

Instructor's Manual  
for  
**MULTIMODAL THERAPY**

WITH  
ARNOLD LAZARUS, PHD

from the series  
PSYCHOTHERAPY WITH THE EXPERTS

with hosts  
Jon Carlson, PsyD, EdD & Diane Kjos, PhD

by  
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The *Instructor's Manual* accompanies the DVD *Multimodal Therapy with Arnold Lazarus, PhD* (Institutional/Instructor's Version). Video available at [www.psychotherapy.net](http://www.psychotherapy.net).

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*Instructor's Manual for Multimodal Therapy with Arnold Lazarus, PhD*

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Instructor's Manual for

# MULTIMODAL THERAPY WITH ARNOLD LAZARUS, PHD

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# Tips for Making the Best Use of the DVD

## 1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

## 2. PREPARE VIEWER'S BEFOREHAND

Share information with viewers from the section **Lazarus' Approach to Multimodal Therapy** so that they have a sense of where Lazarus is coming from in this session and where he is going.

## 3. GROUP DISCUSSION QUESTIONS

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

## 4. LET IT FLOW

Allow the session to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

## 5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

## 6. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

## 7. ROLE-PLAY IDEAS

After watching the video, organize participants into pairs. Assign each group to role-play an initial individual therapy session using Lazarus' BASIC ID framework to guide the assessment process. Then have the therapist move into developing practical ideas to help the client. The client may resemble the client in the video, or you can create different scenarios, and you can even have viewer pairs switch roles if time permits. See Lazarus' Approach to Multimodal Therapy in this manual for a brief review of this orientation.

Following the role-plays, have the groups come together to discuss their experiences. First have the clients share their experiences, then have the therapists talk about their experiences in the session. What did participants find helpful, engaging, and most challenging about conducting an assessment from this broad-based approach. Finally, open up a general discussion on what participants learned about multimodal therapy in general.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion that explores what does and does not seem effective about Lazarus' approach.

## 8. WATCH THE EXPERT SERIES

This video is one in a series portraying leading theories of psychotherapy and their application. Each video in the series presents a master therapist working with a real client who has real problems. By showing several of the videos in this Experts series (See the **More Videos** section for complete list of the videos in the series), you can expose viewers to a variety of styles and approaches, allowing them an opportunity to see what fits best for them.



**More Videos with this Client:** In this video, Dr. Lazarus works with a client named Juan. Juan is featured as a client in another video in this *Experts series: Reality Therapy with Robert E. Wubbolding, EdD*. It can be particularly enlightening for viewers to watch these two therapists work with the same client to see how their styles, personalities and theoretical orientations play out differently. If you have viewers write a **Reaction Paper** – see number 6, above – you can ask them to also address what differences they notice in how Lazarus and Wubbolding work with Juan, and how these differences affect the outcomes of the two sessions

**Therapy Theories and Models:** A theory is a framework that helps us understand something or explains how something works. Just as there are many different people and personalities, there are different theories of understanding how people live and how change occurs, each with its own guidelines for understanding and procedures for operation. The primary differences between these theories are related to the relative importance each theory places on cognitive (thinking), behavioral (doing), and affective (feeling) factors. We might also add the role of the interpersonal, family, social, cultural and political worlds. And finally, to what extent does the theory focus on problems vs. solutions, the past, the present and/or the future?

Other videos in the series use different therapeutic models. We can reflect upon the differences among these models by exploring the following questions:

- How does the model explain the therapeutic process?
- What assumptions does the model imply about the purpose of therapy?
- How is theory translated into practice in real-life situations?
- What is the role of the therapist?
- How does the therapist build an alliance with the client(s)?
- What outcomes are associated with successful therapy?

## 9. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

### \*A NOTE ON PRIVACY AND CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared his personal life with us.

# Lazarus' Approach to Multimodal Therapy

Developed by Arthur Lazarus, PhD, the multimodal approach to therapy is rooted in broad based social, cognitive and systems theory. Lazarus objects to the idea of an overarching theoretical perspective and insists that “multimodal therapy” does not exist. In fact, he is critical of closed theoretical systems. Rather, he advocates technical eclecticism and grounding in empirically verifiable theory. A multimodal therapist will have expertise in as many procedures as possible, and the flexibility to tailor treatment to the individual client.

As a clinician Lazarus wants first and foremost to establish rapport with his client. For Lazarus the therapeutic relationship is the soil that enables techniques to take root. He developed the acronym BASIC ID as a matrix for assessing seven interactive modalities: *behavior, affect, sensation, image, cognitions, interpersonal relationships, and drugs* (i.e., issues related to biology). Along with its usefulness in initial assessment, BASIC ID is also a tool for tracking these modalities throughout the process of therapy.

Lazarus describes himself as an *authentic chameleon* which means that he can deliver what the client wants, while at the same time working expertly and intuitively in the best interests of the client's mental health. He continually adjusts his clinical approach based on the response of the client, and frequently asks for direct feedback. The value he places on flexibility extends to issues such as session length and frequency, and contact with clients between sessions.



# Reaction Paper for Classes and Training

## *Video: Multimodal Therapy with Arnold Lazarus, PhD*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What stands out in how Lazarus works with this client? Note any key or turning point interventions. What important points did you learn about multimodal therapy?
2. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.
4. **How I would do it differently:** What might you have done differently than Lazarus in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?



# Suggestions for Further Readings, Websites and Videos

## BOOKS

- Lazarus, A. A. (1976). *Multimodal behavior therapy*. New York: Springer Publishing Company.
- Lazarus, A. A. (1981). *The practice of multimodal therapy*. New York: McGraw-Hill.
- Lazarus, A. A. (Ed.) (1985). *Casebook of multimodal therapy*. New York: Guilford Press.
- Lazarus, A. A. (1997). *Brief but comprehensive psychotherapy: The multimodal way*. New York: Springer Publishing Company.
- Lazarus, A. A. (2008). *Multimodal Therapy*. In Corsini, R.J. & Wedding D. (Eds.). *Current psychotherapies*. (8th ed.). Belmont, CA: Brooks Cole.
- Lazarus, A. A., & Lazarus, C. N. (1991). *Multimodal life history inventory*. Champaign, IL: Research Press.
- Lazarus, A. A., & Lazarus, C. N. (1997). *The 60-second shrink*. Atascadero, CA: Impact.

## WEB RESOURCES

The Lazarus Institute for Wellness and Renewal

**[www.thelazarusinstitute.com](http://www.thelazarusinstitute.com)**

The Online Association for Multimodal Psychology. Theory, research and practice of multimodal psychology, therapy, coaching, consulting & training with an online discussion forum to join.

**[www.freewebs.com/multimodalpsychology/index.htm](http://www.freewebs.com/multimodalpsychology/index.htm)**

American Psychological Association 110th Convention Roundtable Discussion: Will the Real Behavior Therapy Please Stand Up?

– Arnold Lazarus, participant.

**[www.fenichel.com/behavior.shtml](http://www.fenichel.com/behavior.shtml)**

## RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Arnold Lazarus: Live Case Consultation*

– Arnold Lazarus

*Reality Therapy with Robert E. Wubbolding, EdD*

–Robert Wubbolding

*Mixed Anxiety and Depression: A Cognitive-Behavioral Approach*

–Donald Meichenbaum

*Positive Psychology and Psychotherapy*

– Martin Seligman



## Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers. Some questions deal with themes that touch a large section of the work. Those highlighting specific points in the session include the dialogue line number after the name of Lazarus or Juan, for example, Lazarus – 9, or Juan – 34.

### LAZARUS' APPROACH

1. **Technical Eclecticism:** What do you think of Lazarus' criticism of therapists who identify with a specific theoretical focus (1-3 – 1-6)? How do you react to his advocacy of therapy tailored to the individual? What value do you give technical eclecticism? In considering your own theoretical stance, how important is empirical verification?
2. **Heat Seeking Missile:** *Lazarus uses the metaphor of "heat seeking missile" to describe his work as a therapist (1-18).* What does this metaphor bring up for you? Do you see your work in this way? What metaphors would be more descriptive of your work?

### PSYCHOTHERAPY SESSION

3. **Inventory:** What role, if any, does the inventory play in helping Lazarus meet his goal of establishing rapport with Juan (Lazarus - 1)? Do you ever use inventories or questionnaires with your clients? What advantages and disadvantages might there be to this kind of approach?
4. **Behavior and Cognition:** What do you think about the way Lazarus reframes Juan's concerns about being rude by introducing the idea of assertiveness (Lazarus 24 – 28)? How might you have worked with Juan in regard to these concerns? What do you think of Lazarus' suggestions to Juan about healthier ways to think and behave?

