Counseling Men for Lifestyle Changes by Helping Them Develop Awareness and Understanding of Their Beliefs, Emotions and Behavioral Goals: An Intern’s Experience

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Abstract

This paper examines men who have developed lifestyles that include domestic abuse. While some men are aware of their abusive behaviors, there are others who are not. Treating men effectively requires that the therapist establish a relationship with the client; the therapist must come to understand the client’s issues, help him in self-assessment and in the development of productive coping behaviors. The treatment goal is to help men become aware of their mistaken beliefs by examining their current thoughts and behaviors. Once a belief has been identified as mistaken, it can be replaced with a belief that encourages the practicing of constructive behaviors.
Counseling Men for Lifestyle Changes by Helping Them Develop Awareness and Understanding of Their Beliefs, Emotions and Behavioral Goals: An Intern’s Experience

History and Description of Internship Site

This local non-profit domestic abuse and anger management agency was founded in 1998 after a similar national agency closed its doors. Some of the remaining staff came alongside a few concerned community members to form the present organization. The current staff consists of a director, two licensed therapists, two facilitators with master’s degrees, interns and two administrative persons. Several lawyers attend monthly meetings to provide free or reduced-fee legal advice to clients.

The agency’s mission statement is to provide resources that will help men become better parents and better parenting partners regardless of marital status. The individual goals of the Educational Program for Domestic Violence and Anger Management are:

1. Increase each man’s awareness of his anger pattern and how it impacts his life and those around him.
2. Help each man develop responsibility for managing his anger constructively and non-violently.
3. Help each man identify abusive behaviors and learn alternative non-violent behaviors.
4. Help each man develop specific behavioral skills to constructively resolve the conflicts and challenges in each man’s life.

The agency provides services of anger management programs, parenting classes, self-esteem seminars and some legal assistance to men of all economic,
cultural and religious backgrounds. The agency maintains a close relationship with the legal system because many of the men are court-ordered to attend an anger management program.

Depending on the client’s need, the curricula consist of a 16 week or a 25 week educational program with the purpose of stopping the abusive behaviors of men and providing them with the tools they need to manage their anger. Classes are held at two locations on weekday evenings and Saturday mornings.

Before they begin treatment, Minnesota Statute 2004, 518 b.02 requires that all clients be prescreened. The intake process consists of recording the client’s family, career, and legal history. The client also takes the Domestic Violence Inventory (DVI) pre-test. The DVI is a domestic violence offender assessment that evaluates the lethality of the potential violence (Domestic Violence Inventory, 2007). It additionally assesses control issues, quantifies substance abuse and measures stress coping abilities. After completing treatment, the client takes the DVI posttest to assess his progress.

Clients gain knowledge of what constitutes abuse and that it is a learned behavior which can be changed. They also attend lectures that explain Rational Emotive Therapy (RET) which helps them understand the relationship between their beliefs-thoughts, emotions, behaviors and behavioral outcomes. Class participation is interactive and includes discussions on the following issues: communication styles, family-of-origin, alcohol/drug abuse, the loss and grief process, resentment and forgiveness, conflict resolution, problem solving and stress management.

Homework assignments are a multi-generational family genogram, a thorough description of a violent incident from beginning to conclusion and a detailed plan for
preventing future abusive occurrences. Weekly assignments can include verbal and written accounts of current anger issues.

**Internship Responsibilities**

Each day, I began my duties by checking my messages for any new or requested client information such as DVIs, arrest reports and release of information requests. After I completed the reading, I prepared for group by making copies of the week’s lesson.

Group began after I took attendance and the clients paid the weekly fee. Each group member reported how the previous week had gone for him. I introduced new group members at this time and invited them to participate in any of the discussions. I did not pressure new clients for any more than their name and the reason they were in group for their first session.

Homework assignments would either be worked out for class discussion or turned in for me to comment on and returned the following week. At this time, I would begin with the week’s lesson. A lesson could consist of viewing a video or me lecturing. Regardless of the method, the group was required to enter into a discussion on the topic. Group time lasts two and one half hours, with a 15 minute break at the midway point. After group ended, I was available for additional help and to answer any questions a member might have.

