



The Master Therapists Program
Department of Psychiatry – CME
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-1935

The Master Therapists

Videotape Catalogue

(860) 679-3789

Videotapes

The Master Therapists on Tape

A Collection of Video Tapes



The Master Therapist Workshop series has, for nearly three decades, brought "Master Therapists" to Connecticut to provide workshops for mental health professionals.

Many of the 'live' consultation interviews held during these workshops were videotaped. In this catalogue we are pleased to offer you the opportunity to rent or purchase videotapes of many of the 'live' consultation interviews. **These tapes are to be used solely for educational purposes.** Each interview provides the opportunity to see the particular therapeutic perspective of an expert clinician. Most of the interviews are preceded and/or followed by a brief discussion about the case.

Three high quality color cameras and professional video technicians were used for most productions. Each tape is between 1 and 2 hours in length except when noted otherwise. All tapes are available in 1/2" VHS format. Other formats can be made available for an additional fee. Those who have rented / purchased our videotapes rate their satisfaction as 4.3 on a 5 point scale (1=poor, 5=excellent).

Purchase prices can be found in the Table of Contents. **All rentals are \$75 per tape.** A **Discount Schedule** (detailed on the Order Form) is available for multiple purchases. All videotapes are sent by registered or certified mail. Rush orders can usually be accommodated for an additional fee (call 860-679-3789 for info).

Purchase prices vary for the tapes – those that were made prior to 1985 and some sets have been discounted. The reasons for the variations are indicated beneath the title of the tape as well as reflected in the purchase price. The explanation of the designations is as follows: Tec: not quite up to our standards for video technical quality but excellent audio, Set: More than one interview with the same family &/or same therapist on subsequent days or months, Lec: Lecture or Discussion only, Older: Tapes made prior to 1985. Each videotape has an order number. The last two numbers indicate the year in which the tape was made.

Videotapes may be ordered by filling out the Order Form at the back of this catalogue and sending the order, contract plus payment to:

UHC Psychiatry – CME
Department of Psychiatry – CME
UCONN Health Center
263 Farmington Avenue
Farmington, CT 06030-1935.

For questions or information about audiotapes please call (860) 679-3789 or email mastertherapist@psychiatry.uhc.edu.

Thank you for your interest!

Due to confidentiality, videotapes are not for sale in Connecticut.

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#01-83 First Interview with a Family with an Adolescent. Schizophrenic Identified Patient
(Tec, Older Discount)

The identified patient, age 22, is the younger of two sons who was recently discharged from the hospital. He is preoccupied with death and expects to be dead by the time he is 23. The interview nicely demonstrates the powerful dynamics in a family with a schizophrenic member as well as Carl's usual procedure of spreading the anxiety around the family to avoid focusing on the "scapegoat." Carl describes the conclusion of the interview as "chilling" because the mother's sense of hopelessness evokes for him the images of people passively getting on a train bound for the Nazi death camps.

#02-84 Family with 4 Therapists, At An Impasse OR "Sometimes It's Better to Just Give Up!"
#03-84 **(Two Consultations with the same family on different days)**
(Tec and Set Discount)

The family consists of an aging blue-collar father with 3 adopted daughters who are present for the interview. There is a 4th adopted child, a son, who does not live home and a biological child who died two years previously at age 45. Four therapists are involved in treating the family. One of the girls is in an institution. There are two IP's. One is the girl who is institutionalized for acting out behavior and the other who has a seizure disorder. The first interview demonstrates the impasse rather clearly with a lack of affect and concern on the part of the family. Carl is surprised and apparently disappointed that the family chooses to come back for the second interview which is not much different than the first. However, the re-hash is of interest since it allows Carl to demonstrate his strong concern and great interest in therapist burnout. "We therapists feel the pain of the individuals and try to become substitute parents for them." The different ways in which the four therapists respond to the consultation is particularly interesting although painful at times.

#04-85 Consultation to a Divorcing Family
#05-85 (Two Consultations with the same family on subsequent days)
(Set Discount)

This is a family in which the parents are considering divorce. One of the children is diabetic. This is an upper class family in which there are complex issues involving the dynamics of the latency/adolescent children. Both grandmothers are present for the first interview and are quite involved in the dynamics of the nuclear family. The second interview, a day later, involved only the nuclear family. This is an excellent example of vintage Whitaker. He confuses the family in a therapeutic attempt to push their understanding of their difficulties. It is often disconcerting and the family clearly doesn't always "like" Whitaker but it appears to be quite effective. Note: Virginia Satir (Tape #17) sees the same family a month later. The contrast of her style with the family is remarkable and provides an excellent contrast for teaching. It is rare that 2 'Masters' such as Satir and Whitaker interview the same family.

#06-87 The Battle for Therapeutic Structure
#07-87 (Two Family Consultations with the same family done on subsequent days)
(Set Discount)

The first interview is with a middle class mother who is divorced and two children. There are many complex dynamics involving them and the father who is unable to attend. He attends the second day. One of the adolescents is an inpatient in a long-term extended psychiatric unit. This is an excellent example of Dr. Whitaker moving from an individual identified patient to a family systems set and demanding that the family bring a crucial family member for the second interview (i.e. the father). This tape demonstrates many of Whitaker's moves in the psychotherapy of the absurd. It is a powerful intervention in making a change in this difficult therapeutic set.

#08-89 Cross Cultural Consultation: A Three Generation Hispanic Family

The therapist is a Colombian psychiatrist who has been seeing this three generational Dominican Republic family for 6 months. The initial identified patient was a 16-year-old son who is having school difficulties. However, some of his problems have receded into the background and multiple family issues including complex marital relationships, the grandmother leaving, physical illness in the mother and the pregnant daughter, form the backdrop of the current consultation. The difficulty of doing consultation on a family from a different culture and Whitaker's view of the necessity of having a co-therapist who is of that culture are demonstrated. Both the grandmother and father do not speak English; thus the need for translation by the ongoing therapist. This is also an excellent example of Whitaker's ability to form connections with this family of a different culture, avoid working with a scapegoat yet being able to step back and make significant systemic comments concerning the overall situation. Although one might consider the early part of the interview to be slow and lacking in dynamic intervention, it reaches a significant therapeutic conclusion. Furthermore, Whitaker clarifies in the follow-up discussion, the rationale for his approach during the interview. A brief interview with the treating therapist and some of the family, one week after the consultation, is included at the end of the tape.

#09-92 Walking on Eggshells in the Effort of Therapeutic Joining

This family consists of two divorced parents in their 40's and two young, teenage children. They are currently not in therapy. The husband initiated the request for a consultation saying that he needed help in the ongoing management of the family. The interview focuses on a clarification of the family problems which include ongoing parenting issues, the relationship between the divorced spouses, etc. Particular vulnerabilities in this family include issues with the parents including the father's intellectualized rigidity and controlling style (apparently he is taking courses on and considering becoming a psychotherapist himself) and the mother's 7 month hospitalization in a psychiatric hospital several years prior to the consultation. This demonstrates Whitaker's carefulness with not demanding that the family system 'do something.' Rather he is content to very slowly and carefully evolve a relationship with the family leaving the door open to further interaction with them.

JAMES FRAMO, PH.D., Past President, American Family Therapy Association

#10-84 Marital Therapy
(Tec, Older Discount)

This tape shows Dr. Framo using an historical approach to interview a couple who are in the process of separating. The interview demonstrates how Dr. Framo skillfully utilizes explorations of the spouses' views of each other and introjects from their families of origin, self-disclosure, empathy, confrontation, clarification of communicational difficulties and journeys in and out of the couple's 'emotional field' to elicit hope and a sense of new possibilities for the couple. In the course of the session, he identifies several major perceptual distortions and repetitive cycles of interaction and confronts the couple with them in a gentle, caring and facilitative manner. Dr. Framo's skill as a therapist is evident in the way he balances his interventions between the spouses to diffuse blame and to reinforce mutual responsibility for their difficulties.

#11-84 Family of Origin Work
(Tec, Older Discount)

This interview demonstrates Dr. Framo's common practice of utilizing a family of origin interview subsequent to couples group work in a couples group format. The woman had been part of a couples group seen by Dr. Framo and in this tape, is seen with her siblings and parents.

JAMES COYNE, PH.D., The University of Michigan Medical School

#12-84 Strategic Approaches to Marital Therapy (The MRI Model)
(Tec, Older Discount)

This couple is having marital issues as well as individual symptoms. These symptoms include the wife's depression. The couple is in their 20's and have been in therapy. Dr. Coyne interviews them both together, then separately and finally together again. He follows a conceptualization of the MRI Model.

HARRY APONTE, A.C.S.W., Clinical Assistant Professor, Hahnemann Medical School; Former Director, Philadelphia Child Guidance Clinic

#13-84 Structural Intervention in a Family with a Schizophrenic Identified Patient
(Tec, Older Discount) **Not for rental or sale in Southern New England**

This interview involves an upper middle class family. The teenage daughter has been psychiatrically hospitalized and probably has a Schizophrenia form diagnosis. She is being followed in outpatient therapy by a psychiatrist and is on antipsychotic medication. Harry Aponte focuses on the structural configuration of the family in which there is symbiosis between the mother and daughter in a very powerful way. He makes structural interventions to change the configuration to pull the father more into the center of the action. Also present are several other siblings but they are not worked with much during the interview. This is a classical example of structural interventions by one of the masters in this school of family therapy.

VIRGINIA SATIR, M.S.W., Author, *Conjoint Family Therapy and People Making*

#14-85 Consultation of a Divorcing Family
(Tec, Older Discount)

Virginia Satir demonstrates her ability to join a family that is in great pain, empathically connect with each individual in the family and get the family to see their strengths and loving connectedness that hopefully will give them energy to move on and heal the family rifts. She uses physical contact with family members and among themselves as a way of enhancing the connections between them. Note: This is the same family that Dr. Whitaker sees in tape #4. His approach to a larger family system (including the grandparents) is different than Satir's and dramatically demonstrates how 2 "Masters" can approach the same clinical situation in very different ways.