5. **Disclosure:** What were your initial reactions to Lazarus' personal disclosures about graduate school (Lazarus 48, 56) and boxing in the session? How do you decide when and how to disclose your life experience with your clients, if ever? What advantages and disadvantages might there be with this type of sharing?
6. **Response Couplet:** What observations did you make about the pattern of responses, or response couplets, between Lazarus and Juan during the session? What do you think about the way Lazarus responds to Juan? What specific *response couplets* stood out for you in the session? Do you think Juan became more responsive as the session progressed?
7. **Feedback:** *Several times during the session Lazarus asks Juan about how he feels about what Lazarus' himself has just said* (Lazarus 17, 32, 66), and at the end of the session asks Juan *to give him a grade* (Lazarus 69). How did you respond to these interventions? Was this approach effective with Juan? Do you invite clients to share their responses about you with you, and/or grade your work? Why or why not? What do you think asking for feedback contributes to the therapy?

## GROUP DISCUSSION

8. **Personal Reaction.** How would you feel about working with Lazarus? Do you think he would be able to form an alliance with you? Why or why not?
9. **Authentic Chameleon:** *Based both on his experience of Juan, and the inventory Juan had filled out prior to the session, Lazarus concludes that Juan is seeking a therapist who provides encouragement and cheerleading* (3-10). How do you feel about Lazarus' idea of being an authentic chameleon (3-17)? Do you agree with Lazarus that it is important for a therapist to be flexible in this way? What kind of limits to this flexibility do you see?
10. **Cultural Literacy:** Lazarus suggests that we utilize consultation and referral as ways to increase our cultural awareness (3-21 and 3-23). What are your thoughts on this? How do you maintain cultural literacy?

**11. Communication Between Sessions:** *Lazarus asserts that if you only think about clients when they are in front of you, they're not getting their money's worth (3-44).* How do you feel about his policies of communicating with clients between sessions, letting sessions go longer when needed, and scheduling sessions shorter than the traditional 50-minute hour? Do you agree with Lazarus' rationale for this approach? How might this flexibility impact your work and your practice?



# Complete Transcript of Multimodal Therapy with Arnold Lazarus, PhD

*Note to facilitators: You will find chapter markers on the DVD at five-minute intervals so that you may easily skip to desired points in the video. Throughout the pre-session discussion section of the transcript below (**Lazarus' Approach**), we indicate on-screen minute markers that correspond with those that appear at the bottom right corner of the DVD on screen. In the transcript of the session itself, use the numbered entries to draw attention to desired points within the dialogue.*

## LAZARUS' APPROACH

1-1

**Jon Carlson:** Diane, what do you know about multimodal therapy?

**Diane Kjos:** Well, it was developed by Arnold Lazarus, and it's an eclectic approach to therapy. The term Technical Eclecticism is used. The multimodal, that term relates to the fact that it relates to the various modalities that the client presents, and the modalities—we're reminded what they are by the term Basic Id, which is a sort of mnemonic to help us remember. So "b" is behavior and "a" is affect, and so forth.

**Carlson:** It's my understanding that each of the therapeutic interventions or techniques are really based on the individual client and are really independent of the theory. The techniques seem to be tailored to each individual based upon the strengths and weaknesses that they have in each one of these modalities. There was a statement that a man named Gordon Paul made. He said, "What methods for what problems under what circumstances for what client?" and I think that was what was used to basically...forms the basis for this particular approach. How does this theory relate to some of the other theories for psychotherapy?

1-2

**Kjos:** Well, with the term “eclectic” you would expect that it would use pieces from a number of theories, and certainly we see that you use the strategies or the interventions that are related to various theories. When you watch or when you read about it, it seems like it’s probably a little more towards cognitive or cognitive behavior. Some say reality.

**Carlson:** Well, why don’t we bring in Dr. Lazarus and find out more about this theory? Welcome Arnie.

**Arnold Lazarus:** Hi.

**Kjos:** Welcome.

**Carlson:** Diane and I were having a discussion about multimodal therapy. Can you tell us what it is?

1-3

**Lazarus:** Well, multimodal therapy really doesn’t exist, meaning it’s not a system; it’s not a closed system of therapy. It’s an approach that tries to address what you were saying Gordon Paul had asked us to do, to try and find out what’s going to work best for this individual. You see, a system to my mind is closed. If somebody says to me, “Oh, I’m a Gestalt therapist,” or, “I’m a psychoanalyst,” or, “I’m a transactional analyst,” or... I say, “I’m sorry to hear that.” Because what that means is they’ve got a kind of a narrow focus, as opposed to being eclectic. Now, eclectic used to be a dirty word. It used to mean, oh, you’ve got no ideas, no theories. You fly by the seat of your pants. It’s a grab bag. You use whatever you want to use. And that is, of course, rubbish. I mean, that’s the kind of eclecticism that ought to be flushed down the drain, or the toilet, very quickly. Technical Eclecticism is very different.

1-4

Now you had alluded, as I heard offstage, to the notion of combining different theories, which would never happen, because theories rest on different assumptions, and to try and combine them... It’s like taking, you know, good wine and good gin and mixing them in a blender. You just ruined the whole concoction, you see. So what you try to do

is look for a theory that's testable, empirical, verifiable. So I keep away from theories. For example, I remember as an undergraduate reading about Melanie Klein. Melanie Klein was talking about when a child, an infant, is feeding at the breast and not getting enough milk, this is what the child is fantasizing. This is what the child is thinking. Well how the heck did she know that? How could she ever find that out, you see? And this kind of theory to my mind is no theory. It's useless. So the theory that I will use is a broad-based, social, cognitive, systems theory, because they blend harmoniously. This is not my wine, beer, gin analogy kind of thing, you see. So it's basically a notion of trying to use a theory or a structure that is empirical. Now I have to tell you a quick story about theory, if I can, unless there's something that you want to ask first.

1-5

**Carlson:** Go ahead.

**Lazarus:** Shall I just go on?

**Carlson:** Please.

**Lazarus:** Back in 1963, in Stanford, California, I was doing some one-way mirror work, and the folks from the Bay Area would come and see me treating three clients week after week after week. There were about 50 or 60 professionals from the Bay Area. In those days, I was a behavior therapist.

**Carlson:** You coined that term, if I'm not mistaken.

**Lazarus:** I coined the term Behavior Therapy, which—thank you for mentioning it—is a closely guarded secret in some circles, you see. However, what happened was, there I was doing my thing with these people, and after about, oh, almost towards the end of the semester, everyone agreed that these folks were considerably improved. Nobody disagreed about that. But now came, why?

1-6

What's the theory? And there were 50 people battling toe-to-toe, I mean fighting to the death, if necessary, for their theories--myself included. I was right in the middle of the fray pushing a behavioristic theory. And then it occurred to me: we couldn't all be right, because

we were espousing antithetical ideas. But we could all be wrong, meaning there could be a theory that none of us knew about that was really behind it. It was at that point that I became a bit suspicious about theory. And I noted that a lot of the theories we have are not theories about therapy but theories about personality. And from that they jump into therapy. Well, that's a leap of faith sometimes. So what we need and don't have yet is a really good theory of therapy. Now I'm not saying we have to throw out the attempts to try and understand what makes us tick. But those theories that are closed, those theories that say, "Thou shalt not think that, do that"—that's too bad. And there are many of those around, as I'm sure you know. So Technical Eclecticism is not a-theoretical or anti-theoretical, but I come back to saying, "Show me a theory that can be tested, and that's the theory that we'll use."

1-7

**Carlson:** Well, maybe you could explain the Basic Id, or the Basic I.D., and that would help a little bit more in understanding your approach.

**Lazarus:** I changed it to I.D. when once I was giving a talk and I spoke about the Basic Id, and a Viennese analyst and said with a heavy analytic accent, "But we all treat the Basic Id." He couldn't understand what I was talking about, you see. And of course, Basic I.D. is an acronym for seven modes of what are supposed to be interactive for all of us. And that is to say, I mean, "What are you, what are you, what am I?" We are Basic I.D. organisms, which means we behave. We have affective reactions, we have sensations, we have images, we have thoughts or cognitions. That's Basic, B-A-S-I-C. Then we have interpersonal relationships. That whole systemic network is so significant, the people in our lives, etc.

1-8

And finally, there's a biological modality, which we call D for drugs, because of course, very often, that's how we intervene, with medication. But it stands for a lot more than drugs. It's the whole panoply of medicine, biology, health, nutrition, exercise, etc., you see. So, the notion is, there it is folks. We are Basic I.D. organisms. The base is neurobiological/biochemical. The apex is interpersonal. Why?



If you are reasonably okay medically, and don't have some catastrophic illness, etc.—biology—and at the apex you have a circle of loved ones, intimates, people who care for you and you care for them, your life's pretty okay. And if you take a look at most of the people who come to therapy, they have predominate problems in the interpersonal, often resting upon the biological, you see.

