Quick Guide

For Clinicians

Based on TIP 34

Brief Interventions and Brief Therapies for Substance Abuse

Substance Abuse and Mental Health Services Administration
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Contents

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Brief Interventions and Brief Therapies for Substance Abuse

This Quick Guide is based almost entirely on information contained in TIP 34, published in 1999 and based on information updated through May 1998. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Brief Interventions and Brief Therapies in Substance Abuse*, Number 34 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 34 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into 10 sections to help readers quickly locate relevant material.

Terms related to these treatment methods are listed on page 38 in the ***Glossary***. These terms are included to enable clinicians to talk knowledgeably with their clients and clients' medical providers.

For more information on the topics in this Quick Guide, readers are referred to TIP 34.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest.

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse:*

- Addresses concerns of a broad range of readers including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers.
- Includes extensive research.
- Lists numerous resources for further information.
- Is a comprehensive reference for clinicians on applying these methods in substance abuse treatment.

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

The use of brief intervention and brief therapy techniques has become an increasingly important part of the continuum of care in the treatment of substance abuse problems. They provide the opportunity for clinicians to increase positive outcomes by using these modalities independently as stand-alone interventions or treatments and as additions to other forms of substance abuse and mental health treatment.

Used for a variety of substance abuse problems from at-risk use to dependence, brief interventions can help clients reduce or stop abuse, act as a first step in the treatment process to determine if clients can stop or reduce on their own, and act as a method to change specific behaviors before or during treatment.

For more detailed information, see TIP 34, p. 1.

BRIEF INTERVENTIONS

Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client-directed means or by seeking additional treatment.

The basic goal of any intervention is to lower the likelihood of damage that could result from continued use of substances. The specific goal for each individual client is determined by his use and by the setting in which the brief intervention is delivered.

Professionals who can administer brief interventions:

- Primary care physicians
- Substance abuse treatment providers
- Substance abuse clinicians
- Emergency department staff members
- Nurses
- Social workers
- Health educators
- Lawyers
- Mental health workers

- Teachers
- Employee assistance program counselors
- Crisis hotline workers, student counselors
- Clergy

Objectives to Address with Brief Interventions

- Learning to schedule and prioritize time
- Expanding a sober support system
- Socializing with recovering people or learning to have fun without substance abuse
- Beginning skills exploration or training if unemployed
- Attending an AA or NA meeting
- Giving up resentments or choosing to forgive others and self
- Staying in the "here and now"

Treatment Needs During the Stages of Change

- *Precontemplation*. The client needs information linking his problems with his substance abuse. A brief intervention might be to educate him about the negative consequences of substance abuse.
- *Contemplation*. The client should explore feelings of ambivalence and the conflicts between her substance abuse and personal values. The

brief intervention might seek to increase the client's awareness of the consequences of continued abuse and the benefits of decreasing or stopping use.

- *Preparation*. The client needs work on strengthening commitment. A brief intervention might give the client a list of options for treatment, then help the client plan how to go about seeking the treatment.
- *Action*. The client requires help executing an action plan and may have to work on skills to maintain sobriety. The clinician should acknowledge the client's feelings and experiences as a normal part of recovery.
- *Maintenance*. The client needs help with relapse prevention. A brief intervention could reassure, evaluate present actions, and redefine long-term sobriety plans.

It is important to extract one measurable change in the client's behavior, such as:

- Attending an AA or NA meeting.
- Expanding his sober support system.
- Socializing with recovering people.

FRAMES

A brief intervention consists of five basic steps that incorporate FRAMES and remain consistent regardless of the number of sessions or the length of the intervention:

- **F**eedback is given to the individual about personal risk or impairment.
- **R**esponsibility for change is placed on the participant.
- **A**dvice to change is given by the provider.
- **M**enu of alternative self-help or treatment options is offered to the participant.
- **E**mpathic style is used in counseling.
- **S**elf-efficacy or optimistic empowerment is engendered in the participant.

A brief intervention consists of five basic steps that incorporate FRAMES:

- Introducing the issue in the context of client health
- Screening, evaluating, and assessing
- Providing feedback
- Talking about change and setting goals
- Summarizing and reaching closure

Screening, Evaluating, and Assessing
This is a process of gaining information on the targeted problem; it varies in length from a single question to several hours of assessment on the targeted topic of change. Additional information about and examples of screening and assessment instruments can be found in the TIP.

