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 with 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 the model 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.

**Integrating Therapy with 12 Step Groups with Joan Ellen Zweben**

This approach to therapy proceeds under the assumption that therapy and self-help groups have complementary roles in the process of recovery. Many issues can be addressed most effectively in therapy, but clients also need to forge connections with a subculture that supports recovery. Participation in self-help groups creates a strong support system that can enhance recovery in ways that are different from what a professional therapist can do alone.

There are many approaches to self-help, but Zweben focuses in this video on 12 step groups such as Alcoholics Anonymous or Narcotics Anonymous. The “12 steps” alluded to in the discussion are traditionally stated by members of the fellowship as follows.

Here are the steps we took, which are suggested as a program for recovery:

1. Admitted we were powerless over alcohol (drugs)—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awaking as the result of these Steps, we tried to carry this message to alcoholics (drug abusers) and practice these principles in all our affairs.

Joan Ellen Zweben is executive director of the 14th Street Clinic and Medical Group, East Bay Community Recovery Project. Dr. Zweben also has an appointment as clinical professor in the Department of Psychiatry, School of Medicine, University of California, San Francisco. She has extensive experience as a therapist, trainer, consultant, and writer in the field of addictions.

**Learning Objectives**

1. Identify the central concepts of integrating therapy with 12 step groups.
2. Specify how the addictive process is explained by therapists who integrate their work with their clients’ self-help experiences.
3. Describe the specific techniques used to integrate therapy with 12 Step work.
Abstract of Integrating Therapy with 12 Step Groups 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 Joan Zweben.
Part II: An initial therapy session with Zweben and a client named Mark in which Dr. Zweben helps Mark identify some of the obstacles to his recovery and prepare to attend a meeting of Alcoholics Anonymous.
Part III: Discussion of the therapy session with Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.

Transcript

BRIEF THERAPY FOR ADDICTION-RELATED ISSUES
ZWENBEN - CLIENT B

Therapist 1: Hi, Mark. I'm Joan Zweben.
Client 1: Hi Joan.
Therapist 2: Hi. And I was wanting to know what you hope to get out of being here today?
Client 2: As a session, I haven't had many counseling sessions. I don't know exactly what to expect or an interview of this nature. Um, to be honest with you I don't know. I don't exactly know why. I know why I'm here, I'm being interviewed, but I don't know what issues that I need to discuss . . .
Therapist 3: Sure.
Client 3: I'm not a doctor, I mean I know my problems, but I don't know how to interpret them or sometimes how to effectively work through them.
Therapist 4: Okay. Or how to use this time?
Client 4: Exactly.
Therapist 5: We have a particular interest in people and how they use twelve step programs or have obstacles to using twelve step programs, so we can discuss that, but we can really talk about anything we get into in the course of the 45 minutes that we will spend today.
Client 5: Okay.
Therapist 6: Can you give me a little big picture about how you got here, what your issues are with alcohol and drugs, and where you are in your recovery?
Client 6: Okay. As far as where I'm at in my recovery, I'm not, I guess you could say I'm a practicing drinker. I know that, I've made some inquiries lately about getting back into the twelve step programs in the area. But to go back, I come from a big family of alcoholics. So, it started when I was in high school. Growing up it was in the home. It was in the high school where I went. I picked it up there really easy at teenage parties, although you know that the average teenager goes and has a couple and that would be it. But I would be the one at the end they'd have to help up and take home. So, it progressed and progressed to I came to a point in my life where I would have to either take care of where I was going in the future. I didn't do very well at all in high school, and everybody else was going off to college. I'm not going to say I failed miserably in high school, but there was a border there. So I chose the Marine Corps. which is a perfect place for an alcoholic. Nothing about the Marines, but the perfect atmosphere. It was accepted, and it just, I was able to be where I wanted to be there, and I guess it was a drinker. So after that, after I got out of the Marine Corps., after Desert Storm, I came back. Some family members and friends told me, look, aren't you getting a little tired of this? Oh, and in the
Marine Corps. I had an incident where I got in trouble out in the town on one of the bases, and as a, not as a punishment but as just part of the process, I had went into rehab there. In the Marine Corps. So that was my first experience with twelve step. And I enjoyed it. But as, it would seem to me that every time I tried, I would get to about a year, and I don't know exactly, it's been a while since I've been to the meetings and everything, but I can't imagine at what point in the steps I am at there after a year or maybe it's psychologically where you are supposed to move up and beyond certain issues, or maybe I'm just stuck there at that year, and I get disgruntled, or maybe I think, oh well, I got this licked. And I can make excuses to go drink now.

