: Well, you know how good it is when you're not on it, and you know that you have done that, right. So it's something that you can do again. Did you get married that year, or were you already married.

Client 47: When I stopped I was already married.

Therapist 48: You were already married.

Client 48: Yeah.

Therapist 49: She gave you the ultimatum right?

Client 49: Yeah. Leave it alone or she was going to leave me alone.

Therapist 50: So which was most important to you, right?

Client 50: She was. So I went that way.

Therapist 51: Do you have any kids?

Client 51: Yeah. Now we have three. At the time, I think, we had two kids, and we have three now.

Therapist 52: How old are they?

Client 52: One is, the oldest is 24, then 23, and one is 17, be 18 in September.

Therapist 53: They doing okay?


Therapist 54: Oh that's great. So are you still married?

Client 54: No. We got divorced twelve years ago, thirteen.

Therapist 55: Was that about the drug problem?

Client 55: Yeah, that and couple other things. Couple other things, but it was all revolving around the drugs though.

Therapist 56: The other things sort of got caused by the drugs?

Client 56: Yeah.
Therapist 57: So you drifted back to some old friends. Is that how you started using again after this year when you were off?

Client 57: Yeah, hanging back with them and they was doing it and at first I was like no I'm not going to mess with it, you know. And then one day I decided I was going to try it and kept on and kept on from there.

Therapist 58: Got back into it again.

Client 58: Yeah.

Therapist 59: Did you get hooked right away when you got back into it, or it took a while again?

Client 59: No, it took a little while. Not like automatic. I had been off for a while and it took a while to get me back there. But it didn't take as long as it did when I first started, you know.

Therapist 60: So, the second time was more quickly that you got hooked.

Client 60: Yeah.

Therapist 61: That's what people say, right? The body knows about it and falls right back into the old groove or something, right?

Client 61: It's like two old friends meeting again. You know, for a long time.

Therapist 62: Does it seem like a friend in a way?

Client 62: Somewhat.

Therapist 63: What kind of a friend?

Client 63: Like you know, like when it hits you, it's like you and a real close buddy or something, or it's like when you get back into it, it's like the hell within your body, and your body like two friends that's been drifted away from each other and met back up again.

Therapist 64: Like a big reunion or something.

Client 64: Yeah.

Therapist 65: So your body likes the way it feels when it's . .

Client 65: Somewhat.

Therapist 66: But not totally?
Client 66: Not totally.

Therapist 67: What's that . . .

Client 67: Because you know, your body knows the control that this drug can have over it.

Therapist 68: Yeah.

Client 68: And the way it makes you feel, you know. And the problem that you are going to have like when that friend ain't there.

Therapist 69: What are you going to do when the friend ain't there.

Client 69: Then you're in trouble. See?

Therapist 70: Yeah. Is there any replacement, anything that would like when you were married it was more important to stay with her than to take the drug, right?

Client 70: Yes.

Therapist 71: What about nowadays?

Client 71: What do you mean by that?

Therapist 72: What would be more important than taking the drug?

Client 72: My life.

Therapist 73: Your life.

Client 73: Right, my life is more important. My kids.

Therapist 74: Your kids?

Client 74: Yeah. That's the most important thing in my life now. When you go back messing with the heroin, but I would leave it alone for them.

Therapist 75: You would leave it alone for them.

Client 75: Yeah.

Therapist 76: So, do they know that you are using now?
Client 76: Not really. No. Cause I've always kept, they have an idea, you know, but always I keep everything, you know, a lot of some of the things that I do away from them, you know. But they probably have an idea.

Therapist 77: You see them, or some of them on a regular basis?

Client 77: Yes. My oldest.

Therapist 78: Your oldest.

Client 78: Yes.

Therapist 79: Is your oldest somebody you can talk to about this?

Client 79: Yeah.

Therapist 80: Or a little bit.

Client 80: Yeah.

Therapist 81: So maybe there is something in there that would make it worth while for you to consider . . .

Client 81: Leaving it alone.

Therapist 82: Yeah. . . It has to be worth your while though, right, because why else would you want to do it? Right? It has to be worth it for you.

Client 82: See, it's not going to be easy, but I would.

Therapist 83: You would.

Client 83: It would be hard to do, you know what I'm saying, because like I say, it's a very messed up situation, you know, but for them.

Therapist 84: Well, let's just say that you were wanting to do it for them even though it's a huge step to quit, what could you do right away. Is there something you could start to do that would . . .

Client 84: That would help me?

Therapist 85: Yeah.

Client 85: Well, probably like get on, in the program and stick with that for a little while and you know then take the steps you know to get off.
Therapist 86: Steps to get off. Yeah.

