STAGES OF CHANGE MODEL

With

John C. Norcross

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.

**Stages of Change Model with John C. Norcross**

Clients present for therapy at varying stages in the process of change. Years of research by Dr. Norcross and his colleagues have helped to identify the stages that people go through in addressing and dealing with addictions. People at the precontemplation stage have not acknowledged the existence of a problem. At the contemplation stage, people do recognize that they have problems but are not yet ready to change. In preparation, people who are not yet ready to jump fully into action begin to make tentative movements in the direction of change. At the action stage, people take steps to bring about change in their lives. Once change has occurred, people need to focus on maintenance of their new behaviors over the long term. In therapy based on this model, strategies and relationship stances are matched to the individual client’s stage.

John C. Norcross, Ph.D., received his baccalaureate in psychology from Rutgers University, his master’s and doctorate in clinical psychology from the University of Rhode Island. He completed his internship at Brown University School of Medicine. He is professor and former chair of psychology at the University of Scranton, a clinical psychologist in part-time practice, and an internationally recognized authority on behavior change and prescriptive treatments. Author of more than 150 scholarly publications, Dr. Norcross has co-written or edited twelve books, including Changing for Good (Avon; with Prochaska and DiClemente), the Handbook of Psychotherapy Integration (Basic Books; with Goldfried), Psychologists’ Desk Reference (Oxford University Press; with Koocher and Hill), and Systems of Psychotherapy: A Transtheoretical Analysis (fourth edition; Brooks/Cole; with Prochaska). He is president of the American Psychological Association (APA) Division of Psychotherapy and co-developer of the APA Psychotherapy Video Tape Series and has served on the editorial boards of a dozen journals. Dr. Norcross has also served as a clinical and research consultant to a number of organizations, including the national Institute of Mental Health.

**Learning Objectives**

1. Identify the central concepts of the Stages of Change Model.
2. Specify how the addictive process and the process of change are explained by the model.
3. Describe the specific techniques used to apply the Stages of Change Model in practice.

**Abstract of Stages of Change 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. Norcross.
Part II: An initial therapy session with Dr. Norcross and LC, a client who is at the maintenance stage in recovery from cocaine addiction and the contemplation stage in addressing issues related to alcohol.
Part III: Discussion of the therapy session with Dr. Norcross, Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.

**Transcript**

(Insert transcript here.)

**Future Directions for LC**
Dr. Norcross suggests that the next session would, in all probability, focus on three major themes. First, Norcross and LC would continue to explore LC’s experience of his therapy. Among the questions addressed might be the following:

- How was our first session for you?
- Now that you have had time to reflect on our treatment here, do you have any questions about me or what we are doing?
- Did you find anything in the first session particularly helpful (or hurtful)?

The intent of these and related prompts would be to encourage LC to share his perceptions, co-create the treatment agenda, and deepen the working alliance.

A second probable theme would be to review his life experiences since the previous session in general, and his progress on his three goals: maintenance of cocaine abstinence, reduction of alcohol abuse, and early stirrings of enhancing his life through loving relationships and meaningful activities. Norcross’s interpersonal stance and therapy methods would match the stage of change and LC’s interpersonal preferences for the respective problems. For example, Dr. Norcross would envision himself enacting an experienced coach stance and using problem-solving and relapse prevention methods for the maintenance stage, while moving toward a Socratic style and emotional processing and self-reevaluation methods for LC’s long-term aspirations.

Third, Norcross would anticipate—and welcome—LC’s evolving treatment goals and shifting priorities. LC’s lead would be followed.

Finally, between-session behavioral experiments or “homework assignments” would be constructed in order to extend the therapy work and to collect information. These might typically entail completing a Life History Questionnaire, taking a symptom measure or broad personality inventory, reading certain books, exploring self-help groups, behaving differently in certain circumstances, and the like.

**To Learn More About Therapy Based on the Stage of Change Model**


Brief Therapy for Addiction-Related Issues
John Norcross - Client B

Therapist 1: Well, Mr. Smith, we have about 50 minutes today together. Let me start by asking you, do you have any questions or concerns about this one session format or the release form you signed?

Client 1: No, I don't.

Therapist 2: All right. How do you think we can best use our time together?

Client 2: Well, I've got a few issues that I've been thinking about. I just got released from a penitentiary. And I had used cocaine which I haven't used in a while. But I still drinks alcohol fluently. I, you know, tries to keep from getting intoxicated now.

Therapist 3: Those are the top things on your mind?