**Carlson:** Sure.

**Lazarus:** And the others in the middle enable us to do a thorough job of getting these things straightened out. So that's it sort of in a nutshell.

1-9

**Carlson:** So sort of simplistically, then, you assess these modalities and then use techniques to bring about change?

**Lazarus:** Right, right.

**Carlson:** In each one of the ones that need work?

**Lazarus:** The basic question is something like behavior. What are you doing that's getting in the way of your happiness? What would you like to stop doing? What would you like to start? What you want to increase, decrease. Okay, affect. What are we dealing with? Are we dealing with anxiety, depression, anger, combinations thereof, and always in interaction. And what do you do? How do you behave, when you feel that way? Separating sensation. You see, many approaches are tri-modal: A-B-C. Affect, behavior, cognition. You have to separate out sensation from affect--because your five senses are not your emotions, but tell us so much about a person: what they like to feel, taste, smell, hear, etc., you see. Very, very important. Then, images are not the same as cognitions. Left brain, right brain, if you will. What are the pictures? What are the self-image components? And you get into intrusive images, positive coping images. Cognition? Different. Cognition? Attitudes, values, beliefs, opinions. The shoulds, the oughts, the musts. See, so this is very thorough. And all the time you're looking to see, when you are dealing with cognition, what impact does that have on behavior? On affect? On sensation? On imagery? All the time, you see?

1-10

**Carlson:** How they all interrelate.

**Lazarus:** The interaction, yes. And then, of course, the interpersonal. Now, not in this order, nor is it done in rote form. I mean, when people see the tape, they'll not realize that I'm thinking Basic I.D. all the time as my guidepost. It's just sort of subtle. It's not intrusive. You don't come in and say, as people think, "Okay, behavior. What you want to do: increase..." You know, that's not therapy.

1-11

**Carlson:** So it's technical but not mechanistic, then.

**Lazarus:** Absolutely, that's a good point, yes.

**Kjos:** What about people of various cultures, or cultural differences?

**Lazarus:** People often say, "What about the sociopolitical context?" you see. Where does Basic I.D. come in? And that's so vital. I mean, if somebody said to me, could I go and treat Australian Aborigines, hell no. I've got to understand their language, their culture. In fact, one person when I was talking once at a seminar said, "Well, what could you do in Harlem, in New York, with inner city black youths?" Luckily, one of my African-American students was there, and he said, "He couldn't do anything. I could." Meaning "I'll take this Basic I.D. model and do a thorough job." So, all that means is thoroughness. Now diversity is fundamental. Culture is fundamental. These things have to be factored in, and you have to understand them. You had mentioned Gordon Paul's admonition, "What therapy for whom," etc., etc. First session: Is this person for me? Should I refer him or her out to somebody with whom this person would be more compatible; a different resource. Perhaps a woman, perhaps somebody younger. I used to say somebody older, but I'm getting too old to say anybody older, you see. Perhaps somebody who speaks Spanish, somebody of a different race. Can't you see, all of these different elements come into this. So this is beyond multimodal, but it's something that all of us have to be aware of all of the time.

1-12

**Carlson:** Is there a type of client that this approach would work best with?

**Lazarus:** Now remember what's happening here. If somebody says to me, "What are you?" I don't say I'm a multimodal therapist. I'm a clinical psychologist. That's my identification. And what am I doing as a clinical psychologist? I'm scouring the field to say, "What works? What can I learn? What can I pick up?" I'm a kind of a technique collector. I'll go and I'll learn EMDR from Francine Shapiro, which I did. Now, I won't buy into her neurological theory but I'll understand it in a social learning theory context. But I've got a technique in my bag now that I didn't have before, which might help X or Y or Z. So what does it help? You try your best with each individual to see if there are empirically valid added treatments that you can administer, or resources, as I said before, who are better. So this is not a system. We all do well with young, attractive, verbal, intelligent people who are well-adjusted and happy and together. I mean, all therapists do great with them, you see.

1-13

**Carlson:** YAVIS clients, yeah.

**Lazarus:** Multimodal Therapists all like your YAVIS clients just as well, clearly. How well do we do with your intractable, borderline, Axis II disorders with regressed schizophrenics? Well, I'll say this: there's more of a chance if you hit the entire Basic I.D., that these folks may be helped. Now, the research that has come out on multimodal therapy has been done predominantly in Holland, interestingly enough, by a guy called Dr. Kwee, Mauritz Kwee, and a very interesting study in Scotland by a guy called Tom Williams. Tom Williams did a wonderful study on children with learning disabilities and so on and just showed beyond a shadow of a doubt that if you hit Basic I.D., these kids are going to come out at the end of the harbor so much better, significantly so. Kwee found that with hospitalized obsessive-compulsives, phobics, panic disorders, covering Basic I.D. just made one heck of a difference. So there's some support in that. Since I've tried to get funding for NIMH unsuccessfully; these folks always come up with weird, weird excuses not to give the dough, so I've given up on that one.

1-14

**Kjos:** Are there any clients that you would not use this approach with?

**Lazarus:** Well, any clients that...

**Kjos:** Or any individuals that you wouldn't use this approach with?

**Lazarus:** Well, look, I've had people come to me and they're very, very interested in a pure, insight trip. Now I can apply that. I can supply that, too. But not as well as somebody who is psychodynamic but not crazy psychodynamic. Meaning, not going to shove this person into a procrustean bed and suggest things to them that don't exist; make them aware of oedipal desires that don't exist in the analyst's head. Not that kind of an analyst. But I'll refer—and I have—such a person to an analyst who will spend years happily analyzing. Of course, with managed healthcare, that's beginning to change rapidly, but that's another story.

1-15

**Carlson:** So it sounds like the model works with anybody, but whether or not the specific people, whether or not the styles match between the therapist and the client seems to be the determining factor?

**Lazarus:** Yes, but really what's happening: a client comes in right now. The three of us are going to meet, for the first time, this individual. We haven't a clue who this person is, what the problem is, what will help them, who will help them. And that's what we're going to find out in our initial interview. So we do as thorough an assessment as we can—whatever test you may want to apply—and then we may come up with something like this: our assessment shows that this person needs heavy duty medication. Let's send him to a psychopharmacologist with whom he can work.

1-16

And also it seems that this person has got a cognitive schema, which goes something like, "I don't deserve to be happy." Now, a person working, walking around with this notion, "I don't deserve to be happy," what--we have to change that, however we're going to do it. My notion is, let's go head on. Let's do an Albert Ellis. Challenge. Attack if necessary. But we watch to see what happens. There's no one

way of working. My criticism of many of these people--they work one way. If you were to watch me with, say, three clients who were very different from one another, you're going to see a very different style. With some clients, you may think I'm an analyst, because all I'm doing is I'm sitting, I'm listening and I'm reflecting and I'm saying, "This happened in the past. It's tied into the present." The next client you might think that I'm Carl Rogers reincarnated, because all I'm doing is I'm being empathic and warm and fuzzy, etc. And the third one you'll think I'm Albert Ellis gone crazy, because now I'm attacking, challenging, pausing, see? Why? Not because I happen to be in the mood to do that at that time but because that's what I read the person as requiring.

1-17

**Carlson:** Can you talk some more about how you make that determination of how to tailor that approach to the individual?

**Lazarus:** Start neutral, because you don't know what's going to happen, you see. Now, I started a book in 1976 with four words: "Most Therapists Waste Time." And I've always felt that way. And I have this book coming out soon which is called Brief but Comprehensive: Psychotherapy the Multimodal Way. And there I'm talking about, let's not waste time. Now I have a chapter that's called "Common Time Wasters." Now, what happens? You tailor it this way: start neutral. Now, if you see an opening, you go for it, and you watch the reaction. So let's say that the client says something and you turn to the person and you say to the person, "You don't have to feel second class about this." Now some people may look upon that as an attack. "My god, he yelled at me. He put me down. He attacked me." You see what's happening. If you see that it's not being well-

1-18

received, back off. If the person is resonating, go for more. And that's, you see, you watch... I mean, I've always thought of ourselves as heat-seeking missiles. We go like this, you see, to blow the problems out of the sky, you see. We have to be very, very flexible.

**Kjos:** Smart missiles.

**Lazarus:** Yes. So feedback from the client tells you what to do. I had a client who came to me from London. This woman was really a battered woman. Do you know, for the first three months, I only spoke in a whisper. I felt that my normal voice would be more than she could tolerate. Her eardrums would sort of burst. Little by little, trust had to be developed. This was a long runway before we were airborne. With other people, don't waste time. In the first session, you can zoom right in and do rehearsal and role-playing and challenge ideas and, you know, boom-boom-boom. And watch to see how they react.