Client 86: Yeah. You know like the steps come down, you know, that and plus at the same time the counseling you know.

Therapist 87: Have you tried any counseling?

Client 87: No.

Therapist 88: No. But that might help, right?

Client 88: Yeah.

Therapist 89: Somebody to talk to while you were stepping it down, right?

Client 89: Yeah. Because I know I have a lot of friends that have been through it, and have told me about it, and I've talked with them. And they've asked me to come and do it, and I've been pushing it to the side. Like I said I get tired, so I think I'm ready to go with it now.

Therapist 90: Thinking about it again.

Client 90: Yeah.

Therapist 91: Now these are friends of yours?

Client 91: Yeah.

Therapist 92: Went through the program?

Client 92: Yeah.

Therapist 93: And how are they doing now?

Client 93: Some of them are better. Some of them back messing with the heroin again, but other ones that stuck with it, they are doing a whole lot better.

Therapist 94: Yeah. And they are friends of yours?

Client 94: Yeah.

Therapist 95: So, it's possible to have friends who are not using that could be helpful for you as well, right?

Client 95: Yeah.
Therapist 96: Are they, do they go to a particular treatment program, or are they just doing it on their own?

Client 96: No, they went through, some went through one program, some went through another program. But they still get together you know and on certain occasions and talk with each other with the counseling thing, you know keep each other, keep in touch with each other and try to keep each other right, stop each other. Make sure that they don't backslide and go back there or they don't dip or nothing. So, that's all good. When I run into them they are always trying to get me to come over.

Therapist 97: So, it sounds like you are of two minds about it. This part of you wants to go, but part of you doesn't. Right?

Client 97: No, I want to. I want to. I just, I just haven't taken the steps yet.

Therapist 98: But if you were to start thinking about, you know, taking some small steps towards that, right, does that seem possible?

Client 98: Yeah.

Therapist 99: What would be the first thing that you could do?

Client 99: First thing would be sign up. That would be the first step.

Therapist 100: Sign up.

Client 100: Yeah, and then go from there.

Therapist 101: That would, so you just go to one of your friends and say I want to sign up.

Client 101: No you go down to the program and . . .

Therapist 102: To the program and sign up.

Client 102: Right.

Therapist 103: And so that's the very first step.

Client 103: That's the first step.

Therapist 104: What's keeping you from doing that first step do you think?

Client 104: I don't know. Really nothing. Well, sometimes when I wake up in the morning you know the way I be feeling. The first thing I have to do is go out here and try to get something to keep me right first, you know.
Therapist 105: Before you can do anything. . .

Client 105: Because it's like just something that you got to have every day. And you got to have it like soon as you wake up. If you don't then you're messed up. Your who body functions and everything is just like, you know, it's messed up.

Therapist 106: So you need that morning fix to just feel normal. But if you felt normal then you would be more likely to go and sign up than you would . . .

Client 106: Sometimes you be down there and you get, they don't start you off right then.

Therapist 107: That's right.

Client 107: So, as you are sitting up here two, three hours, and like the more you're sitting up the more you're hurting. See what I'm saying?

Therapist 108: Sure.

Client 108: So you try to get there first before you get there so that way you can sit up and you're alright. But if you sit you go through the changes. . .

Therapist 109: So you have to be able to feel okay to be able to go, right?

Client 109: Yeah.

Therapist 110: Even though it might mean that if you do go you are going to be to the point where you don't need it so much anymore. It seems in the beginning you need it just to get there.

Client 110: Right.

Therapist 111: Just to get yourself feeling like you can do anything.

Client 111: Like you might not start that same day, so . . .

Therapist 112: Or are you a little afraid that it would start the say day, right?

Client 112: Yeah.

Therapist 113: Maybe it would be better to sign up and then say the next step is a couple of days down the road or something. Because sometimes I think people get afraid that if they are going to have to quit immediately, then they are going to feel terrible and you know, that that keeps them from doing anything.

Client 113: But you know, I'm gonna do it anyway.
Therapist 114: You're going to do it anyway.

Client 114: Yeah. Cause I have to.

Therapist 115: Now why do you think you have to at this point. Couldn't you just continue this way indefinitely?

Client 115: No. I'm tired. Going through the same cycle every day, and you know, the fear of waking up the next morning without this or without the money to get this, and, you know, if you don't have this then the way you're gonna feel. I mean that's a feeling that I wouldn't even wish that on my worst enemy, you know. I don't think there's nothing in the world that's worse than that. I think the only thing that may be worse than that is, it's like if you got shot maybe fifty times that would probably be the only thing that could be worse.

Therapist 116: Fifty times?

