

Instructor's Manual  
for  
**COGNITIVE-  
BEHAVIORAL THERAPY**  
with  
DONALD MEICHENBAUM, PHD

from the series  
PSYCHOTHERAPY WITH THE EXPERTS

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

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The *Instructor's Manual* accompanies the DVD *Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD* (Institutional/Instructor's Version). Video available at [www.psychotherapy.net](http://www.psychotherapy.net).

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*Instructor's Manual for Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD*

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Instructor's Manual for

# COGNITIVE-BEHAVIORAL THERAPY WITH DONALD MEICHENBAUM, 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. FACILITATE DISCUSSION

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.

## 3. 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, as no therapist or therapy session 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.

## 4. 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.

## 5. REFLECT ON REFLECTIONS

Hand out copies of **Meichenbaum's Reflections on Learning and Doing this Work**, giving participants an inside view of Don Meichenbaum's experience and thought process. Meichenbaum's questions and reflections humanize the process and provide viewers a context into which they can place the person of the therapist. In this way, Meichenbaum becomes not just an expert therapist but also a real person.

## 6. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

## 7. CONDUCT ROLE-PLAYS

After watching the video, assign groups to role-play a psychotherapy session following a cognitive-behavioral therapy model. Organize participants into pairs, consisting of one psychotherapist and one client. The players should have a chance to switch roles, if time permits. Clients can role-play an actual or composite client, present a real issue they are struggling with, or you can provide them with a case scenario.

As a basic instruction, suggest to therapists that they begin by helping the client identify a specific issue to focus on. In the context of a genuine and empathic therapeutic relationship, the therapist can provide psychoeducation regarding the client's target issue and help the client identify connections between his/her thoughts, feelings and behaviors. Or the therapist can focus on helping the client identify strengths and resources for creating and sustaining change. See **Meichenbaum's Approach to Cognitive-Behavioral Therapy** in this manual for a brief review of how he works.

After the role-plays, have the groups come together to discuss the exercise. First have the clients share their experiences, then have the therapists talk about what the session was like for them. What did participants find challenging or exciting about this way of working? Finally, open up a general discussion on what participants learned about Meichenbaum's approach to cognitive-behavioral therapy.

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 Meichenbaum's approach.



## 8. WATCH THE EXPERTS 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 Psychotherapy with the Experts series (See the **More Videos** section for a 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.

**Videos with this Client:** Dr. Meichenbaum works with a client named Beverly. Beverly is also featured as a client in another video in this *Experts* series, *Transactional Analysis with Mary Goulding, MSW*. 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 the guidelines in this manual—you can ask them to also address what differences they notice in how Goulding and Meichenbaum work with Beverly, and how these differences affect the outcomes of the two sessions

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?
- What implications does this therapeutic model have for the therapist-client relationship?
- What outcomes are associated with successful therapy?

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

Psychotherapy portrayed in videos is less off-the-cuff than therapy

in practice. Therapists may feel on the spot to put on a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance – all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

## 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 her personal life with us.

# Donald Meichenbaum's Approach to Cognitive-Behavioral Therapy

Donald Meichenbaum is one of the main developers of cognitive behavior modification, more commonly known today as Cognitive-Behavioral Therapy or CBT. Cognitive behavior modification initially grew out of integrating the clinical concerns of cognitive semantic therapists with behavior technology in the mid-20th century. As it evolved, Meichenbaum came to view cognitive behavior modification as an integrative, biopsychosocial approach that draws on aspects of many different orientations, including the constructive/narrative emphases on clients' stories, their cultural context, and their strengths and resources.

Meichenbaum describes his approach as one that is sensitive to the interconnection between thoughts, feelings, behavior and resultant consequences. Primarily through psychoeducation, Meichenbaum empowers clients to identify their own agency in their emotional and behavioral experiences and to develop skills to manage how their thoughts, feelings and behaviors interact and influence one another. By developing self-awareness, performing experiments and monitoring themselves, clients can shift their beliefs about themselves and about the world.

Cognitive-behavioral therapy comprises a variety of procedures, such as cognitive restructuring, stress inoculation training, problem solving, skills training, relaxation training and others. Meichenbaum uses these procedures to help clients recognize and develop strengths and coping skills which they can then generalize and apply to different aspects of their life.

One of the most important tasks of the therapist involves creating and maintaining a therapeutic relationship that is genuine, empathic, nonjudgmental and supportive, and using that relationship as a foundation from which to nurture a sense of hope. From a CBT perspective, the relationship supports the client's key therapeutic goals: developing coping skills, taking credit for changes and relapse

prevention. Although Meichenbaum does not utilize the concepts of transference and countertransference per se, his psychoeducational approach relies on talking openly with the client about all data relevant to the client's efforts to build skills for relapse prevention, including data about the client's experience of the therapist and the therapist's experience of the client.

CBT can be tailored to many different populations including children and adolescents, trauma survivors, developmentally delayed individuals, people with traumatic brain injuries and their families and many others. The therapist chooses from many different techniques and procedures to meet the specific cultural, developmental and diagnostic needs of whatever population is being addressed. Virtually any set of clients can benefit from a CBT approach, modified to meet that group's unique needs.

# Meichenbaum's Perspective on Learning and Doing this Work

An Invitation to a Journey of Healing

by Don Meichenbaum

I invite you to join me and a client as we begin a journey of healing. I should mention at the outset that *I love doing psychotherapy*. Part of the reason I love it so much is that I am totally enamoured with my head. I really enjoy the way I think about clinical cases. I do not know if you, the viewer, will share my psychotherapeutic approach and enthusiasm, but I am having a field day.

Each client and each psychotherapy session provides the psychotherapist with innumerable *choice points*. As you watch this interview and the accompanying interviews with me, please put yourself in my shoes. How would you go about achieving each of the following therapeutic tasks that are demonstrated on the DVD? How would you establish a respectful, empathic, genuine therapeutic alliance? How would you help validate and normalize the client's reactions? How would you assess for suicidal risk? How would you help the client get in touch with her feelings (in this case her anger toward her abusive father) and then come to see the connections between her feelings, thoughts and behaviors? How would you help nurture hope and have the client appreciate her strengths and survival skills? In short, how would you help the client tell and begin to believe *the rest of the story of her resilience*?

This film demonstrates how a constructive narrative perspective can be combined with a cognitive-behavioral therapy approach in facilitating a *journey of healing*. Envision what the next sessions should include in helping this client turn her life around. What are all the choice points for the client and the therapist?

Thank you for your interest. NOW ENJOY!



# Reaction Paper for Classes and Training

## *Video: Cognitive-Behavioral Therapy with Donald Meichenbaum, 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 important points did you learn about cognitive-behavioral therapy/cognitive behavior modification? What stands out in how Meichenbaum works?
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 Meichenbaum 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?





# Related Websites, Videos, and Further Readings

## WEB RESOURCES

Psychotherapy.net interview with Don Meichenbaum

**[www.psychotherapy.net](http://www.psychotherapy.net)**

The Melissa Institute, where Dr. Meichenbaum is the Research Director

**[www.melissainstitute.org](http://www.melissainstitute.org)**

Association for Behavioral and Cognitive Therapies

**[www.aabt.org](http://www.aabt.org)**

National Association of Cognitive-Behavioral Therapists

**[www.nacbt.org](http://www.nacbt.org)**

The British Association of Behavioural and Cognitive Psychotherapies

**[www.ocdaction.org.uk](http://www.ocdaction.org.uk)**

## RELATED VIDEOS AVAILABLE AT [WWW.PSYCHOTHERAPY.NET](http://WWW.PSYCHOTHERAPY.NET)

*Cognitive-Behavioral Therapy with John Krumboltz, PhD*

*Cognitive-Behavioral Therapy with Children*

*Cognitive Therapy for Addictions*

*Couples Therapy for Addictions: A Cognitive-Behavioral Approach*

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

*Transactional Analysis with Mary Goulding, MSW\**

*\*additional video that features the same client*

## BOOKS

- Meichenbaum, D. & Jaremko, M.E. (Eds) (1984). *Stress reduction and prevention*. New York: Plenum Press.
- Meichenbaum, D. (1977). *Cognitive-behavior modification*. New York: Plenum Press.
- Meichenbaum, D. (1985). *Stress inoculation training*. Elmsford, NY: Pergamon.
- Meichenbaum, D. (1987). *Coping with stress*. New York: Facts on File.
- Meichenbaum, D. (1989). *Exploring choices: The psychology of adjustment*. Glenview, IL: Scott Foresman & Co.
- Meichenbaum, D. (1998). *Nurturing independent learners: Helping students take charge of their learning*. Brookline, MA: Brookline Books/Lumen Editions.
- Meichenbaum, D. (2003). *Treatment of individuals with anger-control problems and aggressive behaviors*. Carmarthen, UK: Crown House Publishing.