**Carlson:** Is there some kind of an assessment, though, that you make early on in treatment that helps to tailor this a little more?

1-19

**Lazarus:** Well, I use a 15-page multimodal life history inventory. Now, not routinely. You can't use anything with everybody. I mean, that's one of the big things. There's no one way of operating. If a person is very depressed they're not going to have the energy to sit down and write 15 pages, you see, of questions and so on. If somebody is highly agitated, if they are deluded, if they are preliterate, you see, then you've got to take a good history.

**Carlson:** So you're tailoring the assessment, too.

**Lazarus:** You're tailoring the assessment. Everything is tailored. They call what I do Bespoke Therapy. I had to look up the word "bespoke," but it really means is finely, finely attuned and tailored to this person.

**Kjos:** Bespoke suit, as it's a tailored suit.

**Lazarus:** Bespoke, you see. Now the referral, by the way, is very important. If I'm sitting with a client and I figure that one of you would do better than I, and I refer to you, and you end up in the end zone, touchdown, hey, I can take some credit. I was smart enough to know that Diane could do better than I could, you see? And that's what you try to do.

1-20

Of course, it doesn't work that way too often in the real world because people say the best clients are the ones with a lot of money. You don't even need insurance with everyone, you see. That's the unfortunate

reality, which I won't do, by the way. I had a client come to me who was really bugging me. This was in the initial interview. Now I don't get bugged easily. If I do, I need therapy. I don't get bugged, but this guy was bugging me. And I was trying to understand, why was I having such a negative countertransference? Then insight dawned. This guy reminded me of a colleague whom I have very good reason to dislike. What did I do? I referred him to this colleague, you see, because I thought there was a match and they deserved each other. This colleague was a bit amazed that I had secretly... 'Cause was a high paying, high-level person, you see. To thank me for sending this wonderful person over, you see. Narcissism won out. But he was able to help this guy. I don't think I could have. That happens rarely, you see. But matching is important.

**Kjos:** What about groups, couples, or families?

1-21

**Lazarus:** It's always a bit of a question of when and what, you see. What I don't like is when somebody says "I'm a systems theorist." I'm sorry to hear that because what does that mean if you only work with systems? You're going to miss that individual. Jon and I were talking this morning about couples. How with certain couples, you cannot work with them as a couple. One of the people requires some individual therapy before they are ready to be treated in a couples context. So, but when do you need to bring in the family? And you make these determinations by what's going on. I will often try to bring in the significant others as a matter of course and work with them. Now, what's happening? I'm always thinking Basic I.D. Why? Because if things are not going along well, I'll say, "What am I missing?" And I quickly go through my mind B-A-S-I-C. You know, I haven't asked any sensory questions. Let me ask some sensory questions. Just because I haven't done this. That maybe will get us, sort of, off the logjam. And then I say something like,

1-22

"Say, can you tell me, do you have any feelings of tension anywhere in your body?" And then I might get into, "What do you like to see, to smell, to taste, to feel, to hear, and what's going on with you as a sensual and

sexual being?” Bingo! Something comes up that I have missed, you see. And then we’re off and running. And that’s why I like this kind of an acronym. It keeps you with a blueprint, a kind of a template.

**Carlson:** Well, in a few minutes we’re going to watch you doing multimodal therapy. Can you kind of set up this session for us and talk about what you were attempting to do?

**Lazarus:** Now remember, you’re not going to watch me doing multimodal therapy because it doesn’t exist. What you’re going to watch me doing is working with a client for the first time and saying to myself throughout, “What’s going on with this guy?” This is a first meeting. He has filled in the life history inventory. Typically I give it at the end of the first interview, but sometimes somebody might call for an appointment and we can’t get together for two or three weeks, I might then send them the questionnaire and say, “If you wouldn’t mind filling this in, mail it to me. It will give me a jumpstart on the whole thing.” So that’s sort of what happened here.

1–23

**Carlson:** So you had that information.

**Lazarus:** I had that information, and reading through his information, I got some impressions. So the idea was, “Okay, let me now check these impressions.” That was step one. Let’s see how he reacts. Then step two: Can I work with this guy? Should I work with this guy? How is he relating to me? What seem to be the main problem areas? Let’s try this on for size. Let’s see what he does, and reacts to, when I do X, Y, and Z or don’t do X, Y, and Z. What will happen if I listen attentively for awhile and then I jump in ready to do something else? You keep watching. This missile example I gave. So what I’m trying to do there is determine what to do with this guy. Now if there is a problem—and I think on this first session certain problems came up—I immediately jump in with a suggestion, and I look to see how he takes it. This was a tough cookie. Now, you’re going to see that this was not an easy guy to work with. Some people would call him rather resistant. I don’t like the word, but he was not easy. There was some wrist wrestling. Don’t you think?



1-24

**Kjos:** Yes, and I'm anxious to see and watch this now in terms of what you've told us so that we can kind of watch for the things that you're doing and pay attention to those.

**Lazarus:** See, a very important thing is what we call response couplets. I'm always telling this to my students in supervision. Response couplet means that, say the client says something. "Do you think I should visit my mother in Wisconsin?" Now you the therapist have got to respond. You have no choice. You can respond by saying, "Yes, it's a good idea." You can say, "No, rather visit your uncle in Arkansas." Or you can say nothing. Or you can say, "Um-hm." Or you can say, "You want to know if you should visit your mother, yeah?" I mean, the range is infinite. Comes the question, how facilitative, how helpful is that intervention?

1-25

And then, where do you go? Of course, as you've responded, the client has to respond. So all the time, you look for response couplets, and when you watch a video, look for response couplets. See what you think of them. See what you think of the way he responds to what I say, then I respond to what he says. This goes on throughout. This is the way to look at it, in my opinion.

**Kjos:** Okay. Well, this is going to be good.

**Carlson:** In this interview, you learned some things in that initial assessment, though. So you actually began this interview informed

**Lazarus:** Yes, yes. And again, that saves time, you see. Instead of starting with completely blank screen or blank slate, you've got some information.

**Carlson:** Okay, so your initial remarks are really calculated based upon this interview. Let's get right into that, then, if we could watch you.

**Lazarus:** Terrific. Then we can talk.

**Kjos:** Okay.

## PSYCHOTHERAPY SESSION

**Lazarus-1:** Hi. First off I want to thank you for filling in this inventory. What was your experience, candidly, in doing it?

**Juan 1:** I thought it would never end.

**Lazarus-2:** Did you try and do it in one sitting?

**Juan 2:** Yeah I did.

**Lazarus-3:** Oh, of course I often say to folks, “Do it in dribs and drabs.” It’s a lot of information. You’ve got 15 pages here and I wanted to ask you something. I got an impression, from looking at things like this, and this—it’s like, “Boy, is this guy pissed off or what.” I mean, what was the story there? Were you getting irritated with this or what?

**Juan 3:** Yes, I was actually. The answer is yes.

**Lazarus-4:** My question is, is this symptomatic of something in general or just this dumb exercise?

**Juan 4:** I think yes to both questions. I can tell you one thing for example. I’m taking the GRE subject test in literature this Saturday, and I’ve done several practice tests in the past 2 weeks. The first one bombed terribly because I’ve never been a canonical type person anyway. I was like at the 53rd percentile. It was horrible. The last practice test I took, I was at the 77th percentile, okay, and things are starting to come back. You say what’s a Sestina, what’s a Villanelle, what’s all this and that—what is the value of that? I never knew that that would be a matter of trivial pursuit. That’s all it is, rote memorization, and that disgusts me. What does that measure? What does that measure? It’s not indicative of anyone’s ability. That’s mistaking the map for the landscape, I always say that, often. And when I read this, instead of doing that, well number one, its just cause I’m overloaded with that kind of a thing. It’s got to be helpful in some way, a tool has to be helpful but, I said, “jeez.”

**Lazarus-5:** You said, in one part here, you said, “Where is this leading?”

**Juan 5:** Where is that leading, sure.

**Lazarus–6:** And in fact it was leading to something very important for me in trying to gauge something about you. The whole idea about this is, it just speeds things up, you see. Instead of my taking routine questions you go through this in your own time, not in one sitting. Then one gets an idea. I came away with some impressions, which we can double check in a moment, but the thing I'm most interested in is: today, what kind of an issue you'd want to try and address; because I'm, what, the third or fourth therapist you've seen? I'd like to know how the other experiences were for you: what was helpful, not helpful; memorable, not memorable. That gives me a clue on how to be with you, you see.

**Juan 6:** Issues right now, I think I just... I feel strangely. I don't know. I haven't become any more rude, but I feel like it's okay if I do. I'm not as "delicately balanced," I think...

