

**THERAPEUTIC ALLIANCE IN
INTEGRATIVE ADDICTIONS-FOCUSED
PSYCHOTHERAPY AND COUNSELING**

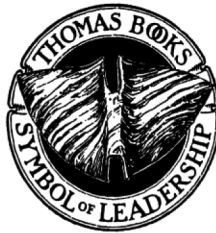
THERAPEUTIC ALLIANCE IN INTEGRATIVE ADDICTIONS-FOCUSED PSYCHOTHERAPY AND COUNSELING

Enhancing Outcomes and The Recovery Process

By

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ACKNOWLEDGMENTS

This text is dedicated to my patients and their families, over the course of some fifty years of addictions-focused clinical practice.

I can't even begin to count the number of colleagues, friends, and significant others in my life who have contributed to my personal development and well-being over the course of my life span. This textbook is devoted to my wife Sandy, daughter Sarah Forrest, son-in-law Dr. Rob Ochsner, granddaughters Della and Morgan Ochsner, daughter Allison Forrest, son-in-law Josh Parrill, granddaughter August Olivine Parrill, the Della-Giustina family, and my many colleagues, patients and lifelong friends over the course of my lifetime. My experience as the Clinical Director of the Ft. Gordon, GA and Ft. Carson, CO Alcohol and Drug Rehabilitation Programs has also played a significant role in my development. I have been fortunate to have been involved with incredible professional colleagues during my private practice group experiences over the course of 1976-2021.

I want to acknowledge the support and ongoing involvement of my family and our extended families related to all the extended summer vacations that we spent at various beaches on the South Carolina and Georgia beaches. These vacations provided me with the opportunity to write several books between 1975 and 2002. Our family and extended families have also supported and contributed mightily to the success of our nationally recognized annual Psychotherapy Associates, PC "Addictive Disorders, Behavioral Health and Mental Health" Winter Symposium which has been held here in Colorado Springs, CO between 1974 and 2020. This event began with 58 attendees, and has grown to over 1,500 participants. We have trained thousands of behavioral health professionals, and provided thousands of scholarships enabling addictions and behavioral health clinicians to participate in this training and educational event over the years. We also thank our more recent Educational Supporters and Exhibitors for their help with making this event possible for so many people.

My previous office secretary, Mackenzie Kniesche, also contributed to the completion of this text, and my wife Sandy and our friend and colleague Larry Ritterband conducted a great deal of the work involved with putting

on our annual Winter Symposium during the process. A special thanks to Jen Ochsner, who contributed to the process of preparing this text and who manages the Psychotherapy Associates group. Finally, I want to especially thank Bruce Carruth, PhD, Tim Gust, PhD, and Michael Thomas for their exceptional editorial work and assistance with this book. Unlike my earlier texts that were generally written and edited within the course of a year or perhaps two, this book was completed over the course of four or five years and required considerable editorial work. Thanks to all of you, and I certainly hope the professionals who read this text find it useful in their practices and clinical work with the spectrum of addictive disordered persons.

**BOOKS BY THE AUTHOR,
DR. GARY G. FORREST, EdD, PhD**

1. *The Diagnosis and Treatment of Alcoholism* (1975; Revised Second Edition, 1978)
2. *How to Live with a Problem Drinker and Survive* (1980)
3. *Confrontation in Psychotherapy with the Alcoholic* (1982)
4. *Alcoholism, Narcissism and Psychopathology* (1983)
5. *Alcoholism and Human Sexuality* (1983)
6. *Intensive Psychotherapy of Alcoholism* (1984)
7. *How to Cope with a Teenage Drinker* (1984)
8. *Alcoholism and Substance Abuse: Strategies for Clinical Intervention* (Eds.), with T.E. Bratter (1985) Book of the Year via Behavioral Health Book Club
9. *Guidelines for Responsible Drinking* (1987)
10. *Substance Abuse, Homicide and Violent Behavior* (with R.H. Gordon) (1990)
11. *Chemical Dependency and Antisocial Behavior: Psychotherapy and Assessment Strategies* (1995, 1996)
12. *Countertransference in Chemical Dependency Counseling* (2002)
13. *Self-Disclosure in Psychotherapy and Recovery* (2010, 2012)
14. *See Jason Aronson, Publishers, Inc. "Master Works Series" including the author's books.
15. *Therapeutic Alliance in Integrative Addictions-Focused Psychotherapy and Counseling: Enhancing Outcomes and Recovery* (2021)

