

Title: „Another kind of connection“: Recovery coaches as co-therapists in dialogical meetings

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## **Abstract**

I initiated an action research project within my private psychotherapy practice, in collaboration with a group of recovery coaching trainees. The main idea of the project was to involve the trainees, people with their own experience of addiction and recovery, into dialogical meetings with couples and families as my co-therapists. In the cyclical process of action research we switched between action phases (meetings with clients) and reflection phases (research team meetings only). Clients of the sessions were not involved directly in the research process but the sessions were recorded and they were asked to offer feedback afterwards. As a result, Open Dialogue model with its reflecting conversations between consultants and emphasis on present moment was found to be suitable model for involving „lived expertise“ as a natural part of the meeting. The clients and trainees were emphasising „another kind of connection“ achieved through the experience with similar issues and the process also moved the „identified client“ from the central focus of the session. Organisation of the future meetings was elaborated and suggested as the practical outcome of the research.

## **Introduction**

I am offering here a description of an action research project that took place within my private psychotherapy practice. The main idea of the project was to involve recovery coaches, trained people with their own experience of addiction and recovery, into dialogical meetings with couples and families as my co-therapists. In the following pages I show where this idea came from, what kind of purpose was the presence of recovery coaches supposed to serve, and what we found out after three cycles of the action research.

For many years, I have been trying to bring collaborative (Anderson & Goolishian, 1988; Anderson, 1997) and dialogical (Seikkula, 2011; Seikkula & Arnkil, 2013) ideas into my every-day work, and most recently, I tried to adopt the innovative practice of Open Dialogue into the work with couples and families struggling with addiction. Partly it was because I have been working in the field of drugs & addiction (as social worker, psychologist and therapist) from the very start of my professional career and at the same time I have been in a process of continual self-development as collaborative and dialogical practitioner. But there is also a good general rationale for bringing humanistic and democratic approach into the field of addiction. For many writers, this domain that is traditionally flooded with patronizing and authoritative stance that promotes labelling and blaming (Hart, 2013; Peele, 1989; Szalavitz, 2016). Achievements of Open Dialogue in psychiatry, especially in early psychosis treatment (Olson, Seikkula & Ziedonis, 2014) was so promising that using this approach in drug and addiction field became almost my personal mission.

Since I started my private practice in 2013 with a hope for having more freedom to put dialogic ideas into practice, I noticed a repeating pattern. A family member (most often, a mother or a wife) tells me over the phone that they heard about me as being an expert on addiction and that they would like to consult something that is happening in their family and has to do with this subject. I always shortly explain that I am foremost a therapist and I invite the whole family to come, having in mind the social network perspective of dialogic working (Seikkula & Arnkil, 2013). And then we sit in my room and we start the therapeutic conversation. I am using the open-ended questions to initiate the dialogue, offering responses, reflections and the therapeutic process start to emerge. But then, mostly almost at the end of the session, a direct question comes such as: „So what do you think? Is he/she really addicted?“ „Do I need to go to rehab?“; „Is it really so that he cannot control himself?“ „Is it possible she will recover even if she doesn't go to rehab?“ „How should we respond as parents?“ and others.

It may be my learned tendency not to put others down combined with my fascination of the topic of addiction that led to my various attempts to provide some answers or at least not to avoid the questions. But, as it is true for every kind of complex issue we deal with as systemic therapists, the more we know about the subject the more vague and incomprehensible it happens to become. In another words, it is not easy to say something about these questions and not making it even more complicated for them. And this directly brings us to two kinds of dilemmas or problems that might be presented here as research problems.

Even if I am trying to offer tentative and non-generalizable comments such as „It reminds me a story of a woman I knew who...“ or „I know many people who struggled with similiar issues and they overcame it, each in a different way...“, I primarily feel that I am moving away from my role of dialogical therapist and slowly getting to a role of expert advisor which I am afraid of because it might disturb the equal relationship between me and the clients. What I want at first place is to offer a collaborative relationship and a dialogical conversation in which new unexpected meanings and possibilities can emerge (Anderson, 1997). At the same time, I want to be respectful to the questions of the clients and the need to hear some „expert advices“ that might help them orient a bit in the situation.