## 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. On-screen minute markers are noted with some questions to highlight related points in the video/transcript.

### MEICHENBAUM'S APPROACH

1. **Thoughts, Feelings, Behaviors:** What do you think about Meichenbaum's characterization of cognitive-behavioral therapy (CBT) as an approach that focuses on the interconnection between thoughts, feelings, behavior and resultant consequences? Is this description consistent with your understanding of CBT? Which aspects of Meichenbaum's approach resonate with you and your approach to psychotherapy? Which do not?

### PSYCHOTHERAPY SESSION

2. **History:** (2-9 to 2-12) What do you observe about the way Meichenbaum gathers information in this session? Are you surprised by the focus on Beverly's history and the history of the problem? What do you think about the relative balance between focus on the past and on the present in this session? If you were working with Beverly for only one session, would you have pursued information about her childhood and her history with her father, or would you have focused more exclusively on the present? Why?
3. **The Critic:** (2-15 to 2-18, 2-37 to 2-40) What do you think about the way Meichenbaum works with Beverly on her internal critic? What do you notice about how Beverly responds to his comments and questions about the critic? In what ways do you think he is or is not effective with her here?
4. **Shoulds:** (2-25 to 2-36) What are some of your reactions to Meichenbaum's interventions with the *shoulds* that Beverly tells herself? What do you think about how the conversation about

*shoulds* becomes about anger and hurt? What do you think about Meichenbaum's response to Beverly's disclosure about fear of her intense emotions? If you were Beverly's therapist, how else might you address the issue of her intense emotions?

5. **Coping Skills:** Does Meichenbaum help Beverly develop coping skills? If yes, which ones? What about his approach is most helpful in this regard? Do you notice other opportunities in this session for working with Beverly on developing coping skills?
6. **Choice Points:** What are some of the key choice points in this session? What do you think about the choices Meichenbaum makes at those points? How do the choices he makes influence the process and outcomes of this session? How might you have done it differently?
7. **Core Tasks:** *Meichenbaum identifies some core tasks of psychotherapy: creating a therapeutic relationship (empathic, genuine, non-judgmental and supportive), educating, and nurturing hope.* In what ways do you think Meichenbaum is successful in performing these core tasks in this session with Beverly? Give some examples that stand out in your mind. How do these core tasks fit with your approach to psychotherapy?

## GROUP DISCUSSION

8. **Structure:** *Meichenbaum covers a lot of territory in this session: history, affect, psychoeducation, and concrete steps.* What is your sense of the rhythm and flow of the session? What do you notice about how he structures the time and manages the process that might be helpful to you in your own work?
9. **Hands:** (3-15) What specific observations do you have about Beverly's hands in this session? What comes across to you as a therapist when you see the video focus on her hands at different points? In your own clinical work, what kind of attention do you give to body language and other non-verbal cues, and how do you use these observations?

- 10. Meichenbaum's Style:** How would you describe the therapeutic alliance between Meichenbaum and Beverly? What about him and his approach allow Beverly to open up and take emotional risks in this session? In working with a client like Beverly, what aspects of Meichenbaum's style would you want to emulate? What aspects don't mesh with your personality and style of working?
- 11. Take-Aways:** What is your overall impression of the session and how Meichenbaum works? What is new for you here, and what assumptions, if any, this video challenge? What will you take away?
- 12. Personal Reaction:** How would you feel about being Meichenbaum's client? Do you think he could create an alliance with you and that the therapy would be effective? How so?



# Complete Transcript of Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD

*Note to facilitators: Throughout the transcript below, we indicate on-screen minute markers that correspond with those that appear in the bottom right corner of the DVD on screen. You will find chapter markers on the DVD at five-minute intervals so that you may easily skip to desired points in the video.*

## MEICHENBAUM'S APPROACH

1-1

**Dr. Jon Carlson:** Diane, this program is going to be dealing with cognitive-behavioral therapy. What do you know about cognitive behavioral approaches?

**Dr. Diane Kjos:** Well, my sense is that this is based on the idea that how we feel and how we behave has a lot to do with our thoughts or how we perceive and think about things. So if we believe this, then we're going to behave this way. If we believe that, then we're going to feel that way... that type of response.

**Carlson:** It's my understanding that there's a lot of different approaches within cognitive therapy, too, so there really isn't just one cognitive therapy approach. All of the approaches have similar things in common. Like, they have a focus on working, looking at goals, where people are headed. It's very time limited. It's a bio-psycho-social approach, which really, you know, highlights the fact that we do work with thinking, we do work with behaving but also a lot with feelings.

How does this relate to some of the other theories?

1-2

**Kjos:** I think it's really based on the earlier research in terms of cognitive science and behavioral sciences. And probably we think of people like Aaron Beck or Albert Ellis as people who have been leaders

in the field as well as our guest here today.

**Carlson:** How about Alfred Adler? Would you put him in that?

**Kjos:** Oh, Jon, we always have to bring Alfred in.

**Carlson:** Let's bring out Donald Meichenbaum, and let's learn some more about this theory.

Welcome.

**Dr. Donald Meichenbaum:** Good to see you again, Jon.

Hi, Diane.

**Kjos:** Good morning.

**Carlson:** Well, Don, what is cognitive behavioral therapy? Can you give it to us in a nutshell?

**Meichenbaum:** Well, I think that your initial comments were pretty much along the lines. It is an approach that's sensitive to the interconnection between thoughts, feelings, behavior, resultant consequences. And it's also sensitive, as you noted in the bio-social, to the biological factors that contribute. Its key element is psycho-educational, to make people aware in a collaborative fashion, as you'll see on the tape, about that interconnection.

1-3

It's also an approach that empowers individuals, that not only looks at the difficulties but also highlights some of the strengths and how we can build on those resources.

**Kjos:** How does it relate to the different... We're really concerned nowadays about multicultural and so forth. Can you talk a little bit about how this approach fits into that?

**Meichenbaum:** Well, I think that's a really important question to raise, because I, I think that any therapist, no matter what your orientation, needs to be sensitive to cultural differences and factors. And since cognitive behavioral approaches are so phenomenologically oriented, it tries to see the world through the client's eyes, the sensitivity to culture becomes apparent. And I do a lot of work in the area of trauma, and it turns out that the coping styles differ from



culture to culture, from race to race.

1–4

And if it's collaborative and building on resources, you can be sensitive to those.

**Carlson:** Is there any particular population that this approach works best with or doesn't work at all with? It's two questions, but...

**Meichenbaum:** Right. Well, as you noted at the outset, subsumed under the heading of cognitive behavioral interventions are a variety of diverse procedures, and one of the impressive features, having been involved in its development for 30 years, has been the range of application. So as you noted, much of the work initially started with people who had disorders like anxiety and depression. And in fact, one of the most interesting aspects about this is that if you look at empirically based interventions now, cognitive behavioral techniques are the leaders in that domain.

1–5

So let me answer your question in sort of ticking it off. There is a whole application of cognitive behavioral techniques—cognitive restructuring, stress inoculation training and the like—that have been applied to people who have anxiety disorders, depression. Another area that has received a great deal of attention is an emotion that's been overlooked, and that's anger. Anger control has received a great deal of attention in terms of stress inoculation training.

