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Therapists' Perspectives of the Effects of Psychodynamic
Psychotherapy on Problem-Drinking Behavior

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

The goal of this research study is to provide knowledge of therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. Understanding the effects of psychodynamic psychotherapy on problem-drinking behavior increases clinical social workers' success in facilitating long-term change for clients with problem-drinking behavior. This study gathered qualitative information using a twelve-question interview with six psychodynamic psychotherapists. The results were compared with a literature review of the effects of psychodynamic psychotherapy on problem-drinking behavior. Three main themes emerged from this study. First, through the development of transference, the psychodynamic therapeutic relationship helps problem drinkers work toward resolving the internal conflicts underlying their problem-drinking behavior. The second theme that became apparent is the importance of using psychodynamic therapeutic skills to build clients' ego strength, which facilitates transformation. The third theme identified is how consistent and responsive psychodynamic interaction leads to more positive, authentic relationships with others. The implications of this study suggest that by providing psychodynamic psychotherapy, social work clinicians can facilitate long-lasting change in problem-drinking behavior through the development of transference, the building of ego strength, and increasing the ability to form positive relationships. Further implications for social work clinicians indicate psychodynamic psychotherapy can provide a framework for intervention for clients with problem-drinking behavior, along with other forms of behavioral therapy.

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Introduction

The impact of problem-drinking behavior spans all areas of social work practice. Problem-drinking behavior is associated with increased incidences of domestic violence, child abuse, marriage and family conflict, co-occurring mental disorders, homelessness, and problems in the workplace (Ganzer & Ornstein, 2008). Over ten million full-time workers between the ages of 18 and 64 abuse alcohol or have alcohol dependency issues (Urschel, 2009). Problem drinking among college students is described as the number-one health problem on campuses across the country today (Bladt, 2002). Americans spend \$20 billion a year on treatment of alcohol-related problems, alcoholism and drug addiction. Of those who seek treatment, 70 to 80 percent suffer a relapse soon after graduating (Urschel, 2009). Alcoholism is the third leading cause of death in the United States following cancer and heart disease (Urschel, 2009).

Problem-drinking behavior is a substantial problem in our society with extreme costs in human, social and economic terms (Soderstrom & Skarderud, 2009). Therefore, it is necessary that effective interventions and treatment models be refined and utilized in clinical social work practice. Current social work practice has offered a person-centered approach to treatment, but treatment tends to be short-term and less effective in creating a long-term impact on problem-drinking behavior (Ganzer & Ornstein, 2008). Social work clinicians must become more knowledgeable about the psychodynamics of problematic drinking in order to effectively diagnose and treat patients (Fewell, 1994).

The purpose of this study is to provide knowledge of therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior to guide social work clinicians in their practice. This study will look specifically at understanding

the effects of the psychodynamic psychotherapy with clients whose drinking is “problematic” and not necessarily labeled “alcoholic.” Sadava and Pak (1994) conceptualize “problem drinking as distinct aspects of drinking behavior that result in interference of personal functioning on a regular basis.” For purposes of this research study, the definition of psychodynamic psychotherapy is defined as an approach that focuses on transference and countertransference in the present, wherein the therapist pays attention to “the client’s feelings and reactions in relation to the therapist and in relation to patient’s early object relations” (Sigrell, Cornell, Gyllenskold, Lindgren, & Stenfelt, 1998).

Literature Review

This literature review will first examine factors contributing to problem-drinking behavior. Next, this literature review will review various approaches to the treatment of problem-drinking behavior. Finally, this review will examine the effects of psychodynamic psychotherapy on problem drinking behavior.

Factors Contributing to Problem-Drinking Behavior

The nature of caregiver-child relationships has the potential of placing some children at risk for problem drinking as adults. Close and supportive early relationships with primary caregivers instill a resiliency to the stressors of life that children bring into adulthood (Lewis, Amini & Lannon, 2000). With limited protective assets, children who lack stable relationships in their growing up years develop reactivity to stressors in life that persists into adulthood (Lewis et al., 2000). Individuals with supportive relationships with their primary caregivers learn to mentalize, an essential developmental skill according to Soderstrom and Skarderud (2009). They describe how mentalizing, “being

able to think about one's own thoughts and feelings is necessary to understand, control and regulate both behavior and emotional and physical arousal" (p. 50). Having impaired mentalizing skills may lead to strong negative feelings and misunderstandings and frustration in social communications (Soderstrom & Skarderud, 2009). For adults, this can lead to pain and despair, resulting in an attempt to fulfill old childhood needs for love and help with emotional regulation with other symbols, such as alcohol (Miller, 2007). According to Lewis et al. (2000), if people cannot get emotional regulation from relationships in their formative years, they will seek emotional balance in other ineffectual substitutes, such as alcohol.

Furthermore, the inability to deal with distress and other inner emotional states can lead to a "reflex-like pathway from intense emotional arousal to substance abuse" (Soderstrom & Skarderud, 2009). Alcohol is used as a way to "modulate intolerable rage generated in relationships, and at the same time decrease the distress involved in being distant from dependent relationships," according to Johnson (2003, p. 30). This conflict in close relationships and in interpersonal conflicts, in general, leads to further distress that can generate further problem-drinking behavior (Soderstrom & Skarderud, 2009).

Another factor that contributes to problem-drinking behavior is that of using alcohol to self-medicate, that is, to either relieve emotional suffering caused from problematic relationships (Johnson, 2003). Those who struggle with problem drinking tend not to have developed their own inner resources to cope with emotions or drives (Khantzian, 1995). Examples of inner resources that are lacking include the ability to self-soothe or to be soothed by others when experiencing intense emotions (Johnson, 2003).

In addition, the inability even to be connected to others due to neglect, indifference or abuse by parents or caretakers is also a factor in problem-drinking behavior (Walant, 1995). When an individual feels powerless and a sense of intolerable helplessness, alcohol becomes a substitute for taking direct action to combat the powerlessness (Dodes, 2003). Turning to substances, such as alcohol, holds “the promise of consistency, reliability, availability, and a sense of merging” (Noonan, 1997, p. 79) that is not being provided through relationships.