A progress report questionnaire is distributed to each client at the first meeting of the month. After completion, the client returns it to me and I add my comments regarding his progress. I later fax it to the referring person or agency and place a copy in each client’s individual file. If the client was not in group that week, I complete the evaluation section and then fax and file it.
Occasionally, I would get a call or a request from a referral person to contact him to discuss a client’s progress. If there was a signed release naming the individual or agency, I would initiate a conversation. In a few instances, there were not signed releases, so I refused to acknowledge the individual was a client.

At times, I have conducted individual counseling sessions with a client who staff believed was not a good candidate for the group process. On those occasions, I made arrangements with the client to meet at the agency when it was convenient for both of us. I would staff the session with my supervisor at our next available meeting.

After group counseling and, if the supervisor was in, I would meet with him. If he wasn’t in, I would make arrangements to meet with him the following week. We would discuss the lesson and any pertinent issues that individual group members or I had. I staffed all the problems I encountered with the clients or with the curriculum.

The supervision was sufficient for me because I had previous experience as a group leader working in the field and had completed 700 supervised internship hours during my undergraduate studies. For someone just starting, my internship site would be a good place to gain peer hours by listening in on groups before attempting face to face hours.

Critical Evaluation

For the most part, the agency does meet its goals of helping men become aware of their abusive behaviors. The first item in the curriculum is to inform the men about what constitutes abuse and that it is a learned behavior. The program then assists them in accepting responsibility for the abuse by explaining underlying contributing factors. Through role modeling, educational videos and group discussions, the men are taught positive, non-threatening behaviors for asserting their needs and rights. The
Counseling Men

curriculum also provides additional resources for clients who have legal problems, lack parenting skills or have self-esteem issues.

As a learning experience, I rate the program high because it allowed me to practice what I had already theorized about the concepts of therapy and what I was learning about the Adlerian model. Each week was a new adventure in conveying this knowledge to the clients.

Like all programs, there are opportunities for improvement. One of the pet peeves of most of the interns, myself included, is the condition of the handout materials. Some are never used while others are photocopied copies that are too faded to be easily read.

Another issue is that there is no set procedure for administering the program. Certain assignments must be successfully completed before a client is allowed to graduate, but there is no common process. Each counselor can facilitate the program his or her own way.

Lastly, the agency discontinued awarding clients certificates for successfully completing the program. The reason given was that a previous client used the certificate as an excuse to continue abusive behaviors by using the certificate as evidence that he was normal and that the victim was to blame. Since I am not aware of any rules or laws preventing the handing out of completion certificates, I find this thinking to be somewhat paranoid in nature. I believe a certificate, medallion, coffee cup or some memento could be given as an acknowledgment for successfully completing the program.

Ethical and Professional Issues

One of the impressions I received early in my internship training was how
disrespectful some group facilitators were to the clients. It reminded me of the early chemical health treatment groups I had attended, both as a client and later as a counselor in training. In those groups, any questioning or opposition to what was being said was either labeled denial or being in non-compliance. I agree that many responses reflected denial, but I believe that is to be expected. I also believe it is not in my or the client’s best interests to get into a power struggle, unless it has therapeutic value and can be discussed using the tool of immediacy. I strongly believe in the Adlerian concept of building the relationship first before attempting to counsel a client and that a 16 or 25 week time frame is plenty of time to achieve both. I do not compel new arrivals for their input until a connection has been made. Usually, by the third week, they are more than willing to join in the group discussion. In my 18 months facilitating groups, I had to talk to only two clients about not being engaged in the group process. One client complied and the other dropped out.

Another issue was the director, who did not have training in any of the disciplines of counseling. A client in my group had built up a debt with the agency, and the director spoke to the client about it. The client had just returned to work and was ready to resume making payments in a few weeks. I was not there, but was later told by both parties that the discussion became heated, with the director telling the client to hit the road and to not come back. I found this to be totally unacceptable behavior on the part of the director and told my supervisor so. I then asked the bookkeeper to inform me when other clients become delinquent in their payments so I can inquire as to the reasons why. I believe I had been remiss in my responsibilities by not including discussions of the financial element in the therapeutic relationship.
Regardless of the circumstances, telling a client to hit the road was unprofessional and could forever close the door for this young man to trust another counselor. I spoke with the client’s probation officer and explained the events leading up to his dismissal from the program. She and I agreed the client had done good work in the program and his dismissal would not be a determining factor in any future legal decisions regarding his case.