#15-85 A Family in which the Identified Patient has Significant Psychopathology

This is a family in which the father has been a patient in various inpatient units and partial hospital programs for a long time. The interview includes the wife, siblings and children. The therapists from the current day treatment program share their concerns about his imminent departure from the program, his lack of progress and his current suicidality. Satir does an excellent job reframing the situation as one that is preventative. She points out family issues that clearly have not been addressed in detail and provides a way for movement in this situation. Again, the use of her personhood permits her to move into the family in a way that allows for connectedness and new perspectives.

#16-86 The Family with a Depressed Mother

This is a family meeting with the patient who is a mother of 6 or 7 children. She has had chronic bouts of depression and also an imminent feeling she was going to die from her physical complaints. During this interview, Virginia Satir tries to work with the patient and the family on getting the mother to realize what a good job she had done in raising her children and to have the family focus on her strengths instead of her weaknesses. For a period of time after the interview, the patient was actually lifted out of her depression because of Satir's intervention and her high energy level in being able to focus on the strengths and positive parts of the family. A constructive part of the interview was how Satir worked with each family member to elicit their expectations of why they had come for the consultation.

MAURIZIO ANDOLFI, M.D., Director, Family Therapy Institute of Rome

#17-85 Therapy Impasse: The "Enmeshed" Therapist
(Length Discount)

This tape involves a therapist who has a social as well as therapeutic relationship to this complex family system. There is an amorphous quality as to what the therapeutic goals are. It is clear that this is largely due to the complexity of the relationships between the therapist and the family members. Andolfi, in a tactful way, does his best to consult in this tricky and delicate situation.

#18-85 The MRI Brief Strategic Model of Clinical Intervention

This is an example of the MRI approach applied by John Weakland to an upper middle class family that includes 2 teenage daughters, one of whom has just spent 18 months in an extended inpatient facility for what appears to be a severe adolescent behavioral syndrome. The family is in a 'holding state' as their daughter now returns home. During her stay in the institution it appears that a homeostatic tranquility has surrounded the 4 of them. Weakland demonstrates the MRI approach of pushing the family to clarify problems and any potential solutions that exist. From a clinical point of view, the family shows a significant amount of pseudomutuality as a result of the homeostasis that has been established over the past 18 months. Thus, they are reluctant to identify any problems at this time and move towards solutions as they magically hope that everything will work out just fine.

SALVADOR MINUCHIN, M.D., Developer, Structural Family Therapy

#19-86 The Misbehaving Daughter
(Not available in Connecticut)

Both parents are professionals. The husband is an architect, the wife a nurse and the 1 6-year-old daughter is the identified patient. She presents as a bright, articulate and outgoing, but misbehaving adolescent (according to the parents). Both she and her mother appear to be enmeshed in a conflictual over-involvement which protects / prevents the husband and wife from dealing with one another. The younger daughters, 13 and 8 years of age, appear distant from the husband - wife - daughter triangle. This tape is an excellent example of classical Structural Family Therapy intervention in vintage Minuchin style.

#19.1-93 How To Take Charge of Parenting Interventions

This is an interview with a couple who have many teenage children. There are significant problems with behavioral control of the male children. Minuchin identifies the marital issues and conflicts that are stopping the parents from being effective and works with them in a series of interventions to help them identify these patterns and try and change them.

GUS NAPIER, PH.D., Author, *The Family Crucible and The Fragile Bond*

#20-86 Marital Conflict in which Family of Origin Work Appears to be Crucial Before Marital Work Can Proceed

The wife is very preoccupied with the intrusiveness of her husband's parents. The husband is emotionally remote but echoes his wife's complaint. It appears that the wife's main agenda is to be her husband's therapist, i.e. to get him to be more assertive and more independent from his parents. The couple's therapist has been helpful but they are sorry that she is leaving the agency - there are significant termination issues addressed in the interview. At the end of the consultation the husband reports that Napier, as a consultant, has been very helpful. The wife, however, is very critical of Napier and claims that he doesn't understand the whole problem and that he would have to meet the husband's parents to believe how 'incredibly terrible' they really are.

PEGGY PAPP, A.C.S.W., Senior Training Supervisor, Ackerman Institute for Family Therapy

#21-87 Marital Conflict Involving Alcoholism & Personal Identity Issues for Both Spouses

Both spouses have individual problems which relate to their marital relationship. The husband and wife both have problems finding work they like. The wife came from an alcoholic family and goes to Al-Anon. The husband is a former alcoholic who has been sober for some time. The husband appears bright and articulate yet undisciplined. He is very interested in writing and performing music but he claims that he starts things and doesn't finish them or does them shoddily. He is currently employed in a technical position which he dislikes. Yet, he claims he wants to demonstrate to his wife that he can hold a steady job, as they want to start a family soon. The wife also has problems in her work. She has held several day care jobs but either has been fired or has resigned from many of them. Her new job as a secretary is in a church publishing company. This couple is very involved in a fundamentalist church. The wife appears to be the more easy going of the two. Both can articulate many of their problems and goals yet their insight has not been sufficient for them to stabilize their marriage. Peggy Papp does the interview using, in part, sculpting techniques. After taking a 20 minute break to consult with the observing therapists, she returns with a final strategic intervention.

MARY JO BARRETT, M.S.W., Director, Midwest Family Resource Assoc., Evergreen, IL.

#22-88 Family Violence & Child Sexual Abuse - A Multi-Systems Perspective

Barrett uses a structural / educational approach to map out intergenerational family dynamics for members of a family with 4 generations of child sexual abuse. The goal is to help them expand their frame of reference for viewing their ongoing interactions. She presents the family with a model of normal family functioning and of how families become dysfunctional as a means of educating them about their process and of providing them with a context for change. After presenting her model to the family, she explores with them patterns related to their own circumstances. Barrett's interview ties in sexual abuse to a general process description of family structure in a clear and coherent way and provides the family with a language for communicating productively about how to break dysfunctional patterns.

DAVID TREADWAY, PH.D., Director, Extern Program at the Institute at Newton in MA.

#23-89 Clinical Dependency and Family Therapy

This consultation is with a chemically dependent young adult male child in a remarried two generational family. Present are the ongoing therapist, identified patient, mother, father and stepfather. The foci of the session were 1) to help the identified patient individuate from the dynamics of his divorced parents and 2) to help the therapist of this family to get herself out of the family enmeshment. This is an excellent example of the complexity of treating a chemically dependent system with a consultant who is expert in this area and approaches it from a structural family therapy point of view.

JO-ANN KRESTAN, M.A., Co-Author of *The Responsibility Trap: A Blueprint for Treating the Alcoholic Family*

#24-90 Treatment of the Co-Dependent Couple

The topic of co-dependency has received a great deal of attention in clinical literature and the lay press, yet it is one whose mere definition is of continual debate. This tape includes the presentation, consultation interview and brief discussion of the case of Bob, 9n alcoholic husband and Leslie, his substance-abusing wife. Their marriage and relationship are examined in depth with a special emphasis on the role of 'co-dependency' in their lives. Jo-Ann Krestan sensitively probes into the history of this couple based on an overall 'stage-based' conceptual model for dealing with these difficulties. Her comprehensive knowledge of both the relational and the substance abuse worlds allows for a powerful synthesis in her clinical approach to this situation.

WILLIAM O'HANLON, M.S., International Psychotherapy Consultant on Brief Ericksonian Treatment; Author of *Shifting Contexts: The Generation of Effective Psychotherapy* and *In Search of Solutions: A New Direction in Psychotherapy*

#25-91 The Absent Father: A Family Consultation from the Perspective of Solution Oriented Brief Therapy

William O'Hanlon consulted to a family in ongoing therapy. The family consisted of Jackie, the 14 year old daughter who is currently living at a residential treatment home in Connecticut. Also present are the sister, mother and grandmother. The patient has been in ongoing therapy for a year and a half. The consultation was sought due to the therapist's inability to effect any systemic, 2nd order change in the family. Jackie's hypothetical position as scapegoated pawn in the marital power plays was unimpeachable since the stepfather rarely attended the sessions. Efforts to "leverage" him to the consultations proved fruitless. Jackie's biological father had been out of the picture since she was two. O'Hanlon carefully interviews the family in terms of his solution oriented perspective and gives a good demonstration of how to focus on various areas. He endeavors to find the resources of the family and enhance their potential. He redefines the stepfather's absence and creates a task for him and Jackie that could change the interactional balance by getting the mother out of the middle.

JUDITH BECK, PH.D., Director of Professional Services of the Center for Cognitive Therapy
University of Pennsylvania

#26-92 Cognitive Therapy for Panic Disorder

In this sixty minute consultation Dr. Beck demonstrates the applicability of cognitive behavioral therapy in a serious case of panic disorder. Dr. Beck strategically approaches this forty-one year old wife/mother's "attacks" with a manner and method that would make both Joe Wolpe and Jay Haley proud. She blends the explicit challenging of assumptions so inherent to the cognitive behavioral work with the more subtle, 'paradoxical' interventions such as practicing or prescribing the symptom all the while monitoring how her reframes are being received. The session makes clear the essential concept of "catastrophic misinterpretation" as well as models how a consultation can clearly delineate direction for the work to be done.

