

Hi David,

I will tell you writing is not a favored activity for me. My typing method is laughable and I am not motivated to learn to type properly. I will try to keep my comments brief as I recognize how valuable your time is.

Discussing TEAM topics is exciting and is certainly worth my time and efforts. Most (all??) of your responses validate and clarify my thoughts and steer me toward new ways to think about things.

First, you cleared up and validated my inclination that TEAM CBT can be helpful for psychotic folks who are experiencing other TEAM-friendly disorders, like depression, anxiety, and so forth.

Second, I have also yelled in an angry manner at my child to prevent him from harm, with no regrets. Because you have been ripped off so much in the past and naturally felt threatened, what a wonderful opportunity you had to remind us why your copyrights are so important. I had no idea your surveys cost so much to develop. I have always respected your copyrights and just that little bit of information really reinforced my respect for your surveys and your copyrights.

I was fortunate to inherit a client from Dr. Matthew May when the client moved into my area. Consulting with him about the client as well as discussing gold mining among other things was a real pleasure. [David explanation: Matt loves to pan for gold as a hobby!]

I learned a lot from Matt during our 30 minute phone call. What really "stuck" for me was when I asked him about clients who say that they "get it in their head, but not on a gut level." Dr. May said his experience was they haven't truly "gotten it in their heads" when they say that. That statement alone has helped me help many clients.

Your description of the work of Sunny Choi makes me want to fly over and learn how he does it. What a goal to strive for!

I have also found that less psychologically minded individuals often respond better than the "intelligent" ones. I saw this all the time when I worked in the prison system four days a week and private practice one day a week. In my initial questions, I was thinking that the open-minded and psychologically trained subjects receiving treatment from you in workshops might be more motivated, and all if those factors may contribute to their ability to have those awesome ah ha moments.

As far as some of the reasons for the placebo effect, it's probably as much the grey hair as anything. . . . I'm sure the other variables, especially the 1/2 demented part are important too. I hope so cause I'm just about there too!

Your mentioned that therapists will need a reasonable degree of intelligence and aptitude for human interactions, plus a tremendous amount of dedication, time, and practice to learn to be an outstanding TEAM CBT therapist. That is encouraging. During your four-day intensive workshop at the South San Francisco Conference Center last summer, I discussed with you my brother's suicide and my adopting his child who is now eight. You readily agreed with me that I might not have the time to pursue higher levels of certification as my son was enough "to keep you busy". I am a living example of your paradox. I am serving as a good dad and pursuing higher levels of certification all at the same time. Everyone is winning. Thanks!

I have always been one to think outside the box and have never kidded myself that schmoozing was sufficient for therapeutic change. Irvin Yalom once told me as therapists we "had to be perfect at least an hour at a time" The role of expert was essential. I didn't buy it then and still don't.

TEAM is so refreshing because it promotes using self in therapy. All my training taught me this was "wrong". So nice to have this part of my style validated.

TEAM incorporates so many of my "maverick" beliefs and provides a structure to practice them in a very helpful way. I feel guilt when I get stuck and a session consists of schmoozing, as opposed to real therapy.

And when in your book, *Feeling Good Together*, when you say if therapists will be honest with themselves, we will probably have to admit that our efforts at couples' therapy suck (my word).

I was so excited to learn why. That is why at some point I would like to develop a "blame" scale. Although I was reluctant to use the testing before and after each session, I first began testing only before, graduated to before and after and really postponed the therapist evaluation. It's has now become my favorite tool. In fact, I look forward to seeing a lot of writing in the section of the form that asks them what they disliked the most about the session. It's exciting to be "wrong" and grow from it.

As an aside, reading the written blog on single-session treatment filled in a lot of the blanks I had when I had only listened to the podcast.

I have one more question on your comments about TEAM-CBT and the potential value of two-hour therapy sessions. I keep hearing you emphasize that we have to learn not to fix our clients / patients. You say that by not jumping in to fix, we fix.

Phrased that way seems more like a contradiction than a paradox. I *do* want my application of TEAM-CBT to "fix" my clients. I have always believed the client does the healing, and we simply guide them how to use the tools (methods). Correct this metaphor where you see the holes in it.

I see us as guides. When I take a group of novices who want to learn how to negotiate the challenges of traveling into the backcountry wilderness to clear trees off the trail, I do have to show them and allow them to help me in using a two-man saw safely (chainsaws not allowed in wilderness areas) before I can turn them loose on their own.

They are coming along to learn (be fixed). They are not just dudes I am being paid to cater to and get through the backcountry one time. As the journey progresses I have less to do and the crew is able to take on dangerous log jams on their own. The expert in this field, the guy who literally wrote the book, who I learned these skills from, was killed last year in a freak accident cutting timber off a trail. He was the most careful humble, capable, patient, likable guy you could ever meet. The 5 secrets came naturally to him.

So, as good a guide as we may develop into, any of us can stumble and fall. When we let our clients know we are on the same journey making similar mistakes I think it adds to the fixing. My conclusion is yes we do try to fix, as guides not taskmasters. "Fixing" is a team effort and it is what we are doing using the TEAM structure. I think.