Attitude of Understanding and Acceptance
Clinicians must assure their clients that they will listen carefully and make every effort to understand the client's point of view during a brief intervention. Active listening saves time by reducing or preventing resistance, focusing on the client, focusing the clinician, encouraging self-disclosure, and helping the client remember what was said during the intervention. Skilled active listeners perform these three steps automatically, naturally, smoothly, and quickly:

- Listen to what the client says.
- Form a reflective statement. To reflect your understanding, repeat in your own words what the client said.
- Test the accuracy of your reflective statement. Watch, listen, and/or ask the client to verify the accuracy of the content, feeling, and/or meaning of the statement.

Brief Interventions in Substance Abuse Treatment Programs

Brief interventions can be used before, during, and after substance abuse treatment. The following is a list of the potential benefits of using brief interventions in substance abuse treatment settings:

- Reduce no-show rates for the start of treatment, no-show rates for continuing care, and dropout rates after the first session of treatment
- Increase treatment engagement after intake assessment
- Increase compliance for doing homework
- Increase group participation and mutual-help group attendance
- Address noncompliance with treatment rules
- Reduce aggression, violence, and isolation from other clients
- Obtain a sponsor, if involved with a 12-Step program
- Increase compliance with psychotropic medication therapies and outpatient mental health referrals
- Serve as interim intervention for clients on treatment program waiting lists

Brief Interventions Outside Substance Abuse Treatment Settings

Brief interventions are commonly administered in nonsubstance abuse treatment settings, often referred to as opportunistic settings, where clients are not seeking help for a substance abuse disorder but have come to receive medical treatment, to meet with an Employee Assistance Program counselor, or to respond to a court summons.

Treatment providers who work in settings other than substance abuse treatment must be flexible when assessing, planning, and carrying out brief interventions. When delivering a brief intervention in any treatment setting, the provider should be mindful of room conditions and interruptions because client confidentiality is of utmost importance.

Essential Knowledge and Skills

The following are four essential skills for providing effective brief interventions:

- An overall attitude of understanding and acceptance
- Counseling skills such as active listening and helping clients explore and resolve ambivalence
- A focus on intermediate goals

- A working knowledge of the stages-of-change through which a client moves when thinking about, beginning, and trying to maintain new behavior

For more detailed information, see TIP 34, pp. xvi–xvii, pp. 15–29.

BRIEF THERAPIES

The following is a list of characteristics pertaining to all brief therapies:

- They are either problem focused or solution focused; they target the symptom and not what is behind it.
- They clearly define goals related to a specific change or behavior.
- They should be understandable to both client and clinician.
- They should produce immediate results.
- They can be easily influenced by the personality and counseling style of the therapist.
- They rely on rapid establishment of a strong working relationship between client and therapist.
- The therapeutic style is highly active, empathic, and sometimes directive.
- Responsibility for change is placed clearly on the client.
- The client is helped to have experiences that enhance self-efficacy and confidence that change is possible.
- Termination is discussed from the beginning.

- Outcomes are measurable.

Determining when to use a particular type of brief therapy is an important consideration for counselors and therapists. Client needs and the suitability of brief therapy must be evaluated on a case-by-case basis. The following are some criteria for considering the appropriateness of brief therapy:

- Dual diagnosis issues
- The range and severity of presenting problems
- The duration of substance dependence
- Availability of familial and community supports
- The level and type of influence from peers, family, and community
- Previous treatment or attempts at recovery
- The level of client motivation
- The clarity of the client's short- and long-term goals
- The client's belief in the value of brief therapy
- The numbers of clients needing treatment

Criteria for Longer–Term Treatment

- Failure of previous shorter treatment
- Multiple concurrent problems
- Severe substance abuse
- Acute psychoses
- Acute intoxication
- Acute withdrawal
- Cognitive inability to focus
- Long-term history of relapse
- Many unsuccessful treatment episodes
- Low level of social support
- Serious consequences related to relapse

Screening and Assessment

Screening identifies the need for more in-depth assessment and is not a substitute for an assessment. The assessment should determine whether the client's substance abuse problem is suitable for a brief therapy approach. Therapists should gather as much information as possible about a client before the first counseling session. Refer to TIP 34, pp. 41–46 for more information on screening and assessment issues.