ELIANA GIL, PH.D., Advisory Board, National Resource Center on Child Abuse; author of
Treatment of Adult Survivors of Childhood Abuse

JOHANNA BUNKER ROHRBAUGH, PH.D., Faculty, Harvard Medical School, author of *Woman:
Psychology's Puzzle*

#27-93 One Videotape with Two Interviews: Perspectives on a Struggling Young Woman's World

This is a series of two individual interviews of the same woman, seen first by Eliana Gil and several months later by Johanna Bunker Rohrbaugh.

EI is an approximately 30 year old black single lesbian. She has been in treatment for several years with an individual therapist. She is the youngest of 2 siblings, has been the victim of sexual abuse and has made suicide attempts. Although she has quit many jobs and schooling, therapies and relationships, she just started working full time in a retail store, has a mild drug history and currently lives with her mother. She has a lot of body work: ear piercings, cuts, brandings, etc.

With sensitivity and skill, Eliana Gil possesses confidence, concern and caring as she elicits therapeutic responses from an adult survivor of childhood abuse. Her questions and reflections represent the fine art of psychotherapy with this vulnerable population. She is always thinking, always there and able to weave the responses into a protective fabric. She is always in control of her work and of herself, yet masterfully demonstrates an ability to relate to the child within the survivor in the most accepting way. She develops her associations with the past and present and skillfully brings to closure the present reality. She makes suggestions as alternatives to destructive patterns and always with a warmth and engaging sensitivity. This is an excellent demonstration of the interview with this population.

Much of the content of Rohrbaugh's interview is based on her exploration of EI's early abusive relationship and how it traumatized her resulting in symptoms such as ongoing withdrawal and isolation. Besides the abuse, Rohrbaugh focuses on other areas of EI's life such as her schooling in an all white "honors" class where she continued to feel "different." EI continued to live at home, even in her late thirties, with what appear to be occasional lesbian relationships with various women. In an eloquent manner, Rohrbaugh is able to point out what has been very positive about the therapeutic work so far and focus on the major therapeutic ventures for the future: being able to have experiences that would lead to less isolation and more connectivity. She focuses on those areas of EI's life where there is such connectivity now (EI's dancing, etc.) as well as encouraging more focus on the therapeutic relationship vis-a-vis an examination of interpersonal connectedness, transference and counter-transference, etc.

MOSHE TALMON, PH.D., Director, Center for Single-Session and Brief Therapy; author of *Single-Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter*

#28-94 One Session Psychotherapy with a Depressed Woman

This consultation demonstrates how effective psychotherapeutic work can occur in the first (and at times only) interview. In this situation, the identified patient is a 60 year old Japanese woman who is depressed with suicidal ideation. She is currently a psychiatric inpatient and is interviewed with her adult daughter. The interview is very focal in terms of following Dr. Talmon's strategy of identifying those factors that 'make a difference' within a given session. He methodically outlines a variety of critical issues. He uses a strategic approach where after gathering the information, he leaves the room and discusses a variety of biopsychosocial dimensions and interventions with the viewing therapists. (The discussion with the viewing therapists is not seen). He then proceeds to utilize these interventions with the family. This is an excellent example of an effective focal intervention and a lucid discussion of the rationale for this clinical approach.

ROBERT SCHWARZ, PSY.D., Director, Institute for Advanced Clinical g, Ardmore, PA.; co-author of *Post-Traumatic Stress Disorder: A Clinical Guide*

#29-95 Ericksonian Approaches in Trauma I Abuse: Two Individual Interviews

There are two 40 minute interviews on this videotape. The first is with an approximately 40 year old male with PTSD including flashbacks from the Vietnam war; the second one is with an adult woman who has traumatic memories of her relationships with her parents that are related to current difficulties that she experiences with interpersonal relationships. Both interviews demonstrate Ericksonian techniques including guided imagery applied to the therapeutic process.

SCOTT MILLER, PH.D., Therapist, trainer and lecturer on Solution Focused Brief Therapy; co-author of *Working with the Problem Drinker: A Solution Focused Approach* and *Re-discovering 'What Works' in Clinical Practice*

#30-95 Solution Focused Brief Therapy: A Consultation

The patient is a 50 year old bisexual male with symptoms of anxiety / depression and a diagnosis of histrionic personality disorder and trichotillomania (he compulsively picks the hair off his body and eats it "like an African gray parrot which plucks feathers in a similar way.") Due to an exacerbation of symptoms he was hospitalized a year ago and placed on Prozac and Clonipine. About 4 months ago he had a break up of a gay relationship. The on-going therapist over the last year wanted the consultation to help evolve strategies to continue to reduce the 'picking' and chronic pot usage as well as reducing his interpersonal isolation. Besides demonstrating some of Dr. Miller's solution focused techniques in this interview, he gives the patient and therapist support to continue treatment in the directions they are currently pursuing.

CHRISTINE COURTOIS, PH.D., Clinical Director, Center for Abuse Recovery and Empowerment, The Psychiatric Institute, Washington, D.C.; author of *Healing the Incest Wound: Adult Survivors in Therapy*

#31-95 Traumatic Reactions & Incest: An Individual Consultation

This recently divorced woman in her mid-30's has been in therapy for 4 years. She started therapy because of depression and difficult relationships. She is the second born of an Italian Irish family and had significant physical abuse. She had a responsible position as a manager of human resources. She suffered seriously from asthma and had limited sexual enjoyment in her relationships. Dr. Courtois review has positive progress in therapy particularly interpersonally and with her family of origin and in the wrap-up, suggests therapeutic directions for future work. Issues such as shame, self-soothing, over-personalizing within relationships, etc. are considered.

RICHARD RIES, M.D., Director of Outpatient Psychiatry and Dual Disorders Program,
Harborview Medical Center, Seattle, WA.

#32-95 An Integrated Approach to Dual Disorders

Dr. Ries examines the medication history and therapeutic history of a female patient with a dual depression/addiction disorder. His questioning allows him to perceive any inconsistencies or limitations in her past medications by measuring their effect on her therapy. Dr. Ries then assesses the degree of interaction between each axis of the disorder. He expresses his belief that a thorough exploration of possible combinations of meds will eventually yield success. He then points out what he believes is the largest barrier in the patient's treatment: a "wall of unforgiveness" which is preventing her from 'forgiving herself for having such a hard life.' This barrier is apparent in the interview when the patient tries to smile and says she feels uncomfortable doing so. Dr. Ries helps her understand that she has a right to feel good and advocates a persistent exploration of all possibilities in therapy and medication.

HAIM OMER, PH.D., author of *Critical Interventions in Psychotherapy: From Impasse to Turning Point*; Associate Professor at Tel Aviv University

#33-95 From Impasse to Turning Point

Dr. Omer is presented with the case of a 52 year old divorced woman who initially entered therapy for depression approximately 2 years prior to this interview. Her therapy has reached an impasse which involves her relationship with her 3 daughters and her grandson who she is raising for one of the daughters. She has been unable to prevent her daughters, now adults, from taking advantage of her by breaking into her house while she is out, taking her food, producing expensive phone bills, etc. The childrens' father is an alcoholic with abusive tendencies and the children began using drugs under his guardianship. A sound-only group discussion follows the interview in which Dr. Omer devises an intervention with the observing therapists. He suggests that the patient consider "different ways of giving" to her children because the memory of her generous father compels her to be kind but often overly permissive. When Dr. Omer meets with the patient after developing the intervention, he asks her to view the firm setting of limits as a kind of giving in which she and her children are the beneficiaries. He helps her understand that she can be strict and refuse to be taken advantage of without letting go of the memory of her generous father. This interview is interesting because the intervention does not appear to 'click' with the patient. An accompanying audiotape provides discussion on why, perhaps, the intervention did not work and Dr. Omer develops another based on the patient's response to the first intervention.

INSOO KIM BERG, M.S.S.W., Director and Co-founder of the Brief Family Therapy Center,
Milwaukee, WI. and founding "mother" of Solution Focused Brief
Therapy

#34-95 Brief Treatment of Long-term Problems

The family in this interview consists of a 40 year old father who is currently on disability for a stress-related disorder, a 36 year old mother employed on a large construction project and 2 high school age children; a 16 year old son who recently made a suicide attempt and has a 2 year history of substance abuse and a 15 year old daughter who has run away from home in the past. The father, whose former occupation was as a prison guard, has a history of heavy alcohol use and presently exhibits symptoms of depression. The mother has an extensive history of emotional, physical and sexual abuse from her family of origin. She currently smokes pot in the home to relieve stress and realizes now that it was a mistake to have given her children permission to do the same. The parents have 'given up' trying to control their acting-out children and have developed an apathetic and hopeless attitude. Attempts by the treating therapists to help the parents has been unsuccessful in part because the family is crisis driven and unable to mobilize their resources and because of the possibility that their own abusive pasts make them unable to do so. This interview is particularly interesting because the 16 year old son leaves the interview shortly after it begins feeling that he was lied to about the reason for his being there. Insoo continues the interview with the remaining family members, then meets with the ongoing therapy team to develop a strategy and finally meets again with the family members to offer 'solution focused' suggestions to move beyond their hopelessness and feelings of impotence.

#34.1-95 Brief Treatment of Long-term Problems - A Workshop Lecture
(Lec)

In this approximately 4 hour long tape, Insoo Kim Berg provides a unique opportunity for clinicians to advance their skills in Solution Focused Brief Therapy (SFBT) with one of the originators of this method of therapy. The training provides more advanced methods and innovative solution-focused techniques including intervention strategies, treatment for chronic conditions and responses to therapeutic impasses. Recent theoretical developments are discussed including linguistic approaches to creating changes and the clinical implications of post-structural thinking.

