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Conversation	***Observations***
Client: Things were going great. I was going to a lot of meetings. I felt life was getting better. I was getting along with my kids. Getting in touch with the spiritual part of the problem. I don't know what happened. *Therapist*: What led you to go gambling?	
Client: I guess I'd been gambling for a few months before I got high. I was bored. *Therapist*: What is the experience of gambling like? *Client*: I really feel alive. *Therapist*: When did you first use again?	*The first trigger (boredom) has been identified; this will have to be reframed as treatment progresses.*
Client: I spent too much money on gambling, and my wife yelled at me the same way she used to when I got high on cocaine. I won a whole lot, really. It wasn't fair. *Therapist*: What do you do when your wife gets angry at you for spending money? *Client*: I just say, "Yeah, you're right." And then I go away. Then she hassles me some more. There are times I blow up, but normally I just try to let it go by.	*An important interactional element surfaces. Sometimes the things that spouses or significant others do or say can either reinforce the client's substance abuse or help him out of the problem.*
Therapist: Sounds like when you were gambling, you were excited. So I don't get it--what went wrong? Why did you need the cocaine, too? Is it possible gambling wasn't enough? *Client*: I guess I just needed more of the high, you know. My wife and I were fighting more. The pressure was getting to me. I guess that's	*Nonjudgmental language is used to enter the client's frame of reference/world-view. It is best if the client is able to define the substance abuse as a problem he wants to overcome rather than have the therapist define this for the client.*

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when I started on the cocaine. *Therapist:* How did that cocaine work for you?	
Client: I was excited. I felt really powerful. *Therapist:* What went wrong? What led you start using alcohol, too? *Client:* I got scared. I was up for 3 days. The alcohol helped me come down and sleep.	*Here the therapist gets some understanding of the sequence of the client's substance abuse.*
Therapist: Sounds scary to me. How did you get through that scared period? You tolerated it somehow for 3 days. *Client:* It was kind of a blank, mostly. I felt I had to fix it somehow. That's when I started drinking. *Therapist:* How did you know alcohol would work? *Client:* I've used it to bring me down before.	*The therapist validates the client's experience, rather than criticizing the client's behavior.*
Therapist: I hear that you realized something needed to be done, and you knew you needed something to slow you down, and you took action.	*The therapist is pointing out that the client's action was an attempt at regulation, though not a long-term solution. The statement reminds the client that he is in control and making choices. It reaffirms the client's strength and coping skills--the client made an adaptive response to a difficult situation and may make a different choice next time.*
Therapist: So how is this a problem for you now?	*This question brings the client back to defining the problem for himself, rather than letting the therapist or someone else (spouse, boss, probation officer, etc.) define it for him.*
Client: Well, I lost my family, almost lost my business, and I'm facing another DUI.	*This "hopeless and helpless" stance should be shifted. Solution-focused and MRI approaches would try to promote effective strategies and eliminate ineffective*

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	ones. An Eriksonian might challenge the client to compare his positive and negative self-image (i.e., the way it feels to go to AA and stay sober versus how it feels after getting high).
Therapist: So where do you want to go now? Why are you here? *Client*: I want to get sober again. I went back to AA, but now I can't stay sober more than a day. *Therapist*: When you were determined to stay sober, you were successful. What's different about the way you're trying to do this now? *Client*: Well, now, I'll leave the meeting and go get high. *Therapist*: And how is that working for you? *Client*: It's not working! I just start feeling worse about myself. I've been through so much already. I really just need to stop.	*This therapist is using a strategic approach to shift the client off helplessness to a self-motivational statement: "I really need to change my life."*
Therapist: It sounds to me like you have incredible inner strength. What keeps you going? *Client:* I don't want to die.	*Here is a "make it or break it" point in treatment. The therapist is seeking a key that will move the client to action (e.g., his love of his children, his desire to get his wife back, his concern about his job). In this case, the therapist has just learned that the client fears he will die as a result of his use.*
Therapist: It sounds like you have a very strong, competent side that wants the best for you and wants to live. Let's use that competent part of you to get back on track and rebuild your life. What do you think? *Client*: I would like that.	*Some therapists would call the competent self the "recovery self."*
Therapist: Let's begin by figuring out where you are now. On a scale of 1 to 10, on which "1" is	*The "readiness ruler" is an effective way to determine the client's readiness to change and identify next steps.*