And then there's a whole arena of where cognitive behavior mod has been applied to children and adolescents. Specialty populations are interesting as well. So for example, I consult for individuals who are developmentally delayed, mentally retarded individuals. I consult at head injury centers. We have traumatic brain injury and people have to deal with the aftermath in the families.

So the key isn't... I wouldn't write off any specific population. The challenge is how the clinician can select from the array of techniques and tailor it for that population.

1-6

**Carlson:** So there really is not any one group that it doesn't really work with, but it seems to... It's the challenge of the therapist to...

**Meichenbaum:** Yeah, well, let me, let me sort of convey that, you know, I'm not only a clinician; I'm also an academic. So the database for these procedures are perhaps more developed in certain arenas than others. And there are clearly difficult and challenging patients, and they represent a challenge for every particular approach including cognitive behavioral, and we can talk about the features and what makes someone challenging but, you know, I... Cognitive behavior mod is not a panacea. There's no miracle cures. It is a scientifically, empirically based approach that grows out of an understanding of the difficulties that clients have and their resources. And it's growing.

**Kjos:** You talked about that, the therapist being able to modify. Just how would that work? I mean, how... would you give us an example of how that might work where you would modify—

**Carlson:** Or tailor.

**Kjos:** —or tailor your treatment?

1-7

**Meichenbaum:** Yeah.

**Carlson:** It's not a one size fit all approach, is what it sounds like.

**Meichenbaum:** Absolutely. Let me, let me go back and answer it in this way: in my recent writings and especially when I'm teaching workshops, I've tried to figure out what are the core tasks of psychotherapy that cuts across all approaches? You know, what are the key elements that lead to therapeutic benefits? And once we understand what those core tasks are—and perhaps we'll have a chance to talk about it—then what you can do is alter those core tasks culturally or in a sensitive fashion. So therapeutic alliance and relationships are key.

**Carlson:** Would that be like the... Maybe you could go over those core tasks.

**Meichenbaum:** Okay. And if I just quickly give you a sense of those,

then we can come back and I can show you how we can alter that or, to use your word, tailor it. Okay?

**Kjos:** So therapeutic alliance.

**Meichenbaum:** Let me backtrack.

1-8

You guys are in the business of making a lot of tapes. You've had lots of people go through this kind of process. And the key question is you're in the business of identifying experts. So what is it that expert therapists do? What do we know from the psychotherapy outcome literature that cuts across so-called theoretical perspectives?

Well, the first thing that we know in terms of outcome is that the most important variable in influencing outcome are patient characteristics. So if you want to be successful as a therapist, you want to get invited to this, the key thing that you've got to do is to select your patients carefully. I mean, that's a very important thing. So I can give you an enumeration of biological disorders, Axis II disorders, noncompliant, treatment-resistant, that if you could exclude those, you would have a rich and rewarding life. You would be invited to make these films.

1-9

But most therapist...

**Carlson:** You think he's told us the key to success? Okay.

**Kjos:** I think we got it.

**Meichenbaum:** No, but what it does is it highlights that most therapists don't have that ability to select. So the key question is what is it that therapists can control? From my reading of the literature, the most important predictor of outcome is the quality and nature of the therapist relationship, the ability to develop an alliance. And you'll see how much time I spend in the session in generating the empathy, the genuineness, the nonjudgmental supportive fashion. I think that that's common across all cultures and religions: people need to feel that they're understood, that they're respected and heard.

A second kind of element in all therapy is that inherent in every therapy is some kind of education. And it's not didactic in terms of

lecturing, although there may be some exchange of information, but it's getting people to become self-aware of the connection between thoughts, feelings, behaviors.

1-10

It's getting people to self-monitor. It's getting people to reframe and reconsider. It's getting people to recognize their strengths.

The third aspect that I think is inherent in all of therapy is nurturing hope. Without hope and the nurturings of hope, why should people continue? So in the collaboration of goals, one needs to figure out the nature of hope.

The others I'll just enumerate, and these will come out in more detail. That is, I think part of what cognitive behavior mod has done is that it helps people recognize and develop strengths, coping skills. And cognitive behavior mod has developed technologies to do that. I mean, that's its, one of its major contributions in terms of problem-solving interventions or stress inoculation training or skills training. And it blends what you were talking about before in terms of cognitive science and behavioral science.

1-11

Two other tasks, if I may, and that is, it gets people out there performing experiments, of doing it in their day to day existence and taking the data from those personal experiments as evidence to unfreeze their beliefs about themselves and the world.

**Carlson:** Just like homework?

**Meichenbaum:** Well, we don't like to use the word homework because it has a lot of judgmental and pejorative value.

**Carlson:** Practice.

**Meichenbaum:** But I mean, getting them to become their own therapist, to, to take your voice with them. I often ask patients, "Let me ask yourself something, Jon"—imagine you were the patient—"do you ever find yourself out there in your day to day experience asking yourself the questions that we ask each other right here?"

Now that's a very interesting question because it sort of is recognizing

that the task of therapy isn't only what you get here, but how do you build in generalization out there?

Two last tasks.

1–12

It's not only important that people change; it's critical that they take credit for the changes. All the data indicates that people making self-attributions, attributing the change to something that they do, is important. And that's even true in terms of research on medication. It's not that the medication caused your depression to go away. It's the medication allowed you to notice, to catch and interrupt.

**Carlson:** Gave you a leg up.

**Meichenbaum:** Not only that, the last item—and I don't mean to go on so much, but once, I think, I've put these before us, we'll be able to come back and revisit your question—and that is it does relapse prevention. It identifies that many of the problems people have are episodic, that they'll occur again and again. And when we deal with trauma, there may even be anniversary effects.

So what have I said? Expert therapists go through these activities. Now, let me just pause and get your reactions to that, and then I can go back and say, how would you implement those tasks differently if you had different cultural, racial groups?

1–13

**Carlson:** Or just tailor it for any kind of a specific problem.

**Meichenbaum:** Or populations. Does that make...

**Kjos:** Or a couple or a family or an adolescent or...

**Meichenbaum:** Right. Let me get your reactions. Why do you make of my enumeration?

**Carlson:** It makes a lot of sense to me. I especially like the last point that you raised, the relapse part, because we tend to front-load too much of our treatment. And so many people get help and then two years later they're right back where they started from because we don't show them how to continue to maintain the gains.

**Meichenbaum:** Like... Go ahead, Diane, please.

**Kjos:** Well, I was going to... And the one that I resonated with was the one of reminding clients that they do take you with them, and, and so that they can use that, which I think is... We sort of see that as, “Oh, wow!” But I don’t know that we always remind them that that’s a possibility.

**Carlson:** Let’s take it to how you tailor, then, if a client comes in— maybe they have an eating disorder.

1–14

**Meichenbaum:** We have on the table a couple of different issues. One is how do you tailor for culture and race? How do you tailor by psychopathology? And I need you to know that if you see people who have a history of trauma, there are five additional tasks. I don’t... I mean, trauma patients present particular challenges that over and above these core tasks. And I spelled this out in the handbook on PTSD and I won’t get into it. Let’s go back and revisit the issue of tailoring.

Now you can start to ask how do you get into the nature of the therapeutic alliance and make it sensitive? So some people by means of background and also by nature of the disorder like previous distrust or what have you, one needs to be sensitive to what the form of that self-disclosure looks like. One needs to empower the client and indicate your willingness to allow them to go at their own pace.

1–15

One needs to be respectful that self-disclosure and the form that it takes will vary. That needs to be culturally sensitively tailored.

I just was involved in the resettlement of the Kosovo population in Canada. I mean, that’s an absolutely fascinating issue in terms of cultural differences and how would you go through these tasks, you know, and how you’re respectful, and who should the therapist be given the trauma that they’ve been through.

Not only that, you need to tailor the nature of the education accordingly in terms of meeting and tailoring the level of what’s presented and how to pace it, so you’re not just doing education but

this occurs over the course of time. And each of those particular core tasks need to be attended to.