Core Assessment Areas

Before proceeding with brief therapy for substance abuse disorders, a number of areas should be assessed:

- Current use patterns
- History of substance abuse
- Consequences of substance abuse
- Information about major medical problems and health status
- Information about education and employment
- Support mechanisms
- Client strengths and situational advantages
- Previous treatment
- Family history of substance abuse disorders and psychological disorders

The Opening Session

In the first session, the main goals for the therapist are to gain a broad understanding of the client's presenting problems, begin to establish rapport and an effective working relationship, and implement an initial intervention. During the first session, the clinician must accomplish certain critical tasks including:

- Producing rapid engagement.
- Identifying, focusing, and prioritizing problems.

- Working with the client to develop possible solutions to substance abuse problems and a treatment plan that requires the client's active participation.
- Negotiating the route toward change with the client.
- Eliciting client concerns about problems and solutions.
- Understanding client expectations.
- Explaining the structural framework of brief therapy, including the process and its limits.
- Making referrals for critical needs that have been identified but cannot be met within the treatment setting.

Maintenance Strategies

Maintenance strategies must be built into the treatment design from the beginning. A practitioner of brief therapy must continue to provide support, feedback, and assistance in setting realistic goals. Also, the therapist should help the client identify relapse triggers and situations that could endanger continued sobriety.

Strategies to help maintain the progress made during brief therapy include the following:

- Educating the client about the chronic, relapsing nature of substance abuse disorders.

- Developing a list of circumstances that might provide reasons for the client to return to treatment and plans to address them.
- Reviewing problems that emerged but were not addressed in treatment and helping the client develop a plan for addressing them in the future.
- Developing strategies for identifying and coping with high-risk situations or the reemergence of substance abuse behaviors.
- Teaching the client how to capitalize on personal strengths.
- Emphasizing client self-sufficiency.
- Developing a plan for future support, including mutual help groups, family support, and community support.

Ending Treatment

Termination of therapy should always be planned in advance. In many types of brief therapy, the end of therapy will be an explicit focus of discussion in which the therapist should:

- Leave the client on good terms, with an enhanced sense of hope for continued change and maintenance of changes already accomplished.
- Leave the door open for possible future sessions dealing with the client's other problems.

- Elicit commitment for the client to try to follow through on what has been learned or achieved.
- Review what positive outcomes the client can expect.
- Review possible pitfalls the client may encounter.
- Review the early indicators of relapse.

For more detailed information, see TIP 34, p. xvii, pp. 39–48.

BRIEF COGNITIVE–BEHAVIORAL THERAPY (CBT)

The cognitive–behavioral model assumes that substance abusers are deficient in coping skills, choose not to use those they have, or are inhibited from doing so. Cognitive–behavioral theory is generally effective because it helps clients recognize the situations in which they are likely to use substances, find ways of avoiding those situations, and cope more effectively with the variety of situations, feelings, and behaviors related to their substance abuse. To achieve these therapeutic goals, CBT incorporates three core elements:

- Functional analysis—This analysis attempts to identify the antecedents and consequences of substance abuse behavior, which serve as triggering and maintaining factors.
- Coping skills training—A major component in CBT is the development of appropriate coping skills.
- Relapse prevention—These approaches rely heavily on functional analyses, identification of high risk relapse situations, and coping skills training, but also incorporate additional features.

When Not to Use Brief Cognitive–Behavioral Therapy

CBT is generally not appropriate for certain clients, namely, those:

- Who have psychotic or bipolar disorders and are not stabilized on medication.
- Who have no stable living arrangements.
- Who are not medically stable (as assessed by a pretreatment physical examination).

Initial Session for Behavioral Techniques

The initial session in brief behavioral therapy involves an exploration of the:

- Reasons the client is seeking treatment.
- Extent to which this motivation for treatment is intrinsic, rather than influenced by external sources.
- Areas of concern that the client and significant others may have about his substance abuse.
- Situations in which she drinks or uses excessively.
- Consequences she experiences.

Initial Session for Cognitive Techniques

Cognitive therapy works under the assumption that a client can be educated to approach his

problems rationally. There are three major steps in this process:

- The therapist establishes a rapport by listening carefully to the client, using questions and reflective listening to try to understand how the client thinks about his life circumstances and how those thoughts relate to problematic feelings and behavior. Thus, the client educates the therapist about himself and his problems.
- The therapist educates the client about the cognitive model of therapy and determines if he is satisfied with the model.
- The therapist asks the client to describe a recent event that has triggered some recent negative feelings, as a way of illustrating the cognitive therapy process.