BARRY DYM, PH.D., Author of *Readiness and Change in Couples Therapy* and *Couples: Exploring and Understanding the Cycles of Human Relationships*

#35-95 Readiness and Change in Couples Therapy

A middle-aged couple is experiencing upheaval in the accustomed structure of their relationship. This upheaval is the result of an increasing need for space on the part of the woman and her growing reluctance to comply with her husband's dominant, controlling nature. The first part of the tape is a diagnostic interview in which Dr. Dym identifies significant patterns of communication and how these patterns have developed. The husband's upbringing as a "latch-key" child is discussed which later proves vital in helping explain his need to interrogate his spouse about her whereabouts and activities. She describes her childhood with alcoholic parents suggesting that this is why she tends to be quiet and independent. Dr. Dym assesses the couple's readiness for change and in the second interview he skillfully explores with them the possible forays toward change that would not threaten the vulnerability of either spouse. Dr. Dym's expertise is apparent as he suggests that the couple reverse roles with the wife thinking of ways to be together and the husband making an effort to assert individuality.

MEROSLAV BORYSENKO, PH.D., Co-founder and Executive Director of Mind/Body Health Sciences, Inc., Boulder, CO. and coauthor with Joan Borysenko, Ph.D. of *The Power of the Mind to Heal*

#36-96 The Power of the Mind to Heal: Integrating Medicine Psychology & Spirituality
(Lec) This 4 1/2 hour tape, **available for viewing only at the University of Connecticut Health Center in Farmington, CT.** is a workshop given by Dr. Borysenko in Jan.1996 to an audience of mental health professionals. Tape does not include a consultation interview.

In this videotape Dr. Borysenko explores the fascinating evidence for the mind/body connection including psychoneuroimmunology, lessons from multiple personality disorder, the relationship of attitude to cardiovascular health, direct and indirect forms of hypnosis, the power of belief systems and the difference between curing and healing. Also addressed is how phenomena like near-death experiences and dissociative disorders that have resulted from trauma raise intriguing questions about the nature of mind, body, Spirit and healing.

BRIAN SHAW, PH.D., C.PSYCH., Professor of Psychiatry and Behavioral Science, University of Toronto and coauthor of *Cognitive Therapy of Depression* (Beck, Rush, Shaw & Emery, 1979).

#37-96 Short-Term Cognitive Therapy of Depression
(call for availability)

MILA TECALA, A.C.S.W., Founder & Director, Center for Loss and Grief, Washington, D.C.

#38-96 Clinical Issues in Loss, Dying, Death and Bereavement

Mila Tecala helps a grieving mother address her feelings of regret, anger and sadness concerning the death of her daughter who was murdered over twenty years ago while resisting a rapist. She concentrates on 'unfinished business' in the patient's relationship with her daughter especially focusing on the patient's need to forgive herself for the turmoil that existed between them previous to her daughter's death. The patient then participates in a guided imagery exercise in which she visualizes meeting her daughter again. This exercise is very effective in helping the patient articulate her feelings for her daughter and in helping her move toward a sense of closure to their relationship. Mila Tecala makes appreciable progress in a short time as she shows the patient that it is OK to let go of the pain caused by her daughter's death so that she may begin to live a fuller life.

TRACY TODD, PH.D., President, Brief Therapy Institute of Denver, Inc., Denver, CO.

#39-96 Fine-Tuning Your Brief Therapy Skills

Dr. Todd listens to the case history of a female patient with obsessive-compulsive disorders. After hearing some of the patient's views on her therapy, he asks her questions that demonstrate the potential of Brief Therapy to help the patient gain perspective on her life and have some spontaneous realizations. Dr. Todd's improvisational approach involves a changeable focus of treatment that is adaptable to current issues in the patient's life such as her search for a job, her family and social relationships. A relapse that occurred during her recent divorce is discussed as well as developments in the patient's insight. There is an emphasis on empathy with the patient and the encouragement of her ability to recognize her own goals and achieve them.

CHARLES FIGLEY, PH.D., founding President of the International Society for Traumatic Stress Studies, founding Editor of the *Journal of Traumatic Stress*; author of *Helping Traumatized Families*

#40-96 Family Therapy with Trauma Survivors

(Lec) This approximately 4 1/2 hour tape is a workshop given by Dr. Figley in June 1996 to an audience of mental health professionals.

The videotape addresses the systemic impact of traumatic events on family members including the children and how the trauma affects relationships and family functioning. The Empowerment Model describes a short-term, family centered assistance program that identifies and builds upon family strengths. Family members are helped to describe how their life has been affected, both positively and negatively, by traumatic upheavals. At the same time, they learn basic procedures for both encouraging self-disclosure and reducing and eliminating traumatic stress. This tape does not include a consultation interview.

GENE EBERTS, PH.D., Co-Director, National Academy of Clinical Hypnosis, Columbia, MD.

#41-96 Mind I Body Medicine: Leading Edge Techniques for the Psychotherapist

This interview is with a 36 year old male with panic disorder. His therapist has worked with him cognitively but the patient has a fundamental belief that something is wrong with him as he continues to complain of back and chest pain. Two contributing factors are a family history of gastrointestinal cancers and a chaotic family life. The patient is closed off emotionally and has a hard time expressing himself. He has a past history of drug use which stopped after he found his best friend dead from an overdose. Dr. Eberts uses several techniques during the consultation including eye movement therapy, energy healing and a "tap-tap" technique similar to Callahan's Thought Field Therapy.

BRUCE ECKER, M.A., MFCC, Co-Originator of Depth Oriented Brief Therapy and co-author of the book, *Depth-Oriented Brief Therapy* (Jossey-Bass, 1996).

#42-96 Depth-Oriented Brief Therapy: A New Level of In-Depth Therapeutic Effectiveness

In this thought-provoking interview an adult male looks at his decision to remain cut off from his 83 year old father, despite the father's eminent death, and despite friends' and family's urging that he resolve old issues. This is a good depiction of Ecker's belief that symptoms are meaningful and important in the reality of the client. Viewers who believe it is important to express and process feelings may have difficulty with this approach. Ecker does not challenge the client's beliefs that his rage will overwhelm him, that he couldn't handle certain questions, or that no one really cares about him. This interview raises interesting ethical questions since the client is also a marriage and family therapist. Should Ecker have pointed out the impact of his choice on the client's professional life when reviewing the possible consequences of maintaining a family cut-off?

#42.1-96 Depth-Oriented Brief Therapy

(Lec) This approximately 3 1/2 hour tape is a workshop given by Bruce Ecker in Nov. 1996 to an audience of mental health professionals.

During this workshop lecture, Bruce Ecker explains Depth Oriented Brief Therapy (DOBT), a comprehensive, nonpathologizing approach that preserves the emotional and unconscious dimensions of therapeutic work. DOBT is applicable with couples, individuals and families and is experiential, empathic, collaborative and transparent. In every session, the therapeutic methodology accesses the specific unconscious constructions of reality generating symptoms and transforms how these constructs are held by the client. The work goes beyond symptom relief for a more fundamental resolution than is the usual aim in brief therapy. The methodology of DOBT is based in the notion of symptom coherence the view that a problem exists because the client carries an unconscious version of reality in which the symptom is important or meaningful to have. Though not a miracle cure, DOBT brings the efficiency of constructivism into the depths of unconscious process achieving a new level of consistent therapeutic effectiveness.

ROBERT A. NEIMEYER , PH.D., Professor of Psychology at University of Memphis, President of the Association for Death Education and Counseling, author of *Treatment of Suicidal People, Dying: Facing the Facts* and *Constructivism in Psychotherapy*

#43-96 Death, Loss and Personal Reconstruction

In this tape Dr. Neimeyer talks with an adult woman whose mother died 3 years ago from cancer. Coming to the interview has activated old feelings of powerlessness related to this loss. As part of the interview there is a brief demonstration of an empty chair technique. While the client already has insight into how she has changed as a result of caring for her dying mother, Neimeyer helps her add new meaning to this by pointing out aspects of her mother in her new behavior.

MICHAEL ANDRONECO, PH.D., Clinical Professor of Psychiatry at UMDNJ, Robert Wood Johnson Medical School, Piscataway, NJ and editor of *Men in Groups*

#44-97 Getting Unstuck in Group Therapy (Role-Play)

This video is a demonstration of a clinical group supervision using the Redecision Model. Andronico aids a clinician in discovering fresh approaches for use with her "stuck" client. While Andronico does not do any regression work with this clinician, he does demonstrate some experiential work with a good discussion of the nonverbal communication observed in the exercise. Group discussion following the exercise illustrates the multiple benefits for this kind of work in a group setting.

DAVID NYLUND, L.C.S.W., Co-Director of the Midtown Family Therapy Institute, Sacramento, CA; Social Worker with Kaiser-Permanente

#45-97 Narrative Approaches to Working with Children and Adolescents

In this interview, Mona, a depressed 50 year old, self-blaming single mother is seeking help for her 9 year old son, Eric, who is anxious, withdrawn around peers and who doesn't want to go to school. Nylund is able to help Mona see that she has made good choices in parenting Eric differently than she was parented by her perfectionist father. He also stresses Eric's positive attributes rather than dwelling on pathology and attempts to engage Eric as an expert on handling anger. Eric is hard to engage but Nylund does succeed in eliciting a practical approach to one conflict between Eric and his mother. This interview makes use of a reflecting team during the session in which Mona and Eric observe and hear feedback from a group of clinicians.

JOHN WELWOOD, PH.D., Associate Editor of the "Journal of Transpersonal Psychology," author of *Love and Awakening*, *Journey of the Heart*, *Awakening the Heart: East/West Approaches to Psychotherapy and the Healing Relationship* and *Ordinary Magic: Everyday Life as Spiritual Path*

#46-97 Psychotherapy in a Spiritual Context

In this interview the client is an adult male struggling with negative thoughts towards his cognitively impaired father for whom he must procure full time care. The client has difficulty staying with his feelings and expresses concern about 'doing it right.' Welwood remains accepting of the client's experience while continually drawing him back to his feelings and inviting him to be aware of what becomes available to him as he unconditionally experiences them. This interview raises interesting questions about the usefulness of this approach with a very intellectually defended client. Additionally, the exercise Welwood leads the workshop audience through prior to the interview is very descriptive of his unconditional presence approach and provides opportunity for viewer participation and group discussion.