At this point, I was inspired by Open Dialogue model where reflecting conversations amongst professionals take place in the network meetings and this is the arena where some of the very practical questions and are addressed as relevant discussion topics. It is even one of the fidelity criteria of Open Dialogue that such conversations take place along with the fact that there is more than one therapist at the treatment meeting (Olson, Seikkula & Ziedonis, 2014). In this setting, the practitioners can deal with the uncertainty of the difficult situations much better and they can also demonstrate the ambiguity of the questions much more clearly than when presented as single answer. The professionals might offer different views, they even do not have to agree with each other. Nevertheless, I was alone in my office and I knew that I cannot continue like that if I want to make more profound change in my practice. So I started to search for companions.

And the possible solution happened to be even closer than I would imagine. Through my involvement in a professional drug & addiction community in Czech Republic I was part of a group that started to organize the first basic training for so called recovery coaches. Peer recovery coaches are people with lived experience either with their own addiction or addiction of their loved ones who help other people struggling with similiar issues (Bassuk et al., 2016; White & Kurtz, 2008). As a trainer, I had an opportunity to introduce the trainees to dialogical

way of working with people in 2-day seminar, and I also offered my private practice as a site for externship that they were supposed to undergo in minimum of 40 hours. Four trainees applied for this possibility and so I suddenly had interesting collaborators in my developing dialogical practice and also a „research group“ for creating this action research project.

Me and the four trainees started to meet as a research group and gradually also with clients when there was always me and one trainee present. At first, we tried to clarify what we want to achieve by this endeavor. I introduced them to my dilemmas mentioned above and they were also sharing their interests and questions that were driven by their own experience with professional services. They were basically very interested in bringing more of human connection and personal stories into the meetings with people who need help. Some of them had also some worries, such as whether they are qualified enough, what if they hurt people by what they say, or what if there will be some story that will strongly resonate with them and they will unconsciously act upon their own story rather than the clients’.

After we discussed all of these questions, opportunities and worries in detail, we tried to formulate some initial questions for this action research project with the notion that it might be subjected to change during the process. The first question was:

*RQ1 How can lived experience with addiction and recovery be used to enrich the dialogical meetings with couples and families?*

This question was focused mainly on the collaboration between the two consultants – me as the main therapist and the trainee. We agreed to begin with the Open Dialogue model that promotes the conversations between professionals within the session, in front of the clients. We also distinguished two variations of this question:

*RQ1a How will the presence of recovery coach influence the therapeutic relationship, especially the trust and safety?*

*RQ1b How will the presence of recovery coach contribute to answering concrete questions about drugs, addiction and a system of care?*

In our group, there was also a big curiosity on how the clients will respond to the presence of the recovery coach, how will they accept this way of working, how will they respond to the conversations between the consultants and so on. So our second question was formulated as follows:

*RQ2 How will the clients respond to having a recovery coach in the consultation?*

At the end of this article, I will come back to these questions and I will suggest even some more questions that emerged during the project.

## Participants and methods

The main participants of this action research project were me as the primary researcher and the trainees of recovery coaching course. Here is a list of us:

	gender	age	Role / experience
Pavel	Male	40	Professional psychotherapist, primary researcher
Sylva	Female	40	Personal experience with methamphetamine addiction, social worker
Hanka	Female	50	Family experience with opiate addiction, psychology graduate
Martina	Female	45	Family experience with alcohol addiction, project manager
Adéla	Female	40	Personal experience with opiate and alcohol addiction, maternal leave, English teacher

It is noteworthy that three participants from this group had also personal experience of being my clients in psychotherapy. We were very open about this fact from the very beginning and I am reflecting this in the final discussion of this paper.