1-16

I mean, I could take it to any population. If you want to go to the eating disorder, you need to be cognizant that there's a high likelihood of victimization among individuals who have eating disorders. That's a very high likelihood. Therefore, as you get the story you need to be sensitive to give permission to let that portion of the story emerge if indeed that's the case.

Or, and you know, there's lots of different directions I could go. I'll let you sort of focus me in.

**Carlson:** Yeah. No, that's really a good example, though. I mean, just showing some of the various components that you need to think about as you're tailoring.

This whole notion of cognitive behavioral therapist in you, you know, therapy, you indicated 30 years ago is really when you got started, but that's probably the time that cognitive behavioral approaches really got going. How did you get into this yourself?

**Meichenbaum:** There are different answers to this. I can give you the academic and scholarly one and I can give you the more personal one.

1-17

**Carlson:** Let's have, let's have... Yeah, let's have...

**Kjos:** Let's go for the personal.

**Carlson:** Number, number two.

**Meichenbaum:** Well, you know, I recently wrote a chapter in a book called "The History..." "The Journey of a Psychotherapist and His Mother." Kind of interesting. And...

**Carlson:** I think he came from an analytical place, but let's go on.

**Meichenbaum:** No, it's an, she's an... My mother's Adlerian.

**Kjos:** His mother's Adlerian.

**Meichenbaum:** I'd just like you to feel confident that he didn't die in

vain, you know. That achievement motivation was a big piece of her. So the question was, you know, where does the origin come? This was written for undergraduates, right? So what do I tell the story? I said, look. Let me tell you about my mother. She's a very interesting woman. She comes to visit me. She lives in New York. I live in Canada. She comes to visit me, and each time she comes to visit me, she's full of stories. She's a big storyteller.

1-18

But my mother has a particular, interesting way of telling stories, because not only does she tell what happens to her—you know, she's at work and some woman asks her to help move some boxes and she knows she shouldn't move the boxes with her back and so forth and she starts moving the boxes. And when she goes in with the box, she comes back, the woman's gone but the other boxes are there, you know. And she starts to tell you this story about how she sort of got entrapped out of her altruistic spirit to help. And then what happens is she starts to get down on herself, she says. And not only does she get down on herself, in she tells the story, she also comments about how that was a bad thought to have: "I mean, it's bad enough I volunteered. Now why should I get down on myself. And then I decided, 'Flo, stop it, okay?'"

And it dawned on me that she's telling me this story...

**Kjos:** She's teaching you.

**Meichenbaum:** Not only that, it dawns on me that I ate dinner with this woman every single night, and during the course of my socialization process, I would hear her.

1-19

So not only would she say, "How was your day, Don? How was school?" "And what did you think of the teacher? Now what led you to think that? You think, how did you know that she meant to pick on you? Maybe she..."

So what I have recognized is that my entire professional career is to validate my socialization process.



**Carlson:** There you go.

**Meichenbaum:** Okay, so that, I want you to know that I attribute much of cognitive behavior mod to my mother, and I want both of you to know that she is available to make these kinds of tapes. Not only that, she charges less than I do, and you should contemplate this. You should do the mothers of famous therapists.

**Kjos:** Sounds like it.

**Meichenbaum:** Forget about the therapist.

**Carlson:** Let me write this down. This is an idea.

**Meichenbaum:** I mean, where do you think this comes from? This is a whole new series, right?

**Kjos:** It sounds, it really sounds exciting.

**Meichenbaum:** Give me a small credit. Flo's son...

**Carlson:** Flo's son.

**Meichenbaum:** Now I could give you the scholarly...

1-20

**Carlson:** Carried out her tasks, yes.

**Meichenbaum:** Now I want you to know there's another side to this. There's a side that says I grew up in the heyday of behavior therapy. I went to the University of Illinois, which was the heyday of this. I was sensitive to the nature of cognitive influences. I am a derivative of a long tradition that goes back to Korzybski and Adler and George Kelly and Ellis, and in my writings, I have also conveyed that cognitive behavior mod is the attempted integration of the clinical concerns of cognitive semantic therapists on the one hand and with behavior technology on the other.

Now, one of the things that has happened that's very interesting, if we get to the scholarly part, is that once cognitive therapists included cognition in the equation, they started to appreciate the complexity of what we mean by cognition.

1-21

So therefore, cognition is not only the automatic thoughts and beliefs, but they started to recognize that you're dealing with the nature of the schemas. Now, as soon as cognitive behavior therapists got into that window and recognized the critical role that feelings play, because it's, you know, thoughts influence feelings but feelings also influence thoughts. As soon as they did that, it opened up a new window and started to look like very psycho-dynamically oriented therapies. And you'll see that. The other... and it's very historical.

The other piece that became apparent—and this grew out of a lot of my work with trauma patients—is I, I've become more and more a constructivist. I've described my work, and for anyone who wants it, they can go on the internet and call up Meichenbaum and see various interviews that I've done that describe this in more detail.

1-22

To see a kind of constructive narrative perspective that the way in which we behave, the way in which we feel and appraise the world is a large derivative of the stories we tell ourselves. So I see cognitive behavior mod as a highly integrative therapeutic approach so that we won't have a hundred different therapies, that we're going to develop a more theoretically based intervention.

**Kjos:** In a few minutes, we're going to watch a demonstration of you working with a young woman, and what were your goals in this interview? What were you thinking about?

**Meichenbaum:** Not to do anything that would embarrass me.

**Carlson:** Sure.

**Meichenbaum:** No, I, you know...

**Carlson:** For all time.

**Meichenbaum:** You are stuck on tape... I mean, part of the challenge, and the goal is, because I've done films like this, is to implement as many of those tasks as possible within the 45 minutes.

1-23

So I needed to A) hear their story. I needed to develop a therapeutic

alliance, and we will see whether I was successful in accomplishing that. I need them to not only tell the story, but I also need them as Paul Harvey describes, the radio commentator, to tell the rest of the story.

**Carlson:** The rest of the story.

**Meichenbaum:** I also wanted to see the connections of this to developmental issues and what lingers from that in terms of the story they tell. I also, in the film, want to convey, both to the patient and to the audience, how I would proceed from here. And I also want to demonstrate a technique or two and get their feedback. So, you know, that was sort of the intent.

**Carlson:** What should our viewers look at? What should they be looking for as they watch you work with Bev?

1-24

Certainly to see whether or not you accomplish the above.

**Meichenbaum:** Yeah, I think that they should see it as a teaching tape. They should play a little bit, stop it, and then say to each other, “What would you do next?”

**Carlson:** That’s right.

**Meichenbaum:** I would really like it to be an interactive learning thing, and then have them see that all of therapy are decisional choice points. I am remarkably strategic, not only in what I say but how I say it. I work very hard during therapy. I come out of sessions tired because the entire time, I talk to myself.

**Kjos:** “Should I say this? No, I shouldn’t. Should I go here? How do I word this?”

**Meichenbaum:** I mean, “Do I go... do I pluck that word? Now I gotta pluck...”

And the other thing to keep in mind is I most likely talk more in this tape than I would in my regular therapy sessions because I’m pressured for time.

1–25

**Carlson:** It's condensed. It's condensed.

**Meichenbaum:** Yeah, I think that's what happens. Let me finally note, in terms of the origins of cognitive behavior mod.

**Kjos:** Back to the beginning, go ahead.

**Meichenbaum:** Well...

**Carlson:** He's still talking to himself, you know that?

**Kjos:** He's still talking... yeah, I know.

**Meichenbaum:** I grew up in New York City. People in New York City talk to themselves all the time. They get off the train and they've got to get from the train to their house without getting mugged, okay? So the whole time you're going from the train to the thing, you go, "I'll walk down here. No, no. I won't. Look, those two guys. I'll stop over here. It's not too bad. Look at the people. I'll walk over there."