**Lazarus–7:** Did you say rude?

**Juan 7:** I haven't become more rude, but I think it's okay if I do...

**Lazarus–8:** And rude means what, expressing what you feel very straightforward, shooting from the hip, as opposed to kind of pussy-footing around?

**Juan 8:** Right.

**Lazarus–9:** And this was as a result of the other therapy, it kind of got you going in that direction—"I'm going to say what I mean?"

**Juan 9:** At one point, there was one person, "Existentialist Therapist," or something like this, and that was really strange. Of course I was coming at it from a strange point, at that time. That was interesting because I felt like that person presented something to me that I had missed all along: it was a nice connection and I thought, "That's interesting." I couldn't tell you exactly what it was but that feeling persists, 'cause I left thinking, "There's a weird clarity there."

**Lazarus–10:** So that was good. There was some connection with some kind of an inner feeling force. Is that what you're saying and it's difficult to articulate but it's there?

**Juan 10:** Yeah, I think. I tend to get lost in my head, the "carnival of

my head,” in terms of words all the time. There was something good about that. I don’t know what it was, but I remember that feeling.

**Lazarus–11:** And tell me about the others, what was different?

**Juan 11:** The one person it was just like doing a survey. I felt as if I were in Lincoln Mall or one of the shopping malls in the area, was doing a survey on types of shoes I’d prefer, or this or that cologne. She did... what the heck was it called? It seemed so implicated in... it’s like, you know, pregnant women get a day, then they’re shoved out the door; you know, have the baby and get out of the hospital. And this woman processed... it was the same kind of... it was “drive-thru therapy.” It was awful. It was just wretched. She was... what do they call it? Brief. It was Brief therapy. It was something called Brief therapy, and I guess I understand it if you are overloaded with... but I thought, “God, what a shame.” I was thinking of health care and stuff. I just didn’t like it at all. I thought, “What a shame, if this is what some people are given as opposed to something much more rich.”

**Lazarus–12:** So you didn’t feel that this was somebody cutting to the chase, like...

**Juan 12:** It was a band-aid. It was a charade. It was terrible.

**Lazarus–13:** I see, okay. And now you weren’t “rude,” enough to say, “Hey, let me share with you how I’m experiencing this.”

**Juan 13:** It was really weird, but then I was coming in with a different mood at that time, too. By that point it was the third person I’d seen, fourth person maybe, and it was like, a different flavor. It was a flavor I didn’t like. I didn’t like that flavor she was giving. It was just weird.

**Lazarus–14:** So, okay, you liked the existential, you didn’t like the brief, what else have you had that you liked or disliked?

**Juan 14:** One guy was really genuine, really sincere. I didn’t think he was at all helpful, except that he was very human, and that’s what I needed at that time. I was having one of those, “I fall on the thorns of life, I bleed,” moments, it’s more of that studying, right? So, otherwise, he wasn’t really that helpful at all. I’m not quite sure what I look for when I come into these sessions, you know?

**Lazarus–15:** You see the issue of helpful: I would want you to take part in the responsibility—that if somebody said to you, “Did you find our interaction helpful?” I would want the answer to be yes, because you are going to help me help you, you see, as opposed to having me second-guess and then having you decide, “This guy’s really all wet.” Because one can’t be a mind reader. So that’s why I want to zoom into something like, “What is an issue that you and I might try and tackle?”

**Juan 15:** Oh, I don’t think... I don’t know if I’m getting more satisfied with things. My car finally blew up, so I went out and bought a new pickup. My first real major purchase, right. So, as I was just beginning to get out of debt, paying off my undergraduate and graduate loans, this and that, blah, blah, blah... Things are going well with my mother and her hateful situation with her previous employment. Anyway, so then you’re moving along; I’ve graduated with my master’s finally. That was a big sticking point at that time, and it looks promising. I really think I’m going to find a back door into a program by next fall.

**Lazarus–16:** A program meaning a Ph.D. program?

**Juan 16:** Yes. I said it before, and I don’t know when it’s supposed to feel—and maybe that’s why I feel more cavalier—I don’t when the heck that’s supposed to get more satisfying. I think money’s important, you know. I think money is important. And I think it’s important to tell someone, “It’s like an appendage, being an appendage.” It’s idyllic to really think people give a damn. They really don’t, mostly. You’re an appendage; you’re a line in a budget. You’re a face floating above a desk there, answering phones.

**Lazarus–17:** Interesting, ‘cause what you are saying now ties into many themes that were reiterated in here, and that is: a kind of an idealism of the one hand that is smashed by the harsh reality that you’ve experienced; great anger and disillusionment at that at times; back to, “Well it can’t be all that bad,” back to, “Well, it’s worse than that.” I mean, that sort of circularity, you see. And if I could jump right in there, I would say I think that the cynical view is an accurate one because this is not a world of kindness, happiness, etc. But there is a way through that maze where you decide what it is that you want to do and pursue it for your happiness. Not because of the glamour, the

glitz, how it's going to appear to others, that kind of... How do you feel about that little speech I've just made?

**Juan 17:** I can't believe I put it in there, but apparently, I did. I think that's true. I feel a lot of anger. I couldn't sleep last night. You know, I woke up at 7:00, which for me is very early, so I got about five hours sleep, 2:00 to 7:00, and I couldn't get back to sleep. I've been really irritated lately, but at nothing in particular. Can't explain it. So, I don't know. I've just been really irritated—angry, almost.

**Lazarus-18:** Okay, the impression here was, "This fellow I'm about to meet has a short fuse." Is that right?

**Juan 18:** Yeah, I do think I have a... I think I'm quick to judge. I think I'm harsh. I don't think I'm short fuse, but I don't release it. I never release it, because if I do it's like a mushroom cloud, you know. It's Hiroshima, because... That's very rare. I almost never let that go.

**Lazarus-19:** So, what happens? Do you just kind of bottle it up, clam up and say nothing and feel really bugged?

**Juan 19:** A lot of times, yeah. I don't know how much that—except for last night—gets in the way. I really think people need a good kick in the rear sometimes. Why don't they get it? I don't understand. Do I keep it bottled up? I guess, but, you know, you go on to other things. There are other things to get on to, other things to be irritated with, and to think about. How does that all translate? Tired of my job, still love my truck, though. I don't know how the program is going to turn out. A three-year commitment. I know that I don't want to grow up, which is why I'm going into that. I think the university is the one place that you can stay irresponsible forever, really.

**Lazarus-20:** You've just hit me with about five things. Let me tell you what they are. It's sort of: one, do I really want to pursue this thing, or am I doing it for ulterior motives; how committed am I to it? How good an idea is that, meaning the Ph.D.? In what by the way?

**Juan 20:** I really don't care. I think the back door is going to be something in American Studies or Cultural Studies as opposed to English, which I think is custodial. It's a custodial discipline.

**Lazarus-21:** The other part is if you've got a kind of judgmental

harshness to others, chances are it reverberates onto self. So that you are tough on one if you see what I'm saying. And none of these things are helpful, because one of the things that you want to do is not have a short fuse, develop what we want to call "high frustration tolerance." You don't give a damn. And are reality based. I mean, turn on the news and there are enough things to get bugged about in the first ten minutes in this world. But that doesn't help, you see, getting riled up over that doesn't help. So, what we do instead is pretty much proceed with the proceedings. How do you go through life harming nobody in the process but getting what you want? That's the philosophical question. How's your reaction to that?

**Juan 21:** I suppose it'll all turn out, I really do. I don't know when, but...

**Lazarus-22:** I don't like, "It'll turn out." I'll make it turn out. I'm going to take the initiative. I'm going to take control. I'm going to be the choreographer of my own life.

**Juan 22:** I think I'm doing that more than I used to. I don't want to work, never did. I just, you know... I don't know how satisfied people are doing things anymore. I take pride, and respect my father's accomplishments, my mother's accomplishments, my niece's accomplishments, things like this, for other people, depending if I value that, or they're people I respect. And then I don't believe in the substance of things these days. I really don't. I just don't. The closer I get to realizing economic freedom, "adulthood," whatever that means, the Ph.D., which is supposed to be some kind of pinnacle of academician, whatever. What a fantasy. That's just a fantasy.

**Lazarus-23:** It's not a pinnacle. It's an entry point, as I see it. It gives you opportunities—that's what it does. Period. But you said something earlier I want to go back to. About Vesuvius: that you will sit on your feelings 'cause if you express them there is going to be like World War III, Pearl Harbor, what have you, all at once, the mushroom cloud.

**Juan 23:** Right.

**Lazarus-24:** Now, what I want to suggest is: what would happen if

what you did was, you released a little bit at a time? Does it have to be all or none? Is that the fear? I mean, just take the cork out and pow, everything goes. Let's keep it well... well, corked.