WHAT OTHERS ARE SAYING ABOUT THIS BOOK

“In consideration of the current push from insurances to provide evidence-based treatment, Dr. Forrest provides great evidence for why, as practitioners of mental health, we need to remain aware of the importance of the therapeutic alliance regardless of the treatment used. He coined the term “alliance universality” to demonstrate the ongoing relevance of relationship throughout all mental health treatment. This book is a fantastic reminder of the importance of building our relationships first!”

Dr. Emily Rademan

“Dr. Forrest provides a clear and compelling argument for the value of the therapeutic working alliance in this engaging and accessible book. After examining both the elements and the impact of the therapeutic alliance across a range of approaches and client populations, this important text addresses the critical need to leverage the impact of the alliance when working with clients who have addictive disorders. Based on his rich clinical and scholarly experience, Dr. Forrest thoroughly discusses the issues that add complexity to the working alliance in addictive disorder counseling, and then provides illustrated practical examples of the power of the therapeutic alliance from the first help-seeking phone call through late-stage conclusion of services. This book fills an important gap in the treatment of addictive disorders by emphasizing the impact and power of relationship and alliance in facilitating human change. It is an extremely valuable resource for addiction health care service providers.”

Cindy Juntunen, PhD

“Dr. Forrest has given us a definitive manuscript on the meaning of the therapeutic alliance in psychotherapy, and particularly as that alliance relates to effective treatment of people with addictive disorders. His work is also an indispensable reference for others who are researching the arena of the ther-

apeutic relationship and alliance. The therapeutic alliance with addicted patients has long been an interest of Dr. Forrest and a subject upon which he has extensively written. Chapter 7 in this manuscript encapsulates and summarizes his lifelong study of this issue. . . . This manuscript benefits both the “beginner” therapist and the advanced practitioner. It is also a valuable resource for anyone contemplating research in the area. Finally, it reminds us all that, despite the wide range of approaches to psychotherapy, the relationship between two individuals remains the basic building block of change.”

Bruce Carruth, Ph.D.
San Miguel de Allende, GTO, México

“Understanding the power of relationship - the power of the therapeutic alliance - is vital to our work in the field of substance use and addictive behavior disorders. Technique and strategies cannot take the place of a meaningful relationship; our clients heal and recover through the power of relationship. Dr. Gary Forrest offers a compelling argument for developing a therapeutic alliance, with meaningful suggestions and strategies for decreasing inevitable tensions that can occur in any professional psychotherapeutic relationship. His discussion on psychonoxious behaviors is a useful perspective and reminder to all of us on what not to do. Professionals and service providers, who work with clients struggling with addictions, would benefit from reading and applying the recommendations put forth by Dr. Forrest in this book.”

Mita M. Johnson, EdD, NCC, LPC, LMFT, LAC

“Once again Dr. Forrest has done it! He has given us a book that summarizes what experienced therapists have known for many years – that the relationship is the paramount fixture in the mechanism known as the therapeutic process. While the focus of this text is directed at substance abuse treatment, the knowledge gained through it can be easily applied to the treatment of any mental health disorder. This is very much an academic and educational approach to the subject, for me it resonates my memories of the literature written by R.D Lange, Sidney Jourard, Carl Rodgers, and Irvin Yalom all of whom felt that the therapeutic relationship was paramount to treatment success.”

Michael Wilbourn, Psy.D. Director of Behavioral Health Services,
Peak Vista Community Health Centers

“Gary Forrest is an outstanding clinician and prodigious author of books and articles on addiction. This book continues his lifelong journey of analyzing, theorizing, and treating addicts. It is the culmination of his successful winter conferences attended by thousands of mental health professionals over the past forty plus years. In this book he presents his philosophy and his psychology of treating the individual who needs help with their unfortunate addictions to alcohol and other drugs. I set up the first U.S. Army inpatient program in Germany in the 1970's using one of his first books on treatment of alcohol addicts. I have also used his various books to set up one of the first methadone programs for the VA in 1972. So, I was thrilled to get to know him, firsthand and refer patients to him, when I moved to Colorado Springs. This current tome is especially relevant to the young clinician on theory and treatment of the addictive individual.”