Now what happens is, when you go to Canada and do that—

**Carlson:** Uh-oh.

**Meichenbaum:** —they call that cognitive behavior modification, and you become very famous and get invited to do these kinds of things.

**Kjos:** There you go.

**Carlson:** Well, let's watch how it works.

**Meichenbaum:** You've got it.

**Kjos:** Thank you.

**Carlson:** Thank you.

## PSYCHOTHERAPY SESSION

2–1

**Meichenbaum:** Beverly, is it okay if I call you Beverly?

**Beverly:** Sure, that's fine.

**Meichenbaum:** First of all, I want to start off by thanking you for coming in and agreeing to do this project. Perhaps we could begin by

having you tell me a little bit about what brings you here, how I can be of help.

**Beverly:** Well, I've been suffering some anxiety. I haven't been able to sleep at night. My thoughts are going wild. Some nervousness and fears. Just, just a lot of, and on edge a lot, you know, and it's interfering with, like, my schooling and things like that and...

**Meichenbaum:** Of these, where should we begin? Where do you... help me understand what you're...

**Beverly:** Well, I could tell you a little bit about probably the main cause of it, and my history a little bit.

**Meichenbaum:** Okay.

**Beverly:** My father is a manic-depressive, and he's been that way since I was about 13 years old.

2-2

We never had any kind of help or support during that time, so we pretty much just lived with it, kept it within the family. I used to feel it was my fault a lot, that he was the way he was. I blamed myself a lot. And he's been off and on that way for most of his life since then, and he has the cycles. I never really got to know who he was, you know, as a father, because he's always been kind of a stranger to me.

About a year and a half ago, my mom passed away. She was his primary caretaker. She finally had to put him into a nursing home because it was just too much for her to handle. After she passed away, I had to become his power of attorney and take over all, everything, the responsibilities, and become his caretaker.

2-3

It's been really hard because there's a part of me that just can't, doesn't have all that love to do that, you know, I mean. It's a mechanical thing I'm going through a lot of times. He's still very abusive on the phone. He calls and tells me he's going to cut me out of his will. There's never any real appreciation. There's never any thank-yous and I've just got so much, so much stress. And my brother and sister are out of state and they're pretty much staying that way: out of sight, out of mind.

**Meichenbaum:** Are they younger or older, or...?

**Beverly:** They're a couple years younger. I'm the oldest.

**Meichenbaum:** So the burden, the responsibility.

**Beverly:** And it's everyday. I can never get away from it because there's a lot of bills. His medical expenses are really... He's had pneumonia, he almost died this year. It's not, you know, I don't mind... I had...

2-4

I was the only one that could take it over last year, this power of attorney and everything, because I was the only one in state, but it's caught up to me. Last year, I don't know if I was in shock so much that I was going through the motions. This year, I'm feeling more emotional and real stressed. And I'm... sometimes feel like I'm going to have a nervous breakdown. I just want to run away.

**Meichenbaum:** What you mean by "on edge all the time"?

**Beverly:** Well, I'm on edge because of him. I haven't dealt with a lot of this past... I'm afraid of him still. There were a lot of terrible things that happened when I was growing up with him. He threw things. He was real abusive verbally. He's had a lot of sexual things going on. I guess a lot of bipolars have that. So I still have a lot of that fear for him even though he's older and he's weaker and he's in a wheelchair, I'm terrified he's going to get out and he's going to maybe come and get me. Yeah. So there's so much terror that just hasn't been resolved and it all seems to be coming up now from that.

2-5

**Meichenbaum:** Wow, that's quite a story.

**Beverly:** Yeah. So.

**Meichenbaum:** You've been through a lot and it still impacts on you now.

**Beverly:** Yeah, it doesn't ever seem to be getting any, like, better. It just something... I don't know. It's just day after day, I don't see any resolution or anything, you know? I get hopeless about that sometimes.

**Meichenbaum:** So not only do you have all the mixed feelings of caring for him...

**Beverly:** Yes, I do. There's a part of me that knows he's my father and wants that love, but I never hear it from him. I never hear anything about "Thank you"

**Meichenbaum:** No appreciation.

**Beverly:** Or anything. And maybe I wanted to take care of him because I never got that, and maybe I wanted to see if I could get that from him. I still haven't.

**Meichenbaum:** We're going to come back to all of that, stresses that you're dealing with and what you've been through. I am kind of also curious about the other parts of your life, you know, in terms of... who you could share this with, who do you turn to, how... what the rest of your...

2-6

**Beverly:** I have a few friends in school that I can talk to. My husband, I talk to him a lot. I try to talk to my sister and brother about it, but they seem to be thinking that, they just, they're not there to see the everyday, to deal with the everyday stuff, the phone calls from him and everything, so they think that I'm just not doing my job, not being the daughter or something, you know. The responsible one. And I'm just tired of being that responsible person. But I don't have all that... I've tried to look for some support groups and things, and I'm trying to get into some therapies and stuff, but...

**Meichenbaum:** And tell me a little bit if you feel comfortable about the whole business with your husband. How does that...

**Beverly:** Well, he's real good, and he's real understanding. He's been through a lot of it.

2-7

He's almost been a replacement for my brother and sister. He comes out and deals with my dad. He's heard a lot of the stuff. He's dealt with my dad, some of that abuse. And then, I feel bad because I don't think it's right that he has to be burdened with it, too. And that's where I'm

at lately: feeling really bad about burdening the people around me that shouldn't have to be that, go through that.

**Meichenbaum:** Right. And in working with him or with others, what kinds of solutions, if any, what kinds of things have you been able to bring on to cope with all of this? Give me a sense of where you're at in terms of...

**Beverly:** Well, I tried to do everything I could for my father when he requested things.

**Meichenbaum:** Okay.

**Beverly:** But I was just getting beat up by him. Anything, nothing I did was ever right or anything, or appreciated. So lately I've been distancing myself from him. When the phone rings, I don't answer it. He's getting more and more aggravated because of it.

2-8

I'm thinking maybe if I just don't be so accessible to him, maybe he will stop it. But because he's mentally ill, he forgets a lot of things I've said or he brings up...

**Meichenbaum:** So when he calls and is demanding and abusive, can you remind yourself that he's mentally ill, that this is the illness speaking?

**Beverly:** You know, I have a hard time with that, and I don't know why. I mean, I think when I was growing up, my mother used to say, couldn't believe that he was always that way. She used to say that he was putting on an act. So I think there's that voice. I still hear that and I wonder about that myself and I can't separate... Because I never know who he really is. I don't know who, if he was ever normal.

So I fight that. I do go back and forth between, yes, he's my father and I, and I need to care for him. But yet, then he's a stranger, too.

2-9

**Meichenbaum:** Tell me what it was like to grow up there during that whole period.

**Beverly:** I was very lonely. I really shut down. I was always in fear. I



didn't feel like I could reach out to anybody. My mother worked a lot and he wasn't working, so he was home a lot. So we would have to deal with him, my sister and my brother and myself. Or call her up and tell her different things or she'd call home and check.

**Meichenbaum:** And you were the oldest.

**Beverly:** I was the oldest.

**Meichenbaum:** So did the responsibility, more of the responsibility fall on your shoulders then, too?

**Beverly:** It's possible because I stayed home longer than the other kids. They left at about 20, and I stayed for a while longer thinking I could help out, help my mother, I think.

2-10

Try to be supportive. And it was never... I started doing things for her that she wanted done. Like I'd take clothes to him at the mental hospital, things she didn't want to do. Called the police a couple times.

**Meichenbaum:** You used, you mentioned something before—and talk about it only if you feel comfortable—you said something about his sexual... Some of the behavior that...

**Beverly:** Yeah, it's... His, his, the way he would talk. He had magazines around, that were like, he would just leave laying around. One time, I was in the room and he came in the room and he shut the door with me in there. And that, and I, you know, I don't think anything happened but I always wonder, I go back sometimes and I just start thinking, you start wondering how, if there was something really traumatic that really might have happened. But my mom came and hit the door so hard, I, she almost broke the door down.