The recovery coaches participated in a role both of co-therapists and representatives of the target population, people who struggle with addiction issues. Clients of the sessions were not involved directly in the research process but the sessions were recorded and they were asked to offer feedback afterwards. In this table below there is a list of cases that were part of the process:

Clients	Consultants	No. of sess.	Presented problem
Eva & Lubomír	Pavel & Sylva	1	Mother and son, problems with Lubomír's MA* use
Magda	Pavel & Sylva	8	Mother of daughter who uses MA
Gabriela & Václav	Pavel & Hanka	1	Couple, problems with Václav's MA use

Nikol & Radek	Pavel & Martina	1	Couple, problems with Radek's cocaine and alcohol use
Marcela & Jan	Pavel & Hanka	1	Couple, Jan on methadone prescription, problems with his use of stimulants

\*MA = methamphetamine

Action research, as a paradigm for generating knowledge useful for solving local problems (Mendenhall & Doherty, 2005) has served as a main framework to help us develop the practice that will be most suitable for all the parties. After creating a communicative space (Wicks & Reason, 2009) and setting the goals of our project we started a cyclical process of action research where we switched between space for reflecting and planning and space for action. Space for reflecting and planning consisted of the research group meetings, i.e. of me and four trainees. We officially met three times as part of the action research – in July, September and November. At each of these meetings, we reflected what happened recently and planned further steps. We audio recorded these meetings. The space for action consisted of the sessions with clients where me and one trainee were present. In what follows I briefly describe this research process.

### *1st cycle*

The 1st cycle started with a „pilot meeting“ with a family which means that me and Sylva had one consultation with clients even before the first meeting of the research group. We regarded it as a chance to have an initial experience that we will be able to reflect upon at the first meeting with others. We felt we could do it with Sylva since we already worked together and she was also my co-trainer in the recovery coaching training.

The first meeting of a research group took place in July 2019. I have summarized some information about Open Dialogue as a model. All the trainees already participated in 2-day seminar with practising skills of responding and reflecting. With Sylva, we also offered some summary of our first pilot meeting. Participants wanted to have even more practice so we decided to use some time of the meeting to a demonstration of a consultation that all of the participants took part. It was not a role play, though, since one of the participant was willing to offer her own personal issue. Based on this experience, we were discussing specific topics, i.e. how to introduce ourselves at the meetings, when to speak, how to know what is appropriate

to say, etc. We decided that these questions will become part of the research process as such and we formulated the research questions mentioned above.

### *2nd cycle*

We used second meeting in September mostly for reflecting the previous experience and preparing for next sessions with clients that were already scheduled. As at the July meeting, we also did a demonstration of consultation with the trainees as a way how to practice responding and reflecting. Some adjustment to the collaboration with families were planned – i.e. more time at the end of the sessions and emphasising the usefulness of coming repeatedly. We used the third meeting to reflect upon the 2nd cycle which was similiar to the September meeting but we did not practice the consultation. We had enough materials to reflect upon and since we knew that this phase of project will be finished, we sketched some rough ideas for possible future project.

### *3rd cycle with client feedback*

After November meeting, one more meeting (Marcela & Jan, with Hanka as co-therapist) took place that was transcribed and all four participants were asked to identify the moments they regarded as most significant in the transcript.

## **Results**

In this section I summarize some parctical knowledge that we learned through the process based on research questions as well as the new questions and ideas for further development of the project.

### *Open Dialogue as suitable model for involving „lived expertise“*

All the participants were introduced to basic ideas of Open Dialogue and even before seeing clients, they had opportunity to practice basic skills of responding and reflecting. For the meetings with clients, we agreed that the way coaches will introduce themselves, and the amount of self-disclosure will be left freely upon them so that they could decide at the present moment. They were also free not to personally introduce themselves at all if they wouldn't feel it as safe. They could also choose whether they want to be actively involved throughout the session or if they want to be in a „reflecting position“ and talk only when asked by the

leading therapist. They all chose an option to be more silent at the beginning but then to try to be more active in latter phase.