Client 3: Yeah. And like I would like, since I've been home I've been kind of busy with family and stuff. It seemed like I got closer with them this time. And I would like to try to get in a position as to why I could start some kind of business of my own. Something like contracting or something like that.

Therapist 4: Mm hm. Well, so tell me about the cocaine. You've been in recovery for that for some time?

Client 4: I went to a recovery. I was in three different programs. And like it was, I guess to me it really didn't work or I just wasn't ready for it at the time. Like one time I was off of it for three years and like now I haven't did it for over a year now.

Therapist 5: Over a year.

Client 5: Yeah.

Therapist 6: Congratulations.

Client 6: Thank you.

Therapist 7: How did you do that?

Client 7: Well, I just got tired. Got tired of being broke and disgusted.

Therapist 8: Mm hm.

Client 8: And like it wasn't, I wasn't going nowhere with it. The more I use the further behind I would get. I knew I would never break even or get ahead. But the alcohol, I just keep picking the alcohol up.

Therapist 9: And I suspect within you is even the answers for your alcohol if you've been able to stay a year clean from the cocaine. Let's talk, if it's all right with you, for a moment about how you specifically did that.
Client 9: Stay away--

Therapist 10: From the cocaine. Did you change your friends? Change your thinking? What happened?

Client 10: Well I still, I goes around, you know I see these people sometimes I was messing around with. But it just, I got tired of the feeling all tired and run out and come out of the house with $300 or $400 in your pocket and I don't have car fare to get back home or can't buy cigarettes. You know, I just got tired. And you got to be so embarrassed I'd be scared to go home and face anybody. I just, I'd stand on the street all night. You know, it just took its toll on me. I got tired of being run down.

Therapist 11: And how confident do you feel that you won't slip back into the cocaine now?

Client 11: Well, I feel pretty confident. But like I say I wasn't there for three years before, you know.

Therapist 12: Yeah.

Client 12: And the only thing I say now is that I just, every day I just try to stay away from it. It's not, I'm not going to guarantee that I'm gonna do this. I'm gonna do that. I'm gonna try to just keep doin' something to keep myself busy so that I won't fall back on it.

Therapist 13: I got it. Well, so you're in a different stage. What we call maintenance for the cocaine. But you are actively drinking now and that bothers you?

Client 13: Well, really. It bothers me somewhat, you know. But like I don't know it just, it's just, something about it. It just relaxes me or whatever it is. Like I don't know. It's just like, it keeps me, hey, come on and pick me up.

Therapist 14: All right. So in our time together we should probably talk a little bit about how you're not, how you're so impressively able not to go back to using cocaine. We'll talk some about the alcohol and then about your family.

Client 14: Okay.

Therapist 15: Right?

Client 15: Right.

Therapist 16: So am I getting it?

Client 16: All right.

Therapist 17: Right. Before we jump right into that, I need to know a little bit about what you would want from me as a therapist. You say you've been in treatment programs before.

Client 17: Right.

Therapist 18: What is it that you would want from a therapist in order to help you best?

Client 18: Well, what I'd like from a therapist is what I be wanting from anybody in the street. You know, just the truth. You know, just tell me what you think would be best for me. But like then again after you tell me this, that, and the other, you know, I'll still go out there and might do this, that, and the other. You know. But I always welcome advice. Especially good advice.

Therapist 19: All right. And I'm happy to give advice during our time together. I also hope that you and I will work together more as a partnership. So if I'm giving you advice which you think is ridiculous or silly--
Client 19: I'll let you know. I'll let you know.

Therapist 20: Wonderful. That's exactly the kind of partnership which we want.

Client 20: All right.

Therapist 21: And so if I have something on my mind, just bring it straight out.

Client 21: Bring it on.

Therapist 22: Yeah. All right. And if I brought it out a little too harshly, you think you'd be able to tell me?

Client 22: Yeah. I think I could tell you.

Therapist 23: All right. Well, I'd like to encourage you to do that.

Client 23: All right.

Therapist 24: All right. And along those lines, could I call you L.C., Mr. Smith?

Client 24: Sure.

Therapist 25: All right. And I'm certainly comfortable if you call me John or J.C.

Client 25: Okay. J.C.

Therapist 26: That's fun. J.C. L.C. Okay. What would you really dislike from me as a therapist? Anything that really annoy ya I should know about?

Client 26: Well, when I was in treatment before like what use to get me really annoyed was like they ask me how I feel or this, that, and the other. And like one time this guy asked me, I thought I told him I felt great. He said, no, you can't feel great. You know, how can you tell me how I feel? How I suppose to feel, you know? Because I know how I feel. You know, just--

Therapist 27: So to respect you in what you say.