Therapist 7: When you say a year, do you mean a year with no drinking?

Client 7: Right.

Therapist 8: Well, what about other drugs like marijuana?

Client 8: No, no. In high school I experimented with marijuana, but that was it. No cocaine, none of that. Just the alcohol use.

Therapist 9: I see. So when you say year, that means clean of everything.

Client 9: Right. But not necessarily the model twelve stepper, or if there is, just maybe getting to the point where I can function. It seems, I could do well, I could be on my ninth month and things are going real well. Last time I had been through the program and somewhere around my ninth month I got my new job, the job I have now for the last five years, and things have been happening really well for me. But recently issues in the house, my daughters are getting older. You know, the pile of beer cans on the table is not acceptable anymore. And I want to take care of going back to the twelve step program. So basically, that's where I'm at now.

Therapist 10: I see. Wait. I'm a little unclear. So you had nine or ten months about five years ago when you . . .

Client 10: I kind of skipped over. In the Marine Corps. I had about nine or ten months. I got stationed to Okinawa, Japan so I guess maybe a new location. I picked up drinking there again.

Therapist 11: I see.

Client 11: I got lucky as far as drinking goes. I got sent to Desert Storm. No alcohol at all.

Therapist 12: How was that?

Client 12: Um, oh, you look at the newspapers and you look at the TV and say oh my soul. Whew, that was an easy one. But it's not necessarily easy. I was on a tank. One of the ground troops. It was easy for the spectator watching CNN I suppose, but it was something I would never want to do again. It was just an experience I could never volunteer for again. Never. I made it through fine on my tank. Made it through fine. We had some scrapes and stuff, but it's just the, visualizing it on TV is not anything like being there in the middle of this chaos I guess you could call it.

Therapist 13: So you had a really hard time in that stint.

Client 13: With the war it wasn't physically hard. And emotionally hard it wasn't that bad until the very, the war was over. We were in southern Kuwait City and we had liberated an airport and we were resting there because it was over. And everybody, the elation, you know, you could hear the jubilation fire in the city and we would, we were riding out, and they were all greeting us and waving and everything. But after that, I had been there for a couple more weeks, and when it sets in and the adrenaline is gone, you are just sitting there thinking to yourself, wow. You know, the things you see and some of the things that have been going on for the six to ten days and not even to mention the air war, they don't sink in until you actually have time to process them. You're not really processing them while you are doing them. You are saying, I gotta take care of this, so when you process them you really have to stop to think, wow, that was really horrific, the dynamics of that.
Therapist 14: So it sounds like you have leftovers from there now.

Client 14: Yeah, I do. I don't have, not like shellshock or anything like that, but just, I use it as a point sometimes in reference to my motivations. The only motivations I really have nowadays are the negative ones. Like tax time. Gosh last day. That's the negative motivation. Fortunately, I had gotten it done, but this is the first year I didn't have to rush out and get, but in my life when I have to take care of some important things, it seems like it's just I'll wait, and I'll wait, and I'll wait until something makes me do it. Um, and in my drinking in the past, the incident in the Marine Corps. had force me into it. And you know in the back of your mind that you should be doing it anyways. And then after a while you take that, seems like that year for me, nine months to a year where I say well this is things are happening. I got a new job. So I get out of the Marine Corps. A year and a half goes by. I get into a car wreck. Some serious damage to my ear, scars and nothing to the other person. But it's just one of those, another wake up call. Gee, what am I doing now. What have I done? Time to take care of it. So I went to rehab again in 1993. 1993, 1994. And things went well for about actually a little over a year. I got a new job, and shortly after my fiance at the time and I got our first apartment, we were scheduled to get married, I started drinking again. So, it's just a cycle I guess.