Sample Script to Introduce Cognitive Therapy

"I want to spend a few minutes telling you about my approach. It seems that how we feel and how we act in certain situations depend on how we think. In working with you, my goal is to understand how you see things—the important things in your life that relate to substance abuse. I want to help you look at those things objectively and honestly.

"Maybe, you are viewing everything correctly. But often, people get into automatic ways of thinking

about themselves and their circumstances. They don't examine the facts carefully.

"So, let's explore some possibilities and find out how you think about things. How does that sound to you?"

For more detailed information, see TIP 34, p. xxii, pp. 59–67.

BRIEF STRATEGIC/INTERACTIONAL THERAPIES

In brief strategic/interactional therapies, the focus is on the individual's strengths rather than on pathology, the relationship to the therapist is essential, and interventions are based on client self-determination with the community serving as a resource rather than an obstacle.

No matter which type of strategic/interactional therapy is used, this approach can help to:

- Define the situations that contribute to substance abuse in terms meaningful to the client.
- Identify steps needed to control or end substance use.
- Heal the family system so it can better support change.
- Maintain behaviors that will help control substance use.
- Respond to situations in which the client has returned to substance use after a period of abstinence.

Strategic/interactional therapies normally require 6 to 10 sessions, with 6 considered typical. Sessions are usually weekly, with no more than two per week.

Initial Session of Brief Strategic/Interactional Therapies

The first question that a therapist using a strategic/interactional approach should ask is,

"Why are you here?"

The first session should be spent trying to understand the client's problem.

Once the therapist has encouraged a person with a substance abuse disorder to take further steps toward change, the subsequent sessions will focus on identifying and supporting additional steps in the same direction. As the end of the therapeutic process nears, the therapist can follow these suggestions to help the client prepare for the future:

- Prepare the client to maintain positive change through difficult times.
- Identify what the potential next stressors and challenges will be.
- Devote some time to preparing the client for changes to the environment.
- Ask the client to look into the future at the end of the treatment period and tell the therapist where he intends to be at a certain time.

For more detailed information, see TIP 34, pp. 87–101.

BRIEF HUMANISTIC AND EXISTENTIAL THERAPIES

Humanistic and existential therapies are united by an emphasis on understanding human experience and a focus on the client rather than the symptom. Psychological problems are viewed as the result of inhibited ability to make authentic, meaningful, and self-directed choices about how to live.

Initial Session for Brief Humanistic and Existential Therapies

The opening session is extremely important in brief therapy for building an alliance, developing therapeutic rapport, and creating a climate of mutual respect:

- Start to develop the alliance.
- Emphasize the client's freedom of choice and potential for meaningful change.
- Articulate expectations and goals of therapy (how goals are to be reached).

Humanistic and existential approaches can be used at all stages of recovery in creating a foundation of respect for clients and mutual acceptance of the significance of their experiences. Some therapeutic moments lend themselves more readily to one or more specific approaches:

- Client-centered therapy can be used immediately to establish rapport and to clarify issues throughout the session.
- Existential therapy may be used most effectively when a client has access to emotional experiences or when obstacles must be overcome to facilitate a client's entry into or continuation of recovery.
- Narrative therapy can be used to help the client conceptualize treatment as an opportunity to assume authorship and begin a "new chapter" in life.
- Gestalt approaches can be used throughout therapy to facilitate a genuine encounter with the therapist and the client's own experience.
- Transpersonal therapy can enhance spiritual development by focusing on the intangible aspects of human experience and awareness of unrealized spiritual capacity.

For more detailed information, see TIP 34, pp. 105–108.