The problem drinker links alcohol with companionship and intimacy, according to Zweben (1993). Sachs (2006) describes how alcohol can “become the focus of attention at the cost of developing and maintaining healthy relationships” (p. 67). Because problem drinkers can be described as being insecure, not self-reliant and having difficulties in forming close relationships (Sachs, 2006), it is important that the focus of therapy include intrapsychic, interpersonal, and environmental factors.

Approaches to the Treatment of Problem-Drinking Behavior

Clinical social workers working with clients who engage in problem-drinking behavior must have a working knowledge of the range of tools commonly used in treatment. Various approaches include the use of cognitive-behavioral interventions, group therapy, harm-reduction psychotherapy, 12-step-based treatment, pharmacotherapies to counteract or inhibit alcohol effects, and psychodynamic psychotherapy (Little, 2006; Karno, Beutler, & Harwood, 2002). The effectiveness of a specific method for addressing problem-drinking behavior depends upon the specific characteristics of each patient (Karno et al., 2002). Recent studies report that success rates for the 12-step-based program, Alcoholics Anonymous (AA), is higher than

cognitive behavior (CBT) programs by a small margin. “A 2007 study by the National Council on Alcoholism’s medical journal reported that people attending 12-step treatment programs had a 49.5% abstinence rate after a single year, as compared to 37% of those who were in CBT programs (Gray, 2011, p. 1).

A meta-analysis of treatment outcome studies indicates psychodynamic psychotherapy yielded an effect size of 0.97 for general symptom improvement as compared to 0.62 from cognitive behavior therapy (Shedler, 2010). Director (2002) concludes that any therapy working with problem drinkers is most effective when it is integrative in practice, and, ultimately, psychodynamic in design. It is her argument that “the particular tools summoned during the course of any one patient’s treatment are uniquely customized to fit his relational needs and are therefore best understood within the psychoanalytic framework” (Director, 2002, p. 554).

The researcher’s focus is on the effects of psychodynamic psychotherapy on problem-drinking behavior. The main goals of psychodynamic treatment of problem-drinking behavior are:

“to interpret intrapsychic conflict to gain insight into how the past has influenced the present, to strengthen the ego, to provide new self-object functions to fulfill the psychological needs that were previously met by substances, and to counteract an inner sense of shame or guilt by replacing earlier harsh and punitive internalized figures with more benign internalized others” (Ganzer & Ornstein, 2008, p. 156).

Each of these goals moves the client toward transformation and recovery.

The first goal, to interpret intrapsychic conflict to gain insight about how the past has influenced the present, follows Director's (2002) argument that underlying problem drinking are "conflicting and unresolved relational dynamics that drive from early organizing relationships" (p. 551). Addressing these dynamics takes place within the development of transference in the therapeutic alliance. More specifically, when clients experience the therapist as available, warm, and constant, the therapist and client can participate in shifting transference-countertransference reenactments (Davies & Frawley, 1991). Enactments allow the therapist and client to understand unresolved conflicts from the client's past, and to provide new, healing experiences. Through experiencing and cognitively processing enactments, a client's previously held relational patterns shift from being destructive and self-sabotaging to constructive and healthy (Burton, 2005).

Tracking intrapsychic conflicts within the therapeutic relationship can heighten a client's awareness of interactional patterns and isolating defenses (Koehn, 2010). According to Noonan (1997), the psychodynamic therapeutic relationship itself can provide "the safe facilitating environment that draws the isolated, alone, alienated self back: back to the world of others" (p. 2). The target of therapy is to help the client recognize and label feelings, and express conflicting relational needs in the context of the therapeutic alliance (Director, 2002).

The second goal of strengthening the ego of the problem drinker is accomplished by using therapeutic skills that enhance the client's adaptive capacity (Berzoff, Flanagan & Hertz, 2011). Building ego strength allows the client to think, feel, and behave in ways that suit a client's various environments as well as "the wishes and needs they bring to them" (Berzoff et al., 2011, p. 92). Therapeutic skills that promote a healing relationship

in therapy are empathy, validation, and transforming disconnection in the therapeutic alliance into a stronger connection (Koehn, 2010). “The client is therefore motivated to repair damaged connections with other people, and to form new healthy connections,” Koehn (2012) argues (p. 48).

Additionally, strengthening the ego is important as Khantzian (1981, as cited by Director, 2002) concludes, because a factor in problem-drinking behavior stems from deficits in ego function, or capacities of self-organization. Four main areas of ego function in which clients use alcohol to compensate are: affect tolerance, maintenance of self-esteem, self-care, and management of relationships (Director, 2002). The psychodynamic therapist’s work is to help the client recognize, regulate, and understand these various self-organizations (Burton, 2005). Furthermore, the aspects of the client’s self that experience the urge to abuse alcohol need to be fully engaged in therapy to understand the unique meaning and function of alcohol in the client’s life (Burton, 2005; Director, 2002).

The third goal of psychodynamic therapy for problem drinkers is “to provide new self-object functions to fulfill the psychological needs that were previously met by substances” (Ganzer & Ornstein, 2008, p. 156). According to Noonan (1997), problem drinkers turn to alcohol, which holds the promise of consistency, availability, and a sense of merging, because early relationships were humiliating, disappointing, and frustrating (Noonan, 1997). By providing insights, empathetic attunement, and commitment to the client, the therapist is a transformational object (Walant, 1995). The psychodynamic approach can facilitate stability and growth through which the client can be transformed.

According to Ganzer and Ornstein (2008), the fourth goal of psychodynamic treatment of problem drinking is “to counteract an inner sense of shame or guilt by replacing earlier harsh and punitive internalized figures with more benign internalized others” (Ganzer & Ornstein, 2008, p. 156). Koehn (2010) suggests that the quality of connection between therapist and client should be central throughout the therapeutic process. “Clients often expect judgmental and shaming comments concerning their lifestyles” (Koehn, 2010, p. 45). With consistent and responsive interaction with the client, new ways of relating can be developed. The quality of the therapeutic relationship can carry over into relationships in all areas of the client’s life. Replacing earlier punitive internalized figures as well as self-punitive tendencies can build self-esteem and more positive interaction with others (Ganzer & Ornstein, 2008).