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the worst you could feel and "10" is "clean, sober, and successful," where are you now?	*The therapist is using this technique to identify a baseline to measure progress and focus the client in the direction of change and progress.*
Client: Well, now I feel like an "8," but I know it's temporary. When I go back home, I'll probably get back to a "2" right away. *Therapist:* That's good because slow change is more important than fast change. You really can't count on fast change to last. So if you did slip back to a "2," what would it take to move you to a "3"? *Client:* I guess more of what I know works or what used to work, anyway. Going to meetings or calling my sponsor. That kind of thing.	*At this point, the therapist is ready to define some kind of action and seek commitment to change. The response is also intended to encourage the client by identifying small, feasible steps*
Therapist: Sounds good. You said now you go to AA meetings and get high afterward. What did you do afterwards when you didn't do that, when you stayed sober? *Client:* Went home. Watched TV. Had fun with my wife; sometimes we made love. Now that she's not there, I really dread the evenings. They are so empty. I just go back and stare at the ceiling.	*The therapist is looking for exceptions: times when something the client did worked and he experienced success.*
Therapist: So when you don't have things to do, you get antsy. *Client:* Yeah. I guess so. I get lonesome.	*The therapist is reframing the problem to open the door to a solution.*
Therapist: Yes, it is difficult to go home to an empty place. But it sounds like you have not given up on people. People are still important to you. You want human contact--to care about people and have them care about you. *Client:* If nobody's around, I feel empty. I get	*The therapist is acknowledging the difficulty, but also pointing out the positive direction implicit in the client's statement. The therapist empathizes with the client, validating his experiences and feelings, but also pointing out the positive direction implicit in the client's statement.*

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bored. Then I want to use. I want to make something happen.	
Therapist: Are you bored now? *Client:* Sort of. Not really here all the way, you know what I mean? Sort of empty.	*This question gives the therapist information on how the client feels and acts when bored and can help the therapist recognize signals of boredom in the future. Sometimes the therapist will have great participation, and the client will still describe himself as bored. It is also important to ascertain whether the boredom results from depression or a sense of emptiness. A better understanding of what "bored" means will enable the therapist to help the client figure out "what's different" and find a solution.*
Therapist: That's interesting. Despite the fact that you feel empty, you can still function. I think there is something internally powerful in you that has not come out. For some reason, it has been suppressed. My guess is that the boredom comes when you suppress that side of you.	*The therapist is framing the client's self-image positively, suggesting a change in the way the client now sees himself.*
Client: You keep talking about this powerful side. I don't get it. I lost everything. Where's this great power I'm supposed to have? *Therapist*: I think it's right here--let's see if we can bring it out a bit. Tell me about a time when you felt tremendous pleasure and control, but you were sober. *Client*: Well, I have to go pretty far back. When I was ten, though, I remember playing baseball and hitting this home run. I really hit that ball.	*A natural response from a client who is mostly focusing on negative perceptions and experiences. The therapist's focus continues to be on shifting the client's perception to positive strengths and constructive action.*
Therapist: Sometime this week if you're willing to try something, and only if you're willing, try to bring back that experience. Take note of what it was like and how difficult it was to get there.	*At this point, the therapist might encourage the client to feel that vibration and run across the bases in his mind or ask whether the activity mentioned is one the client could do in his present life. The therapist could suggest here that a local recreation center, or another way of being physically active, would be an option for*

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Client: Okay. Maybe I'll try that.	*restoring the sense of power and control as well as connecting with people.*
Therapist: I'm sure there have been a number of things in your life that you've done right, otherwise you wouldn't have survived all of the difficulties you've had. It would help if you could think about those successful or effective behaviors. *Client:* I can try. *Therapist:* Now that we've identified that you have all this strength inside of you--and you still do--how do we use it? *Client:* I guess if I could go to AA and stay sober when I get home, that would at least be a start.	*The therapist should make the client work here. If the client is blank, he could be asked to free associate. In a group setting, others could give suggestions.*
Therapist: What do you think is going to happen at AA? *Client*: It's going to be good to sit there and know I'm not hiding.	*Part of what's happening is that the external and internal pressure resulting from the shame is being reduced; consequently, the feeling about going is changing.*