**Juan 24:** I think people do that all the time. A little bit at a time. They give themselves permission to be rude or whatever they call it, you know. "Well, I was having a bad day." I don't value that.

**Lazarus-25:** I'm with you. I'm interested in the word "rude" that comes up because my favorite term is the one that we often use in the profession, which is "assertive." Assertive is not aggressive, and the whole thing of assertive means one is polite, one is courteous, one is tactful, but one is into TNC which stands for "take no crap." And you can do that delicately, finely, philosophically, but that's it. "I don't take crap." What is your feeling about that?

**Juan 25:** I think I'm starting to get to that. I'm sort of thinking that's okay, you know... taking no crap. I can't worry anymore. I really can't worry as much how someone perceives me.

**Lazarus-26:** That's good.

**Juan 26:** You know, I can't do it. And I still reserve the right to decide when someone is, uh, utilizing their own version of TNC, and when it's being plain rude, plain selfish, plain un-giving. You know, just dead wood, just a drag on the system, just a weight on the line. I reserve that right to make that distinction.

**Lazarus-27:** Do you agree with me that one can be assertive, direct, and at the same time not rude?

**Juan 27:** Yeah. You'd have to have good reason for doing it. I think you'd have to have clear lines. It couldn't be anything frivolous like, "Well, I had a bad day," or, "Um, gee, I'm just not myself without my coffee in the morning," you know.

**Lazarus-28:** But, that's the rude part. The assertive part is something like this: "Do me a favor. Can you just turn down the stereo a bit?" That's assertive, that's not rude. Now why? You're having a bad day. You haven't had your coffee. That's why you'd like that stereo down, but look at your style. See, I think style is so important. You haven't said something rude, like, "You inconsiderate nincompoop. Can't



you see I...” That’s not style. Style is, “Do me a favor, I’m sorry to intrude, but would you mind turning down the stereo? I’ve got a hell of a headache,” or, “I need some coffee. Then you can turn it up.” You see, how does that sound? Cause I have a feeling you don’t do that very often.

**Juan 28:** I used to, you know. At least, I tell myself I used to. People tell me I used to do that, in fact. I don’t really remember. I always thought I was kind of a... I read a lot and kept to myself, but... I do know this: there was a time when I was a kid in high school, I could go in elevators and just make... the people would part. I don’t know what vibe that was, but, I remember that distinctly. Going into rooms and people grabbing their purses and things.

**Lazarus–29:** What did that feel like? I mean was it good or bad, indifferent?

**Juan 29:** I could have cared less. Maybe that’s what it was. I just didn’t care. I did something there—at least I like to tell myself—I arrested that, in a way. I have really no desire to go back to it. I have that capacity.

**Lazarus–30:** Not decide to go back to “it?” What’s “it”? I didn’t get that. You said you, “have no desires to go back to it...”

**Juan 30:** To that way. You can’t force insight into people, clearly, and you can’t make them understand you. When you are in that teen angst, you can’t do that. I couldn’t force my parents to read Spencer. I couldn’t force them to do that.

**Lazarus–31:** Does it matter?

**Juan 31:** Not anymore. I guess that’s when you grow up. But at the time I thought, “Jeez...” That was frustrating. But it still is. There are so many people who run around and they’re being praised, and they are so mediocre, and they must know it. “You’re not fooling me.” I hate when, “I’m doctor this,” and “I’m doctor that.” That’s what frightens me, too. “Doctor this, doctor that.” You know, some people are in the medical profession, and I respect that: that’s a doctor. But if you have a Ph.D. in music, a Ph.D. in that, you’re not a doctor. You know, I hate when, “I’m doctor so and so.” Well...

**Lazarus–32:** Well, it has been argued that because Ph.D.s have put in more hours than your M.D.s, they're entitled to the accolation. I mean, there has been that argument, but you don't sort of use it in a grandiose sense. But it's interesting to me. You've got a tremendous concern, it seems, about what other people do and think and feel. There's a lot of this issue of, "How genuine are they? How caring are they?" I would say that you're probably not very macho either, but so what? There are still pickings, there are some nice folks out there you see. But it comes back to you: human being. What do you want to do? And—I don't know why—I've just got this intuitive sense that this assertiveness thing is a big one. Meaning that if you got into the habit of stating what you feel, not rudely, but assertively. It's like stopping right now and saying, "Do that with me." Here we are in the middle of our first meeting. We've never set eyes on each other. And here I am in this capacity trying to be helpful, and am I being helpful? Am I being a pain in the ass? What's happening here, you see. Be honest.

**Juan 32:** I have a GRE this Saturday, and when I focus on things like that I really don't know what... you know. Things become very routine. You fall into a pattern.

**Lazarus–33:** That's an answer to my question about how I'm doing? What's my GRE so far? Five hundred?

**Juan 33:** I guess that's where my focus is right now. I really don't have...

**Lazarus–34:** So you are concerned as hell about these forthcoming GRE's?

**Juan 34:** Sure.

**Lazarus–35:** I mean, and it is a dumb kind of a thing, there is no question about it. I know the GRE game. I've often argued that we admit students whose GRE's were not off the scale, and sometimes I've won, they have been the finest students. I've seen others with seven hundreds in everything and, hey man, it's not the answer. But again, you are going to do your best and see what happens. But your life shouldn't hinge on that.

**Juan 35:** Well, I've staked it on there, no doubt about that. That's

where it is, you know. I need to know that I'm going somewhere by next fall because it would be safe. I think I could do it. It's easy. You know, unsatisfying, but you don't have to think too much about it. Occasional glints of... but it would be a nice recluse for three or four years, just a nice way of postponing things.

**Lazarus-36:** And then, but you see you need a pattern. Let's give you your Ph.D. in whatever it is: then it's a matter of being "the perennial student," if you like, and become a professor. They also are in sheltered employment and are able to maintain their youth. Youth is a big thing in here, too. I mean, you are an old man of 30.

**Juan 36:** Yeah, I feel it. I was getting younger for a while. I was old until about 20, and then I got real young until about 26. Now I'm old again.

**Lazarus-37:** I see. So, by 35 you are going to be mighty young. It's going to sort of hit you, right?

**Juan 37:** Yeah, one or the other. Perception these days, yeah, I feel old. Thirty-something.

**Lazarus-38:** Tell me what you said about the GRE's. The first test was kind of a bomb, the trial. You hit... what?

**Juan 38:** Oh, it was wretched. It was like 55th, 53rd, 55th percentile. Something like that.

**Lazarus-39:** And then you jumped up to 70th?

**Juan 39:** 77th as of the last, the third attempt.

**Lazarus-40:** And today is Wednesday. There is another practice or two in there.

**Juan 40:** Uh-huh.

**Lazarus-41:** So, I put my money on that being okay with you is my guess. But that seems to be a big, big thing right now. It almost seems as though you can't quite focus on other things cause that's riveting your attention.

**Juan 41:** Yeah. I'm running out of time. I waited too long to do it anyway. But I checked out that book from the library. Didn't bother

to open it. It never occurred to me it would simply be multiple choice rote memorization of questions. I had no idea that was what it was. So I said, “Jeez, when’s the last time I read Canterbury Tales? When was the last time I read Ray Pollock?” So, clearly I can’t go back and shove that all down my throat again.

**Lazarus–42:** This is for the verbal GRE’s?

**Juan 42:** No, this is for the subject test.

**Lazarus–43:** Subject test. I see.

**Juan 43:** The creepy thing is, it’s working. You start... it’s just trivial pursuit. So, I’m starting to remember, “Oh yeah this, oh yeah of course, oh, yes.” And what does that have to do with anything. It’s terrible. But I’ll do it to get in.

**Lazarus–44:** Well, unfortunately, there are a lot of hoops one has to jump through. I find that... I teach at Rutgers University, and I’m in the doctoral program training people to be shrinks as it were, and there’s so much garbage they’ve got to learn. I’ve often wondered about that, but that’s the way it goes. You bite the bullet and do it, you see, which is fine. And I’m sure our students are mighty resentful, they have to be, about a lot of the garbage. I know I was when I was a student. But the notion is - there is this theme in your life: “So, what do I do afterwards?” That’s a big one.

**Juan 44:** Yeah.

**Lazarus–45:** What’s this?

**Juan 45:** I’m getting hungry I think. You know, I always thought it would be insurance. I thought it would be insurance.

**Lazarus–46:** An insurance?

**Juan 46:** People say, “Oh you got your master’s.” Big deal, you know. But if you say that, that is a cultural currency, and you think, “I’ll take it.”