Client 27: Right. No, you ain't gotta take it. You don't have to believe it. It's just that I have no reason to tell you anything else.

Therapist 28: Got it.

Client 28: Any other way. You know, I just tell you the way I feel.

Therapist 29: And thank you for correcting right there. That worked fine. I kind of missed what you told me and you corrected me. We're off to a good start here, I think. So in different places, or we call them stages, people need different things. So let's first talk about the cocaine.

Client 29: Okay.

Therapist 30: Do you have a plan to prevent you from relapsing or going back? How do you do it?

Client 30: I don't have a plan.

Therapist 31: Are you taking it day by day?

Client 31: I just take it one day. Day by day.
Therapist 32: That's a plan where I come from.

Client 32: I stay away. I try to stay away from it. And I stay away from the different people. And like another thing that I started doing instead of keeping money in my pocket I go shopping. I go buy this, that, and the other and just get broke. Buys things that I need or like I might go around some of my relatives or nephews or something and just give them money. That way I don't have to worry about it so much.

Therapist 33: Right.

Client 33: Or stay around close with my family. Since they're not using I be around them and I would never do it around them.

Therapist 34: We'll see. I think many people have a plan. They perhaps just haven't shared and talked about it so maybe I just missed you there on that. But you are doing lots of things. And doing it successfully for a year.

Client 34: But I haven't planned it. It just, that's what I do.

Therapist 35: All right. Well, what's a better word for it? I won't say plan. You're, what you're doing.

Client 35: This, well it could be a plan. This is the way I've been staying away from it.

Therapist 36: All right.

Client 36: I, staying--

Therapist 37: Well, the strategy, the plan. The what you're doin', it's working.

Client 37: It's worked so far.

Therapist 38: And that's stay away from it.

Client 38: Mm hm.

Therapist 39: Spend your money other places.

Client 39: Right.

Therapist 40: Take it day by day.

Client 40: Right.

Therapist 41: Don't make any high faluting ridiculous promises you can't keep.

Client 41: No. I'm not going to do that.

Therapist 42: Take what honesty you can get from people. Good advice.

Client 42: Right.

Therapist 43: Do you like support groups?

Client 43: Well, no. Not really. I never was too crazy about a lot of different groups and this, that, and the like. Like I use to go to meetings and this, and that, and the other. And like it seemed like you go to different groups, it seems like every time you go to different groups you hear the same things. It seems like people just
go from group to group and hear somebody else say something and go to another group and repeat the same thing that they had heard.

Therapist 44: I see.

Client 44: It don't seem like it's coming from within. And they just saying what they hear and then not what they really feel.

Therapist 45: And has individual therapy helped you?

Client 45: Yeah. Because you get a lot more out of it because it's not so many different personalities and different addictions and stuff that you're talking to. You can concentrate on you and the other person.

Therapist 46: Well, whether we call it a plan or not, that's an impressive way of keeping sober here. Do you like books?

Client 46: I love reading.

Therapist 47: You do.

Client 47: I love reading.

Therapist 48: How about movies?

Client 48: Not, no.

Therapist 49: Yeah. All right. Well, what I typically do is because everyone's different, is just have resources available for people to see what they take to. You know, some people are movie people. Some people are group people. Some people are book people. Let me, before you leave, I'll just give you a list of books that my other patients dealing with cocaine and alcohol have said have helped them get and then stay straight. Some are autobiographies written by people coming out. And it sounds like you've got a couple books within you.

Client 49: I'm thinking about writing, I've been thinking about writing one for a long time. But like that's another one of my problems is I'm a procrastinator.

Therapist 50: Oh. And some are self help books about that. So some of these are available from the library or from friends or maybe from a book store. And when you leave I'll also give you a copy of a book by J.C. and then we can book that on the shelf by L.C.

Client 50: All right.

Therapist 51: So we do have, if not a plan, you're doing very well on--

Client 51: This working so far.

Therapist 52: We don't want to get cocky here.

Client 52: Oh no. Oh no. Like it's not guaranteed that it's going to last. Like I said, I did it for three years before and boom.

Therapist 53: What are high temptation situations for you in which you may think about going back to cocaine?

Client 53: Well, I guess if I get upset. You know, just get upset or, I can't say. Like I thinks about it. No, I'm not going to say I don't. I thinks about it now. But I just never went back yet.
Therapist 54: Right.

Client 54: I'm not, like I said, I'm not gonna say that I never will. I hope and pray that I don't.