Effects of Psychodynamic Psychotherapy on Problem-Drinking Behavior

Empirical studies support the effectiveness of psychodynamic psychotherapy on a range of conditions (e.g. problem-drinking behavior) and populations (Shedler, 2010). A meta-analysis of treatment outcome studies indicate psychodynamic psychotherapy yielded an effect size of 0.97 for general symptom improvement as compared to 0.62 from cognitive behavior therapy, and 0.31 from antidepressant medications (Shedler, 2010). Furthermore, “enduring benefits and intrapsychic changes occurred in patients who received psychodynamic psychotherapy but not in patients who received dialectical behavior therapy” (Shedler, 2010, p. 103). Khantzian (1995) concluded that two decades of experience by clinicians with preliminary empirical findings indicated that substance abusers respond and benefit from psychodynamic psychotherapy, contrary to “negative stereotypes that they do not come, stay, or benefit from such treatment” (p. 38). In recent

years, further research has supported the efficacy of psychodynamic psychotherapy in the treatment of substance abuse, but further research about various types of roles for psychodynamic psychotherapy, specifically, in the treatment of problem-drinking behavior is needed (Crits-Christoph et al., 2008).

In summary, many problem drinkers have not had affirming experiences of having their feelings validated in their relationships (Davis, 2006). An effective therapist can provide reliability, honesty, respect, trust, empathy, understanding, and an ability to clarify emotions within the context of the relationship (Davis, 2006). The therapist and the client have more time to develop a relationship in long-term, psychodynamic treatment as compared to short-term models (Director, 2002; Ganzer & Ornstein, 2008). The curative medium, as Ganzer and Ornstein (2008) concluded, is the enactment that unfolds as the therapeutic alliance deepens between therapist and client. The therapist's ability to provide interpretations with the client about unresolved relational dynamics and conflicts is the core of treatment (Director, 2002). When clients experience their unique, inner self to be worthy and valuable in the psychodynamic psychotherapeutic relationship, they are able to take this confidence and apply it to other areas of their lives (Walant, 1995).

Even with a broader perspective of the effectiveness of understanding underlying dynamics that contribute to substance abuse, clinical social workers continue to use short-term, cognitive-behaviorally focused models (Ganzer & Ornstein, 2007). "...even when these psychodynamic models have been considered, their use in treatment has not been widespread or widely discussed in the literature" (Ganzer & Ornstein, 2007, p. 155). As Nol (1993) reiterates from Louis Berger's book, *Substance Abuse as Symptom: A*

Psychoanalytic Critique of Treatment Approaches and the Cultural Beliefs That Sustain Them, problem drinking is a symptom of a more serious underlying disturbance, which can be understood fully using a psychodynamic perspective. To be effective clinicians, Nol (1993) urges mental health workers from all sub-specialties to “reexamine the assumptions underlying the substance-abuse industry,” and let our client’s intrapsychic world tell us how to facilitate change in problem-drinking behavior “instead of imposing a pre-formulated and simplistic [behavioral] response” (Nol, 1993, p. 83).

Conceptual Framework

The effect of selecting specific research lenses, or biases, for organizing and interpreting the data derived from this study is to have a way to explain the relationship between the concepts of therapists’ perspectives of the effects of psychodynamic psychotherapy and problem-drinking behavior (Hutchinson, 2011). In addition, it is important for researchers to declare their lenses to provide context for the readers to critically evaluate the study. Based on an understanding of the researcher’s lenses and biases, readers can determine how well the researcher developed the study from the researcher’s point of view.

The purpose of this chapter is to declare the theoretical, professional, and personal lenses the researcher used to develop this study. Each lens represents a level of conceptualization impacting the researcher’s choice of method, selection of instruments, and how the researcher will interpret the data from this study. Stating how each lens, or bias, is reflected in the researcher’s project and how these biases impact the development of this project gives readers the researcher’s perspective as it relates to the effects of psychodynamic therapy on problem-drinking behavior.

Theoretical Lenses

The researcher's general theoretical lens is the psychodynamic theory. Four different psychodynamic theories have specific relational components for understanding human behavior including ego psychology, object relations, self-psychology, and relational-cultural theory. Ego psychology recognizes the importance of both past and present relationships, paying particular attention to how people attempt to cope with intolerable circumstances (Goldstein, as cited in Hutchison, 2011). Object relationalists study how early nurturing relationships in childhood affect how people develop relationships throughout their life span (Hutchison, 2011). Self-psychology focuses on how people build relationships that support their need to maintain a cohesive sense of self. Relational-cultural psychodynamic theory further expands this concept to explore how people mature through emotional connectedness in empathetic relationships (Hutchison, 2011). Psychodynamic theory offers a framework with which to understand relational patterns of the problem drinker (Davis, 2006). It emphasizes practice principles that "include the centrality of the professional-client relationship, the curative value of expressing emotional conflicts and understanding past events, and the goals of awareness and self-control" (Hutchison, 2011, p. 56).

The psychodynamic theoretical bias/lens influenced the development of the researcher's project in three different ways. First of all, psychodynamic theory helped determine the researcher's choice of subject: therapists' perceptions of the effects of psychodynamic psychotherapy on problem-drinking behavior. Currently, there are a multitude of treatments and interventions for alcoholism. The aim of this study was to look specifically at understanding the effectiveness of psychodynamic therapy on clients

whose drinking is “problematic” and not necessarily labeled “alcoholic.” Sadava and Pak (1994) conceptualize “problem drinking” as distinct aspects of drinking behavior that result in interference of personal functioning on a regular basis. This research investigated therapists’ perceptions of the effects of psychodynamic psychotherapy on drinking behavior that causes interference in a person’s level of functioning. Furthermore, the researcher’s goal was to learn more about how the psychodynamic therapeutic relationship can be utilized to understand how problem drinking has been used as a vehicle for coping in relationships with others. This subject was chosen after reviewing formulations of psychodynamic theory in practice that emphasize how troubling patterns of relating to others get played out with the therapist providing an opportunity for awareness and change.

Secondly, psychodynamic theory guided the direction of the researcher’s research question – the evaluation of therapists’ perceptions of the effects of the *psychodynamic therapeutic relationship* on problem-drinking behavior. Rather than evaluating a combination of approaches to intervening problem-drinking behavior, the researcher specifically looked at how the psychodynamic therapeutic relationship facilitates change in problem-drinking behavior.