Therapist 15: So what do you think happened? What went into the decision to start drinking again?

Client 15: It's not one of the, it's not a "I'm cured." I wouldn't be foolish enough to think that. It's at first I think it's maybe I can get away with it or nobody's watching. I don't know. I mean it's just, when it gets to that point I think to myself well I can handle it. But it's, and then the next day when you wake up and you say what are you doing? But then there were no repercussions from yesterday so why not today? Or I could say to myself I can have so many drinks tonight and not go to work smell like alcohol tomorrow. So basically that's where I'm at right now. I've been looking into some information, and when I say looking into, it's not a lie. But it's I could, for the last week I've been looking into it. If I really truly had been looking into it I would have went exactly where I know I'll find it. So, there's just no motivation sometimes to, I know what I have to do. Physically I feel okay today, so I'm thinking, well, I didn't get run over by a car. I didn't get into a bar fight when I was, nothing's happened, so I've got some more time to drink. So I don't want tomorrow to be that incident that makes me go back and do that, something looming over my head or like the negative motivation that I was saying.

Therapist 16: Tell me if I understand you that a lot of what mobilizes you about drinking and other things is bad consequences. And you want to make the shift to be mobilized by something more positive than that? Going toward rather than . . .

Client 16: Exactly. Um, when I was a child it would be like if it takes me all summer I'm going to go off that high dive. And you wouldn't believe the, I don't have a name for it . . .

Therapist 17: Passion.

Client 17: Where is that? Where is that at now? I'm 33 years old. Where is it? You know? And then you see, read books and magazines on inspiration. Some 80 year old guy is running triathlons and what happened to me? Where is that at?

Therapist 18: Well, but alcohol is a depressant drug.

Client 18: Exactly.

Therapist 19: It's kind of hard to have that if you are drinking it all the time. So it sounds like you had some sense of real vitality during the periods you were sober.

Client 19: Oh, yeah. Yeah. Gosh, I could get things accomplished. And to me cleaning my bedroom, I guess I, I'll go to the, a week and a half will go by. I won't clean my bedroom. It should be every other day. I'd straighten out the bed, dust, vacuum, what have you. So, those kind of things where you stay home and is it clean the house tonight or sit around and do nothing or drink or whatever. I don't really go out except to dinner
with my wife every now and then. But I don't go out to the bars or with the buddies after work. It's not social drinking. It's basically sitting by myself or my wife drinks occasionally so . . .

Therapist 20: How does she feel about you drinking?

Client 20: She notices that I am not complete motivated. Especially, we moved into a new house, and there are so many chores to get done, and there are only so many times she is going to ask me to finish the landscaping or something, or just something I should have done a long time ago she asked me to do and I say yeah, and just hadn't, done half of it or not done the whole thing or stuff like that. So I don't know. I don't, it's not that I don't have energy. The job I have is, I work on a dock unloading and loading trucks. Forklift operator. You know I can lift and move boxes all day. But that's, if you don't do that you get fired, so, I have to do that. But I just can't seem to get any of that passion towards any other aspect of my life. Every day just, things like your hopes and dreams. You still have them, you know, but you just decide to do something one day and you just forget about it the next because you know I would drink. So basically that's where I am. I'm stuck.

Therapist 21: Now you said when you were involved with twelve step programs before you liked them.

Client 21: I do.

Therapist 22: What do you like?

Client 22: Socializing comes to mind number one. I like people. I like the interaction, and it beats getting in trouble to me. It's a little smothering at times and when after meetings everybody wants to go out for coffee and all this other stuff, and I don't know. I don't know. A lot of the huggy stuff that I don't really like. But other than that, I enjoy it. I enjoy the socializing.

Therapist 23: So, the socializing is fine, but the smothering was . . .