Client 116: Yeah.

Therapist 117: Being shot fifty times is the only thing worse. That must be terrible.

Client 117: Yeah, it is.

Therapist 118: And you know how it feels when you are not on it because you had that experience for a while, so there is . . .

Client 118: That's why I'm trying to get back there.

Therapist 119: Get back there. But you were there. So you know there is a way back.

Client 119: And I know what it's like to be there. Taking first steps to get back there. That's the only way to get there. You got to take the steps to get there. If you don't take the steps to go there. . .

Therapist 120: You're not going to get there. Every journey begins with the first step. So if you can just get yourself to the first step, then the second step will follow from that.

Client 120: Yeah.

Therapist 121: Now, let's just say, like this morning, right. You woke up. How did you feel when you woke up this morning, before you had any?

Client 121: Well, when I first woke up it was, I was somewhat high, you know. But I had someone get to it before I can get there.

Therapist 122: So do you have to, how do you get the money to buy it?
Client 122: I do different all kind of odd jobs, you know, plaster, paint. All kind of different things.

Therapist 123: Well, that's another preoccupation that you are going to have to get whatever it takes to keep the habit going right? What about methadone? Have you ever thought about that?

Client 123: That's what I'm talking about getting into.

Therapist 124: Methadone program that you are . . Oh, okay. And that's what your friends have been able to do successfully. Ah ha. And there is a waiting list for that?

Client 124: Yeah.

Therapist 125: But once you sign up then the process starts.

Client 125: It starts, yeah.

Therapist 126: Have you ever tried methadone?

Client 126: Yes, I have.

Therapist 127: And what are your thoughts about it?

Client 127: It's alright but one thing about the methadone is that you got to make sure you take care of your body right when you're messing with methadone. And got to make sure you don't abuse that like you did with the heroin.

Therapist 128: It's still an addictive drugs, but . .

Client 128: That's why you get on and take the steps to get off. And the steps to get off that is much better and easier than the steps getting off like coming off heroin by yourself.

Therapist 129: Then you would have a very painful, but with methadone . . .

Client 129: I'd be in trouble.

Therapist 130: You'd be in trouble.

Client 130: With methadone you'd be alright.

Therapist 131: Yeah, so that helps? Methadone to stabilize and then you can reduce slowly and then, but your goal would be to eventually to get off Methadone also, right? So it's a way to get off. Sort of a bridge or something.

Client 131: It's like you can take the long way, or you can take the short way.
Therapist 132: So this long way, you'd rather do the long way right?

Client 132: Yeah.

Therapist 133: Because at least it's a way, and it goes, it has the same destination, the same goal, right? It's just what you feel that you could do now, right?

Client 133: And plus it brings you down and off better and peacefully and safely.

Therapist 134: Yeah, safely. Well I think may people have been able to use it safely and get off drugs that way altogether.

Client 134: And at the same time coming down off of that they got the counseling that goes along with it, so you know you have that to help you as you take the steps getting off.

Therapist 135: That's really important isn't it?

Client 135: Oh, yeah.

Therapist 136: Because just using methadone by itself doesn't seem to be as helpful as having the counseling at the same time.

Client 136: Right. So this way you know once you get off you know exactly which direction you are going in then, see? And if you are truly sincere about the decision you don't go in the right direction, you don't stay going that way, then everything else is going to be behind you.

Therapist 137: Yeah. So something about staying in the right direction.

Client 137: That's exactly what I'm going to do. I got to get in the right direction.

Therapist 138: Steps in the right direction. That's, it just starts with the first step. So it's kind of like psyching yourself up. But once you do that then the rest of it will probably be that much easier.

Client 138: Yeah. And that would be a lot better, a lot better because you are going the right way and you start doing the right things and you start feeling better and you start seeing everything looking better and everything is going better, so you don't stay going that way.

Therapist 139: That's right.

Client 139: When you going to start doing every thing in that direction and towards you instead of turning around and going back the other way. You know it's too late. You know that ain't no good. You know the pain that its going to bring you. You and everything and
everybody around you. So you don't want that. You want to keep going forward to something better.

Therapist 140: And the more forward you go the more better things happen, but actually it takes a little while before you start to get the benefits and stuff. More light at the end of the tunnel that way.

Client 140: But you know it's there. And you know the doors are opening for you better now.

Therapist 141: That's right. You know it's sort of an interesting thing about addiction is that there are pathways out and then other kinds of problems there are no, like some physical illnesses, there is no way to get cured. But this problem, there is a way, and you actually know what it is, right?

Client 141: Yeah, that's the good part.

Therapist 142: It's just a question of how . . .