Application of Current Research to Internship Experiences

*Men as Clients*

*Their resistance to therapy.*

Some men seek therapy because they are extremely unhappy with their lives, while others are required to attend either by the legal system or by the demands of a concerned person. Regardless of the reason, men are similar to women and can become overwhelmed by the same emotions of anxiety or depression when traveling through the five life tasks (i.e., work, love, community, self and spirituality). The difference is most women do not believe that getting counseling is a sign of weakness and are willing to seek help. Some men, on the other hand, struggle with the concept that asking for help is just another indication of their inadequacy and should be avoided if it all possible. To these males, it’s not only a sign of weakness to have problems, but it is also unmanly to seek help (Heppner, 1981). Even after they have entered into therapy, their shame will continue to be a stumbling block and will need to be addressed throughout the therapy relationship (Driggs, 2005).

To better understand men is to begin to understand the complexity they bring into the therapy relationship. Men are challenging clients because they have been trained
as boys to adhere to society’s definition of what it is to be a man, which often conflicts with what psychotherapy requires for effective change (Driggs, 2005):

<table>
<thead>
<tr>
<th>Psychotherapy Demands</th>
<th>Society Demands</th>
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<tbody>
<tr>
<td>Disclosing private experience</td>
<td>Hiding private experience</td>
</tr>
<tr>
<td>Relinquishing control</td>
<td>Maintaining control</td>
</tr>
<tr>
<td>Nonsexual intimacy</td>
<td>Sexualizing of intimacy</td>
</tr>
<tr>
<td>Showing weakness</td>
<td>Showing strength</td>
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<tr>
<td>Experiencing shame</td>
<td>Experiencing pride</td>
</tr>
<tr>
<td>Expressing feelings</td>
<td>Being stoic</td>
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<tr>
<td>Being introspective</td>
<td>Taking action</td>
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<tr>
<td>Addressing relationship conflict</td>
<td>Avoiding conflict</td>
</tr>
<tr>
<td>Confronting pain</td>
<td>Denying pain</td>
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<tr>
<td>Acknowledging failure</td>
<td>Endlessly persisting</td>
</tr>
<tr>
<td>Admitting ignorance</td>
<td>Feigning omniscience</td>
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Some theorists believe this programming began at the onset of the infant’s first social contact. Bowlby’s Attachment Theory proposes infants require a secure relationship with the primary caregiver—the mother—to insure the development of normal emotional responses and for future secure relationships (Holmes, 1993). In the course of developing social skills, males have an additional hurdle to cross. Since female infants are of the same sex as their mothers, their identity formation occurs within the normal development of their relationship. In contrast, because male infants are different than their mothers, they require a masculine gender identity. To develop this new identity requires a clear-cut separation from the mother, both intrapsychically and interpersonally (Pollack, 1990). Within the same sex bonding of mothers and
daughters, attachment skills used throughout their lives for relationships are reinforced and strengthened. For boys it is quite different. They begin to develop detaching strategies that will become integrated into their lifestyle. This new masculine identity is the first step towards autonomy, but for boys, it comes with a cost. Although society allows girls to talk and process their fears, society expects boys to overcome their fears, and shames them if they show signs of weakness (Pease & Camilleri, 2001).

Since to feel and be vulnerable is viewed as a weakness, boys suppress these emotions which cut off further development of intimacy within themselves and with others. Without intimacy, relationships that are meant to be meaningful are fated to be distant and superficial. This effect can be minimized if the primary male caregiver—the father—is engaged with the boy and if the father creates an environment that allows for intimacy. Without this offsetting influence, the boy will continue to develop his masculinity based on what models are available to him. Too often, it is Hollywood or the mainline media that uses a Rambo or a Dirty Harry character to represent how a man is to act (Katz, 1999). By focusing on only the toughness factor, boys are left to believe there is something defective about them when they experience normal human emotions of vulnerability or sadness. This shaming process is a gender straitjacket (Pollack, 2006) that creates men who exhibit alexithymia; the inability to put emotions into words. Without the ability to name the specific emotion felt, the man will default to anger which he can understand and express.