Therapist 55: And part of our job here, I think, is to help you understand how you've been so successful.

Client 55: Okay.

Therapist 56: So you do think about it. There are times I bet you get that craving?


Therapist 57: But you haven't gone back to it. How are you able to do that? Do you push it out of your mind? Do you get busy? Do you talk to a friend?

Client 57: I gets busy or I take, like I take long walks. I get off by myself. I get away from around the people quick. I go off like I go to the lake and I look at the lake. Or I go to the zoo. Or I go visit one of my sisters and sit down and talk with them. Or I go see my mother. I go somewhere where I know it's not around. I just can't, it won't, it's now allowed around.

Therapist 58: Yes. So we do even have a plan for that, so to speak. That when you start thinking about it, getting the urge again.

Client 58: Right.

Therapist 59: You go do all those things.

Client 59: Yeah. I guess it's an unconscious plan. But that's the way it go.

Therapist 60: Well we find, and a lot of research shows, that when you make that unconscious plan a little more conscious it helps. For example, you don't want to jump out of the plane and be selling your parachute on the way down. You want it before you get up on the plane. So before the big urge comes, if we can think out loud what works, you have all that sitting there. Saying, "Well, look at all these I can do." And you have done.

Client 60: Have all the tools right there in front of you.

Therapist 61: Yes. And you just pick one. You say, "Well, this time for a walk. This is time to my sisters. This is the time to stay busy."

Client 61: It's time to go see mama.

Therapist 62: Yeah. See, everyone has a plan within them. It just hasn't come out sometimes. If you were to slip and go back, would you feel comfortable getting right back into treatment, calling your therapist, getting right back up?

Client 62: No. That's, I'm going to have to think about it. She could like, I'm the type of person like once I do something I know I'm wrong. I'm wrong with this and that's probably what I would do to keep from facing my family and everything. Is it would be, I feel so bad because it seems like they have so much faith and everything in me. I'd be feeling so bad to have to confront them, I'd probably go to a therapy or treatment or something just to keep from facing them.

Therapist 63: I see.

Client 63: And knowing all the time that, it, that's the wrong reason to go if I need to be going because I need to go, you know. But like if it works it works.
Therapist 64: All right. So if you were to have a craving, you have all these tools and they've worked well. But on the small chance one of those times you slipped, so it didn't go all the way back, do you think you would be able to call your therapist and go back? Because it would be really tough with like feelings of guilt and shame to talk to your family.

Client 64: Well, I feel like as long as, you know, if I did, as long as I got somebody or something to lean on. As long as I stop or went to this, to the therapist or whatever it was before I let it get out of hand again.

Therapist 65: And do you feel confident you could do that?

Client 65: Yeah. I got a lot more confidence in myself than I use to.

Therapist 66: Well, with that plan there is good confidence. Not overconfidence. But you sound very realistic about this and determined. You know, you're walking the walk instead of talking the talk. You're just knocking it out.

Client 66: Yeah, that walk will get you in trouble sometimes.

Therapist 67: Yeah. Depends where you walk to, huh?

Client 67: Yeah. I traveled a lot of, I traveled a lot of roads that I never want to go back down.

Therapist 68: Well, there's lots of things you're doing magnificently. Staying abstinent. Maintenance, avoiding the relapse for the cocaine. I'm wondering if part of that we can apply to the alcohol now.

Client 68: Mm.

Therapist 69: There was a point at which you were abusing alcohol, I'm sorry, abusing cocaine but you didn't think it was a problem or only a small problem?

Client 69: Right. I didn't use to think it was a problem because like I use to call myself more of an enabler and this and that and the other. And the more, even more I bought the worse it got. Just a situation that kept escalating and the next thing I know I was--

Therapist 70: Broke and out.

Client 70: And out.

Therapist 71: So apply that to alcohol for me. Is this alcohol? Is it a legitimate problem for you and it's difficult for you to say it? Or do you think people are making too much of it?

Client 71: Well, I'm not going to say, I can't say that people make too much of it because I guess it depends on how you do it. Like I know that I shouldn't do it but I do it.

Therapist 72: Yes.

Client 72: Like I've been home now with, tomorrow will be 21 days. And like I say I've been drinking since I've been out. And I haven't got to the point yet that I've been, I would say intoxicated. But I'm not saying that that's good either. Because really if I could, if I was abstinent of it, it would be a lot better.

Therapist 73: So we're in that place we can say it's a problem.

Client 73: Yeah, some.

Therapist 74: I'd like to decrease it. But I'm not quite there yet.
Client 74: No. I'm not there.