Elliot Cohen, M.D

Life Member, American Psychiatric Association

FOREWORD

The word alliance has many shades of meaning, but all of them imply a close association, a connection, close similarity, affinity, or in some way joined together. A therapeutic alliance means that the therapist and the patient have entered into a relationship that serves as the foundation to achieve an acceptable and appropriate accomplishment. The alliance between patient and therapist has been a foundational component for successful psychotherapy since the early days of Freudian practice and, in fact, even before that. Transference and countertransference can provide the basis for the therapeutic or working alliance. And so, a *working* transference is both a fact and an activity or a series of activities that permeate the entire therapeutic progression. The efficacy of the alliance is independent of the theory and method used by the helper. Still, the therapists' interventions are proven techniques and skills. It is important to realize that the relationship buttresses the therapist's interventions. Consequently, the alliance is not static. Something happens as a result of it. Interventions change and clients change their behavior. Communication often becomes less guarded and even direct at times. Far from petrified, this process becomes tangible and concrete throughout Dr. Gary Forrest's book, a work that is nothing less than epic and monumental.

The author further describes how the alliance implies efforts to achieve a targeted outcome, a process that fits with the current requirement for treatment planning and to reach a higher level of patient mental health. When Carl Rogers formulated empathy, positive regard and genuineness as the cornerstones for reaching a more fulfilling level of mental health for the patient, he and his followers gave the world a developmental process that has inspired therapists on virtually every continent. In his classic interview with *Gloria*, Rogers spontaneously demonstrates empathy, positive regard and genuineness and truly sees the client's point of view in a congruent and authentic manner. And yet, Rogers was not a passive observer. As the alliance developed and flourished in this classic therapy session, toward the closing Rogers poignantly remarked, "Perhaps the person you're not being honest with is yourself." This seemingly simple intervention illustrates not only genuineness and the growth of the trusting relationship but also the fact

that Rogers could comfortably make a statement that would probably not be appropriate in the early stages of the therapy session. The relationship was secure enough that it not only would not be damaged by this direct observation, but it would be strengthened.

Dr. Forrest emphasizes the universality of the alliance with a wide range of scenarios in which for instance, cognitive behavioral therapy embraces the central role of the alliance. Moreover, so significant and universal is the therapeutic alliance that research studies cited by Dr. Forrest have validated its use with children, adults, families, and in group therapy.

Even in the text, Dr. Forrest illustrates the appropriate use of self-disclosure. He cites his willingness to engage a patient who, intoxicated for 13 years, would probably have been voted “least likely to succeed” by individuals in the world of recovery. After lengthy therapy the patient made the decision to turn his life around and followed through on it for decades until his death. Dr. Forrest relates that even today, he is moved when he recalls this patient. So significant is this case that I want to cite it in its entirety. In Chapter 7 he states,

. . . this patient was seen in therapy on a weekly basis for some 13 months prior to his military discharge. The client was acutely intoxicated at each of his weekly therapy sessions over the initial 9 months of his “therapy”, and each session lasted no more than 10 to 15 minutes. As the author (Dr. Forrest) supportively and repeatedly attempted to explain to the patient the requirement of coming to sessions sober, Jim was also referred to attend group therapy and participate in the various recommended adjunctive treatment activities. Some 9 months later, the patient arrived for his first sober therapy session, began attending weekly group therapy, and was seen in marital therapy, and he sustained alcohol abstinence until the time of his retirement and for the duration of his life, which encompassed 12 years. He graduated from college during that time, remained married, became employed as an addictions counselor in the VA Hospital system, and (I) continued to receive Christmas cards with a lengthy “family” letter every year until the patient passed away. Each correspondence credited (me) and “our sessions” with “saving” his life. At the time, as I write this case study, Jim remains one of the “least likely to succeed” patients that I have ever treated within the context of nearly 50 years of addictions specific practice; nonetheless, the memories of our extremely difficult and unusual experience over the course of some 13 months still evokes significant personal emotions—ultimately very positive emotions for myself as well as his family. An obviously positive but unusual alliance eventually did evolve within the rather bizarre dynamics associated with this case.