Within the session, all the coaches decided to introduce themselves in different way at the beginning, ranging from a minimalistic assertion „I had a wild life when I was in my twenties“ to quite detailed description of personal troubles. However, even at first sessions, the coaches were disclosing some very personal stories gradually, mostly while having a reflecting conversation with the therapist or when answering clients' direct questions like in this excerpt from session with client:

Sylva: „*The moment you describe when it happened that she /Magda's daughter/ actually left, so it reminds me of the situation at my home where I knew it was unbearable, that I actually behave ... unacceptable, and that my parents had to know it. That something was definitely not right with me. And when they actually rejected me, I felt a bit of freedom in it. And I actually liked to freely take drugs without their interventions. Just for myself. So actually there was a piece of liberation. But then came the moment when I wanted to get back to them...*“

The rapid move toward openness might have been supported by significant and very visible interest of the clients that was often also verbalized. This is an excerpt from the early moment of a session with clients Marcela and Jan:

Jan: /to Hanka/ „*I am just glad that you are here because you actually live this, for four years... so you can understand her /his wife's Marcela/ feelings that are incomprehensible for anyone from her friends because there is no one in her surrounding who is strongly addicted to hard drugs. Isn't it?*“

Interestingly, it was not only the clients who were pleased by the similarity of experience with recovery coaches but the coaches as well. When reflecting upon this experience in the research meeting, they said that it was comfortable to share the personal stories because they felt the similarity. At the same time, they appreciated the safe space that were created there and which they stated was my responsibility to ensure.

In sum, Open Dialogue contains several elements that make it very accessible to enter with one's own experience / lived expertise. To start with, it is the requirement to have *two or more therapist at the meeting* that makes it possible for someone with lived experience to choose the right moment for disclosure. Secondly, the emphasis on *present moment* supports the type

of disclosure that is not urged by strategical planning but more by an immediate spontaneous urge to share something personal. And lastly, *conversation amongst consultants* enables a safe platform for sharing the personal issues – when facing the other therapist. This conversation between consultants enables the clients to stay with their inner dialogue which brought very meaningful issues in continuation of the sessions.

#### *Another kind of connection*

These are words used by one team member, Adéla, after her training experience in which she had a possibility to explore her personal issues with me as therapist and another trainee Hanka as co-therapist.

*Adéla: „I felt great harmony. I think Hanka talked twice or three times and she heard things that I sensed but I have never named them as such, and she verbalized them. It was fascinating to experience that she hears it and understands it and names it! It was so valuable. It is such an anchor. You /towards me - Pavel/ are the professional. But this is another kind of connection. It is good.“*

Within the therapy meetings, this experience repeated itself. The clients talked about relief that someone can understand them „without explaining“. And this comments happened rather early in the session, after first reflections of the coach. For example Nikol commented on Martina’s reflection in the first half of the session that this is the first time in her life when someone really understands what she is going through as a wife of someone with addiction problems.

In case of Magda, a mother of teenage girl using methamphetamine, this connection came a bit later. She did not manage to come with her daughter even if she tried to. So we met her 8 times only on her own. In the first session, she seemed to turn to me almost exclusively, but gradually she started to ask Sylva some questions and then turn to her while talking. She even invited her to come for coffee to a restaurant she runs. This slower attunement might have been connected to the fact that Sylva expressed her empathy with her daughter through her own similar experience and history. But even if in later stages Sylva started to act even as advocate of the daughter, Magda kept very strong connection to her.

#### *Moving the „identified client“ from the central focus*

Sometimes the clients were expecting that the focus will be on the person with addiction and also that the direction will be towards future steps and who to solve the problem. For example

Radek did not expect that we will also be interested in his wife's Nikol feelings and that when she expresses sadness and exhaustion of how things has been recently, we will be dealing with that. This was a difficult moment and my co-therapist Martina said that she could feel that if she was there alone with them two, she and Nikol might be overridden by the Radek's male dominance.

In another case, this shift of focus was rather pleasant. When talking with Gabriel and Václav, Václav at one point said that he is overwhelmed with that and asked us to „change the subject“. We had a brief conversation with Hanka and then started to focus more on Gabriela's experience, leaving Václav a space for listening only. He then appreciatively commented on this.

Interestingly, the question never was – how to stop using drugs? At the same time, at the end of sessions they sometimes asked for individualize support. But then we asked also the significant other if she wants also support as individual.