BRIEF PSYCHODYNAMIC THERAPY

A psychodynamic approach enables the client to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and/or desire to abuse substances. Psychodynamic therapy is generally thought more suitable for the following types of clients:

- Those who have coexisting psychopathology with their substance abuse disorder
- Those who do not need or who have completed inpatient hospitalization or detoxification
- Those whose recovery is stable
- Those who do not have organic brain damage or other limitations due to their mental capacity

In the treatment of substance abuse disorders, defenses are seen as a means of resisting change—changes that inevitably involve eliminating or at least reducing drug use. The following strategies are recommended for avoiding ineffective adversarial interactions around the client's use of defenses:

- Working with the client's perceptions of reality rather than arguing
- Asking questions

- Sidestepping rather than confronting defenses
- Demonstrating the denial defense while interacting with the client to show her how it works

The Therapeutic Alliance

Of all the brief psychotherapies, psychodynamic approaches place the most emphasis on the therapeutic relationship and provide the most explicit and comprehensive explanations of how to use this relationship effectively.

For more detailed information, see TIP 34, p. xxiv, pp. 128–131.

BRIEF FAMILY THERAPY

For many individuals with substance abuse disorders, interactions with their family of origin, as well as their current family, set the patterns and dynamics for their problems with substances. Furthermore, family member interactions with the substance abuser can either perpetuate and aggravate the problem or substantially assist in resolving it.

Family therapy offers an opportunity to:

- Focus on the expectation of change within the family.
- Test new patterns of behavior.
- Teach how a family system works and how the family supports symptoms and maintains needed roles.
- Elicit the strengths of every family member.
- Explore the meaning of substance abuse within the family.

Opening Session for Brief Family Therapy

- The therapist seeks to clarify the nature of the problem and to identify the family's goals with open-ended questions such as "What is your goal in coming here?"
- The therapist educates the family in what is needed to participate effectively in the therapeutic process and to understand key biosocial issues related to substance abuse.
- The therapist provides feedback to the family on what was said, demonstrating whose goals are similar or different.
- The therapist can then move on to prioritizing directions for change or, if the direction is sufficiently clear, start work.

Family therapy is particularly appropriate when the client exhibits signs that his substance abuse is strongly influenced by family members' behaviors or communications with them. Short-term therapy is an option that could be used in the following circumstances:

- When resolving a specific problem in the family and working toward a solution
- When the therapeutic goals do not require in-depth, multigenerational family history, but rather a focus on present interactions

- When the family as a whole can benefit from teaching and communication to better understand some aspect of the substance abuse disorder

Family therapy can involve a network beyond the immediate family, may involve only one family member in treatment or a few members of the family system, or may even include several families at once. Multiple family therapy offers an opportunity to deal with concerns for families in which substance abuse has been a problem:

- Inadequate internal family development
- Family systems and role imbalance
- Selected socialization variances within the family
- Dysfunctional, ineffective family behaviors that maintain the problem

For more detailed information, see TIP 34, p. xxiv, pp. 143–155.

TIME-LIMITED GROUP THERAPY

Group psychotherapy is one of the most common modalities for treatment of substance abuse disorders. Groups can be extremely beneficial to individuals with substance abuse problems and can:

- Help reduce denial, process ambivalence, and facilitate acceptance of alcohol abuse.
- Increase motivation for sobriety and other changes.
- Treat the emotional conditions that often accompany drinking.
- Increase the capacity to recognize, anticipate, and cope with situations that may precipitate drinking behavior.
- Meet the intense needs of alcohol-dependent clients for social acceptance and support.

Assessment and Preparation

Client preparation is particularly important in any time-limited group experience. In terms of exclusionary issues, persons with severe disorders or those who cannot accept support may need to be given more individual time before a group experience. It is particularly effective for group members as they are being assessed and prepared for group to either watch or participate in a practice group as a trial experience.

Initial Session for Time-Limited Group Therapy

- New group members introduce themselves at the opening session, responding to a simple request such as "Tell us what led you here." In the context of substance abuse treatment, the therapist should therefore initially discuss with group members how substance abuse issues will be addressed so as to ensure that focus is maintained.
- The "locus of control" for the group is clarified. Clients explore whether they believe they have the ability to choose effective actions or if they think of themselves as helpless victims of circumstance.
- Goals for the group are clarified.
- The therapist seeks to establish a safe, warm, supportive environment. There may be a need to establish rules to increase safety.
- The therapist helps group members establish connections with each other, pointing out common concerns and problems.

Duration of Therapy and Frequency of Sessions

The preferred timeline for time-limited group therapy is not more than two sessions per week (except in the residential settings), with as few as six sessions in all, or as many as 12, depending

on the purpose and goals of the group. The group needs time to define its identity, develop cohesion, and become a safe environment in which there is enough trust for participants to reveal themselves.