**Lazarus–47:** “People say,” we get into these “people say...”

**Juan 47:** I don’t think it’s going to stand up inside me like some armature... it will be external, but I’ll take it too. “Oh, there’s

Professor.” Oh, you know, great. I’ll take that shielding. I’ll take that filter, whatever you want to call it. I’ll take it, and leave me alone, I guess. Then I can go about my business. Getting to that point, though. I look forward to getting to that point. I look forward to getting to that point. It’s not going to be difficult. It will be fun I think. I think lecturing will be a lot of fun.

**Lazarus–48:** Seems to me that there are two components here: the one is, “Does it mean anything?” And, on the one hand, it sounds like it ought to be momentous. I mean clouds should part, thunderbolts should be zooming around. And it doesn’t mean a thing. I guess both are wrong. It’s like you know it does have meaning. As I said before, it’s a key, it’s an entry point. If I hadn’t bothered to go on for my Ph.D., I couldn’t have gained entry into the work that I’ve been doing which I’ve found rewarding. I just needed that. And let me tell you, I hate my alma mater. I come from South Africa where there was a battle of wits, and my feeling was I won. In getting my Ph.D. I won. The institution lost, you see. I hope our students don’t feel that way, but I think some might. However, when it comes back to it, it’s worth something. It is a key. What you make of it, then, is up to you. But again, you were shaking your foot, which makes me feel you are feeling impatient and uncomfortable.

**Juan 48:** It seems to me it’s just silly. I guess that’s when you start looking for things of deeper meaning. I can’t imagine 9 to 5. I can’t imagine... I mean, I agree with what you are saying, I agree it’s all right, but sometimes it’s just such a drag having to just do things. Just to get up and do anything. I do what I like and great, but...

**Lazarus–49:** Well, it is.

**Juan 49:** It’s not really a problem. I think it makes me an underachiever. It makes me a procrastinator. It makes me many things. It makes me regretful of being those things too, and where I’m stuck now I feel like I’m really in a mire.

**Lazarus–50:** But yet you have persisted. You have achieved. You have not dropped out. You have in fact progressed. And I think that’s important. If past behavior is the best predictor of future behavior, that’s what you will do. But you don’t want 9 to 5, you don’t want to

be stultified, and all of these things I can resonate with. Had I won the lottery ten or twenty years ago, I would have had a different trajectory I promise you. But I didn't, and I stuck with what was the best that I could do, given the circumstances. So that's what happens. So it is a matter of you... I almost feel that part of what you would need would be quote unquote "career counseling" of some kind somewhere along the line. Strange to be this far ahead, but career counseling of a different kind. What do you want to actually do. How do you want to parlay your training education into something that's satisfying for you? That kind of a direction seems to be important.

**Juan 50:** That's a mystery to me, too. I don't know how people do it. I don't know how people find jobs. I don't know how people do interviews. I don't know how they make selections. I participate in all that. I sit in on hiring. "We are going to hire this and that, and we are going to hire someone upstairs. Why don't you participate in that?" Fine. I know what I'm looking for, strangely enough, in a candidate but, hell, I don't know. That gets back to being an appendage. That gets back to being a talking head really.

**Lazarus-51:** Explain that to me. An "appendage," in that sense, versus... what if one was not an appendage? What would one be?

**Juan 51:** You would be necessary. You would be indispensable or at least valued. You would be human to someone else.

**Lazarus-52:** Ah ha. Okay. I'm getting a clue. Interested in my clue? My clue is that there is again a tremendous amount of emphasis on what others think. How valuable am I. To be indispensable. Almost nobody ever becomes indispensable. Therefore, what's the emphasis? Are you enjoying it? Is it meaningful to you? Are you having fun?

**Juan 52:** Not only that. I see people at the supervisory level or what not treating others like that—not just myself. I hate that. I despise that. Of course, this is my mom again. You know, you're 64 and some creep comes along and... you can't dash people like that. I used to think that everything I did...

**Lazarus-53:** I'm not following that. Your mom is 64?

**Juan 53:** Yeah. But she is employed again, and we are still pursuing

this thing.

**Lazarus-54:** And what were you saying, some creep comes along?

**Juan 54:** Yeah, this new person in the workplace. Yeah, here I am thinking that, of course you wouldn't know, but, uh, the story. So, anyway, this guy comes in; he's a real creep. They hound you out the door. You know how they do that? They hound you out the door. Why do they want to do it? They take a disliking to you. It's one of those irrational situations: as if this person couldn't wait the year until retirement, the nine months; as if this person couldn't see what they call "circulation of social energy within the community." This is a closure for this woman's life; as if you didn't know the odds that this wasn't the population that you're being given federal grants to—supposedly—to serve; instead, you're farming people like they are sheep. I'm getting angry.

**Lazarus-55:** And justifiably.

**Juan 55:** It disgusts me. You have no idea how much. I used to tell myself—and I'm glad, you know, I'm glad; last time, the person I was with, man, I was nuts I felt like a six foot tall rabbit with a watch saying, "I'm late, I'm late." I'm glad I put myself through that wringer and took on all that, because we're giving those people the biggest run, I think, and great ulcers. And I can't tolerate it. Now I'm thinking reverse mortgages and things. I can't tolerate anybody doing some things, sometimes in particular: If someone can't speak for themselves, does that give you the right to come and, and throw your full weight against them? Mediocre thing, even though you are such an authority and stuff, you know. I used to tell myself—I guess it's protection too. You know, I want to know that I can handle myself either verbally or by position, by a Ph.D., or whatever, and protect things, people.

**Lazarus-56:** So you are talking about the tremendous unfairness, the kind of ubiquitous negativity and how it gets one down, and my feeling there is, "Hey, you did right." One cannot say your perceptions are off; they're right on: but what to do about them? I'm reminded of the boxer in the ring, and as you may be able to tell from my proboscis, I was into boxing, you see. Didn't do as well as I wanted

to, however. The point is that: in the ring, this guy's pounding you. You feel the blood running down your mouth. You want to knock his block off. You are angry. You are in trouble now, if he's half a fighter. You lose your temper. You bring your hand back to knock his block off. You've just opened yourself up and he's going to lay you out. Therefore, the trainers always said, "Keep cool, keep cool, keep cool. Strategize." Now, here's a situation where some bimbo goes and turns your mother out. The guy could wait nine months when the lady turns 65, and the whole playing field changes, but oh no. And you are justifiably mad. But you're in the ring. Keep cool, keep cool. No point in getting mad. What are you going to do? Are you going to jab? Are you going to hook? Something's got to be done. You see, now that kind of a metaphor has held me in good stead. I shared with you for what it may be worth.

**Juan 56:** No, that's good, graphic and accurate. I mean, unavoidably so: she is in there battling, you know. I told her that too, and I'm glad I did. I'm glad that I've been beat up a lot because that really got us through these silly meetings and silly... We did fantastic. Those people were so aggravated, and they were so sorry they did this. And I hope they'll be sorrier still. You have to learn to cover up, you have to learn to cover up. You're right, and do not lose your cool because they will press your hot buttons, and don't.

**Lazarus-57:** Okay. Now we've come to buttons, and to me buttons is a very important concept. My ideal is there ought not to be a button, meaning that we disconnect them all, that buttons are things that people set off, very often by words. Does it seem realistic to you if I say, "I would like to see you as a person where someone would say, 'To get this guy riled up you've got to get up really early and work very hard at it, because his buttons have been switched off.' They could say anything to you, and you don't have to give them the power of reacting." Does that seem human, feasible, desirable?

**Juan 57:** I don't know. I don't know if I like that. You know why? Because I see other people do it. There's a diplomatic reptility in a lot of people, and there's an elegant violence in a lot of people. You can see it sometimes. You can see "little shiny things" almost coming at you,



and it's impressive, you know; I think, "Gosh, what craftsmanship." But... I mean, a knife is a knife. I don't care how much you polish it...

**Lazarus-58:** A knife is a knife, but words are not knives. This comes maybe from my profession. But in the course of my therapy, let's say one of my patient's turns to me and calls me the biggest "nerd turd" in the world. If I take exception to this, if I'm hurt, blown away, I'm not very good. I have to be philosophical and try to understand what this person is saying. Now you don't have to be a therapist in an office to do the same thing. If somebody comes and thinks, "How can I insult this guy? Shall I say something negative about his mother, or about his age or...?" and the answer would be, "These are not knives. Say what the heck you like. You are showing yourself up to be a jerk to the other person." That's what I mean by knocking off the buttons.

**Juan 58:** Well, I think I have that under control, you're right. Maybe I haven't disconnected the buttons, but I don't let it show, if that button is pressed. Maybe that's the "cork" thing.