Therapist 75: And you can also talk about it in a way without feeling too bad?

Client 75: No. I don't feel bad. I'm not going to say, I don't feel good. But I don't feel as bad because like I haven't got to abusing myself and doing this and that and the other, you know?

Therapist 76: Yes.

Client 76: But it's a good possibility that it could get out of hand.

Therapist 77: Yes.

Client 77: And like I say, Marid, Marid goes to this and that and the other. And the next thing you know is--

Therapist 78: One drink. One drunk. It starts out with a couple of drinks and you're shaking and out of it again.

Client 78: Right.

Therapist 79: And I want, I hope that we'll be able to find a place in which I respect your awareness of the problem and I respect that you want to change it and that I can be direct with you about what I think we can do to help move you further along without you feeling I'm being too pushy. Because you know therapists, we're kind of pushy. You've had some therapists like that, huh?

Client 79: Well, I had some that was a little pushy.

Therapist 80: So if I get too pushy, you could say, "J.C., maybe back off a little."

Client 80: Sure.

Therapist 81: All right. Did you find it helpful when you were giving up cocaine or other things in your life that you could set like a limit? Or was one drink just one drunk? Just too much.

Client 81: Well, like, the way I was doing it I just, I never, every time I, at first the only time I'd drink I'd drink to get drunk. I'd never drunk to get sober. I always drink to get drunk. The only thing better than a drink was another drink, you know. Kind of like I'm hoping that it don't get out of hand like that again.

Therapist 82: All right. And so our, our goal here is to help you reduce it at first or give it up? Which comes first for you?

Client 82: Well, I know it's best to just give it up. But, you know, like after you, after you, you know it's like, how do you say? Like some things you have to break yourself down a little bit at a time.

Therapist 83: Yep.

Client 83: That's because like sometimes you just snatch everything away at one time.

Therapist 84: Too much.

Client 84: Right.

Therapist 85: All right. Well, so we both agree on this. We believe abstinence, cutting it to none, is where we want to get.

Client 85: Right. Right. Right. Right.
Therapist 86: But if we push that too much, ain't gonna happen.

Client 86: That might do more harm than good.

Therapist 87: Yes. And then you're gonna come back, say to me, "Well, hell that backfired, J.C."

Client 87: Right.

Therapist 88: All right. So over the next week, what would demonstrate to you we're making progress and moving on? What would be your limit? Already you're doing great because you're not getting drunk.

Client 88: What would be my limit?

Therapist 89: What do you think?

Client 89: I would say to, I would say to, like now I drink should I say three or four days a week. If I cut it down to two days that would be a big start.

Therapist 90: Yes, it would. It's 50% right there. If someone gave us 50% more money, we'd be impressed. Wouldn't we?

Client 90: Mm hm. I'd be impressed with 25%.

Therapist 91: Now we're thinking alike. We know where we want to get but it's step by step.

Client 91: Right.

Therapist 92: And I don't want a pushy therapist to get in the way of us making progress.

Client 92: Sounds great.

Therapist 93: So we'll go to, you'd like your goal to be just drink twice a week.

Client 93: Usually twice a week.

Therapist 94: And how much each time?

Client 94: I'll drink about three or four shots, about three or four times a week.

Therapist 95: Okay.

Client 95: Now, I may cut it down to two days, maybe three shots a day.

Therapist 96: Got it.

Client 96: And spread the days out.

Therapist 97: Yeah.

Client 97: Like maybe like maybe around up again in a week or the end of the week or the middle of the week. And no weekend drinking because that's dangerous.

Therapist 98: Sounds like a plan. Whoops, I'm going with that plan stuff again. I gotta get rid of that word. And when we give something up, when you root it out, sometimes we need to put something in to--
Client 98: To replace it.

Therapist 99: Help you. To replace it. Boy, we do think alike. It must be this initials thing. What purpose, what help does those shots give you?

Client 99: No, I don't, well you have to more I think just relax. And to me it just seem like it's automatic sometime. I see and there, and like there's one, I got one sister I go out and she got a bottle like that full of alcohol. I just get it, got going and get to lookin' and she say I want to get rid of this bottle, get rid of this bottle, get rid of this bottle. Yeah. Yeah. You know, and like--

Therapist 100: But as you grab it, it looks like sometimes it helps you relax?

Client 100: Yeah.

Therapist 101: Like a couple of shots.