Client 23: Well, sometimes you know you get to know a lot of the huggy, touchy feely type stuff. A lot of people just want to hug you, and I'll settle for a handshake, stuff like that. It doesn't, I would never say that to somebody, you know. But it would just, you know, I would never, I wouldn't embarrass them. But then sometimes it's genuinely, I enjoy something like that. An old friend I might see or something like that. It's different, but I don't know what it is about the year, the year into it. I've categorized it. I've look at it each time, and it's right about a year.

Therapist 24: Yeah.

Client 24: And I'm trying to think well my intentions are this next time when I get there is to ask why there is usually that trip up or whatever it might be. Whether it's me or I don't know. I can work on it there.

Therapist 25: Well, you've come up with what I think is a big piece of the answer where when you're doing well and it's easier to convince yourself that you can handle it now. You're feeling good.

Client 25: Right.

Therapist 26: So as long as you are motivated by negative stuff only, negative consequences only, it would be very easy to fall in the trap.

Client 26: Exactly.

Therapist 27: So, for this time now part of what you've expressed earlier is you want to be motivated more positively to sustain the goodies rather than to avoid the problems, and that would be an important thing to keep you eye on as you get more time.

Client 27: Right. It would always be nicer to think I walked in here instead of been pushed in here. First couple of times, the first time I might have been kicking and screaming. I wasn't an idiot, and the questions the doctors asked me, I was truthful on. So it's not like oh, by the way Mr. Solidy, your are an alcoholic. Oh gee,
thanks. I'll go to AA right away. It's not how it generally works. But I knew that I had a problem. And the second time, like I said, the car accident, and I don't want a third incident to make me go.

Therapist 28: And you mentioned you kids played a role in this now.

Client 28: Well, they are going through DARE.

Therapist 29: Oh.

Client 29: And they are very sharp.

Therapist 30: Yes.

Client 30: It's hard to be role model for a child when you are not doing the right things anyways. What kind of role model would I be if I kept up my negative behaviors or the drinking and probably negative behaviors too besides associated with drinking, just a, I want to be that role model, that they look up to and they talk about instead of looking outside the home for one and find one there.

Therapist 31: Do they talk to you about your drinking?

Client 31: No.

Therapist 32: I see.

Client 32: Not in a negative . . .

Therapist 33: You know that they're . . .

Client 33: Yeah, I know. I know. Well yeah, I could say that you've only let me have one Pepsi, but you've had your fourth beer. And you can't answer that. You can't say, well, it's the way it is. I have a hard time with just answering that question. So it's the stuff like that that's, you know, what happened to that paper that I had you sign yesterday. You said you left it on the table. And it would be under my ashtrays and under my things that I left from work, and I didn't clean up after myself, you know. Just stuff like that. I don't like, it just seems an untidy part of my life, and I need to make it cleaner. Before my daughters, well like I said, they are pretty bright. They are not slow by any means. So I am sure that they see a problem. They haven't confronted me on it. They are 11 and 12. So I don't know if they know how to. If they were older, I'm sure they might say something different.

Therapist 34: Sooner than you think.

Client 34: Exactly. My friend's parents don't do that or my friend's father doesn't do that. So I want to shift away from all that. I want to take care of some of the things I need to.

Therapist 35: So have you looked into meetings to go to?

Client 35: Yes. In the last, it's been about a week. I mean I've, I have, this is going to sound like a lame excuse, I've got to get this pamphlet that has all the local meetings. And there is a club in the area, so I've got to go to the club. During one the meetings pick up the pamphlet and just go basically. So, and they are at all different times of the day. So I really don't have an excuse, and I need to go and take care of this as soon as possible before like I said this, before any incidents or anything happens.

Therapist 36: So, it sounds like you have strong poles positive and negative that you are really mobilizing to tackle it. You know what you have to do.

Client 36: I know what I have to do.
Therapist 37: But there are obstacles.