NEIL JACOBSON, PH.D., Co-author of *Marital Therapy*; 1993 recipient of the Distinguished Lifetime Contribution to Family Therapy and Research Award from AAMFT

#47-94 The Delicate Balance

Jacobson interviews a couple in which the wife is the identified patient. She is being discharged from the hospital where she was diagnosed with alcohol and cannabis dependence and bipolar disorder. She is ambivalent about whether she wants to stay in the marriage, be a mother and stop drinking. The husband is quite clear that he would like the marriage to continue for the sake of the children, but doubts that can happen if his wife continues to drink. Rather than a change-oriented intervention (such as a behavioral contract), Jacobson supports the husband's continued efforts to cease trying to change his wife, instead focusing on his own well-being and that of the children. It is a formulation of acceptance that fits well with traditional drug and alcohol treatment. Jacobson assures the wife that she will be able to stop drinking once she finds a coping mechanism that works as well or better. This tape is one hour in length. It ends rather abruptly just before the end of the session.

CYNTHIA SANDERSON, PH.D., Director of the Personality Disorders Program, New York Hospital - Cornell University Medical College – Westchester Division and Senior DBT Trainer (trained by Dr. Marsha Linehan)

#48-97 Dialectical Behavior Therapy - A Behavioral Analysis

This is a 40 minute demonstration of a behavioral analysis. The client is a 25 year old, single female who is involved in a partial hospital program but was admitted to an inpatient trauma program several days prior to this interview for an increase in her cutting behavior. A behavioral analysis involves taking a problem behavior (in this case the self cutting) and following its path from thought to feeling to action. Dr. Sanderson establishes that a group meeting earlier in the day of the most recent cutting episode elicited painful memories. The events of the rest of the day leading to the cutting are discussed along with the client's rising anxiety as her day progressed. The vulnerability factors are listed and there is a discussion of what can be done in the future to stop the rising anxiety.

#48.1-97 Introduction to Dialectical Behavior Therapy
(Lec) This approximately 4 hour tape is a workshop given by Dr. Sanderson in Oct.1997 to an audience of mental health professionals.

This workshop lecture offers an introduction to Dialectical Behavior Therapy (DBT) which is an integrative psychotherapy that combines elements of cognitive, behavioral and psychodynamic therapies. Additionally, DBT draws on aspects of dialectical philosophy and Zen mindfulness in its approach to clients. DBT was originated by Marsha Linehan, Ph.D. for the treatment of Borderline Personality Disorder but is being applied in clinical research studies to a wide variety of psychiatric problems. This lecture explains basic DBT strategies for conducting individual sessions, a review of the four major Coping Skills modules and practical advice on how to apply DBT in clinical settings. Also addressed are dialectical strategies (metaphors, extending, entering the paradox, etc), validation strategies and the four major change categories (exposure, contingency management, cognitive restructuring and skills training). A brief portion (approx. 15 minutes) of this lecture is a discussion of the consultation interview in tape #48-97.

#49-97 State of the Art Methods in Ericksonian Hypnosis

In this video, Dr. Geary discusses the factors that are used in determining when hypnosis is appropriate and what issues may or may not be appropriate. In this demonstration, Dr. Geary works with a single mother of two children, ages 9 and 11. The mother feels she has little control over her yelling at her children and expresses a desire to stop this behavior. Using brief therapy techniques, he assesses her suitability for hypnosis and helps her set realistic expectations by exploring the history and extent of the problem. Rather than using an easily replicated method of hypnosis, Dr. Geary demonstrates the importance of utilizing what the client "brings in" in order to produce an effective state change. Through the creative use of metaphor and the utilization of the client's own words, Dr. Geary shows how to successfully hypnotize the client and help her let go of her anger.

CARLO DICLEMENTE, PH.D., ABPP, Professor and Chair, Dept. of Psychology, Univ. of MD at Baltimore County; co-developer of the Transtheoretical Model of Intentional Behavior Change; co-author of *Changing for Good*

#50-97 Addiction and Change: Understanding and Intervening in the Process

In this consultation Dr. DiClemente works with Karen, a woman who is an alcoholic and a drug abuser. Karen has been in recovery several times in the past. Nine months ago she entered a partial hospital program which she attends 3 days a week. She relapsed several months ago and has been back in treatment for the past 6 weeks in a dual diagnosis program where she participates in group and individual therapy. This treatment is ending soon and she and her therapist are concerned that this is the point when Karen typically relapses. Through a series of questions, Dr. DiClemente explores Karen's process of change including barriers to change, setting goals and what has and has not been helpful in her recovery. He specifically focuses on Karen's understanding of her cycles of relapse and recovery. He emphasizes the importance of putting the client in control of their own changes, seeing the therapist as a helper in getting the client to understand that they are in charge of their change. In this case, he helps move the client where *she* wants to go by assisting her in experiencing her own process of change.

LOUISE GUERNEY, PH.D., Professor Emerita of Human Development & Counseling Psychology, Penn State University, Chair of the Board of Directors of the American Association of Play Therapy and Editor of *The International Journal of Play Therapy*.

#51-98 Child - Centered Play Therapy

This approximately 30 minute session is a demonstration of play therapy. The child is a 6 year old male who is described as ADHD with oppositional behavior. He engages in unacceptable classroom behavior such as hitting another child and urinating on the floor. The child's behavior is unpredictable as there are no warning signs as to what will set off his inappropriate behavior. At home, the child terrorizes his younger siblings in addition to kicking, biting and swearing. All involved with this child are deeply concerned about his quick to anger and impulsive behavior. He is viewed as having no remorse or ability to connect his injurious behaviors to others with any consequences. The purpose of this session was to determine how techniques of play therapy might be helpful. Prior to this demonstration, the child had been seen for 10 sessions of EEG biofeedback. Dr. Guerney structures the session so the child knows he has limits, yet within those limits he can do what he wants. During the session, Dr. Guerney tracks the child's play, demonstrating how child-centered therapy contains no interpretations or judgments on the part of the therapist. No questions are asked and no explanations are sought. Dr. Guerney also demonstrates how to set and enforce consequences when the child invariably tests the limits.

DAVID JOBES, PH.D., nationally recognized suicidologist, President Elect of the Am. Association of Suicidology, author

#52-98 The Suicidal Patient
(Lec)

This lecture in clinical suicidology explores critical topic domains including assessment strategies and different clinical techniques and interventions such as empathic approaches, working with resistance & defenses and the appropriate use of confrontation. Content topic areas include suicide epidemiology, various theoretical approaches from social, psychological and biological traditions, cutting-edge clinical research, the assessment of suicide risk through clinical interview, risk-assessment instruments and psychological tests, multi-modal treatments of suicidal conditions as well as malpractice liability issues. A new model for conceptualizing and treating acute vs. chronic suicide risk in terms of differential assessments and "prescriptive" treatments is also presented.

ROBERT KINSCHERFF, PH.D., JD, nationally known forensic clinical psychologist with a degree in law, Director of Training of the Law & Psychiatry Service of Mass. General Hospital, Senior Forensic Psychologist, Boston Juvenile Court Clinic

#53-98 Conduct-Disordered. Oppositional & Defiant Youth

The client in this video is a 15 1/2 year old male who is the middle child of 3 children. He is presently finishing a period of house arrest following marijuana charges. He has had a several year history of substance abuse, truancy and expulsion from school as well as a diagnosis of ADHD. He has been court ordered to be in family therapy for several months and reports being clean and sober for the previous 2 months. Dr. Kinscherff's expertise allows him to ally himself with this young man in a relaxed & understanding manner. Dr. Kinscherff is able to provide specific suggestions for the ongoing therapist to focus on in future family work. This video will be useful for clinicians who work in family therapy or with an adolescent population.

SUSAN JOHNSON, ED.D., an originator of Emotionally Focused Therapy (EFT), Professor of Psychology & Psychiatry at Univ. of Ottawa & Director of the Marital & Family Clinic at Ottawa Civic Hospital

#54-98 Emotionally Focused Marital Therapy

The couple being interviewed, Wayne & Betsy, are a middle aged couple who have been married 14 years. They have 2 children, ages 7 & 4. The identified problem is Wayne's alcohol abuse & extramarital affair with a co-worker which had been off & on for the past 4 years. One year prior to this consultation, the couple benefited from 7 sessions of marital therapy. At that time Wayne was still drinking but in a more controlled manner & had ended the affair. Two months prior to this consultation interview, Wayne contacted the marital therapist to report that his drinking was out of control & he was again having an affair. At the time of this interview, Wayne had been sober for 2 months and the couple was motivated to resolve their problems & stay together. Dr. Johnson focuses on the interrelational pattern of distancing from each other. Wayne liked the excitement of drinking; the co-worker was his drinking partner & he viewed his behavior as taking a vacation from responsibility. Betsy would deal with her hurt & anger by keeping it inside, feeling unable to express it & ask for help. Wayne perceived her to be cold & distant which made him push away. In this consultation Dr. Johnson points out the negative pattern & skillfully provides emotional support & encouragement for this couple to risk being more vulnerable with each other. She encourages the emotional expression of the hurt & anger and their genuine need for each other. The experiential / systemic approach used in Emotionally Focused Marital Therapy is clearly demonstrated in this session.