Third, the researcher’s theoretical lens influenced the design of this study. The researcher chose a qualitative methodology, rather than a quantitative design. This study seeks to understand the effects that psychodynamic psychotherapy has on problem-drinking behavior through interviewing psychodynamic therapists about their views of the *quality* of the therapist-client relationship and their *observations* of the effect it has on problem-drinking behavior. The researcher determined this effect is best described with

words rather than statistics as in a quantitative study because the therapist/client relationship cannot be observed objectively (Berg & Lune, 2012). The researcher coded the interviews looking for themes to interpret the data describing therapists' perceptions of the effectiveness of psychodynamic therapy on problem-drinking behavior.

Professional Lenses

The researcher's clinical internship this year involves psychodynamic psychotherapy practice with a variety of individuals, some of whom have problem-drinking behavior. In order to be most effective as a therapist, the researcher hoped to gain knowledge through this study that the researcher could be applied to practice. The hope for useful data to be identified in this study affected the researcher's approach to this study in that the researcher chose to interview psychodynamic therapists who practice therapy with people who struggle with problem-drinking behavior.

The researcher's research sample was made up of therapists from the professional community of the Midwestern chapter of the American Association of Psychoanalysis in Clinical Social Work. Potential biases in interviewing psychodynamic clinical social workers include two main areas. Because the researcher was looking for specific psychodynamic psychotherapy approaches that have a *positive* impact on client's problem-drinking behavior, the researcher's interpretations could be influenced by this bias. The researcher's own belief that the psychodynamic therapeutic relationship is effective in creating change in client's lives may cause the researcher to have a positive bias in interpreting the study results. Additionally, because therapists generally hope their methods create a positive impact on client's lives, participants may also present positive

responses about the effect of psychodynamic psychotherapy on their clients' problem-drinking behavior.

Personal Lenses

According to Valandra (2012), the use of research reflexivity is consistent with social work's code of ethics and the professional use of self in social work practice; however, she concluded that a reflexivity challenge is "disclosing life experiences in a professional setting" (p. 208).

The researcher's interest in therapists' perceptions of the effects of psychodynamic psychotherapy on problem-drinking behavior developed through personal experience with family members who have impaired functioning due to their drinking behavior. The researcher is biased toward the belief that interventions involving in-depth psychotherapy are most effective with changing problem-drinking behavior. The researcher's personal experiences with the positive effects of psychodynamic psychotherapy influenced the researcher's decision to explore the effects of this therapeutic approach on problem-drinking behavior.

Methods

Research Design

In order to answer the question, "What are therapists' perceptions of the effectiveness of psychodynamic psychotherapy on problem-drinking behavior?" a qualitative method of data collection was used. Semi-structured individual interviews were conducted using twelve pre-determined open-ended questions (Appendix A), and field notes were taken during this study. Qualitative methods were used based on the open-ended nature of the data needed to determine clinical social workers' perceptions of

the effects of psychodynamic psychotherapy on problem-drinking behavior (Berg & Lune, 2011). Qualitative methods allowed the researcher to capture an in-depth description of participant's reflections on the concepts, meanings and characteristics of their experiences regarding the effectiveness of psychodynamic psychotherapy on clients' problem-drinking behavior (Berg & Lune, 2012).

The methodology for this subject was discussed using the following categories: sample, protection of human subjects, instrumentation, data collection, and data analysis. This chapter concludes with a discussion of the strengths and limitations of this research design.

Sample

The sampling for this study was purposive in that the target population for participants was psychodynamic psychotherapists who treat clients with problem-drinking behavior (Berg & Lune, 2012). Participants were projected to be male or female ranging in age from 25 to 75 years old. A total of six participants were interviewed for this research. Five were female and one was male. Educational backgrounds of participants were master's-level social workers with a psychodynamic psychotherapy approach to practice. Five therapists were in practice between 23 and 37 years, and one therapist was practicing therapy for 2 years. Participants were recruited using the snowballing technique (Berg & Lune, 2012). An email to potential participants was sent to members of the Midwestern chapter of the AAPCSW about participating in a 45-minute interview for the purposes of this study. A brief description of the nature of the study was provided (Appendix B). The researcher expected participants to email or call if they were interested.

Protection of Human Subjects

All participation in this study was voluntary to protect the rights of human subjects and to avoid coercion. To protect anonymity of those who participated, only the researcher knew their identities. Several provisions were made to protect the data gathered for this study. Records were kept in locked files for data storage in the researcher's home office, and on a password-protected computer. Only unidentifiable summaries of data were used in any type of report published by the researcher. Data was destroyed the day after it was presented at Research Monday, May 20, 2012.

The researcher reviewed the consent form (Appendix C) with each participant before the interview began. Each participant was given a few minutes to silently read the consent form, and the researcher responded to any questions or concerns the participants had. Each participant provided written consent before the audiotaped interview began, and a copy of the consent form was provided to each participant for his or her records. Participants' consent forms were stored and filed separately from their audiotaped interviews and data analysis in an effort to ensure confidentiality.

Risks of participating in this study were low. Participants were asked about their perceptions and experiences of the effectiveness of psychodynamic psychotherapy on clients' problem-drinking behavior. The participants were informed that they could decline to answer any question in the interview that they did not feel comfortable answering. Participants were informed they could discontinue participation in the study at any time without penalty.

Instrumentation

Instrumentation involved the use of a semi-structured interview schedule developed by the researcher. The interview schedule consisted of open-ended questions that were approved by St. Catherine University IRB prior to the interview. The interview questions were pre-tested for clarity and conciseness by conducting an interview with a fellow graduate student, and by review with the researcher's project committee.

The interview schedule consisted of twelve questions (Appendix A) beginning with demographic questions regarding participants' educational degree, number of years in practice, past experience with treating problem-drinking behavior, and theoretical orientations used in practice.

Data Collection

Six participants were interviewed in a 45-minute, face-to-face meeting at a location convenient and comfortable for the participant. The interviews were recorded on a hand-held voice recorder and transcribed verbatim by the researcher on a password-protected laptop computer. No identifying information was included in the audio data.