Client 142: Ideas and like knowing the way to go to get this help and being true to yourself that this is what you want to do.

Therapist 143: Now is your use these days fairly, the same amount every day as a stable dose level for you?

Client 143: It differs.

Therapist 144: It differs. Like what?

Client 144: The amount.

Therapist 145: Yeah. Some days you want more?

Client 145: Not actually want more. It's like some days I may get more.

Therapist 146: May have more, may get more.

Client 146: And then you do have days where you gotta have more because you had this and it ain't functioning right, so you got to get a little bit more to keep you right.

Therapist 147: Keep you normal.

Client 147: Yeah.

Therapist 148: To stave off the sickness of withdrawal, right?
Client 148: Mm hm.

Therapist 149: Now are you still just snorting?

Client 149: Yes.

Therapist 150: So you don't shoot?

Client 150: No.

Therapist 151: Now, why don't you shoot? I'm glad you don't shoot but just . . .

Client 151: All of my life I've been scared of needles.

Therapist 152: Scared of needles.

Client 152: Yeah. Even I go to the doctor and I'm scared. Right now today I'm still scared of needles, but I can let needles go up in me if I'm real, real sick, I mean not from the drugs. Like where I had to go to a doctor and I had to have this shot for something that's like a life and death thing you know. And I always been scared of needles.

Therapist 153: Scared of needles. Probably was a good thing, right? People sharing needles, that's one way that . . .

Client 153: Yeah, I got a lot of buddies that do it, but I just you do yours your way and I do mines my way. It is all the same thing. It's all going in the same way. It's all going to effect us the same way, you know, but I just ain't been into the needle thing. But if that's what they want to do, no problem. I ain't got nothing against it.

Therapist 154: But they've had more problems do you think if they are shooting?

Client 154: A little bit.

Therapist 155: Little bit.

Client 155: Give or take. Cause they have to find a place to put it at.

Therapist 156: That's right. . . And you just put it in the same way.

Client 156: No a different way.

Therapist 157: A different way from them, yes. Do you ever worry about taking too much, OD problems?

Client 157: No. Because I don't always do a whole bunch at one time. Maybe I say like I got a lot of this right in front of me, I'm not going to over do it. I may do a little bit.
Therapist 158: Yeah.

Client 158: Then I sit back relax and see how it feels and see if it get me right and see what it's doing. I may do a little more and wait a little longer and do the rest.

Therapist 159: Because if you did it all at once, it would be . . .

Client 159: Depending on how good it is.

Therapist 160: Yeah.

Client 160: Then you might be in real big trouble.

Therapist 161: Because if it was stronger, because that's what happens when people take too much. They don't know how strong it is. But you are kind of taking a little bit and then waiting, how does this feel, before going to the next part. So you are in a sense checking your reactions.

Client 161: Yeah.

Therapist 162: That's good. I mean it's probably a safer way then to take it all at once would be.

Client 162: Then to make sure that it's good. Cause I had a few friends that have died like that you know from overdoses, so . . .

Therapist 163: Even snorting it they died of overdose?

Client 163: No, but my friends that have died from overdose have been from shooting.

Therapist 164: It's harder to know how much the dose is when you are shooting, and you can regulate it more it sounds like.

Client 164: Yeah.

Therapist 165: Well, this good to know just because it's safer, but the real thing for you is it sounds like you are getting ready to move on from drugs altogether.

Client 165: Definitely.

Therapist 166: To go to methadone as the bridge to get off.

Client 166: Cause it's time where you just get tired of this daily struggle that you are going through. I know I am anyway. And like I said ain't nothing nice. It's a pattern.
Therapist 167: Doesn't sound like you get very many good things out of the drugs anymore. They take more out of you than you are getting out of them or something, right?

Client 167: Yeah.

Therapist 168: So it makes you feel tired of it right?

Client 168: Yeah.

Therapist 169: So, it's a friend. You mentioned that it's like a friend. But you can get tired of friends.

Client 169: Yeah. You got to move on.

Therapist 170: You got to move on.

Client 170: They stick around too long, you . . .

Therapist 171: You're the one who has to tell them to move on. Otherwise they would just camp there forever, right?

Client 171: Yeah.

Therapist 172: So, how do you break up with this friend?

Client 172: You try to do it nicely and politely.

Therapist 173: If you were to say goodbye to heroin if it were just sitting here, what would you say?

Client 173: See you later. Have a nice life. Cause I'm going to.

Therapist 174: So it's funny. You're not really angry at it. You are . . .