Client 101: You know, like I gets, you know, I gets amused. I really opens up with my little nephews and this, that, and the other. I get to playing with them. And, you know, it just seem like, it seem like it brings them to me because I let them ride on me and punch on me. And you go out in the yard and play with them. Then I get tired and I come in and want to lay down. I got my own now.

Therapist 102: So the alcohol then helps you relax.

Client 102: Yeah.

Therapist 103: And makes you a little more--

Client 103: A little more social.

Therapist 104: Playful. Sociable. I see.

Client 104: That's really with kids.

Therapist 105: Yeah. Yeah. So that's what we want to replace it with. Another way to relax and how to get sociable without the shots.

Client 105: I always wanted to be natural.

Therapist 106: Yeah. That would feel good.

Client 106: Mm hm.

Therapist 107: I can you're just--

Client 107: Be on a natural high.

Therapist 108: Yeah. Your eyes glisten when you talk about those kids. You really look like you--

Client 108: I love kids. That's the future of the world. That's the most beautiful thing in the world is kids.

Therapist 109: What are other ways you can relax without the drink?

Client 109: I gotta be fishing or just walking, you know. And like to me idle time is one my enemies too. If I ain't got nothin' to do I reach for a drink. As long as I keep myself busy, I'm all right. If I ain't got nothin' to do, hey.
Therapist 110: It's there. I'm bored.

Client 110: Right.

Therapist 111: Hm. All right. So how will you build in more structure, more activity?

Client 111: Well, like now you're gonna give me a J.C. book. I could read. I could read.

Therapist 112: That's one way. Yeah.

Client 112: Music. I like music. I like barbecuing. I like fishing. I could, you know, like maybe spend more time with kids. Take them out to a park and just walking in general.

Therapist 113: See. I'm sitting here smiling to myself saying L.C. has this. He knows it. He increases his activity.

Client 113: It's no good if you don't put it to use.

Therapist 114: It's in your mind.

Client 114: Right.

Therapist 115: But it's gotta come out before we can put it in use. To increase your activity. To find another way to relax. And then romp with those kids in a natural way.

Client 115: Yeah.

Therapist 116: Do you feel confident about those? Which ones should we work on, give you some ideas, and help you through?

Client 116: Well mainly I want, is what I would like to be around the kids because like I know long before I got my life so messed up I was young and everything. I always wanted to a counselor. I wanted to deal with kids, you know. And just, I just tore my life up so bad I just, forget it. Forget everything.

Therapist 117: Mm hm.

Client 117: And now that I got old, now that I got middle aged I just, you know, I look at the way kids are now and the way they're being treated and stuff. I just wish I could go do something so I could help them. You know, if I could help, you know if I could get in a position as to where I could help kids or be around kids, I think that in itself would help me, that would help me to be a better person.

Therapist 118: Just being around them.

Client 118: That's right.

Therapist 119: This is the person I want to be.

Client 119: Right. And, and, and, and you know, and the energy they create and the just the way they are. You know? It brings out the best in a person. It should anyway.

Therapist 120: Yes. And I'm really picking up this feeling of how that could make you feel special and tender and the person responsible you want to be.

Client 120: It would. That would make me feel real good. But like I say I think kids are too, they don't get enough attention now. There's not enough programs for them.
Therapist 121: And now you have enough time to give some of them back.

Client 121: Right. And I hate to see them travel the road I traveled. I traveled like I say some rocky road.

Therapist 122: What comes to your mind about how you can put that into operation? As you said earlier, you're a bit of a procrastinator.

Client 122: Well, in order for me to really do like what I would like to do for kids, I would first have to re-enroll in school. Get re-educated which would also take, occupy time because a drunk can't study.

Therapist 123: Yeah. Wet brains don't learn.

Client 123: And like I think that would help a lot. And just like the hardest part of anything is to start.

Therapist 124: Especially for procrastinators.

Client 124: Right. Right. And like once I get started and get off into it and, you know, can see as to where I could make some progress or do some good, that would help me along.

Therapist 125: I'm sitting here thinking I'm sorry we don't have the phone here. We could get you started now into the education and other things. Because I can see you getting excited, energized. And then you're thinking, "Well, the starting is tough."

Client 125: Like, you know, I got a lot of nephews and this and that. And I got four sons. You know, I'm like. I look at my nephews like they have a lot of faith in me. They're like, they want to be like me. They want to do like me. And like now they constantly in and out of the penitentiary. And they looks at me, they say, "Hey, we do just cause we want to be like you." I say, "Hey, if you wanted me to be your role model you should have looked and didn't do nothin' like that." Like I've got four sons. They've never been locked up in their life. They've all been in the service. Been to college. You know. That's what I want to do. And I also would like to, you know, maybe get a little contracting business or something. You know, get something going as to where none of my nephews and nobody else in my family would ever have to get locked up again.