FRED FRIEDBERG, PH.D., author of *Coping with Chronic Fatigue Syndrome: Nine Things You Can Do* and *Understanding Chronic Fatigue Syndrome: An Empirical Guide to Assessment & Treatment*

#55-98 Chronic Fatigue Syndrome & Other Controversial Illnesses: Assessment & Treatment

The client in this interview is a 46 year old married white female who has been diagnosed with Fibromyalgia & Chronic Fatigue Syndrome (CFS). The diagnosis was made 5 years earlier and the client has not worked for the past 2 years. She stays at home & reports that it takes all her energy to keep up with regular household chores. Dr. Friedberg's assessment is designed to teach viewers how to recognize the symptoms of CFS & Fibromyalgia and differentiate this from depression, anxiety or somatoform disorders. He continually focuses on the role of stress in the exacerbation of the symptoms of the illness. One mind/body technique introduced in this interview is that of activity pacing, with the suggestion that it may help her feel better in the long run. Other suggestions for further treatment are also made.

TERRY HARGRAVE, PH.D., author of *Families & Forgiveness: Healing Wounds in the Intergenerational Family*, co-author of *The Aging Family & Finishing Well: Aging & Reparation in the Intergenerational Family*, designated a Master's Series Therapist in 1992 by the Am. Assoc. for Marriage & Family Therapy

#56-98 Forgiveness: Healing the Wounded Family (NOT AVAILABLE in CT)

Dr. Hargrave interviews a 43 year old divorced white male who has been in therapy for 2 years. The client reports having become stuck in the therapeutic work and is seeking suggestions for continued movement. The client describes himself as a man who lives by the values of loyalty, reliability, obligation to family and a need to do the "right thing." Dr. Hargrave was able to point out to the client that his focus on how his relationships are working has kept him well protected, guarded & out of touch with his intrapersonal experience. In the powerful culmination of this interview, Dr. Hargrave asks the client to let go of the questions he carries with him "why didn't my father show me he loved me?" and replace it with "what can I do to show others I love them?" This interview demonstrates Dr. Hargrave's four station process for healing family relationships.

BARENT WALSH, D.S.W., co-author of *Self-Mutilation: Theory, Research & Treatment*, Executive Director of the Bridge of Central Massachusetts

#57-98 Treating Self-Mutilative & Other Self-Harming Behaviors - Two Consultation Interviews

The client in the first tape is a 16 year old female who has been residing in a residential treatment facility for the past 6 1/2 months. She was referred from court due to marijuana charges. Dr. Walsh initially elicits information about her self-destructive behaviors & follows this with questions designed to assess her attitudes about her own body image. This assessment is done across the 6 dimensions of attractiveness, effectiveness, health, sexual characteristics, sexual behavior & body integrity that Dr. Walsh feels is essential information when treating self-mutilation. The interview concludes with questions about the client's reasons for living and Dr. Walsh offers direction for treatment emphasizing positive body image work and focusing on the patient's natural athletic talents.

The second client is a 21-year-old single black female with a history of extensive sexual abuse. She is currently cutting herself infrequently but is engaged in other high-risk behaviors. This interview also emphasizes a body image assessment & offers direction for treatment.

BRADLEY BARRIS, PH.D., author of *When Chicken Soup Isn't Enough*

#58-99 Anger and Aggression (Role Play)

This one hour role play demonstrates cognitive behavioral type work with an angry client. "Bob" is a middle aged white male who is extremely angry with his son in law in regard to a specific situation. Dr. Barris assists Bob in defining the activator and then discusses the relationship between the activator and consequences (emotional, behavioral and physical) and the activator and beliefs. The goal is for Bob to be able to modify his response to the situation. In the interview Dr. Barris and Bob identify the a,b,c's (activator, beliefs, consequences) and rate angry feelings on an internal anger scale. Bob comes to see that he can only control his actions/reactions (not those of the other person) and that some of his beliefs (should, must, ought to) are causing him to respond the way he does.

BESSEL VAN DER KOLK, M.D., Director of HRI Trauma Center, author of *Traumatic Stress and Psychological Trauma*

#59-99 Childhood Trauma & Psychiatric Illness (Comolex PTSD) Consultation & EMDR Demonstration

The client is a woman in her late 30's. As a young child she was beaten by her father and sexually abused by her stepfather from ages 8-18. The stepfather would also hold a gun to her head & threaten to kill her and did kill some of her pets. She is currently married to a controlling husband. She is having difficulty believing in her self-worth and her husband refuses to go to counseling with her. Her own therapist is present in the consultation at the client's request. The topic of using EMDR comes up in a brief conversation between Dr. van der Kolk & the therapist before the cameras roll. At this time, Dr. van der Kolk states that he would not do EMDR on someone he had never met but that he would offer his input if the on-going therapist did EMDR during the consultation. In this tape, Dr. van der Kolk obtains information about the client from the therapist, then meets the client. There is some discussion but a large part of the session is a demonstration of EMDR done by the therapist while Dr. van der Kolk observes and offers input.

BARBARA J. PAUL, PH.D., Certified Grief Counselor and Death Educator; Member of the American Psychological Association Advisory Committee on Assisted Suicide and End of Life Decisions and Board of Directors of the Association of Death Education and Counseling (ADEC)

#60-99 Treating Complicated Bereavement

Dr. Paul interviews a 45 year old, twice divorced female who has sustained multiple losses beginning with the loss of her brother when she was 10 years old. Her most recent loss was of her 24 year old son who had been diagnosed with a mental illness and who committed suicide 14 months prior to this interview. The client recently changed therapists as she felt she was "stuck" in her former therapy. Dr. Paul demonstrates with empathy how to help the client 1) organize and approach all of her 8+ losses, 2) make connections between early and recent losses, 3) focus on a particular loss, 4) identify early losses that are "blocks" to grieving, and 5) work through losses by smoothly going from recent to earlier losses and back again.

KENNETH MINKOFF, M.D., Director of Integrated Psychiatric and Addiction Services for Arbour Health System, Co-Editor of *Dual Diagnosis of Serious Mental Illness and Substance Disorder*

#61-99 Integrated Treatment Models for Dual Diagnosis

In this video, Dr. Minkoff interviews a 42 year old, recently divorced male who has an 18-year history of substance abuse (painkillers, heroin, and alcohol). The client has made multiple attempts at recovery and has had a series of relapses. He is currently in a partial hospital program for dual diagnosis. Dr. Minkoff demonstrates how to gather historical information from the patient, identify issues that are blocks to the patient's progress, and communicate all of this to the client. He integrates physiology, brain chemistry, and emotional dynamics and demonstrates how to present this to the client in order to engage the client in participating in his own recovery and mental health treatment.

SUZANNE CONNOLLY, C.I.S.W., Callahan Certified Thought Field Therapy Trainer. She has expertise in Eye Movement Desensitization and Reprocessing (EMDR), Trauma Incident Reduction (TIR) and Neurolinguistic Programming (NLP).

#62-99 Thought Field Therapy Demonstration (TFT)

Suzanne Connelly interviews and demonstrates the technique of TFT with 2 clients: 1) a divorced woman in her 40's who 3 years ago ended a 25-year marriage, has sadness, anger, and anxiety, and feels she has not grieved the loss of the relationship; and 2) a woman in her 50's, diagnosed 16 months ago with breast cancer. After "sailing through" her surgeries, chemotherapy and radiation therapies, she has Post Traumatic Stress symptoms. Ms. Connelly demonstrates how acupuncture operates on the thought field (negative or positive emotions and the accompanying sensations of specific thought) by locating specific energy points located on the body and utilizing algorithms (recipes), reversals, and the nine gamut treatment of TFT to significantly reduce the stressful symptoms of the client.

DAVID SPIEGEL, M.D., Professor of Psychiatry and Psychology at Boston University, Associate Director of Clinical and Medical Programs at the Center for Anxiety and Related Disorders.

#63-99 Brief Focused Treatment for Anxiety and Related Disorders

Dr. Spiegel interviews a 28-year old married mother of a two year old. She is currently on leave from her retail job because she has been having panic attacks during which she experiences heart palpitations, “legs of jelly”, derealization, and feeling trapped. She flees from the situation (work, standing in line, walking in a corridor) because she fears she will faint. Dr. Spiegel demonstrates how to take a history of her panic attacks and how to help the client identify that her thoughts are at the center of her anxiety. He helps the client examine and challenge her thoughts, so that she genuinely sees there is no logical basis for her fears. He teaches her how to keep anxiety from progressing. In his follow-up discussion with the client’s therapist, he gives specific suggestions for treatment that include behavioral and cognitive techniques.

SUSAN M. JOHNSON, ED.D., Professor of Psychology and Psychiatry, University of Ottawa, author of *Creative Connection: the Practice of Emotionally Focused Marital Therapy*

#64-00 Emotionally Focused Marital Therapy: Working with Traumatized Couples

Dr. Johnson interviews a 40-year old married mother of 2 young children, who has been in and out of marital therapy five times with her husband of 15 years. The client is depressed and tearful and is “giving up my marriage.” Dr. Johnson engages this client and helps the client identify her marital distress in an attachment context. She helps the client connect her past traumas (4 miscarriages) to her present crisis and her grieving the loss of the marriage she is giving up on. Despite the fact that the client’s husband is not present, Dr. Johnson demonstrates how to bring one partner to the realization that these past traumas are impacting her current relationship with her husband.

W. ROBERT NAY, PH.D., Clinical Associate Professor, Georgetown University Medical School, author of *The Faces of Anger: Roadblocks to Intimacy – Solutions for Change*

#65-00 The Faces of Anger: Short Term Interventions for Change

In this videotape, Dr. Nay interviews a 29 year old, separated father of 4 (18 mos. to 9 years old), who was recently arrested after he and his wife became physically violent with each other. He has knife wounds and his wife was choked. Dr. Nay works with the client to help him identify and label his levels of tension prior to a violent episode. He helps the client see how his childhood trauma of assault is replayed in his relation with his wife. He joins the client with empathy and builds on the client’s strengths with solution-focused techniques. In his follow-up consultation with the client’s therapist, he suggests a multi-model approach that include cognitive-behavioral, short-term, and long-term strategies for management and regulating anger expression, as well as the utilization of the client’s “life script” to examine beliefs that guide the client’s behavior when he is angry.