Client 37: I get home from work. I could tell myself I'm tired and go to the refrigerator instead. And in the morning, when I'm getting up for work, I think my god, I had the perfect opportunity yesterday. What happened? And I can think about it all day, you know. Here's what I'm going to do. Here's what I'm going to do. The whistle blows and something different happens. I get home. So I don't need to go home right away. I just need to go right to where I need to go and get the information and start talking to some people because I have family members that are involved, but I just want to do it myself, but then there is not even a program about doing it yourself. It's about getting help. So, some of the issues there where I need to, I don't have to do it all by myself. I can ask for a ride. I can ask for help. You know, I can ask where they are at in town. So that's what I am going to work on.

Therapist 38: Well, those things are sort of like the nuts and bolts of getting here, but I wonder if some of it isn't that this is a really big step for you to commit yourself to this effort again and going to meetings is a symbol of that.

Client 38: It is. Just going to meetings was just the ticket and you could just go to meetings for the rest of your life and that would be it. You wouldn't have to worry about drinking anymore, but that's not it. You need to go to the meetings and work on the things I say I want to work on right now, but when the closet is open, what really happens? When somebody asks me a question in a meeting or asks me how does that make me feel, well to be honest with you I don't know if I'll be. I can do that. I can open up to people, but that's where the work is.

Therapist 39: Are you talking about in a twelve step meeting?

Client 39: Yes.

Therapist 40: Do people normally around here ask questions in meetings?

Client 40: No, no, no. I'm sorry. They don't ask questions. But if I wanted a sponsor and if he was wondering about my sincerity or lack thereof, I'd say look. What are you going to do? What are you going to do to, I can say well I'll make 90 meetings in 90 days. And he would say well what if you miss a day. Well 90 meetings in 91 days. Well, I've never used that line, but I thought to myself well if he said that to me well then, I just, it's a lot easier saying it to go to meetings and having to work like I said work on yourself and doing the things you need to do inside of the twelve step program. I can say I need it and I can say I want it, but when I get there, working it, you know the first two steps I can say honestly I 100%, but when it gets to down the line where you've got to do some work, some soul searching, then it gets painful there and you need to, what's easier? Staying home or doing that?

Therapist 41: I'm getting a feeling you are worried you are going to open up some can of worms that you can't handle.

Client 41: Not that I can't handle. Well, no, I don't know. I can't honestly say no. I can't imagine anybody with a drinking history like mine for so many years in and out of the program. Some of just the unrelated incidents that happen in my life that kind of fall into your lap, yeah. Everybody, I mean, there are some scary things in there, yeah.

Therapist 42: The other thing I wondered about, you were saying that when you are just participating in the meeting itself wasn't that scary, but it was the interaction with the sponsor and the kind of questions the sponsor would put. How do you feel, I'm putting a lot of questions to you here.

Client 42: Do you want an honest answer?

Therapist 43: Sure.

Client 43: I may never see you again.
Therapist 44: I see. So that makes it different.

Client 44: Right.

Therapist 45: Yeah.

Client 45: And I can't see anybody else in here because of the lights.

Therapist 46: I see.

Client 46: So that's easy.

Therapist 47: I see. But so it's being questioned that you're... 
Client 47: That I know. That I will see, and he might say oh my soul, you did that? But I know he won't. He might come back and say yeah, well I've been there too. But I've got to, you've got to, I can talk about it all I want, but it's actually going and doing it, getting it over with I guess. I don't know. You know I never truly got a real sponsor. I've always asked hey, can you be my temporary sponsor. What's that? Just somebody I can call? Not that that's not important. You can always talk to somebody, but that's not really, it will get to the time where you need a real sponsor, and I have, just laying the whole thing on the table. That's scary. You know you are going to tell these people some things that you haven't even told your wife or your, other people in your family. Or at least that's the way I perceive things would work because I had never gotten a sponsor, a true sponsor. And maybe I just get to the point where I don't need a sponsor, I don't need this, I don't need that. I feel good. Got a new job. It's that type of pattern I need to get away from.

Therapist 48: Yeah. Cause a sponsor is one of the most meaningful parts of the program for a lot of people. The sense I got as you were talking about it is being judged harshly by the sponsor was a real issue.