Therapist 126: Hm. And as you speak I'm, inside of me I'm getting two feelings and I want to make sure these are your feelings, not mine. One is just incredible pride that your sons haven't been locked up and that you have a real opportunity with your nephews. And another is some sadness that your nephews saw you going back to the pen.

Client 126: Yeah.

Therapist 127: Are they both feelings that go through you too?

Client 127: Right. Because you see like they said that they was doing what they was doing because they was idolizing me and this, that, and the other. Now if they see me turning around and start doing something else, I hope that they could come in with me, you know? And if I like get a little contractor's business or something I can maybe get them to work with me. And we could all come in as a family and like I said, hey might be, thinks it's where nobody in my family ever has to go the penitentiary again. And I would love that.

Therapist 128: And now I'm getting a really concrete sense of how both those things work for you. The shame and upsetness about going back to the pen is a nice reminder of where you don't want to go.

Client 128: Right.

Therapist 129: And the positive feelings of keeping the rest of the family together is a real motivating force. So one sort of says, "Don't go there.” And the other says, "Look at this real possibilities we have here."

Client 129: Right. Look at it for what it is. Yeah.
Therapist 130: Yeah.

Client 130: You guys look at what it do to you positively. You know, like, of course, I'm just tired. Tired of being locked up and, just like it's you alive but you dead. You're not doing, just that's time that you wasted. That's life that you wasted that you could have been doing something positive with.

Therapist 131: Alive but dead. That's a good summary for you.

Client 131: The living dead.

Therapist 132: And that's, and that may also, that's your worst fear about the alcohol. That could come up and bite you in the ass again.

Client 132: Yeah, that's a good possibility. Like I said, I've been asked a lot of time, "Well, that's suicidal." You know? I would always say, "No." Then I come to a realization every time you're doing drugs, you're doing alcohol, any time you do it it's suicidal because it's a good possibility you go out and kill yourself.

Therapist 133: Things get out of control. Impulses rage.

Client 133: Very easy.

Therapist 134: We lose our thinking. Boom. You're back in the pen or you think about hurting yourself. Yeah. So let's, I almost said that dreaded word plan again. Let's try to be concrete so though our time is brief that there will be something memorable or lasting about this. One thing is to decrease the amount of alcohol because if we push you any more, it could be backfire.

Client 134: Might not work.

Therapist 135: I respect that. So to two days. Just maybe three shots.

Client 135: Sound good.

Therapist 136: And as we decrease that we also have to have healthy substitutes for what we're replacing. And for you that would be relaxation?

Client 136: Well, I don't want to get too relaxed.

Therapist 137: Okay. Activity.

Client 137: Activity.

Therapist 138: A lot of activity.

Client 138: Right. A lot of activities. And like I say, I've been, since I've been home my family been keeping me busy like painting and my brother had me up on the roof. I had to fix the roof. Now he got a eight room house he want me to paint. And like it's getting pretty busy. The money that I'm gonna make from all this I would like to take it in and get me a little truck and get me a little--

Therapist 139: Contracting business.

Client 139: Right get a little contracting business and pull my little nephews in a little bit at a time. You know, it won't be a whole lot of money in Chicago. But it be something for all of us to do and we'll be together. And they can see, "Hey, well he ain't on the street drinking and he ain't out there doing this and that and the other."
Therapist 140: And right now you'd like to focus on getting that, the activity, and the painting and the truck rather than the education?

Client 140: Right. Well--

Therapist 141: What do you think comes first for you?

Client 141: The most important thing in the world is education. Without education, well, you know, you could get a business and you do this, that, and the other. But you need education or somebody with an education to make it grow.

Therapist 142: Yes. Well I just don't want to be one of those pushy people again. You coming out of here with this long list of things to do. So what's top in your mind? Right now just to stay busy for a while with the painting?

Client 142: Well right now, right now that's the main thing I need to do is stay busy and this and another like I say, I'm just--

Therapist 143: And then work it up to small business.

Client 143: Right. Right. And then, you know, instead of me just jumping off and saying, "Hey, I want to do this and that and the other." Like I was saying if I want them to come in with me, it would be best for me to get together and we discuss, "Hey, what would you like to do? What would you like to do?" And like we just get it together and see.

Therapist 144: Well, we've covered a lot. We have the relapse prevention plan. What you do about the cocaine. And you've been doing so well for a long time. We got to keep that balance between feeling good and taking pride in your remarkable recovery. But also aware that any moment it could snap.