BESSEL VAN DER KOLK, M.D., Director of HRI Trauma Center, Author of *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*

#66-00 Attachment and Trauma

Dr. van der Kolk interviews an 18-year-old single male who is in a partial hospital program and has a history of appearing at an outpatient clinic, the partial hospital program, and the emergency department saying he is “in crisis” and is suicidal. His biologic father was verbally and physically abusive and the client was removed from his home at age 6 and placed in foster care. He dropped out of high school at age 16, left his foster home of 8 years, and has been living in a homeless shelter. Dr. van Der Kolk demonstrates how to engage a depressed, withdrawn client in a way that tries to help the patient identify his need for attachment and his desire for someone to belong to. He then helps the client see the relationship between his many disrupted attachments and his wish to attach, yet his fear of making himself vulnerable to others. Dr. van Der Kolk is then able to make recommendations to the client’s therapist that will help set goals for treatment.

STEVEN BERK, PH.D., Director of Bond and Berk Associates, Consulting Editor for a Compuserve Information Service Forum

#67-00 Mood Disorders in Children and Adolescents: Depression and Bipolar Disorder

Dr. Berk interviews an 11-year-old girl in the company of her mother. The client comes to Dr. Berk with a diagnosis of ADHD. Several months ago she threatened suicide and a week later ingested "7 pills because I didn't want to live..." She lives with her father, mother and 6-year-old sister. She has both learning and social problems. Her therapist is requesting that Dr. Berk help with a diagnostic formulation and make treatment recommendations, as her therapist wonders if the client has a diagnosis of Bipolar Disorder, Depression, or Oppositional Defiant Disorder. Dr. Berk interacts with this client with great empathy and gathers information primarily from the client. The information and his observations of her during this consultation lead him to present his diagnostic formulation and differential diagnosis. He concludes with recommendations for treatment based on his diagnostic formulation.

THOMAS E. BROWN, PH.D., Associate Director of Yale Clinic for Attention and Related Disorders, author of the *Brown Attention Deficit Disorder Scales for Children, Adolescents and Adults*

#68-00 Advanced Assessment and Treatment of Attention Deficit Disorder: Complicated Cases in Children, Adolescents and Adults

Dr. Brown interviews a 12-year-old boy and his father and stepmother. The client has been diagnosed with Attention Deficit Disorder (ADD) since age 7; he is having problems with learning, with his family and with peers. His parents divorced 3 years ago, his biologic mother has been diagnosed with Borderline Personality Disorder, and his father has custodial custody. He is on several medications and the referring clinician wants suggestions for a "more adequate treatment." Dr. Walsh demonstrates how to take a complete history in order to deal with ADD and with the co- morbidities in this complicated case. He makes recommendations regarding medication management, school placement, and future psychotherapy treatment.

SCOTT P. SELLS, PH.D., Clinical Director, Savannah Family Institute, author of *Parenting Your Out-of-Control Teenager*

#69-01 Family Based Treatment for the Difficult Child

Dr. Sells interviews a 10-year-old girl and her foster family comprised of mother, father and their 10-year-old daughter. The foster child has been living with this family for 6 months and the parents are considering adoption, but are concerned about the girl's jealousy, stubbornness, and oppositional behaviors. In his interview Dr. Sells engages the entire family and demonstrates how he begins to change the parent-child relationships. He focuses on the attachment issues for this child and helps the patients see how they can establish nurturance within the family. Dr. Sells helps the parents understand how their openness will foster the child's openness and how their resolving their adoption conflict will help the child take more risks to attach. Dr. Sells makes recommendations for future treatment to the parents and the therapist.

HARRY APONTE, A.C.S.W., Director of the Family Therapy Training Program of Philadelphia; Author of *Bread & Spirit*

#70-01 Love, The Spiritual Wellspring of Forgiveness

Mr. Aponte interviews a couple married 33 years and active in the Catholic Church. They have 2 grown adopted children and have been through a number of "crises" in the past 3 years (daughter's addiction, wife's mother's death, wife's sister's diagnosis with cancer, daughter's pregnancy and move home, daughter's biological mother appearing in their lives). The husband initiated couple therapy several months ago because he senses "distance and anger" in their relationship and felt the couple was unable to resolve conflicts. Both husband and wife are anxious about an upcoming vacation with their daughter, who has been angry and aggressive. Mr. Aponte demonstrates how to identify the pain in the couple, which has alienated them from each other both emotionally and spiritually. He helps the couple see how they have handled past pain and shows them a "new way", which will take both engagement and commitment, and that will enhance their spiritual and emotional life together.

MONA VILLAPIANO, PSY.D., Senior Consultant to Innovative Training Systems, Co-Author of *Eating Disorders: Time for Change*

#71-01 Treating the Clinical Triad: Eating Disorders, Sexual Abuse and Substance Abuse

Dr. Villapiano interviews a single woman in her 30's who has been depressed for the past 6 months, following "1 ½ years of feeling good." The client has a history of inpatient and outpatient treatment and feels very letdown by the mental health system. She has a history of eating disorders, sexual abuse and substance abuse. The client is interviewed in the presence of a 5-clinician reflecting team. Following her interview with the client, Dr. Villapiano turns the interview over to the reflecting team and the client is able to listen to the reflection team members' comments and observations. Dr. Villapiano then turns to the client and talks with the client about what the client has heard and learned from the team. The client, in listening to and responding to the reflecting team, is able to make connections that help her understand herself and identify what she needs to do to help herself.

PETER MORAN, PH.D., Assistant Professor of Psychiatry at University of Massachusetts Medical School, Clinical Managing Partner of Prescott HealthCare

#72-01 Obsessive Compulsive Disorder in Adults: A Cognitive Behavioral Approach

Dr. Moran interviews a 46-year-old single unemployed man diagnosed with Schizoaffective Disorder and, more recently, Obsessive Compulsive Disorder. The client has obsessions about needing to know certain kinds of information and his compulsion is to go to great lengths to find it (libraries, calling friends, etc.) to decrease his anxiety. Dr. Moran demonstrates how to help the client understand his disorder, and he gives recommendations directly to the client as to what interventions will help the client. A follow-up discussion with the client's therapist, explains Dr. Moran's interventions and suggestions and presents a treatment plan for future therapy.

ELIZABETH HESS, PH.D., Educator and Trainer in Ethical Treatment Boundaries and Trauma Recovery. Published on topics of Hypnosis and Dissociative Disorders

#73-01 Boundaries and Countertransference in Treatment

In this 30-minute videotape, Dr. Hess conducts a consultation interview with a therapist with 20 years of experience, whose difficult patient left therapy after nine sessions. The therapist presents the patient as a middle-aged female referred by the chairman of her department. The client has a history of major depression and panic and anxiety. She has made 2 suicide attempts, the last one after "a fight with her therapist." The therapist's goal in the consultation is to learn how she might have "better managed" the patient and her own dilemma of maintaining firm boundaries, yet trying to respond to the administration to whom the patient was complaining. In her review of the treatment, Dr. Hess is able to help the therapist clarify the dilemma, see how the patient benefited from the treatment, and identify the therapists' own "self-pressure" that caused her to set her own expectations at too high a level.

STEVEN BERK, PH.D., Director of Bond and Berk Associates in Weston, MA; Speaks Nationally on the Topics of Pervasive Developmental Disorders

#74-02 The Spectrum of Pervasive Developmental Disorders

Dr. Berk interviews a 17-year-old eleventh grade boy, Matthew, in the company of his mother. Matthew lives at home with his mother, father and 23-year-old brother. He has been given numerous diagnoses since childhood, including Aspergers Disorder, ADHD, Communication Disorder and Language Disorder. He is lacking in social skills, has no friends, and spends his free time with the computer and electronic games. During the interview, Dr. Berk is able to engage Matthew to demonstrate how to make an assessment and he makes treatment recommendations to Matthew and his mother. He identifies goals in treatment based on Matthew's developmental, family, learning and social challenges. In a follow-up meeting with Matthew's therapist, Dr. Berk discusses the diagnostic and treatment recommendations, which include engaging the family and the school in the plan for Matthew.

BARENT WALSH, PH.D., Executive Director of The Bridge of Central Massachusetts and co-author of *Self-Mutilation: Theory, Research and Treatment*

#75-02 Treating Suicidal Behavior in Adolescents and Adults

Dr. Walsh interviews a 42-year-old woman with a history of chronic suicidal behavior. At the time of this interview the client has been in a Partial Hospital Program (PHP) for three months and is soon to be released with outpatient follow-up. Prior to this recent PHP hospitalization the client has experienced 10 years of outpatient therapy, numerous suicide attempts, and multiple hospitalizations. Traumatic childhood events include: molestation, accidental death of brother, caring for a profoundly depressed mother, and lack of support from a frequently absent alcoholic father. Dr. Walsh questions and assesses the client's behavior related to suicide: her thoughts, plans, and attempts. His assessment includes distinguishing suicide from other forms of direct self-harm and indirect self-harm (self injury vs. risk taking behaviors). He inquires about the client's coping techniques toward anger, body image, dissociative behavior, and attitudes toward life and death. As the interview draws to a close Dr. Walsh helps the client explore her attraction to life as a way of decreasing her attraction to death, suggesting that the client has "an underdeveloped future sense". Dr. Walsh begins to develop and enhance the client's list for reasons to live. Following the interview, Dr. Walsh again consults with the woman's therapist, providing his findings and treatment recommendations.