Client 48: Yeah.

Therapist 49: And we all know that can happen if you don't pick him carefully.

Client 49: Exactly. But that's just a risk I'm going to have to take because you can't, can't have an omelet without breaking any eggs.

Therapist 50: Yeah. Yeah. Have you ever been in any kind of therapy?

Client 50: There was a group, I'm not going to make light of it. There was a group, I went to the Veteran's Memorial for the rehab, and there was a questionnaire that was handed out. And I was asked to participate because I was a combat veteran. And basically they were unobtrusive questions. They weren't, you know, they ask do loud noises scare you. That wasn't that type of thing, and I filled it out, and then they asked me if I wanted to sit in on this post traumatic stress. I'm thinking okay I'll sit in a couple of times. And I was the only one from Desert Storm. It's going to sound like an excuse, but the whole room was 10, 15 guys are Vietnam veteran era discussing a lot of the, a lot of the combat and a lot of the missions and stuff like that. And to me that just seemed, I couldn't relate to them on that level. Now if it had been a different atmosphere, maybe like a one on one or a smaller group dynamic thing of my peers, because my peers from Desert Storm 90% of them haven't seen the casualties up close or even hand to hand combat like some of these other gentleman were. So that type of stuff. And I don't know. And it seemed that I wasn't taken seriously enough. So that's why I said I didn't really care for that group. Now if it had been other people, other circumstances, like my peers for example, maybe I could have got a little bit more from that type of thing, but I don't know exactly how that would tie in. I'm not a doctor. But I do know that... 

Therapist 51: Well, no, but I think that you are on the right track. That their experience was so different, and yours was painful, and it's important to have somebody who really understands that and doesn't minimize what you went through because what they went through was different.
Client 51: Right. I mean the ground war only lasted six days. I would take any other six days of my life and replace those, so to me that would, I don't know, that would give you some idea of people say hey we got this thing going on in Europe right now, and I'm like sorry guys. Can't help you, you know. I'm not a conscientious objector, I just would not go back to the military. Even if there was combat or not. I just, the whole atmosphere, the camaraderie is great, but you just, if I'm going to try to work on myself, that's not the type of atmosphere that I need. It's like going out with the buddies and shooting pool. Sure pool might be a sport, but it's where they play at that gets me in trouble. So. Like in the military, I enjoyed it, but no thanks.

Therapist 52: Reason I asked you about therapy is that I think psychotherapy and twelve step programs are complimentary. That there are things you get out of twelve step that you can never get out of therapy, and there are some things that you can get out of psychotherapy more regularly. And the key is to recognize when you are not getting what you need and go forward where you are likely to get it. Just like you recognized that you need a group of Desert Storm era people who understand what you are talking about and aren't measuring it by the standard of what went on in Vietnam. It's that same kind of thing that you, people do get much of what you are wanting from sponsors and from twelve step meetings, but sometimes probing the feeling states and being in a situation where that person's job is to work with you on that issue and nothing else, the psychological issues, not just the recovery issues, you can get more from a professional situation.

Client 52: Right. Well, when it comes to motivation I guess nobody else is going to light the fire under your pants. So, I'm just going to have to get moving.

Therapist 53: What would help you do that?

Client 53: Besides something negative?

Therapist 54: Yeah.

Client 54: Oh, a day off. No, being off of work early then and going over to the club and getting all the information. I still have all the books and some other books. Dusting them off and starting to read them. My wife knows what I am planning to do and she is 100% behind me, so that's not an issue. So just going and doing it. Basically that's it. But . . .

Therapist 55: So asking for part of a day off is one way.