Another thought I hesitate to mention. I mean, you are the famous well-respected and published author. But I've not been shy to this point. As I read through your eBook (*Tools, Not Schools, of Therapy*) I keep reading the word "that," In my very limited writing experience I have discovered the word "that" tends to get in the way. Eliminating it does not change the meaning of the sentence and seems to make it flow better. Also, many times the use of the word "but" negates the thought preceding it. Sometimes replacing "but" with "and" maintains the integrity of both thoughts.

Ex. You look really hot tonight honey, but those shoes are just awful.

Vs., You look really hot tonight honey and i just have to say those shoes look awful.

I apologize if I am being too presumptuous.

I do think you would like feedback on obvious typo's in the e book, like on page 11 where in the last sentence you use the word "they" rather than "the". If you're ok with it, when I come across and notice typo's i would be happy to let you know.

Dan

David's response:

Thanks, Dan, Great note, thanks!

I am saddened to be reminded of the death of your brother by suicide. It is tremendous that you are raising his son. To my way of thinking, that is the ultimate loving gift to your brother. I have always felt that suicide of anyone is a horrible event, and devastating to the family and to the therapist as well, if the person was in treatment. And of course, a

horrible loss for the individual who takes his or her own life. The pain and suffering all around can be almost unbearable. Thank you for reminding me about that.

I am also sorry about the death of your friend and mentor who taught you about the skills in clearing trees off the trails in the back country. I have hiking groups every Sunday for people in our TEAM training groups, and appreciate the folks who clear the fallen trees—there are quite a few fallen trees—and they keep the trails reasonably clear and safe.

You asked for clarification about my comments on the potential problems with jumping in to help a patient who is expressing pain. This has to do with "premature helping," or feeling the compulsion to rescue the patient during the early part of treatment session. When patients express intense emotional distress, then need to be heard during the E = empathy phase of the session. Before using any methods to help the patient, you need to do careful and compassionate Paradoxical Agenda Setting, so you can find out if the patients is asking for help, or only wants to vent. If the answer is yes, then you can melt away Outcome Resistance prior to trying to "help" or "fix" the patient. I also cherish and greatly enjoy the chance to help, and I love to see patient's recoveries before my very eyes in therapy sessions, and that's why I've developed so many M = Methods. But it is a matter of timing, and how you go about it

I was also referring to the need to make patients accountable--in other words, using the Gentle Ultimatum and Sitting with Open Hands to deal with any Process Resistance. An example, would be asking a depressed patient to do written psychotherapy homework between sessions as an absolute requirement of the therapy. Another example would be making it clear to an anxious patient that exposure will be required if he or she wants you to treat the anxiety. Many therapists are simply afraid to do this! They would rather try to rescue, or help that patient. They may also be more comfortable with endless schmoozing behind closed doors.

Therapist codependency and narcissism, as well as cult membership (i.e. allegiance to some school of therapy that purports to have the "best" approach and the "correct" theory of causality), can be formidable barriers to learning to do effective therapy as well. I think some humility is required to be an effective therapist, and the admission that we don't know most of the causes yet. But we do have lots of useful tools, and they come from many different schools of therapy.

Great analogies in your email. Enjoy your learning and growth. I think you have the "Buddha spirit!"

I'm kind of way behind on stuff, but might try to edit your email and my reply here as follow-up on the website, not sure yet, maybe it is too much for most folks? Let me know if that would be okay. I enjoy the dialogue, but that's me I guess!

How would I get rid of the butt in the previous sentence? :) I sometimes tell my patients during Five Secrets exercises, "stay off your Butt!"

I am always happy to learn about my typos and other goofs as well.

David

Danny's response

Thanks for your kind comments. I understand we have some history in common. My father was a minister also. I listened to analogies and metaphors three times a week my first 18 years of life. I think Milton Erickson also used the power of metaphors. I use them a lot when I combine EAGALA (equine psychotherapy) with TEAM.

For years, because I was broke (actually homeless for a while), I sold products door to door. I hear you had the same training. It helps make the open hands/ gentle ultimatum a natural.

I hadn't heard the "stay off your Butt" Ranks right up there with Ellis "stop shoulding all over yourself."

It's an honor and a privilege to dialogue with you. As long you are enjoying as am I, I'll continue. If there is a nugget here or there THAT (won't work to eliminate here) would be helpful to others, go for it!

Danny

David response

Thanks, Danny.

I thought it was Dan? Danny? Both are good.

Yes,, my wife and I were homeless for a while after medical school. My father was a minister, and I have sold lots of things door-to-door when I was growing up--cock roach powder, tickets for the Highlander Boys annual show in Denver, Fiesta Chips, and other stuff as well.

I am still a kind of door-to-door salesman, but what I'm selling now--giving away, actually--are new ways of helping people who are suffering develop feelings of joy and self-esteem and greater intimacy and connection fairly rapidly.

Patients are nearly always grateful and excited about this, as most really want to recover. But mental health professionals--not so much in many cases. They are quite skeptical about TEAM-CBT and the concept of high-speed recovery, which is at the core of TEAM.

But so glad you are interested!

David

Danny's response:

I sold insurance, vacuums and solar systems door to door and was good at it until I saw the flaws in the products. Selling others on themselves never deals with a flawed product.

Dan

David

Or alternatively, if you learn the Acceptance Paradox, you can simply rejoice in your flawedness! Which is way easier sometimes! But kind of hard to grasp at first.

David