Client 144: Yeah. I don't want to feel too good.

Therapist 145: Yes. Right.

Client 145: Right.

Therapist 146: Yeah. Get the right place.

Client 146: Just getting it a little, because I don't want to get in too much of a comfort zone either.

Therapist 147: Yes. Then on the alcohol, recognizing that you ought to reduce it with the eventual goal of none by getting the activity and getting that natural high of playing with your nephews and your sons and the activity.

Client 147: Right. You know and just, just knowing that I'm doing something. I'm busy. That would help a lot.

Therapist 148: Moving forward.

Client 148: Right.

Therapist 149: A lot of painting in eight room house.

Client 149: Right. If I get anything like I could, I do roofs and different things, dry walling. You know, I would, what they don't know, you know, we come in together. I could show them what I know. And like we'll be learning together. We'll be growing together.
Therapist 150: Yes. And that brings it all together for you. To give that meaning and to say, "Look. Here it is. I've pulled this back together now being the person I want."

Client 150: Right. I am being the person that I should have been a long time ago. But trying to set the example that I should have done when they was young or even when I were younger. Doing what I should have did. Not really setting an example. Just doing what I should have did in order to live. I knew all the time that what I was doing was wrong. You know, I just, I don't know. I just, ain't got no excuse. I don't have any excuse. It's like--

Therapist 151: But you have a plan.

Client 151: I have a plan now. Now I do.


Client 152: Now I do.


Client 153: Like I could have, I was saying earlier when I first come here I was look around and saying, "I should have been sitting down at this." Which I still think I should. I think I've got a reasonable amount of intelligence.

Therapist 154: And everything I've heard from you today suggests that certainly is the case. Anyone who could triumph over what you've done, stay abstinent, come in here, be the way you are with me. That's a person that could behind a desk could have a natural high with his sons and with his nephews. That's a person who can decrease alcohol and live his life just as you want to.

Client 154: A lot of the times, at one time that I couldn't have even thought like this way. I wouldn't go around my mother. I wouldn't go around nobody. I would rather just stay out on the street, go in the park, and lay down, and whatever.

Therapist 155: Mm hm.

Client 155: But now, I don't know. It's just, like I said, I don't know. Maybe just time. I got a little older. And like now I'm more so than anything like my family is pulling me closer and closer toward them. But like ever since I had a sister die this year on New Year's on her birthday. And like I made her a promise that I was going to get my life together. And like my mother and everybody, they see me now, they say, "Hey." They see how I's changed. They say they see a big change in me.

Therapist 156: Yes. And we'll try to maintain that on the cocaine. Address it on the alcohol and build in these other things. I think you have a hell of a plan, L.C.

Client 156: Well, I just got to, I don't want to get to where I'm gonna to try to do too much at one time.

Therapist 157: Right. So slap those pushy therapists and say, "One day at a time, therapist."

Client 157: Back up a little bit.

Therapist 158: Yeah. Right. We're going to be finishing up here as our time lapses. How was this for you today?

Client 158: I don't know if you noticed or not, but I do feel a little emotional. I don't know if you see it or not.

Therapist 159: I do. I see it as you talked about, particularly about those children and about getting your life together. That's a life long project.
Client 159: Yeah.

Therapist 160: Something to get a little misty and emotional about.

Client 160: That's one that always gonna be a lifelong project is kids.

Therapist 161: And I don't know if you noticed, I got a little misty talking about that. Where we end up and what we can do to give children. And, of course, that's giving to ourselves too.

Client 161: Right. Right. Actually you got, that's a, that's a, that's a great gift. You know just seeing kids smiling instead of them running around the street wondering where their parents are all dirty and nasty. It hurts, you know. But I know my kids never, they never was like that.

Therapist 162: Mm hm.

Client 162: That's one thing that I did do when they was growing up. I took care of them. I never let them run the street and they respect me for that. Although I wasn't the best person in the world. I wasn't home all the time. I was constantly in and out of these different places. But I never harmed my child and nobody else's child.

Therapist 163: And although that's a difficult thing for a lot of us men to admit, that is something to get emotional about.

Client 163: Yeah.

Therapist 164: That's a lifetime of a legacy. Yeah. Well, I appreciated meeting and hope, though it be brief, a lot of these things last for you.

Client 164: Oh, yeah. I got a lot out of it. A whole lot.

Therapist 165: Good meeting you.

Client 165: All right. Thank you, J.C.

Therapist 166: L.C.