For more detailed information, see TIP 34, pp. 158–171.

GLOSSARY

Attribution(s): An individual's explanation of why an event occurred.

Authenticity: In existential therapy, this concept refers to the conscious feelings, perceptions, and thoughts that one expresses and communicates honestly.

Classical conditioning: According to this theory, an originally neutral stimulus becomes a conditioned stimulus when paired with an unconditioned stimulus or with a conditioned stimulus.

Cognitive restructuring: The general term applied to the process of changing the client's thought patterns.

Contact: A term used in Gestalt therapy that refers to meeting oneself and what is other than oneself.

Contingency management: This approach attempts to change those environmental contingencies that may influence substance abuse behavior. The goal is to increase behaviors that are incompatible with use.

Core conflictual relationship theme (CCRT): Used in Supportive-Expressive (SE) Therapy, this

concept refers to the way in which the client interacts with others and with herself.

Core response from others (RO): A term used in SE therapy to explain one way in which the core conflictual relationship theme is unconsciously developed.

Core response of the self (RS): A term used in SE therapy that helps to develop an individual's core conflictual relationship theme.

Counterconditioning: A method that uses classical conditioning principles to make behaviors previously associated with positive outcomes less appealing by more closely associating them with negative consequences.

Countertransference: The phenomenon in which the therapist transfers his emotional needs and feelings onto his client.

Covert sensitization: A technique used in counterconditioning therapy that pairs negative consequences with substance-related cues through visual imagery.

Cue exposure: This principle of classic conditioning holds that if a behavior occurs repeatedly across time but is not reinforced, the strength of both the cue for the behavior and the behavior

itself will diminish, and the behavior will eventually vanish.

Defense mechanisms: The measures taken by an individual's ego to relieve excessive anxiety.

Deliberate exception: A situation in which a client has intentionally maintained a period of sobriety or reduced use for any reason.

Directive approach: This form of group therapy offers structured goals and therapist-directed interventions to enable individuals to change in desired ways.

Effect expectancies: A set of cognitive expectancies that the client develops concerning anticipated effects on her feelings and behavior as drinking and drug use are reinforced by the positive effects of the substance being taken.

Family sculpting: A technique used in family therapy. The therapist "sculpts" family members in typical roles and presents significant situations related to substance abuse patterns.

Functional analysis: A process used in behavioral and cognitive–behavioral therapy that probes the situations surrounding the client's substance abuse.

Insight: A particular kind of self-realization or self-knowledge, usually regarding the connections of experiences and conflicts in the past with present perceptions and behavior, and the recognition of feelings or motivations that have been repressed.

Miracle question: A solution-focused interviewing strategy in which the therapist asks the client the question, "If a miracle happened and your condition were suddenly not a problem for you, how would your life be different?"

Operant learning: Refers to the process by which behaviors that are reinforced increase in frequency.

Process-sensitive approach: The process-sensitive group approach examines the unconscious processes of the group as a whole, using these energies to help individuals see themselves more clearly and therefore open up the opportunity for change.

Psychodrama: A method of psychotherapy in which clients act out their personal problems by spontaneously enacting specific roles in dramatic performances performed before fellow clients.

Random exception: An occasion upon which a client reduces substance use or abstains because

of circumstances that are apparently beyond his control.

Selfobject: A term used in self psychology that refers to something or someone else that is experienced and used as if it were part of one's own self.

Therapeutic alliance: The development of a positive relationship between the therapist and client.

Transference: The process, basic to all psychodynamic therapies, of the client's transference of salient characteristics of unresolved conflicted relationships with significant others onto the therapist.

Transpersonal awakening: The process of awakening from a lesser to a greater identity in transpersonal psychotherapy.

For more detailed information, see TIP 34, Appendix C.

For information on resources for brief interventions and brief therapies, refer to TIP 34, pp. 209–214.

Ordering Information

TIP 34 *Brief Interventions and Brief Therapies for Substance Abuse*

TIP 34-Related Products

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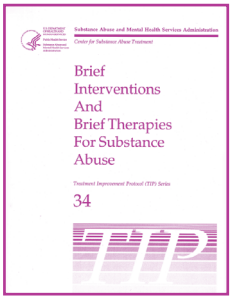

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TIP 35: *Enhancing Motivation for Change in Substance Abuse Treatment* **SMA 13-4212**

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