Field notes were written down after each interview, consisting of reflections of the researcher about the interview process. Handwritten notes were incorporated into the record of each participant's interview for elaboration of key concepts or experiences. General ideas about further research were noted to include in the researcher's implications for further research section.

Data Analysis

The transcriptions from the six recorded individual interviews and field notes taken during this study were analyzed and interpreted using the open coding method.

Open coding allowed the researcher to read through the transcripts line by line while looking for emerging themes (Berg & Lune, 2012). The codes were created and influenced by prior research conducted by the researcher and cited in this study. The researcher compared the codes and developed larger themes to capture identified codes.

Reliability in qualitative research indicates the extent to which the results of a study are replicable in different circumstances (Berg & Lune, 2012). The survey questions were reliable in that they were clear and unambiguous. The questions were tested with a fellow graduate student and reviewed by the researcher's project committee to ensure that their meanings were understandable and specific. To strengthen the reliability of this study, the researcher consulted with the research chair to confirm that the analysis of the data was consistent. Verbatim quotes were used as much as possible to ensure accuracy.

Validity in this qualitative study pertains to how well the interview data captures the lived experiences of psychodynamic psychotherapists who treat problem drinkers (Berg & Lune, 2012). The interview questions had face validity because they were consistent with the research question: What are therapists' perceptions of the effects of psychodynamic psychotherapy on problem-drinking behavior? The interview questions had content validity because they thoroughly covered all aspects of the subject in question based on the literature review.

Findings

Three key qualitative themes emerged with respect to participating therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. First, through the development of transference, the psychodynamic therapeutic

relationship helps clients work toward resolving the internal conflicts underlying their problem-drinking behavior. The second theme identified in this study is the importance of using psychodynamic therapeutic skills to build clients' ego strength, which facilitates transformation. The third theme from the interview data was how consistent and responsive psychodynamic interaction can lead to more positive, authentic relationships with others.

Theme one: All six respondents indicated that one of the key components making psychodynamic psychotherapy effective with problem-drinking behavior is that clients develop transference in relationship to the therapist, enabling them to work toward resolving the internal conflicts underlying their problem drinking. Through enactments with the therapist, greater understanding of unresolved conflicts from the client's past is allowed and new, healing experiences are provided. The reparative experiences reduce the overuse of alcohol to feel better or avoid the feelings that get stirred up from unconscious internal conflict. In the words of one participating therapist:

I think alcohol abuse or overuse is connected to a lot of things, psychodynamically. One has to do with dependency in general. The conflict can have to do with trying to keep the relationship with you, or the patient and therapist, less dependent. By not relying upon the therapist, but instead by using alcohol to feel better or numb, to lessen the intensity of the conflict that gets stirred up. What we're actually trying to do is bring people's conflicts from the unconscious to the conscious. And when that happens sometimes people drink more. But as they start to work through the problem, they realize they don't need this external thing, the drinking, to not have to feel conflict. Because people use

all kinds of things – alcohol or sex or spending or whatever it might be that they become dependent on – to not have to feel internal conflict. So as the conflict gets worked through, they may be able to tolerate themselves and then the affects that go with the conflict. So, they wouldn't have to use alcohol to suppress feeling.

Another participating therapist described the healing effect of conflict resolution:

Where it [the client's internal conflict] is interpreted, I've had guys like break down in tears when I acknowledge that I see that I've been kind of like a father to them. That there's been this sort of paternal relationship and that it's been important to them. So it [psychodynamic psychotherapy] is...I think a powerful device at resolving the conflict, or at least making it conscious. And working through [those conflicts].

The participants' responses to this survey revealed variations on the perspective that the psychodynamic psychotherapy relationship itself can provide a safe environment that helps clients recognize their internal conflicts, and promotes healing through expression of feelings and needs.

Theme two: According to most participants, psychodynamic therapeutic skills promote the building of ego strength, which facilitates transformation. Highlighted was an increased ability for clients to self-regulate their emotions through the empathy, validation, and the understanding interpretations of the therapist. The importance of developing the ability to regulate emotions is that participants' clients reduce their use of alcohol to self-soothe. As one participant described:

I notice, with problem drinkers, they have a terrible time taking in...a terrible time taking in human relationships. They've had an earlier experience oftentimes

with needing to keep something out. Whether it's a depressed parent, whether it's chaos in their family, they learned to block out certain emotions in order to survive. We [psychodynamic psychotherapists] help them think about and notice their feelings. The therapeutic relationship gives them the ability to notice, "Oh, I'm going off to a social occasion. I want to drink before I leave and then I want to have a drink when I get there. Do I really want that? Do I really not want to be present in my life?" I think we help people grow the capacity to suffer pain and to share that suffering so that they don't have to do it alone. And that helps a lot.

All therapists interviewed for this study reported psychodynamic psychotherapy builds ego strength by engaging the client in understanding what the meaning and function of alcohol is in the client's life. Developing the ability to mentalize their feelings and notice patterns around their overuse of alcohol with an attuned, committed therapist is transformative. As one therapist stated:

I think psychodynamic psychotherapy develops ego strength, or the ability to manage and mentalize strong emotions without acting on them. I'm thinking about one woman in particular, where she has gained much more an ability to identify her emotions. That is regulating for her. She's got more of an internal compass in terms of "why am I feeling like drinking today?" She'll identify some anxiety or hurt by what her partner did and she can bring it up and talk to her partner and resolve it where she couldn't do this before because she couldn't even identify it. There's an internal connection I think that happens with psychodynamic psychotherapy. I feel like the 12 steps help them lead a sober life,

but the [psychodynamic] psychotherapy helps them learn why they turned to the substance in the first place.