The above case illustrates the efficacy of the therapeutic alliance as well as one of the many forms it can take. It changes with each patient, but the statement central to all therapy is, "I care about you and I will continue to work with you, to struggle to understand you and to accept you."

As you read this book, one additional issue is how could this excellent resource be used? The thoroughness, practicality and scholarship of Dr. Forrest's work provide its users with many benefits. I suggest that it be used as a text for training mental health and addiction specialists. It can also be a text for seasoned professionals and for in-servicing experienced therapists. Consequently, students and anyone seeking to become credentialed as licensed mental health professionals or addiction specialists will gain a deeper level of knowledge beyond what any formal education can provide. Professionals who wish to self-evaluate and grow in their transparency levels or who seek added skill in expressing accurate empathy would do well to apply the suggested principles in their own lives.

Finally, a word about the author: Many people are enriched by the scholarship of Gary Forrest, his willingness to consult with them and his genuineness and warmth shown to anyone he encounters.

ROBERT E. WUBBOLDING, EdD

PREFACE

This textbook examines a multiplicity of clinical issues associated with the role of the therapeutic alliance within the context of Integrative Addictions-Focused Psychotherapy and Counseling. These issues are associated with enhancing therapeutic outcomes and recoveries specific to patient populations manifesting the spectrum of substance abuse problems and addictive-brain disease.

Each chapter in this text examines the various evidence-based ingredients in the alliance relationship that foster successful patient outcomes and recoveries. Effective and successful psychotherapy relationships develop and evolve within the basic context of human relationships. Experienced and skilled therapists and counselors generally agree that the therapeutic relationship involving alliance dynamics constitutes one of the most, or perhaps the most salient single variable, impacting virtually every facet of psychotherapy, counseling and the therapeutic process and outcome. The reader will appreciate the evidence-based science presented throughout every chapter in this book relating to therapeutic outcomes and patient recoveries.

This work also reflects the author's clinical experience specific to addictions psychotherapy and counseling work over the course of some 50 years of clinical practice with addictive-disordered patients. These facets of the text also reflect the author's prior professional addictions treatment-related textbooks and professional articles dealing with addictions. Finally, this book includes a wealth of therapeutic vignettes, case studies, clinical information, treatment strategies, modalities, and diagnostic issues that will enhance counselors' and therapists' skill set, resulting in improved therapeutic outcomes. The therapeutic alliance constitutes the heart and soul of therapeutic change, growth, and recovery.

This book is written for all professional addictions—therapists, counselors, psychologists, social workers, physicians, nurses, residential and intensive outpatient care directors, as well as staff personnel involved in any form of addictions treatment. Many of these professional addiction treatment clinicians and counselors have very limited knowledge related to the impact of the therapeutic alliance factor involved in integrative addictions-

focused psychotherapy work. The information that is presented in this text will significantly enhance and improve therapeutic outcomes in virtually all addictions specific treatment care settings.

Gary G. Forrest, EdD, PhD

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**THERAPEUTIC ALLIANCE IN
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Chapter 1

INTRODUCTION

Psychotherapy and counseling take place within the basic context of human relationships. The importance and perceived relevance of the psychotherapeutic relationship between various “schools” or approaches to the process and outcomes of psychotherapy vary considerably. However, most practicing psychotherapists and clinicians agree that the therapeutic relationship constitutes one of the most salient, if not the single most important, variable impacting virtually every facet of the psychotherapeutic process and outcome.

