Book Review

Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions. By Patt Denning. 270 pp. $32.50.

The majority of clinical and theoretical literature in the substance abuse field is based on an abstinence model. While abstinence from drugs and alcohol is the safest goal for people with addictions, many clients do not choose to stop using. Likewise, other clients may have abstinence as the ultimate goal but may not be able to stop initially. There are few resources that will guide a clinician who is working with people who actively use. Dr. Patt Denning’s Practicing Harm Reduction Psychotherapy is one of the first books to do so.

Dr. Denning’s book discusses the theory and clinical practice behind harm reduction. Harm reduction acknowledges that people engage in high-risk behaviors (e.g., drug use, unsafe sex, etc.) and has the goal of decreasing harm. Dr. Denning describes the origins of this model and compares it to other existing models (e.g., disease, adaptive) in the field. She provides a framework towards evaluating individuals who have drug and alcohol problems and discusses different clinical vignettes that highlight the work done with these clients. Dr. Denning also speaks to the work done with clients who have emotional problems using this model. Often, traditional approaches have not been as successful with clients who have coexisting psychiatric problems. Lastly, the book examines the ways harm reduction is incorporated in different settings, such as the AIDS Housing Project.

Dr. Denning’s book is very accessible clinically, in that it provides a rationale for the work and gives vignettes that describe actual case material. One strength of the book is the section on assessment, which is crucial in this field. Too often clinicians ignore substance use or do not know the questions to ask in this area. Dr. Denning’s assessment goes beyond knowing what different substances are used but also how they are used, the setting in which they are taken, and the culture a person is in. Her book looks at the relationship a person may have to different drugs, as opposed to just stating that they are all addictive substances. All these suggestions help clarify the person’s subjective experience of the substances they are using, which is often neglected in the area of substance use. Clinicians may too quickly assume that they know how the substance will affect the client without assessing the person’s experience.
The model presented by Dr. Denning seems to be helpful to both the clinician and the client. Traditionally, success in the area of substance abuse has meant the cessation of drug or alcohol use. Therefore clients who make changes such as lessening their use are often seen as treatment “failures.” This stringent criterion is often difficult for clients (as well as clinicians), who may feel discouraged by their “lack of progress” when they are making important changes.

The field of addiction is quite complex and substance use is related to a person’s context, psychological disposition, and to his or her biology. Dr. Denning views addiction as a biopsychosocial phenomenon. She describes the culture of drug use and society’s bias against users. In addition, she acknowledges the biological aspect of use. Her theoretical approach is quite eclectic, in that she draws on cognitive behavioral understandings of drug use such as triggers and cravings. However, she also looks at a client by addressing his or her attachment patterns and the psychological impact of trauma, which is often related to drug and alcohol use. Dr. Denning also looks at the person’s attachment to the drug and how this relates to the connection made to the therapist (Walant, 1995). Last, she discusses theoretical approaches such as motivational interviewing that are used in substance abuse counseling.

While it certainly is not up to one author to cover all areas of this subject, the book does not address group work. In fact, harm reduction group psychotherapy is a neglected area. This becomes a problem in a field where the majority of work is group focused, and many believe that group work is crucial when working with addictions. In addition, some clinicians find it difficult to work in groups with people who have differing goals with regard to their drug and alcohol use.

Often therapists worry that having group members with different goals (e.g., abstinence, moderation) can threaten a group’s cohesion. One common concern is that members in early recovery are too fragile to deal with another member who is not ready to abstain or who is moderating. While this might be true, clinicians often jump to this assumption. Clinicians need to check with group members regarding their feelings about a person using. In addition, the difference in goals needs to be explored in the context of group development. Groups often struggle with whether the group can be cohesive and yet also tolerate differences. This struggle will arise regardless of the issue (e.g., race, gender, sexual orientation) but may be also focused on the abstinence issue. In substance abuse, the desire for a group to be cohesive may be especially strong. People with addictions are often quite isolated. They often believe that they are the only people dealing with this issue. In fact, the power of self-help meetings and treatment can lie in connecting clients to others who have been through similar struggles. In addition, members who are relapsing or not open to abstinence can be easily scapegoated. Groups may label the person who is using as “not serious” about their recovery or in denial. The process of scapegoating a member allows them to ignore the fact that most people