Theme three: Consistent and responsive psychodynamic interaction leads to more positive, authentic relationships with others. The benefit of the psychodynamic therapeutic relationship to develop acceptance of self and build quality connections with others was clearly indicated in therapists' responses to the survey. An emphasis on reducing shame caused by problem drinking and increasing self-esteem through psychodynamic psychotherapy also emerged from the participants' responses. The recognition that 12-step programs or Dialectical Behavior Therapy (DBT) in conjunction with psychodynamic psychotherapy can be effective in reducing shame and strengthening positive thought patterns was also included in some responses. One therapist said:

Part of the internal structure that is changed through psychodynamic psychotherapy is the development of self-esteem and a sense of integrated self, rather than a self that's fragmented or split off. That is why [12 step] treatment can be important, doing the amends and being able to tolerate the things they have done and feel guilt over without collapsing into shame. If they're really engaged in a psychodynamic analytic-type therapeutic relationship, they can bring all of themselves in. I think 12-step work can, in the same way DBT can, help them stabilize and not use, and then they can do the deeper work of the therapy.

Another therapist spoke of the effectiveness of the psychodynamic therapeutic relationship on enhancing clients' relationships:

People internalize their relationship with us and internalize the whole process. So they go off into the world and do have improved relationships with themselves and how they work with others. And it keeps growing. I certainly see their relationships changing...both to others in their life and their relationship to alcohol changes. I think pretty dramatically over time. And I have people who end up giving up alcohol. They have other capacities now, besides alcohol, to calm down or bring them up or deal with anxiety. They've learned through a consistent, emotionally connected relationship with the therapist. Their capacity for intimacy increases as they give up their intimacy and connection with alcohol.

A third therapist stated:

I see them doing the work in therapy and their lives begin to really unfold. And it feels like a miracle, you know. So that means they're able to process their emotional life much, much better, engage with the world, have a better professional, artistic, creative life, their relationships improve... Which would be the external evidence of the inside being able to be with people, being able to have more insight and process trauma from the past and tolerate emotional states that are uncomfortable.

Various participants made it clear that the process of psychodynamic psychotherapy can reduce shame caused by problem-drinking behavior and past experiences, which increases self-esteem and positively affects relationships.

Discussion

This study gathered qualitative information about therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. Themes that

emerged from this research are: First, through the development of transference, the psychodynamic therapeutic relationship helps clients work toward resolving the internal conflicts underlying their problem-drinking behavior. The second theme identified in this study is the importance of using psychodynamic therapeutic skills to build clients' ego strength, which facilitates transformation. The third theme from the interview data is how consistent and responsive psychodynamic interaction can help the client build more positive, authentic relationships with others.

These three themes reflect aspects of the four main goals of psychodynamic psychotherapy as developed by Ganzer and Ornstein (2008): "to interpret intrapsychic conflicts to gain insight into how the past has influenced the present, to strengthen the ego, to provide new self-object functions to fulfill the psychological needs that were previously met by substances, and to counteract an inner sense of shame or guilt by replacing earlier harsh and punitive internalized figures with more benign internalized others" (Ganzer & Ornstein, 2008, p. 156). The themes of this research are organized similarly to the goals stated by Ganzer and Ornstein (2008).

Theme one: The emphasis that all participants in this research study placed on the development of transference through the psychodynamic therapeutic relationship as helping clients work toward resolving the internal conflicts underlying their problem drinking is supported in the literature review. Director (2002) maintains that underlying problem drinking are intrapsychic conflicts from clients' past that influence their present experience. Enactments from transference allow the therapist and client to understand the conflicts and provide new, healing experiences (Davies & Frawley, 1991). Noonan (1997) states that the psychodynamic therapeutic relationship itself can provide

“a safe facilitating environment” that helps clients heal painful internal conflicts and reduce the need to overuse alcohol to cope with difficult feelings, which provides additional support for the therapists’ views from the survey.

Theme two: The recognition by therapists interviewed for this study of the importance of using psychodynamic therapeutic skills to build clients’ ego strength is supported by the literature review. Berzoff et al. (2011) report that strengthening the ego of the problem drinker is accomplished by using therapeutic skills such as empathy and validation, and by building a connection with the client, all of which enhance the client’s adaptive capacity. Developing such capacities as affect tolerance, self-care, and management of relationships helps clients stop using alcohol to compensate for difficulties in these areas, according to Director (2012) as well as the therapists interviewed for this survey. Burton (2005) offers further support of the interviewees’ responses concerning the engagement of clients in therapy in seeking understanding of the meaning of problem drinking in their lives. In this way, psychodynamic psychotherapists serve as facilitators of transformation for problem drinkers (Walant, 1995).

Theme three: Research included in the literature review supports therapists’ perspectives that consistent and responsive psychodynamic interaction leads to more positive, authentic relationships with others. Koehn (2010) states that the quality of the connection between therapist and client should be a central goal. Ganzer and Ornstein (2008) report that an empathetic, available, and safe therapeutic relationship can heal an inner sense of shame clients might feel from problem drinking. Through internalization of the healing therapeutic alliance (Ganzer, 2008), clients are then motivated to repair

damaged connections with some people and build new healthy connections with others (Kohen, 2010), which all participants in this study clearly stated as part of the effectiveness of psychodynamic psychotherapy.

An important difference between the findings from the interviews conducted for this research and the literature is the degree of recognition of the usefulness of adjunct therapies, such as dialectical behavior therapy, cognitive behavior therapy, or 12-step programs. All six therapists interviewed supported client involvement in one of these therapies if it served the purpose of preventing the overuse of alcohol. The therapists believed that the deeper work of psychodynamic psychotherapy is more effective when the client was not compensating for ego deficits through the use of alcohol. However, most therapists recommended being aware of the meaning of recommending any adjunct therapy in addition to psychodynamic psychotherapy for both the therapist and the client.

In contrast, Nol (1993) upholds the concept that problem drinking is a symptom of “a more serious underlying disturbance, which can be understood fully using the psychodynamic perspective.” Furthermore, Nol (1993) urges mental health workers from all sub-specialties to stop imposing simplistic, pre-formulated, behavioral therapies on clients and “let our client’s intrapsychic world tell us how to facilitate change” in problem-drinking behavior. Ganzer and Ornstein (2007) recognize that even with the awareness of underlying dynamics that contribute to alcohol abuse, clinical social workers continue to use short-term, cognitive-behaviorally focused models. Other literature in this research study focused only on the effects of psychodynamic psychotherapy on problem-drinking behavior.