Experienced psychotherapists who have been formally educated, trained and supervised to practice therapy and counseling within the broad parameters of particular therapeutic approaches or models such as psychoanalysis, cognitive behavioral therapy, reality therapy, rational-emotive therapy, client-centered (person-centered) therapy, DBT or EMDR may actually tend to utilize and manifest similar therapeutic behaviors, relational dynamics, cognitions, and verbal exchanges or “styles” within the context of their therapeutic relationships. Indeed, most experienced practicing psychotherapists utilize a rather eclectic model of therapy in their clinical work. However, psychotherapy process and outcome studies involving therapists representing divergent therapeutic models and approaches have historically reported that particular and consistent therapist characteristics or ingredients consistently predict treatment outcomes (Bedics et al., 2015; Bergin and Garfield, 1971; Eubanks-Carter, Muran and Safran, 2015; Farber, Brink, and Raskin, 1996; Friedlander, 2015; Forrest 1978, 2016; Laska, Gurman and Wampold, 2014; Norcross, 2002, 2010, 2011; Tillman, 2013; Truax and Carkhuff, 1967). This body of evidence-based psychotherapy outcome literature indicates that specific therapist-patient relationship qualities or ingredients consistently predict the success, failure, and global outcomes pertaining to psychotherapy relationships in general.

As will be discussed in Chapter 3 of this book, the primacy of the therapeutic relationship as a core vehicle for constructive change in psychother-

apy has remained at the heart of psychotherapy literature since the inception of Freudian Psychoanalysis. The psychotherapist, psychotherapy relationship and therapeutic alliance continued to be viewed by contemporary clinicians as the primary vehicle for constructive growth and change within the context of the psychotherapy process. The development and historic evolution of the therapeutic alliance as a primary construct and ingredient in psychotherapy is examined early in this text. Physicians, psychologists, counselors and other health care specialties have also historically recognized and emphasized the important role of the “doctor-patient” relationship consistently impacts the practice of medicine and the “healing arts” (Ochsner, 2013; Prince et al., 2016; Wiprovnick and Kuerbis, 2015).

Historic and contemporary psychotherapy relationship-based research and clinical studies have in large measure included (1) individual psychotherapy investigations, and (2) a diversity of patient sub-populations, (3) receiving therapy in a diversity of care settings or environments, and (4) the patients in these studies have received psychotherapy with therapists manifesting a diversity of education and training skills, experience, theoretical-orientations, multicultural backgrounds, and other demographic characteristics. These studies involve actual patients but also include analogue-based psychotherapy investigations. Many, if not most, of the past few decades include diverse, generally very good experimental designs, and methodologically sound data pertaining to the process and outcome of therapy (Cook et al., 2015; Duncan, Miller, Wampold and Hubble, 2010; Friedlander et al., 2014; Norcross, Beatles and Levant, 2006; Norcross, VandenBos and Freedheim, 2011; Norcross et al., 2010; Wiprovnick, Kuerbis and Morgenstern, 2015; Laska, Gurman and Wampold, 2014; Gelso and Hayes, 1998; Horvath et al., 2011; Bedics et al., 2015).

Since Zetzel (1956) first studied the therapeutic alliance concept, clinicians and researchers have continued to examine a myriad of psychotherapy alliance-focused process and outcome therapeutic relationship issues. These publications have generally continued to evince more sophisticated research designs and methodologies as well as increasingly complex and diverse facets of therapy. Therapeutic alliance related studies also continue to include a strong focus on individual psychotherapy as well as a diversity of therapeutic models and modalities. A number of well-designed and fascinating psychotherapy studies involving the alliance have recently been generated by very skilled academic clinicians within the context of graduate school settings. These recent studies include a wide range of therapeutic models, approaches, patient populations, treatment settings and other variables (Cook et al., 2015; Escudero et al., 2012; Friedlander et al., 2014; Gelso and Bhatia, 2012; Han and O'Brian, 2014; Tillman, 2013; Ulvenes et al., 2012).

Psychotherapy alliance evidence-based research and clinical investigations clearly and consistently indicate that the alliance is a crucial ingredient in the process and outcome of therapy (Bedics et al., 2015; Friedlander, Heatherington, Escudero and Diamond, 2011; Friedlander et al., 2014; Gelso and Hayes, 1998; Horvath, Fluckiger, Del Re and Symonds, 2011; Laska, Gurman and Wampold, 2014; Norcross, 2002; Norcross, VandenBos and Freedheim, 2013; Prince et al., 2016; Shirk, Karver, and Brown, 2011; Tillman, 2013).