Client 174: No, cause see I know I chose to do this, you know. And like it just jumped in my life and no one did this to me. I did this to myself. So, you know, if I was to get mad at anybody, it would be myself. You know you get a little mad at it cause the things, the control it can have over you. But then you look at you have control over it too to a certain extent, and then you know that it was you that messed with it before it messed with you. How can you be mad at it.

Therapist 175: I see, so that's right. It takes the both of you to develop the problem together. So now it takes the both of you to . . .

Client 175: To depart.
Therapist 176: To depart, yeah. But you have to take responsibility, and it's not just all the drugs fault is what you're saying, right?

Client 176: It's just like being in a fight.

Therapist 177: In a fight?

Client 177: You don't, no matter what this person is saying, and how much he is provoking you. If you keep walking, the fight will never happen. If you jump in the ring, they didn't tell you do stuff and start swinging.

Therapist 178: It's going to happen again.

Client 178: Yeah.

Therapist 179: It's the same with heroin, right?

Client 179: Yeah.

Therapist 180: So it seems like you have figured out a pretty good way to say goodbye.

Client 180: Oh, yeah. Definitely.

Therapist 181: Yeah.

Client 181: Definitely.

Therapist 182: And so what are you looking forward to once you are past all this. What is going to be out there?

Client 182: A nice job. Going a lot of places with my kids, you know. Grabbing a few people's hands and try to pull them out.

Therapist 183: Try to help some of your bros.

Client 183: Yeah. I got a lot of brothers that, friends of mine that I got to grab hold of before it's too late.

Therapist 184: Wow, that could be. . .

Client 184: One thing about it that they listen to me more than they listen to anybody else, so, you know I know about where I pull them they are going to come on with it.

Therapist 185: Because you've been there and they will listen to you.

Client 185: Yeah.
Therapist 186: So, if you are on the other side, then you can help them even more. That would be pretty great, and then your kids would be very proud of you. They aren't kids anymore, right? All grown up.

Client 186: Right. And then their kids can be proud of them.

Therapist 187: And then their kids. So you can sort of turn it around, the whole generation in a way, right?

Client 187: Yeah. I'm gonna do it.

Therapist 188: All you have to do are the first steps.

Client 188: Just take that first one, take that second one. You all good.

Therapist 189: Well what about tomorrow?

Client 189: Tomorrow the first step? The place opens in the morning.

Therapist 190: It does? Just go down and . . .

Client 190: Yeah.

Therapist 191: It will feel good to just take that first step from what you are saying.

Client 191: Yeah, feel good. Just got to stick with it and take that step and stick with it. It's going to be hard, but if you don't take that first step, then you know. But I'm going to do it because I got a couple of people that are pushing me that way.

Therapist 192: Is that right? Besides your kids?

Client 192: Yeah.

Therapist 193: Who?

Client 193: One of them is my brother.

Therapist 194: Your brother.

Client 194: And I don't want to disappoint them, and I don't want to disappoint myself.

Therapist 195: Those are two important people. Your brother and yourself, right.

Client 195: Yeah. So I got to go with it.
Therapist 196: Now, your brother, is he going to do this with you in some way?

Client 196: Well, he's somewhat already in. He's in already so, and I've been seeing how it's like helping him too so, the bad part about it is I'm the one who talked him into it.

Therapist 197: Pardon?

Client 197: I talked him into getting into . . .

Therapist 198: You talked him into getting into the program?

Client 198: Yeah. And then I backed away from it. . . So, he's keeping on me about that so.

Therapist 199: He'll say well Danny when are you doing to do it?

Client 199: So I'm going to take the steps and it's time for it. Like I said I'm tired.

Therapist 200: I hear that.

Client 201: It's been a long time coming but it's here. Time to go for it.

Therapist 202: Yeah, I guess it finally gets to that point where it's like anything. You get tired of it enough, you just want to get on with something else, right? . . . But there are a lot of neat things that could happen if you take that first step.

Client 202: Hopefully, they will.

Therapist 203: Well, I just wish you a lot of luck in that, and it sounds like you've learned a lot from what's happened before. You know that you can do this if you really want to do it, and you can do it because you did do it.

Client 203: This time I'm going to stick with it.

Therapist 204: It's like riding a bicycle. Once you learn how to do it. . .

Client 204: You may fall, but you know how to get back on and keep on going.

Therapist 205: That's right. Learn from the falls, right? How not to go around the corner too fast or something, right?

Client 205: Get enough scratches, you stop falling.

Therapist 206: That's right. Well, great. So, do you have any questions before we end, because we are just about out of time. Alright, so listen. I wish you the best of luck in doing this, and it sounds like your friends who could be helped by you who have this problem now, they would benefit from this too.
Client 206: They will.

Therapist 207: Thanks Danny.

Client 107: Thank you, Allen.