#### *„Normalisation“ of the difficult issues*

In all the cases, there were heavy issues sometimes not discussed before. Mainly with the trainee personal connection with the issues, it brought some relief that „we are not alone in this“. One of the trainees also noticed that I as the therapist have also talked more personally in this atmosphere. „I talked about my experience but also Pavel talked about his experience, he was not so much in the role of THE professional. And they responded very positively.“

Another trainee commented that it gave impression of free informal conversation between four people. However, I was noticing me being aware so that it does not slip to a chit-chat that would no longer pay attention to responding client's utterances but where people will only wait until they can say what they want to say. But the reflecting conversations between consultants happened to be good prevention of these „slips“.

#### *Dialogical responding to the concrete questions of clients*

The presence of the recovery coach often urges concrete direct questions, either on personal experience or on opinion about some issues. However, here it is important to be careful because it might be easy to jump into answering and offering advices even before the clients get a chance to come up with their own answers which should be always a priority. Hanka, a recovery coach, for example said that she had a hard time not to provide answers or experiences too soon. The next excerpt is an example of an interaction where the client firstly

asked about opinion of the recovery coach but then the question was answered by the spouse. Interestingly, this was a passage that was signified as very meaningful by both clients and both therapists:

*Pavel (consultant): So, uh, so I wonder where to go in the conversation now? Do you have any specific questions, for example? Or would you like to follow up on something ....*

*Marcela (client): Eh ... I don't know if it is OK if I ask directly you (towards Hanka) because you have the personal experience, yeah. Because I don't know how to ... and maybe you said that you don't really know how to... how to act either when he overdoses or when he disappears like for five days.*

*P: Hm.*

*M: I don't deal with it, because it is impossible trying to find him anywhere in the Czechia, I guess it's completely pointless, because if he wants, he'll hide anyway, and I just don't know how to deal with it. Because lastly, when I tried to contact him when he disappeared for four or five days, he blocked me everywhere. And then he tells me, I'm sorry, yeah, but I then I receive a message from him: "I need to overdose myself", yeah, and at that moment you're worried if he can handle it or not, you are completely out of your mind. You can't concentrate on work, I couldn't even sleep, I had to take pills, yeah, and I don't know how to deal with it. Should I let it be, wait for him to come back, and then talk about it? Or should I contact him? Because I think it's useless. Because when he's in that delirium, in his condition, so, yeah, he absolutely doesn't care about me. Or tell me (towards Jan), yeah, how do you see it, yeah.*

*Jan (client): No, I think it just depends on that person there, and the other person can just give the person those feelings "come back, I am waiting for you". Yeah, that ... because ... because if there's no contact from her, then one can just think in those paranoias, in the sick brain, that he is just bothering her, yeah, and it only raises the the intensity of those doses, and the speed.*

*P: So that means ... the message from Marcela, "come home, I am waiting for you" is something that helps you in that ...*

*J: Sure, it's kind of ... sure it helps me, yeah, because I know I'm just hurting her, and that meth has its stages, after three or four days one suddenly gets depressed, even intoxicated, and at that moment it can make the „click“, that one hurt someone, yeah, and at that moment*

*I can find the strength to come back. But if there were simply no signs of wanting me to come back, I would overshoot it somehow. Well, I'd shoot it over with something.* (silence).

So this interchange, that showed as most significant for all the participants, clearly shows that presence of the recovery coach can help in eliciting the questions but then the questions should be responded in a dialogical way, which means more by attentive listening than speaking.

### *Organisation of the future meetings*

The important result of this project was a plan for next collaboration of therapist and recovery coaches. After the third cycle it was stated that:

- The team should consist of more therapists and more recovery coaches
- The team should be flexible enough (time, space)
- The caller should always learn that one meeting might probably not be enough
- At least one therapist and one coach should always be at the first meeting
- Individual meetings between the dialogical sessions should be a possibility to consider
- It is not necessary to involve always the same people at the meetings (i.e. one member from the family can come alone at the meeting if others are not available)

## **Discussion**

This action research project was initiated as an attempt to explore possibilities of involving peer recovery coaches into dialogical meetings with families. We formulated these two questions and two sub-questions:

*RQ1 How can lived experience with addiction and recovery be used to enrich the dialogical meetings with couples and families?*

*RQ1a How will the presence of recovery coach influence the therapeutic relationship, especially the trust and safety?*

*RQ1b How will the presence of recovery coach contribute to answering concrete questions about drugs, addiction and a system of care?*

*RQ2 How will the clients respond to having a recovery coach in the consultation?*

Regarding RQ1, we found out that Open Dialogue model is a very useful arena for making the lived experience accessible for clients and at the same time ensuring safety for the recovery coach and a choice whether and what to disclose. The concrete elements of Open Dialogue that were useful in this sense were especially presence of two therapists in the session, the open discussions between therapists and emphasising the present moment.

There was a great benefit of this approach especially for the persons that were not the „identified clients“ at the first place. The possibility to have someone experiencing similar issues from their own perspective or even someone who went through the similar process as their family member and now living good life was verbalized as very valuable and calming experience. It also moved the focus away from the „identified clients“ i.e. the person with addiction problems.

The combination of a professional therapist and recovery coach enabled also to answer concrete practical questions in a dialogical way. Multiple options emerged. Some questions could have been addressed in the discussion between therapists, the recovery coach could offer his or her experience with the subject but there was also an option not to start answering the question right away but instead support the clients to find the right answers for themselves. The presence of two therapists brought more possibilities for living with the uncertainty of such process.

Regarding RQ2, the clients expressed spontaneous gratitude to have the recovery coaches at the meetings. I. e. they said that this is the first time someone really understand their feelings in their position. Also, being aware that the recovery coach managed to deal with very difficult life issues was meaningful itself and brought hope to the clients. A feedback was also asked from the clients and it was very positive including appreciation of the specific style of working together. Here is an excerpt of one feedback e-mail from Gabriela who was at the session with Václav:

*Gabriela: „I can say for both of us that the session really helped us. The main help I saw in this was that we could speak in a normal and calm way, and it did not escalate and degenerate as if we were solving this problem at home. Since the consultation two months ago, everything has been fixed and Václav lives normally without drugs. We are very satisfied and we talk about it when he has his taste and we can always manage it somehow. For us, visiting you was nice and it gave us a lot just because we heard that there are other people who have it similar to us.“*

For me, personally, there is even another level of this kind of collaboration with recovery coaches. As mentioned before, three of the four coaches used to be my clients. After the experience with the project, I don't see it as a disadvantage, but rather as a great benefit. I could start creating a very new relationship with them in their new identities that is principally much more equal than the relationship between therapist and a client. For them, it was a possibility to move further in their lives, with a feeling of safety. Offering clients to become co-therapists in sessions with people who are dealing with similar issues as they were seems to be very valuable for all: for the clients, for the therapists and also for them.

There were several limitations of this study. First of all, it was a small project running for relatively short period of time. Most of the action research studies take much longer so that the cyclical process can bring richer understanding. Also, the context was very specific. The group of recovery coaches already knew each other, most of them were my ex-clients and also my trainees from the recovery coaching course. In this regard, we cannot consider the conclusions stated here as finalized, rather as tentative and as a springboard for another project. Also, we cannot generalize the conclusions. We can rather consider them valid for the concrete persons involved. Nevertheless, they show us very interesting direction of possible future studies and possible research questions.

One of the possible directions of future elaboration would be using this style of working (dialogical collaboration between professional and recovery coach) in different contexts – i. e. in crisis situations or in social work. How to make it most beneficial for the clients? To answer such question, it would demand even bigger involvement of the clients. Another interesting strand of research could be the relationship between the professionals and recovery coaches. How to make this collaboration safe, trustful and useful for all? Because in this study, the relationships were safe already.

In the most general terms, this study also shows the usefulness of bringing the personal experience of the therapist to the session which might be a specific difficult experience like in this study but maybe it could be any kind of experience. One of the recovery coaches noticed that I was also more open and personal in these sessions in comparison how she knows me from the past. So this could lead to a question whether we might be even more open about our own personal experience no matter what role we currently play in the session. This is definitely something that we might learn from peer workers and how we could benefit from the close collaboration with them.

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