**Lazarus-59:** But you're still feeling inside.

**Juan 59:** Yeah, sometimes. Not as much as I used to. I used to a lot more.

**Lazarus-60:** Why has it changed? What has been the helpful thing there?

**Juan 60:** It happens enough. I mean it happens a lot. It happens so often...

**Lazarus-61:** So you get desensitized?

**Juan 61:** Yeah, you get desensitized. I don't want to be entirely desensitized.

**Lazarus-62:** No, no.

**Juan 62:** But, like I say, when it's a genuine... when it's undeniably real...

**Lazarus-63:** When what's undeniably real?

**Juan 63:** A wrong. A transgression.

**Lazarus-64:** Well, here's my strategy. An undeniable wrong has been

committed. Juan, this is a pretty nasty piece of work. Now what we going to do about it? This is the, “cool calm.” Shall we throw jabs, punches, or do we sort of come in here with a little stick of dynamite? What’s our tactic, you see. But one is at all times cool and calculating in those contexts. Does that sit well or not sit well?

**Juan 64:** Yeah. But, it’s still hateful. It’s distasteful, I guess. I mean, what a drag. What a drag that you have to do that. It’s smart, and I do remember—I had a professor in history. They were all Marxist weren’t they? He says, “You know what? You’ve got to learn to cover up,” he says. “You are such an easy target. Do you know that?” So, I’ve been working on that for a while. I think I’ve gotten very good at that. Then there’s conventional, unconventional means of protest. There was using a mirror, and you do something by way of object lesson—which still goes over the heads of so many buffoons. Then there’s your spin-doctors. No, I’m content. I think as far as I’m learning to deal with these people I’m content. I like my anger, and I look forward to a nice resolution with those people who... If someone does something to me I can put up with more. Don’t do it to someone else. That really upsets me. I think I can take it more than the other person, you know.

**Lazarus–65:** Are you tougher or what?

**Juan 65:** Am I tougher? No, I just... I can deal with it. I really can’t... the thought of it. And it happens, you know, with your family or friends. Or people you don’t know. I just, wow, I can’t tolerate that. It seems like it’s so all over the place. I don’t know what keeps me being 30 and only now going into a Ph.D. program. I think it’s a love/hate relationship. I think I’ve always wanted to do those things. You know ideals are stereotypes. I made a comment once. There was some kind of weird GSU underground meeting here with staff, administration and professor or what not get together and try to think of ways to fix the community, and I made a comment that, “Whether right or wrong, a lot of people really first generation—I don’t care how old you are or where you’re coming from—will come into a school and, by myth or what, expect this place to resonate. You expect more of someone, don’t you? Not quite a priest, but... I guess that’s what the robes mean when you graduate, right? You expect more of these

people as... and then we allow ourselves to have bad days, we allow ourselves..."

**Lazarus-66:** That's interesting. You expect more of these people, and then we are finding out that more and more people in the most delicate high offices are people. They are fallible human beings. They are all fallible. And therefore you don't expect. You strike me as a candidate for what we in the trade call "rational emotive behavior therapy" which consists of a way of really and truly looking at expectations and answering the question, "Can I really expect that?" Of course, you can only expect what you can get. If you can't get it, don't waste your energy, chum. Use it somewhere else, you see. So, were we to move into a second session from this one, my game plan would be to sit down with you and say, "One, this is where I want to head." Does this make sense to you? I want to double up on the assertiveness. I want to make sure that this becomes part of the repertoire that you are comfortable with, that you won't endure a session with me or anybody without saying to the person, "You are bugging me." And you wouldn't be rude about it. You are entitled to say that. Number two: that when these injustices occur—and they always occur—that you will deal with them very coolly and rationally and effectively. Not unemotionally, but not to the point where you become, you know, blown away by it. Thirdly, that you are going to expect less, and that, I think is one of the big things that I have found you talk about—maturity. My horizons have come down as I've grown older. I expect less. What does that mean? I'm not disappointed as often. I just didn't expect more. Now that hasn't turned me into some horrible cynic skeptic, you know, miserable - no, no, no - but it's reality-based. Now how does that sit with you? That's a long speech.

**Juan 66:** It sounds like more of a key than I have now, so... I'm a flexible person. I'm willing to try something that would make me I think more productive. I prefer passion, I think, to emotion. I don't think I'm confusing the two. I don't know if I even want to tinker with that, you know... I think I don't want to be a... why perpetuate it? Why perpetuate that culture of reptility, you know, so...

**Lazarus-67:** I'm not advocating reptility or cabbages or anything of

the kind. It's a hell of a different *modus operandi* and *vivendi* and it is not without passion. But it is without blind emotion that just disables one. I mean, that's the thing.

**Juan 67:** Okay, I wouldn't mind that. I'd like being enabled. I know something keeps me, now and then I focus, you know. Like for this Saturday thing: I'm focused. But it's just a matter of actually getting to that point, committing, sending in my check, you know how much? It's expensive. And then saying, "Oh my god, I have two weeks. I guess I really better start." And then... that's not very effective. I wish I could focus like that more.

**Lazarus-68:** It could be worse. There is one thing I want to come back to, to end with, and that is the question of self-criticism, self-judgment, self-abnegation, the sense of, "Boy you get down on yourself," that you are at times like a fascist to yourself. It's like saying, "Wow, that doesn't help." You wouldn't want to see anybody else treated that way. Now if I see you treating yourself abominably, it's horrible. Of course, to me you're another person. I couldn't care who's treating you badly. If it's one of these jerks out there we have been talking about or if it's you. It still is horrible. So, I'd want to work on that, you see. No self-fascism.

**Juan 68:** That's funny. I think I've gotten better at that too, I'll tell you. I think I used to be a lot worse, and certainly I don't verbalize it as much. People always make those self-depreciating remarks. I don't do that as much. I mean we're in session right, but...

**Lazarus-69:** My sense of you is that you are launched on a positive trajectory. That, there is going to be momentum, and that there are many things that you used to do that you don't do anymore. I think that's very true, and that's going to continue, but my notion is: don't sit back passively just waiting for it. But you want to think, "How can I expedite what is already started." So, that's, that's what we would need to think about. I've got to get a quick grading for today before we end. Do I get an A-, a B, a C, an F? What's the feeling at this stage? You can change your mind later.

**Juan 69:** I was just thinking about that as you spoke it. I was thinking to myself, "dispersed general..." whatever-you-wanna-call-it. I feel

something's happening. Boy, if it doesn't, if I don't go somewhere by next fall, we will be back to square one, but it's further along. Marking that with the first session, as a starting point, must make it coincidental. Yeah, I would say it's helped. Today, I would say it's more than I thought it would be quite honestly. This was such a turn off, but it's all I've been doing, stuff like this...

**Lazarus-70:** The timing was bad: to give this to a guy who is about to do his GRE's. The timing was bad. But anyhow, I think it was helpful 'cause it did give me some clues as to what it is all about. A pleasure, and the best if I may say so.

**Juan 70:** Thank you.

**Lazarus-71:** Take care.



# Treatment Plan for This Client

## Developed after the session

Lazarus notes that while there was some mention of Juan's anger, this area would need to be examined more closely when Juan felt safe with the therapist. Juan stayed in the cognitive mode through most of this session and Lazarus suggests bridging into the affective mode in later sessions. One might use mental imagery to help Juan express more of his underlying emotions. It would also be important to explore Juan's conflicts and where he is heading in his life. Lazarus suspects that Juan has several dysfunctional beliefs that would need to be addressed. The therapist who works with Juan would want to be aware that other issues could arise, and be flexible enough to modify the treatment approach as needed.





# Video Credits

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The author of 18 books and hundreds of scholarly and scientific publications, Dr. Lazarus’ many honors include the American Psychological Association’s Distinguished Psychologist Award, and Distinguished Professional Contributions Award, the Distinguished Service Award from the American Board of Professional Psychology, and the first Annual Cummings PSYCHE Award.

A Distinguished Professor Emeritus from Rutgers University’s Graduate School of Applied and Professional Psychology, Dr. Arnold Lazarus previously served on the faculties of Stanford University, Temple University Medical School, and Yale University. Currently the Executive Director of The Lazarus Institute, Dr. Arnold Lazarus has maintained an active psychotherapy practice since 1959.

**Jon Carlson, PsyD, EdD**, Host, is Professor of Psychology and Counseling at Governors State University and a practicing clinical psychologist. He has authored 40 books, 150 journal articles, and developed over 200 videos featuring leading experts in psychotherapy, substance abuse treatment, and parenting and couples education.

**Diane Kjos, PhD**, Host, now retired, was a professor at Governors State University in Illinois for twenty-two years, and past-President of both the Illinois Counseling Association and the National Career Development Association. She is co-author, with John Carlson, of two textbooks, *Theories of Family Therapy*, and *Becoming an Effective Therapist*, and co-host of the video series *Psychotherapy with the Experts*, *Family Therapy with the Experts*, and *Brief Therapy Inside-out*.

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