2-11

And nothing happened, I don't think, but it was so frightening.

**Meichenbaum:** How old were you then?

**Beverly:** About 15 or so, 14.

**Meichenbaum:** And how old are you now?

**Beverly:** 44.

**Meichenbaum:** And did you, as you think back on it, feel threatened or did you, I mean, what was going on then?

**Beverly:** I was always afraid. Yeah. I was always on edge. I never relaxed, I don't think. I was always waiting—because he was manic, you're always watching to see what his moods are going to be, because it's, you know, it just kept getting worse and worse. And my mom never wanted to get help, really, or just, until it was so bad. So we watched it, you know, get worse and worse.

**Meichenbaum:** Was he aggressive with people in the home? Did he hit people?

**Beverly:** The home? Where he's at now?

2-12

**Meichenbaum:** With the family.

**Beverly:** Yeah, a couple times. He's, he slapped my brother and he's threw things, and I think he hit my mom once, maybe threw her down.

**Meichenbaum:** And toward you?

**Beverly:** Not that I remember. Just very, very loud and screaming and stuff. But I never knew if he was going to. I was so scared, I never knew what he would do next, so I always lived in fear.

**Meichenbaum:** And are there other kind of incidents that you remember during that time?

**Beverly:** Well, there are just so many things. I mean, it just kind of was a blur, you know. It's hard to separate them.

**Meichenbaum:** One right after another?

**Beverly:** Yeah, it was like.... Yeah, they never seemed to ease up. He would go the other way, then he would get real withdrawn and then he would shut himself off from everybody, too, that way, so then you had the opposite, that he would become very remote.

2-13

**Meichenbaum:** And what do you think lingers from that? What has been the impact on you of all of that, that kind of experience?

**Beverly:** I don't know. I try to think of the good times, and that's what I, sometimes my thoughts are, because I want to hold on that he's not all that bad. So from, when I was very young, I remember those good times, and I guess I do that because I just don't want him to think that he's so terrible.

**Meichenbaum:** So you've got to remind yourself of the good times?

**Beverly:** Yes. But now it's getting harder and harder to do that. Now, I'm just, I've almost put up a wall again, I think, with him.

**Meichenbaum:** I'm curious what impact this has had on you in other areas besides just dealing with your, with your dad. How does this affect you in other ways?

2-14

All of that.

**Beverly:** For a long time, I had a real problem with authority figures, you know, and males. I could never have a relationship. They were just... Very shallow, you know, I could never... I was afraid to, to show my feelings, I think. I also... I've been told I'm pretty smart, but I kept that real quiet and I played dumb. I'm not sure why I did that. I guess... he criticized me a lot and he was real sarcastic with me.

**Meichenbaum:** When you grow up with that kind of criticism, growing up with being afraid and having to be vigilant, I wonder what impact does it have when you, what...

2-15

What goes on from the constant exposure to that criticism?

**Beverly:** I'm afraid to open up sometimes, I think. I'm afraid to trust people. I'm just starting to get better at that, but for a long time, I was just really, just didn't want to even try to reach out to people at all. So. Because I was afraid they'd hurt me, I guess. Or criticize me.

**Meichenbaum:** As a result of all of that exposure to criticism, do you ever get a sense that you've become your own critic in any way? I mean, does that, does that concept...

**Beverly:** Yeah. My voice, my head's always... Yeah. I, I think...

**Meichenbaum:** Tell me about your head when you say that.

**Beverly:** My head. Well, I can't accept a compliment really. I always have to twist it around and say, "No, no, no," you know? Or I, or either it's that or I just don't believe that people are being sincere or something.

2-16

So I guess there's some negativity there, that I'm not good enough. You know, I do well in school, but it still doesn't seem like it's good enough. "What's the use," you know, when I am doing good.

**Meichenbaum:** And then, does the, does the critic, being your own critic show up in other places besides taking compliments and hiding your own intelligence and...

**Beverly:** I don't know. It probably is, in some way, always there in the back of my mind. Sometimes it's just not as, I don't notice it as much. Maybe it's a habit.

**Meichenbaum:** I have a notion, and I'd like to run it by you and see how, how it sounds to you, and that is I wondered if when it comes to caring for your dad, if you're a critic of yourself there, as well.

2-17

**Beverly:** Probably, because it's not working out. I'm not getting any closer with him.

**Meichenbaum:** Right.

**Beverly:** Nothing has changed. So I'm kind of a failure, yeah, I guess.

**Meichenbaum:** So what's the picture? I mean... I mean, give me the sense of if you were dealing with him and you weren't criticizing you, what would that look like? I mean, what do you, what do you think you should be... what kinds of feelings do you think you should be having when you're dealing with your dad?

**Beverly:** I should be happy with myself.

I don't know, because I've never really had those. I don't even know how it feels. Because I never learned.

2-18

**Meichenbaum:** I mean, given what you've experienced with him over the years, given the lack of appreciation, given the absence of support from your siblings, if you didn't have mixed feelings, some ambivalence about caring for him, I would be deeply concerned. I mean, you're still getting the criticism from him even though you're doing a lot.

**Beverly:** I feel really bad in a way because I feel like he lost his wife, too, you know, and I lost my mother, and I feel bad that he's lonely, you know. And that's where I struggle because I would really like to be with him and talk to him and just bond or something, you know, and talk about what we've been through, our loss, the loss, and we can't even do that.

2-19

And so there's like, I don't know how to communicate with him. I can't.

**Meichenbaum:** This is our only session together, okay, and if we had subsequent sessions, let me give you a sense of where we'd go and get your reactions to this.

**Beverly:** Okay.

**Meichenbaum:** One thing that I would explore with you, okay, is the stress you're experiencing with your dad and these other areas of your life and how you can, perhaps, cope with that more effectively, whether there's anything you can do with the siblings, whether there's a way that you could share feelings so that it isn't a burden to your husband, the way in which you might be able to bond with your dad, the way in which you could remember the good times, and the mixed reactions.

2-20

So a lot of what we would do is sort of here-and-now problem solving around that to find out what you've done and so forth.

**Beverly:** Okay.

**Meichenbaum:** And I would like you to make sure that your

interactions with your dad are informed with your understanding about what a bipolar disorder is about, okay. You know, and understand what the biology of that event is, the mood swings, so that you can better understand this. I mean, you're a student. And even though on the one hand, you're emotionally attached to your dad, there's another part that is the smarts that you talked about that could observe this and almost view his behavior through the prism of a scientist and saying, "Look, there's the mood swings and where it's going."

2-21

What's the trigger? Look how long the pause..." I mean, we can get you to understand a lot more and then make efforts and see if you can handle it. So that would be one area.

Before I get to the other areas, let me... I suspect you've done some of that already, but give me...

**Beverly:** Probably a lot more than you think. I've probably actually focused a lot on the reading up on the bipolar, but it's almost weird because it makes me feel so disattached to him, and what I want is the emotional, the love, you know. And I tended to enhance that, you know.

**Meichenbaum:** Right. And my concern is I don't want you to have unrealistic expectations. If you set your goal so high...

2-22

So it may be small steps towards that attachment. It might be small moments of appreciation instead of saying, "Look, he called and is accepting."

The other part that I would like to discuss with you, and maybe we could even take some time now, is the impact of all of that childhood experience. And I thought you were really quite insightful and articulate to talk about the way it showed up in impacting in terms of trusting, twisting compliments, hiding your smarts, having difficulty in relationships with others, trusting others. I'm curious how many of those things still go on, and how we could, together, work on that.

2-23

**Beverly:** Well, I think I just want to feel good about myself, you know, that I can do what I want to do and not have to feel like everything is him. But that's where I get torn, because, you know, there's this, a little guilt comes in that I should, like, be there for him more. But I have no energy left, you know, for him. And when I focus so much on him, I just don't care about myself. And sometimes I just want to drop out of life. And you know, like, what's the use? Just want to have more energy, I think, for me, you know.