Strengths and Limitations

There are two strengths of this research. One strength is qualitative research allows participants to be the experts of their own experiences. The use of open-ended questions allowed the participants to share their ideas and theories regarding their clinical experiences with clients who struggle with problem drinking. The second strength of this study is the level of depth to which the study phenomena were examined. Because of the limited number of participants, the dynamic processes of psychodynamic therapeutic experiences could be studied in depth.

There are two limitations of this study. The first is that results are not generalizable to other people or settings because of the limited number of participants. The second weakness is that the results were easily influenced by the researcher's personal biases and idiosyncrasies. This bias was reduced by asking open-ended questions that did not imply a preference toward the effectiveness of psychodynamic psychotherapy on problem-drinking behavior. In addition, when coding the data gathered from the interviews transcripts, multiple categories were used to cover all potential themes elicited from the survey questions.

Implications for Social Work Practice

The implications of this study suggest that by providing psychodynamic psychotherapy, social work clinicians can facilitate long-lasting change in problem-drinking behavior through the development of transference, the building of ego strength, and increasing the ability to form positive relationships. Because problem-drinking behavior causes many problems in our society ranging from marriage and family conflict to workplace issues to billions of dollars spent on treatment, it is important for clinical

social workers to offer the most effective, long-term intervention. Finally, it is essential to expand our knowledge of traditional treatment methods to broader, psychodynamic methods designed to meet the specific needs of each client to enable them to live free of problem drinking.

Implications for Future research

Having reviewed the literature on the effectiveness of psychodynamic psychotherapy on problem-drinking behavior, and having analyzed the data from interviews with six psychotherapists on their perspectives of the effectiveness of psychodynamic psychotherapy on problem-drinking behavior, it is my recommendation that similar studies be done using a larger sampler size. Interviewing more therapists who practice psychodynamic psychotherapy with problem drinkers would give a better indication of the effectiveness of psychodynamic psychotherapy on problem-drinking behavior. Specifically, further research utilizing elements of the three themes that emerged in this research could be conducted to clarify the findings.

For example, conducting quantitative research around the rate of success using psychodynamic psychotherapy to reduce problem-drinking behavior over a period of time would indicate its long-term effect. Comparing the success of other therapies with psychodynamic psychotherapy would give an indication if one results in a better outcome. Further implications for future research indicate a study of the effects of psychodynamic psychotherapy providing the framework for intervention for clients with problem-drinking behavior, along with other forms of behavioral therapy in various combinations.

References

- Berg, B.L. & Lune, H. (2012). *Qualitative research methods for social sciences*. New Jersey: Pearson Education, Inc.
- Berzoff, J., Flanagan, L., & Hertz, P. (2011). *Inside out and outside in: Psychodynamic clinical theory and psychotherapy*. Landham, MA: Rowman & Littlefield Publishers, Inc.
- Bladt, C. (2002). Towards a psychodynamic understanding of binge drinking behavior in first semester college freshmen. *Journal of College Student Development*, 43(6), 775-791.
- Burton, N. (2005). Finding the lost girls: Multiplicity and dissociation in the treatment of addictions. *Psychoanalytic Dialogues*, 15, 587-612. Retrieved from Psychoanalytic Electronic Publishing database.
- Crits-Christoph, P., Gibbons, M.B., Gallop, R., Ring-Kurtz, S., Barber, J., Worley, M., et al. (2008). Supportive-expressive psychodynamic therapy for cocaine dependence: A closer look. *Psychoanalytic Psychology*, 25, 483-498. Retrieved from Psychoanalytic Electronic Publishing database.
- Davies, J. & Frawley, M. (1991). Dissociative processes and transference-countertransference paradigms in the psychoanalytically oriented treatment of adult survivors of childhood sexual abuse. *Psychoanalytic Dialogues*, 2(1), 5-36.
- Davis, B. (2006). Psychodynamic psychotherapies and the treatment of co-occurring psychological trauma and addiction. *Journal of Chemical Dependency Treatment*, 8(2), 61-69.
- Director, L. (2002). The value of relational psychoanalysis in the treatment of

chronic drug and alcohol use. *Psychoanalytic Dialogues*, 12, 551-579.

Dodes, L.M. (2003). Addiction and psychoanalysis. *Canadian Journal of Psychoanalysis*, 11, 123-134. Retrieved from Psychoanalytic Electronic Publishing database.

Fewell, C.H. (1994). *Clinical social work with substance abusing clients*. Straussner, Shulamith Lala Ashenberg, (Ed.). New York: The Guilford Press, 1993, 381 Pages, \$35.00. . *Psychoanalytic Social Work*, 2, 71-74. Retrieved from Psychoanalytic Electronic Publishing database.

Ganzer, C. & Ornstein, E. (2008). In and out of enactments: A relational perspective on the short-term and long-term treatment of substance abuse. *Journal of Clinical Social Work*, 36, 155-164.

Gray, K. (2011). Does AA really work? A round-up of recent studies. *The Fix*. Retrieved October 30, 2012, from <http://www.thefix.com>

Hutchison, E.D. (2011). *Dimensions of human behavior: Persons and environment*. Los Angeles: SAGE Publishing, Inc.

Johnson, B. (2003). Commentary on "Understanding Addictive Vulnerability". *Neuro-Psychoanalysis*, 5, 29-34.

Karno, M., Beutler, L., & Harwood, T. (2002). Interactions between psychotherapy procedures and patient attributes that predict alcohol treatment effectiveness: A preliminary report. *Addictive Behaviors*, 27, 779-797.

Khantzian, E. (1995). Chapter 2: Self-regulation vulnerabilities in substance abusers: Treatment implications. *The Psychology and Treatment of Addictive Behavior*, 17-41. Retrieved from Psychoanalytic Electronic Publishing database.