The general evidence-based conclusion that alliance-related psychotherapy process and outcome efficacy also tends to transcend many demographics pertaining to the psychotherapy relationship and certainly supports the position of Norcross and Lambert (2011) debunking the historical “cultural wars in psychotherapy” precept. This mind set has long attempted to suggest that psychotherapy outcome is largely impacted by therapist theoretical orientation and/or the specific modality of therapy. The above authors astutely remind therapists that patient variables may contribute a greater impact on psychotherapy outcomes than the therapy relationship or specific treatment modality. They also point out that the combination of therapist, patient, therapeutic relationship, treatment modality and therapy context interactively shape and determine the process and outcome of all psychotherapy relationships.

In contrast to the thousands of alliance-related psychotherapy investigations that have been conducted with diverse patient populations over the past six decades, (Horvath et al., 2011), relatively fewer and rather limited studies involving alliance-related psychotherapy process and outcome therapy studies have been generated involving substance abusing and addictive disordered patients. However, there are notable recent exceptions to this finding which suggest an ever growing and evolving clinical as well as research interest in addictive disorders focused psychotherapy and alliance dynamics related to the process and outcome of addictions psychotherapy and counseling as well as other addictions related treatment modalities and variables (Auerbach et al., 2008; Barber et al., 2006; Barber et al., 2001; Cook et al., 2015; Darchuk, 2007; Faw et al., 2005; Flicker et al., 2008; Friedlander et al., 2011; Friedlander et al., 2014; Prince et al., 2016; Robbins et al., 2008; Raytek et al., 1999; Ritter et al., 2002; Shaw and Murray, 2015; Szapocznik et al., 1988; Wiprovnick, Kuerbis and Morgenstern, 2015).

As a practicing clinical psychologist and therapist with an active addictions specialized practice for over forty years, this author has long maintained a keen interest in the psychotherapy alliance related literature. Several of my earlier books and publications (Forrest, 1975-2019) have emphasized the paramount importance of the therapeutic relationship and more specifically, the working and productive therapeutic alliance, as a crucial ingredient

in the process and outcome of effective addictions psychotherapy work. These publications have also examined the conceptual alliance ingredients, definitional, and therapist-patient relational parameters of the working and productive alliance in integrative addictions-focused psychotherapy work (Forrest, 1975-2019).

Within the context of this author's clinical practice publications related to the compelling relevance of the alliance in extended integrative addictions-focused psychotherapy and counseling work within a private practice setting, it was somewhat disheartening to re-read the following statement from an earlier text (Forrest, 1975); "until quite recently, very little research effort has been directed at the psychotherapy enterprise with alcoholic patients." However, this same text included an appropriate, encouraging and contextually contemporary comment made by Freud (1953) nearly one hundred years ago; "as you know, we have never prided ourselves on the completeness and finality of our knowledge and capacity. We are just as ready now as we were earlier to admit imperfections of our understanding and to learn new things and to alter our methods in any way that can improve them (i.e., treatments and matters of effective patient care) (p. 92). From the author's vantage point, Freud's statement might have been found in the pages of the Alcoholics Anonymous Big Book, contemporary or historic self-help or therapy group dialogue, a clinical staff meeting, a contemporary academic faculty meeting or in a diversity of behavioral health oriented treatment settings spanning the course of the last one hundred years.

This book was developed with the basic goal of providing addictions psychotherapists, counselors, clinicians and treatment providers with an enhanced awareness and more in-depth appreciation of the alliance impact and relevance within the context of all forms of addictions psychotherapy, counseling and treatment. Experienced addictions therapists consciously recognize that their therapeutic relationships with addictive disordered persons generally impact their patients and themselves in many constructive ways. Practicing clinicians also experience these realities on an hourly and daily basis throughout the duration of their careers. This text will also enhance the therapeutic armamentarium, general clinical practice skills, and sensitivity of addictions psychotherapists as they become more alliance-focused within the context of their therapy relationships in all care and recovery settings.

Alliance related addictions-focused psychotherapy literature and information can increasingly enhance the evolving effectiveness of addictions psychotherapy and counseling work as well as the addictions treatment industry. The general body of alliance related psychotherapy studies and literature generated to date has no doubt unknowingly involved significant numbers of addictive disordered persons who were never identified as manifesting pri-