Client 55: Um, I was kind of making light because these places, they are open late. The club is open late. They have late meetings, but I use the excuse of I had a long day. I go home and relax and not want to get up, but I need to go from work right there. Not necessarily have to, or day off. I might tell my bosses that, but I just need to go from work. Don't even go home. Go right there, meet some people, stay there long enough, hit a meeting, come home, and go to bed. Or sit around and digest and then the next day, I just need things to occupy my time instead of drinking. It wouldn't be feasible for me to go to a meeting every day. So I need maybe a hobby. Maybe doing the lawn, landscaping. My wife's been asking me about that. I just need to do things. I need to stay busy. Because if I just sit around and think, I just, boredom is a problem, and you know, if I get bored, I would drink basically.

Therapist 56: What would make it hard for you to go every day at least for a while?

Client 56: Well, my daughters, but I've got some pretty understanding family. I think I could cover that.

Therapist 57: Do you understand why that's useful?

Client 57: Well, I mentioned earlier 90 days, 90 meetings in 90 days.

Therapist 58: But do you understand why people say that?

Client 58: Not entirely.
Therapist 59: You get a momentum and a routine and it's in some ways easier once you really get into it and at that level of intensity then some other things can carry you.

Client 59: Right. Well, that would basically fill in the blank spots instead of the, idle spots, excuse me. Yeah. I do have a wonderful family, so covering for me the couple of hours until my wife gets home, or I could just go to a later meeting, just, basically that was an excuse. I could feasibly do 90 in 90 days. And it wouldn't really be a lot of work to find babysitters and stuff like that. So, yeah. Yeah. I just have to go there. I have to start. The first day.

Therapist 60: Was coming here part of mobilizing yourself?

Client 60: Yeah. I mean I didn't drink today. It's going to be too late for me to go home and drink, so that was easy. So tomorrow, today's Wednesday, okay. Thursday, tomorrow I need to find out what time the meetings are in my local town and take care of some things. I have to get the ball rolling and in the next week or two try to find at least, I use the word, temporary sponsor. I need to find a real sponsor too. But I'm not going to rush into that. At least not the first week. I'm going to be comfortable with somebody. I don't want to, you used the word, I don't want to lay everything out and have somebody be rejected morally because somebody thinks I did something horrendous or how could you do that, you know. How could you let that happen? Something like that. I don't want to hear that. At least from a sponsor. Now if I need to take my medicine, then that's what I have to do, but if somebody's telling me that I'm being a jerk, then that's fine. Within the parameters of AA, the twelve steps.

Therapist 61: But could you picture yourself saying to somebody, I need you to tell it like it is to me but it wouldn't help if you were harsh with me. Could you lay that out?

Client 61: If I was talking to somebody, and I was asking them as a role reversal, I would never be judgmental. That's a lie. In my mind I can't help but I mean some things, you can't help what you think at a given time. I wouldn't tell him. Now if he had said to me, you know, I've been cheating on my wife for the last five years and it's really getting the better of me, well stop. That's, that's not one of those okay, what else? You see that. It's not, see maybe I'm judgmental on some things and not others, but something is continually doing, well now see . . .

Therapist 62: Yeah. We are almost out of time. I just was hoping that if you can articulate what you need from a sponsor and how you need him or her, him probably, to act, you are more likely to make a connection where that's understood from the outset, and it sounds like that is very important, the right kind of balance.

Client 62: See, but I would need somebody I was completely comfortable with. Although if you think about it, the person you are completely comfortable with, well in AA, may or may not be the best sponsor for you, because it would probably be a real good friend. And you could find yourself being not so truthful or I don't know. You are right. I would need somebody to lay it on the line. I would think.

Therapist 63: Well, I think we are coming to the end, and I want to thank you for coming.

Client 63: Well, it was my pleasure.

Therapist 64: Good.

Client 64: Thank you.
Future Directions for Mark

Zweben expresses optimism that Mark is at a point in his life when he will be able to take the recovery process further than he did when he was younger. She suggests that professional help might be useful to him for exploring issues related to Posttraumatic Stress Disorder, as well as issues regarding his family of origin. It would be helpful if he could be connected with a group of Desert Storm veterans. As with any client dealing with alcohol-related issues, getting sober is always the first priority. A therapist would be better able to evaluate other problems once some time without drinking has passed.

To Learn More About Integrating Therapy with 12 Step Groups