R. REID WILSON, PH.D., Associate Clinical Professor of Psychiatry at University of North Carolina School of Medicine, author of *Don't Panic: Taking Control of Anxiety Attacks*

#76-03 Initial Interventions in Panic Disorder: A Demonstration

Dr. Wilson interviews a married female in her late thirties with a history of Panic Disorder. She experiences anxiety in a variety of settings: driving, flying and at work. She reports symptoms of dizziness, heart-pounding and shakiness. Dr. Wilson explores this client's history and symptoms and presents to her the potential of strategic treatment using the permissive and provocative approach to decrease her anxiety and panic attacks. He demonstrates how a clinician can engage a client with Panic Disorder and asks questions that enable the client to see that accepting the anxiety and associated symptoms, rather than fighting them, can be the key to improving the client's functioning. The interview concludes with a brief discussion with the client's therapist regarding his assessment and treatment recommendations.

MONA VILLAPIANO, PSY.D., Co-author of *Eating Disorders: Time for Change* and *Eating Disorders: Journey to Recovery Workbook*

#77-03 Compulsive Overeating: Strategies for Change

In this one-hour videotape, Dr. Villapiano conducts a consultation interview with an obese 40-year-old woman who is a compulsive overeater. She reports her weight problems and overeating began when she was five years old, and she has been in numerous weight-loss programs. In addition to the loss of her husband through divorce, her obese 12-year-old daughter died of cardiac arrest while the client was transporting her to the hospital. Dr. Villapiano demonstrates how to identify the client's stage of change and helps her identify her ambivalence regarding change and her wish for respite from her guilt, through eating, which causes her misery. Interpretations are made that help the client see that her binge-eating is a self-destructive way to deal with her losses. Other strategies for self-soothing, feeling connected and self-nurturing are explored with this client.

STEVEN BERK, PH.D. Director of Bond and Berk in Weston, MA; Speaks Nationally on the Topics of Pervasive Developmental Disorders

#78-03 Asperger's Syndrome

Dr. Berk interviews a 17-year-old girl who has been diagnosed with Asperger's Syndrome. She is accompanied by her school social worker, and she has been "mainstreamed" for the past 3 years. The client has speech difficulties, erratic head movements, fleeting eye contact and she acknowledges she has anxiety, compulsions and a "bad temper." Her goals are to learn better social skills, to have friends her own age, and some day to help others who have Asperger's. Dr. Berk quickly forms a relationship with this young woman and is able to sensitively gather a wealth of information from her. Following his interview with the client, Dr. Berk discusses with her social worker the appropriateness of the diagnosis, the strengths of the client, given her diagnosis, and recommendations for treatment regarding medication, psychotherapy and educational planning.

JOSEPH SHANNON, PH.D. Private Practitioner, Consultation and Trainer, Specializing in Personality Disorders

#79-03 Borderline Personality Disorder: Effective Treatment with the Impossible Client

Dr. Shannon interviews a 27-year-old single female with an extensive history of sexual trauma and parental alcoholism. She has been given a diagnosis of Bipolar Disorder and Borderline Personality Disorder and has been prescribed psychiatric medications. She is currently using alcohol to help her sleep and she employs cutting behaviors at times. Currently living with her parents, she wants to live independently and to return to college. Asking pointed questions regarding how this young woman manages her current symptoms and affirming her higher level coping skills, Dr. Shannon is able to have the client come up with “replacement behaviors” that she can utilize. He helps her make an important connection between her fears of returning to school and the timing of a past sexual incident. He helps the client develop strategies to manage her affect and create a realistic school plan by looking at potential obstacles, so she will have a “successful experience,” as opposed to a failure experience.

BESSEL VAN DER KOLK, M.D. Professor, Boston University Medical School, Director of HRI Trauma Center, Author of *Traumatic Stress* and *Psychological Trauma*

#80-03 Frontiers of Trauma Treatment for Adults

Dr. van der Kolk interviews a middle aged man in recovery diagnosed with bipolar disorder and PTSD. Dr. van der Kolk focuses on (a) amplifying the patient’s feelings of accomplishment throughout his story and (b) helping him describe what the opposite of his negative feelings throughout his story might be. By working with the sensations and emotions of trauma, rather than the narrative of trauma, its intensity will “bleach,” reducing its impact in the present. Dr. van der Kolk explores the sensory motor experience of triggers (not generalizations) in memory with current awareness. He and the client repeatedly move from exploring the patient’s pain to recognizing his power. The session is closed with a sense of completion, calm and purpose.

W. ROBERT NAY, PH.D. Clinical Associate Professor, Georgetown University Medical School, Author of *Taking Charge of Anger: How to Resolve Conflict, Sustain Relationships and Communicate Effectively without Losing Control*

#81-04 Taking Charge of Anger: Cognitive Behavioral and Short Term Interventions for Children and Adolescents

In this 45 minute consultation, Dr. Nay interviews a 13-year-old boy who lives at home with his sister and mother. His parents are divorced and Tommy visits his father on alternate weekends and one week day per week. Tommy acts on his anger by yelling and throwing objects. He does this at home, but not at school. Dr. Nay interviews Tommy’s therapist, his mother, and then Tommy. Dr. Nay helps Tommy identify his anger, his bodily sensations when he is angry, his anger triggers and then shows Tommy how to intervene and interrupt and dampen his anger escalation early on and how to employ behavioral techniques for managing his anger.

BILL O’HANLON, M.S., L.M.F.T. Private Practitioner, Consultant and Trainer; author of 21 books including *Do One Thing Different* and *Collaborative-Competency-Based Counseling and Therapy*

#82-04 The Possibility of Grace: Integrating Spirituality and Brief Therapy

Mr. O’Hanlon meets with a Caucasian woman, in her late thirties and her treating therapist. The chief complaint is she has been experiencing bouts of uncontrolled anger where she feels she is being abusive to her eldest daughter, age 10, whom she describes as a behavioral challenge. Throughout the session, Mr. O’Hanlon uses a variety of Solution-Focused questioning techniques such as scaling questions, the magic wand question, doing one thing different, personal story telling, humor and assisting the client to view herself as larger than her problem. Mr. O’Hanlon asks direct questions related to the client’s level of hope, possibilities and accessing her spirituality. Other techniques used include the use of metaphor and reframing. Mr. O’Hanlon is an active participant in the session and is able to elicit “possibilities” from the client herself.

DAVID MEE-LEE, M.D.

National and International Trainer and Consultant, Board Certified in Addiction Psychiatry, and developer of the National Standard for Patient Placement Criteria for Addiction Medicine

#83-04 Dual Diagnosis: Clinical Dilemmas in Assessment, Motivation and Treatment

Dr. Mee-Lee interviews a young Caucasian female with a dual diagnosis of substance abuse and depression, who has a history of trauma and physical/sexual abuse and relies on her drug usage, as well as methadone treatments, to “numb” herself to the memories that have caused her symptoms. During this 45-minute interview Dr. Mee-Lee demonstrates how to approach the dilemma of treating co-occurring diagnoses. Dr. Mee-Lee engages in dialogue with this young woman and guides the conversation to several areas that address both components of her problem. He addresses issues of accountability, self-soothing, coping strategies, and goal-setting. By examining a time line and targeting behaviors, he is able to demonstrate how to address each aspect of the dual diagnosis, recognize one diagnosis from the other and understand how they interact in order to effectively treat both disabling conditions.

EDWARD HALLOWELL, M.D.

Founder and Director of the Hallowell Center for Cognitive and Emotional Health in Massachusetts and author of *Driven to Distraction* and *Childhood Roots of Adult Happiness: Five Steps to Help Kids Create and Sustain Lifelong Joy*

#84-04 Childhood Roots of Adult Happiness and Unhappiness

In this 50 minute consultation, Dr. Hallowell interviews a 42 year-old, single mother of 3 daughters, ages 25, 23 and 11. She has a diagnosis of depression and anxiety; she has low self-esteem and financial problems and a history of poor choices of male partners, verbal and physical abuse, and her compulsive overeating and alcohol abuse are in remission. During the interview Dr. Hallowell demonstrates how to explore the client's history and its relation to the present while he continuously focuses on her resilience and strength. He is able to help the client see that due to lack of consistent attachments in her own life, she has sought attachments (“attention”) and made choices that immediately seem to give her wished-for attachment, but result in negative consequences. He also helps her see how she has not repeated this in raising her own daughters and encourages her to use this insight and work with her therapist to give the same nurturing to herself. Dr. Hallowell brings the client to a place where she can see she has choices, and he makes recommendations to the therapist as to how to proceed with future treatment.

BARENT WALSH, PH.D.

Executive Director of the Bridge of Central Massachusetts and Co-author of *Self Mutilation: Theory, Research and Treatment*

#85-04 Understanding and Treating Self-Injury

Dr. Walsh interviews a 47 year old woman with a history of self-injurious behaviors (cutting, burning, tying things around her arms, legs and neck to cut off the circulation, putting a plastic bag over her head and inserting sharp objects into her vagina). At the time of this interview the client had committed herself to the hospital due to suicidal ideation after losing her job. The client is an intelligent woman, holding two masters degrees; she lives alone, has never been married and has no children. She has a long history of severe traumatic abuse; emotional, physical, and sexual with multiple perpetrators. Dr. Walsh assesses the 6 dimensions of body image and the client's self-injurious behaviors. He inquires about the client's coping techniques and what keeps her going. Following the interview Dr. Walsh consults with the client's therapist, providing his findings and treatment recommendations.

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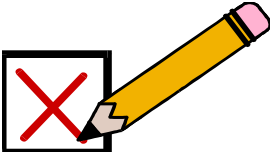
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