- Koehn, C.V. (2010). A relational approach to counseling women with alcohol and other drug problems. *Alcoholism Treatment Quarterly*, 28, 38-51.
- Lewis, T., Amini, F., & Lannon, R. (2000). *A general theory of love*. New York: Vintage Books.
- Little, J. (2006). Harm reduction therapy groups: Engaging drinkers and drug users in a process of change. *Journal of Groups in Addiction & Recovery*, 1(1), 69-93.
- Miller, A. (2007). *The drama of the gifted child: The search for the true self*. New York, New York: Basic Books.
- Nol, J. (1993). Substance abuse as symptom: A psychoanalytic critique of treatment approaches and the cultural beliefs that sustain them. Berger, Louis. Hillsdale, New Jersey/London: The Analytic Press, 1991, 259 pages. *Psychoanalytic Social Work*, 1, 81-83. Retrieved from Psychoanalytic Electronic Publishing database.
- Noonan, M. (1997). Creating the capacity for attachment treating addictions and the alienated self. Walant, K. Northvale, New Jersey/London: Jason Aronson, Inc., 1996, 320 pages, *Psychoanalytic Social Work*, 4, 76-79. Retrieved from Psychoanalytic Electronic Publishing database.
- Sachs, K.S. (2006). Psychotherapy and alcoholics anonymous: A guide for therapists. *Alcoholism Treatment Quarterly*, 24(3), 55-69.
- Sadava, S. & Pak, A. (1994). Problem drinking and close relationships during the third decade of life. *Psychology of Addictive Behaviors*, 8(4), 251-258.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98-109.
- Sigrell, B., Cornell, A., Gyllenskold, K., Lindgren, I., & Stenfelt, P. (1998).

Psychoanalytic psychotherapy and outcome research: A qualitative study. *Psychoanalytic Psychotherapy*, 12, 57-73. Retrieved from Psychoanalytic Electronic Publishing database.

Soderstrom, K., & Skarderud, F. (2009). Minding the baby. Mentalizing-based treatment in families with parental substance use disorder: Theoretical framework. *Nordic Psychology*, 61(3), 47-65. doi: 10.1027/1901-2276.61.3.47

Urschel, H.C. (2009). *Healing the addicted brain*. Naperville: Sourcebooks, Inc.

Valandra, V. (2012). Reflexivity and professional use of self in research: A doctoral student's journey. *Journal of Ethnographic & Qualitative Research*, 6, 204-220.

Walant, K.B. (1995). *Creating the capacity for attachment treating addictions and the alienated self*. Northvale, New Jersey/London: Jason Aronson, Inc.

Zweben, J.E. (1993). Recovery oriented psychotherapy: A model for addiction treatment. *Psychotherapy* 30(2), 259-268.

Appendix A

Interview Guide

Demographic Information

1. What is your educational degree?
2. How many years have you been a practicing therapist?
3. What specific experience have you had working with problem drinkers and in what setting?
4. What theoretical orientations do you use in your psychotherapy practice?

Transference/Countertransference

5. What is your understanding of the role of transference and countertransference in the therapeutic relationship during the treatment of a client with problem-drinking behavior?
6. What is your understanding of the role of enactments?
Can you give me an example of how you saw these unfold in sessions?

Intrapsychic conflicts

7. What kinds of intrapsychic conflicts seem to be the most prominent in problem drinkers?
8. Over the course of therapy, what has been your experience of the effect of psychodynamic therapy on intrapsychic conflict?
9. What are the internal structures, if any, that are changed that affect the client's external experience?

Self-regulation

10. Over the course of therapy, what kind of changes, if any, do you see in self-regulation?
11. When you meet someone for the first time, how do you see the quality of change in the therapeutic relationship change from the beginning to the middle to the end of therapy?

General

12. Do you advocate the use of adjunct treatment? What effect does that have on transference/countertransference within the therapeutic relationship?

Appendix B

December 15, 2012

Dear Participant,

My name is Sandy Ryan and I am a Masters in Clinical Social Work graduate student at the University of St. Thomas/College of St. Catherine. For my final Clinical Research Project, I am examining therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. Because you are a psychotherapist who practices psychodynamic psychotherapy, I am inviting you to participate in this research study.

Participation in this study includes a face-to-face interview, which will take approximately 45 minutes to one hour. You will receive a \$20 Caribou gift card in appreciation for your time. The survey questions are attached for your review. All information will be kept confidential. Your participation would be very much appreciated because it would be helpful to my research.

Thank you for considering assisting me in my research project. If you would like to participate, please call me at (612) 845-0929, or email me at sandymryan@gmail.com. We will arrange for a time that works in your schedule at a location convenient to you.

Sincerely,

Sandy Ryan

MSW Graduate Student

Appendix C

Therapists' Perspectives of the Effects of Psychodynamic Psychotherapy on Problem-drinking behavior INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. This study is being conducted by Sandy Ryan, a graduate student at St. Catherine University under the supervision of Dr. Valandra, a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you provide psychodynamic psychotherapy to clients with problem-drinking behavior. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to understand therapists' perspectives of the effects of psychodynamic psychotherapy on problem-drinking behavior. Approximately 8-10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to sign this consent form and to participate in a face-to-face, audiotaped interview. The interview will last about 45 minutes to one hour. The purpose of the interview is to gather information about your perspective of the effects of psychodynamic psychotherapy on problem-drinking behavior. The interview will take place in a safe public place such as a library meeting space or agency meeting space. In addition to the meeting space being a public place, it will also be a place in which confidentiality will be able to be kept. A private residence will not be utilized for conducting the interview. St. Catherine's St. Paul campus is one public location with available meeting space to conduct the interview.

Risks and Benefits of being in the study:

The study has minimal risks. I will offer to stop the interview if it appears to be causing too much discomfort. All information obtained from the interview will be kept confidential.

There are no direct benefits to participating in this research.

Compensation:

Participants will receive a \$20 Caribou gift card.

Confidentiality:

Any identifying information obtained in connection with this research study will be kept confidential. In any written reports or publications, no one will be identified or identifiable. Your recorded interview will be numbered. There will be no identifying information transcribed other than the number you are given at the time of the interview. The flash drive, consent form and any notes taken will be kept in a locked drawer in my home office. I will keep the research results on a password-protected computer that can only be accessed by me. I will finish analyzing the data by May 25, 2013. I will then destroy all original reports and identifying information that can be linked back to you. All digital recordings will be deleted.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University, the University of St. Thomas, or local social service agencies in any way. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and questions:

If you have any questions, please feel free to contact me, Sandy Ryan, at (612) 845-0929. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Valandra, (612) 963-3767, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study. I agree to be audio-taped.

Signature of Participant Date

Signature of Parent, Legal Guardian, or Witness Date