**Meichenbaum:** Tell me about this dropping out of life. What is, what is that?

**Beverly:** I just feel like hopping in a car and just driving away, you know, and just leaving everything behind.

**Meichenbaum:** Have you thought about hurting yourself or committing suicide or anything like that, or is it just...

**Beverly:** No, but I do get, you know, I can get depressed at times where I just don't want to get up or, you know, I mean... not lately or anything.

2-24

More so when I was like in my early 30s, I was going through some very depressed times.

**Meichenbaum:** Are you concerned at times about... being, having a similar kind of condition like your dad?

**Beverly:** I've wondered about it. I don't think I get that ecstatic high that he gets, but I can get, you know, get down to the lows sometimes.

**Meichenbaum:** You could see yourself being depressed?

**Beverly:** Uh-huh.

**Meichenbaum:** Have you ever been on medication for the depression?

**Beverly:** Uh-uh.

**Meichenbaum:** Have you see anyone about, for the depression in terms of therapy?

**Beverly:** I've seen people in, for therapy but never like for the medication.

**Meichenbaum:** No, no. I meant just to deal with the depression. Have you seen anyone to talk about that?

**Beverly:** Yeah, I've talked to some therapists.

**Meichenbaum:** Has that helped you?

**Beverly:** Yeah, it's basically been just like, it's a release for me, but it's, I mean, I don't know if I'm looking for answers or something sometimes, you know, to, how to get out of it.

2-25

What I do is just talk the whole time and that person listens. So it's a release.

**Meichenbaum:** But have they talked to you about ways that you can cope with the depression?

**Beverly:** Not really.

**Meichenbaum:** Notice it, the way in which you often engage in "shoulds" and the impact of that should?

**Beverly:** Not too much. They usually just kind of repeat pretty much what I'm saying.

**Meichenbaum:** Well, tell, tell me about the shoulds. Because you know, you should bond: you should have positive feelings toward him.

**Beverly:** I shouldn't feel, be feeling angry at my father.

**Meichenbaum:** Right.

**Beverly:** I should love him.

**Meichenbaum:** Yeah, come on. Give me the list. Get it out.

**Beverly:** I should, I shouldn't be depressed. I should be happy, I should love life.

**Meichenbaum:** Right. Well, come on.

**Beverly:** I should have all these friends. I should be out doing things. I shouldn't be sitting home.



**Meichenbaum:** I should have high energy. Come on. I should get in the car and go.

**Beverly:** Right. I should just, yeah, I should just be happy and have a smile on my face all the time and get along with everybody and socialize with everybody and always be interacting with everybody and not shut myself out of the world.

2-26

**Meichenbaum:** That's good. What do you make of that list?

**Beverly:** There's a lot.

**Meichenbaum:** Right.

**Beverly:** There's a lot. And I know I hear those a lot. I say those a lot in my head.

**Meichenbaum:** You say those a lot to yourself.

**Beverly:** Yeah.

**Meichenbaum:** And when you say those things to yourself, how does that make you feel?

**Beverly:** There's something wrong with me. I get more depressed.

**Meichenbaum:** And when you get more depressed, what happens?

**Beverly:** Then I start thinking more of those thoughts.

**Meichenbaum:** And when you think more of those thoughts...

**Beverly:** More depressed.

**Meichenbaum:** And when you get more depressed...

**Beverly:** More thoughts.

**Meichenbaum:** So it's just a vicious...

**Beverly:** And it just, once I start thinking it, the thoughts don't stop. And that's why I have trouble at night, because I just go... One thought and the next thing I know, my whole life is...

**Meichenbaum:** Right. Because the first thing that you said was you had difficulty sleeping, right?

**Beverly:** Right.

**Meichenbaum:** And part of the difficulty sleeping is turning this CD on.

2-27

**Beverly:** Right. It just comes on; I'm relaxed and everything and I think I'm okay, and then in an hour, I'm just freaking out.

**Meichenbaum:** So... what can you do about that vicious cycle between the list of the shoulds and the feelings and all?

**Beverly:** I don't know. Just not think them. Think good thoughts.

**Meichenbaum:** What else?

**Beverly:** But I try. I try to do that, and it doesn't work.

**Meichenbaum:** No, no. But what else? How about the possibility of saying, "I have a right to feel this way."

**Beverly:** To feel bad?

**Meichenbaum:** No, to be angry.

**Beverly:** Oh, well, to be angry. Yeah.

**Meichenbaum:** Okay? "I have a right."

**Beverly:** That'd be nice.

**Meichenbaum:** I mean...

**Beverly:** But then I would probably be really angry.

**Meichenbaum:** Okay.

2-28

Anger is good.

**Beverly:** Yeah, I've always stuffed my anger.

**Meichenbaum:** Tell me about the stuffing of the anger. What do you mean you stuffed your anger?

**Beverly:** I didn't feel like it would ever do any good, so I just kept it all inside and just... stuffed it when I was growing up. Because I feel like I would never win with him. He was more powerful.

**Meichenbaum:** One of the, one of the techniques that's sometimes

used in therapy, and I don't know if any of your other therapists have done it, is there's a kind of strategy that's sometimes used almost like an empty chair, it's like a Gestalt thing, where you put your father there and you tell him, even in this imaginal scene how you feel, what the anger is.

**Beverly:** I could do that. I think I could do that. I'd be afraid, probably, though.

**Meichenbaum:** Well, we'll try it. Imagine... I can't get out of the empty chair because of the cameras but imagine that he was here. What would you say to him? Try it.

2-29

**Beverly:** I would just say, "You were never there for me and you expect me to be there for you now. You never loved me. You never wanted me. You just treated me like shit my whole life. All you've cared about is yourself; you've never cared about anybody else. You know, your wife died because of the stress you put her through. So you know, and yet, you're always coming out smelling like a rose. And we're always looking, you know, we're always crap. And I just, I'm just tired of it. I'm just tired of the way you are, you know. And I think you're hiding behind that illness sometimes. You know, sometimes I think that's a cop out and that's why I can't believe in the illness sometimes."

2-30

**Meichenbaum:** And how does that make you feel? Tell him how it makes you feel.

**Beverly:** It makes me feel good.

**Meichenbaum:** To say that?

**Beverly:** I don't know. It's hard to get to that anger.

**Meichenbaum:** No, no, tell me, tell him... Stay with the anger. I want you to tell him, tell your dad just how angry you are. What was it like to grow up there? When he closed the door, when your mother was banging on the door and you were in there, when you were being vigilant?

**Beverly:** It just felt awful, you know. I was just so lonely and so scared,

and you just shut me out, you know. You just didn't care and you didn't care what you did to anybody. You didn't care if we were crying or we were screaming or, you just didn't care. You just kept it up, more and more, you know, and it was just like, I just felt like you did it on purpose sometimes. Like that was really who you were, that you just were a mean person.

2-31

You still are. You're not changing. You want everybody to feel sorry for you. And you don't care about anybody else, and it's like, and if you, nobody does what you want, you just cut them off. And I've just had it. I'm just tired. I've tried to, I've tried to be somebody for you, a daughter or something, and I just can't even see you as being my father. There is no father there. You've just hurt me my whole life.

**Meichenbaum:** Am I still hurting you?

**Beverly:** Yes, you still are.

**Meichenbaum:** Tell me about the hurt that you're now feeling.

**Beverly:** I don't know. It just, you just treat me like I'm, I'm a stranger, like I'm not your daughter.

**Meichenbaum:** And how does that make you feel?

2-32

**Beverly:** It just makes me feel like you're using me or something, you know? That you never cared and you never will. I thought you would care. I thought you would change. And it looks like you're never going to and I just, I'm just tired of trying.

**Meichenbaum:** So if I'm not going to change—your dad—tell me how you're going to change.

**Beverly:** Well, I just feel like I'm just kind of like, right now, I'm just running, just cutting, cutting myself off from you. I'm tired of doing for you and you're not doing anything back. I don't know if it's always got to be a give and take, but it's always been a give from me to you. So I just feel like I have to give it back to myself for a while.

**Meichenbaum:** And tell me what it means to give it back to yourself.

**Beverly:** Just loving myself.

2-33

**Meichenbaum:** And, and, and how would that show up? What would you have to do to love yourself?

**Beverly:** Just be happy with who I am, accept myself the way I am and not feel like I have to change for anybody.

**Meichenbaum:** How can you go about being happy with yourself? How can you accept yourself? What's involved in doing that?

**Beverly:** I don't know. Like just stop, don't have to worry about what anybody else thinks. Just not feel like I have to be a certain person for other people, I think. Just be free and not have to, not have any expectations from anybody. I feel like I've always had to live up to some, everybody all the time.

**Meichenbaum:** And are you saying now?

**Beverly:** I'm feeling better about that. I'm feeling like I'm more focused on myself, you know. I'm trying to love myself more, but I'm just feeling so much more emotions that I don't think I ever felt when I was growing up, and I think that's why I'm having such a hard time now, because so much is...

2-34

**Meichenbaum:** And allowing yourself, giving yourself permission to feel those emotions, is that part of the growth process? Is that part of the healing process?

**Beverly:** It just is so hard, though. They're so intense. I get so scared of them sometimes. It's, it's, you know, I know you could drink or something, you know, and sometimes I wonder if that wouldn't be such a good idea, you know, just because I, I didn't realize how intense emotions can be and why people try to escape them. It's hard to feel them. So that's why I don't sleep at night, you know, I'm just feeling so much.

**Meichenbaum:** I'm wondering if it would be helpful for you to find someone you were comfortable with in therapy to help them join you in the journey of going through these emotions. I think you're

absolutely right, that there is a great welling up of these emotions that you've had and that it's painful to deal with.

2-35

**Beverly:** Very painful.

**Meichenbaum:** But that there's some value in doing so with someone who's understanding and supportive, who's nonjudgmental, and so that you could put into words those feelings. I would really encourage you to allow yourself to find someone, not only someone who will just listen and allow you to talk but that will help you focus in on that. Does that make...

**Beverly:** Yeah, I guess I've been struggling with that because I don't know if I need... because you know, the therapies and stuff like that, I don't know what... I need to trust somebody, you know, and it has to... But I also do need help to get through that because I'm afraid to be alone with that stuff sometimes now. It, it scares me.

2-36

**Meichenbaum:** And sometimes it's harder to just do it all in your own head, because when you do it in your own head, there's another part to the CD that comes out, and that is the long list of shoulds. If you are in the business of accepting yourself, you've got to let the shoulds go.

**Beverly:** It's true. They've been with me a long time, you know.

**Meichenbaum:** I mean, you can be more selective in which ones you want to keep operating, okay?

**Beverly:** I know, but I don't have, I don't know how to get the other ones.

**Meichenbaum:** If you deal with the feelings, okay? You have such a long list. You said one of the things about caring for yourself was that you had to accept yourself. Well, you can't accept yourself on the one hand and have an armful of shoulds on the other.

2-37

**Beverly:** Yeah, that's quite, it's such, it's a burden. It hurts sometimes.

**Meichenbaum:** It hurts.

**Beverly:** Yeah. It's such a weight for me.

**Meichenbaum:** You have been criticized long enough that you don't have to continue the process. Okay?

**Beverly:** So I can stop it?

**Meichenbaum:** So when you catch yourself criticizing, you say, "Oh, Dad said that one already," okay? "I've done this one. Been there, done it." Okay?

**Beverly:** Okay.

**Meichenbaum:** Now, that's not going to be easy because the feelings will come back.

**Beverly:** The feelings are so connected to my thoughts, too. That's what happens: the feelings just come out and...

**Meichenbaum:** They are two sides of the same coin, and there's a real need for you to continue what you were doing here.

2-38

I mean, just sitting in this chair, I could feel the emotions that were...

**Beverly:** They just can't, they're just like so overwhelming, like all the time, you know, and I have to like always put on some kind of a face or something, you know, to everybody. That's what's so hard, you know. Like with school and stuff.

**Meichenbaum:** In therapy, if I was seeing you, there's no need to put on a face. That's what therapy is about.

**Beverly:** Okay.

**Meichenbaum:** I can see the welling of the tears in your eyes.

**Beverly:** How can I help, like at night, I mean, how can I change my thoughts or how can I go to sleep?

**Meichenbaum:** Well, I mean, there are certain strategies that have been used. One of the strategies that some people have found helpful is that when they're lying in bed and they're, see themselves ruminating in this fashion, they get out of the bed so that in your room or in another room so you don't disturb anyone, you have a chair that's

called the critic's chair.

2-39

Okay?

**Beverly:** Okay.

**Meichenbaum:** So if you're lying in bed, okay, and you find yourself criticizing yourself, going through this vicious cycle, you need to go out and go in and sit in the critic's chair. Okay?

**Beverly:** Oh, okay.

**Meichenbaum:** I mean, that may sound crazy, okay? And the chair shouldn't be all that comfortable, okay? But if you lie in bed and just ruminate, okay, and then the whole bed and everything and then you're going to disturb your partner, you're going to feel badly about that, so you can call it the critic's chair, okay, so that you can start to bring this under some kind of better control. That's one kind of way, okay.

2-40

The second kind of way is to recognize the feelings that are going with it and give yourself permission to share that, okay. And to understand that you have every right to have those negative emotions. It's only when you're fighting the emotion of being angry at your dad, and when you try to stop something, what happens? You just think about it more.

**Beverly:** That's what happens. Every time I try to change my thoughts to good thoughts. It just keeps coming at me.

**Meichenbaum:** Right. I... So that, that's a second strategy, a second strategy is to catch that vicious cycle and to start to do certain kinds of things about it. I mean, if we were going to see each other, continual, there are a number of specific behavioral things that you can do to handle that. We have a few minutes left, so let me give you a summary and then get your reactions to this.

2-41

First of all, I want to thank you because you have reminded me and those who watch the film about what is the impact on children of



people who grow up in homes when there's severe mental illness and what lingers from that. And the portion of the tape that we didn't get to in terms of your story is what you've been able to accomplish in spite of growing up in that home, in terms of your marriage, in terms of your smarts, in terms of your schooling. And I would want to explore how you were able to accomplish all that you did and have the courage to make this tape in spite of that, and that's the portion that we didn't get to.

2-42

Let me get your reactions to how...

**Beverly:** I felt good. I felt real emotional. I mean, I didn't think I would feel emotional because I was thinking it would be so cognitive-type, thinking, and it would be rational and stuff. But I was able to feel real emotional, and I felt real safe with you.

**Meichenbaum:** Good. That's important.

**Beverly:** And I didn't know how I would feel with a male person because I've got a real problem with that. I was thinking about that before I got here, you know, trusting authorities and especially males. So that was good. I'm glad that I was able to deal with that. It's kind of a breakthrough, I think.

**Meichenbaum:** Yes.

**Beverly:** And just to tell my story was good. I just need to keep...

**Meichenbaum:** And how did this role playing with the dad kind of thing, how did that...

**Beverly:** It was kind of scary, but I probably have a lot more inside. I could have really probably really...

2-43

**Meichenbaum:** Let loose.

**Beverly:** I was holding back, I think.

**Meichenbaum:** Right.

**Beverly:** But it was a start, I think, and I think that maybe if I keep trying it without, with just a totally empty chair, I think I need to do

that. I'm afraid of it. I'm afraid of my emotions.

**Meichenbaum:** Absolutely.

**Beverly:** I'm really afraid because I know...

**Meichenbaum:** And the more you work to fight that fear, the more difficulties you have. It's important for you to recognize—because I know you're a student—that cognitive behavior modification is as much preoccupied with your feelings as it is with your thoughts and the connection of the two.

I want to thank you.

**Beverly:** Well, I want to thank you too. It was a good... Thank you.

**Meichenbaum:** I really appreciate your coming in.

**Beverly:** I appreciate you. Thank you very much. It was good.

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