Helping men accept therapy.

The first step in helping men is to accept them for who they are by separating their behaviors from their identities. Their core identity is that they are human beings with emotions and needs not unlike those of the female gender. There are certainly
differences between them, but there are also many more similarities. Each gender has special talents and functions that allow for the survival of the race. The problem is that sometimes the data collected and used for those talents and functions are either incomplete or inaccurate. In other words, some of the beliefs on which men base their decisions and actions are not true or are only partially true.

The next issue to discuss with them is the shame they may be feeling because of being in therapy. Again, it is important that men understand that how they define their masculinity may not be complete or accurate. To be in therapy is not a sign of weakness. In fact, it takes courage to face ourselves and the old idea of no pain, no gain does apply.

Men can and will respond to therapy when they believe they are in a safe place, believe they will be heard and are given permission to share what is in their hearts. It is the responsibility of the therapist to provide these elements so men can respond.

Description and History of Men’s Therapy for Anger Management

History of men’s domination.

Men are born into the position of power in most cultures and, although there have been a few exceptions throughout the history of civilization, for the most part, men have been given a higher social status because of their gender. This phenomenon is called male privilege, which simply describes the rights granted to men based on their gender.

For thousands of years, men have ruled all aspects of society because of their supremacy in the economic and political arenas. It has only been in the past 50 years that this chauvinistic attitude has been challenged in force.

Science has proven that men and women are biologically similar; both having comparable interior and exterior organs that basically function the same. Although men
may use more of their left brain and women may use more right brain in cognitive processing, both think and feel in a similar fashion. The domination factor is probably in direct correlation to the physical sizes of the two sexes. Since most men are larger and stronger, the threat of violence has given men a great advantage over women. Until recently, women did not dispute the power and when it was challenged, they lacked the strength to overcome the status quo. This situation has been slowly changing in America and some other Western countries.

*The redistribution of power.*

The leveling of the power structure began during WWII when most men were fighting on the front lines and women became the workforce of the country. After the war, everyone went back to their roles of men being workers and women being housewives, but then something happened. A large number of women were no longer satisfied to be mere homemakers and the country’s growing economy required more workers than the male population could provide. The answer was for women to re-enter the working ranks alongside men and, with that foothold, women have advanced their demands for the sharing economic and political power.

In America, organizations advocating equality have become a formidable force that has led to the legislation of laws focused on protecting a person’s rights to live without fear of intimidation and abuse. The following is a brief legal history of Federal and Minnesota efforts to prevent domestic violence:

- 1971: The Women’s Advocates of Minneapolis and St. Paul organized to offer information services and later provided shelter services.
- 1977: Minnesota became the first state to fund services for abuse victims.
- 1978: The National Coalition Against Domestic Violence was established
and introduced the Family Violence Prevention and Services Act.

- 1978: The Minnesota Coalition for Battered Women was founded (MCBW).
- 1994: Congress passed the Violence Against Women Act (VAWA).
- 1994: Minnesota Center Against Violence and Abuse was established.
- 2000: Congress reauthorized VAWA to provide additional resources for legal assistance programs for abuse victims.
- 2005: Congress reauthorized VAWA to provide additional resources for children, teens, Native women and sexual assault victims.
- 2007: Congress reauthorized VAWA to provide additional protection for children who witness violence and for rape crisis centers.

*Therapeutic help for the abuser.*

Educational and treatment programs began in 1977. The first domestic abuse educational program was called Emerge and it was founded in Massachusetts (Emerge, 2008). It teaches that domestic violence is a learned behavior that does not have to be accepted. It supports grassroots, institutional and cultural efforts in the elimination of violence between partners and between parents and children.
Emerge’s Anger Management Program is a cognitive based therapy that helps the batterer to understand his anger process. It consists of 14 sessions. The first session defines what is and what it is not abuse. The next four sessions focus on anger prevention by identifying and managing the client’s anger buildup process. The next four sessions discuss the containment of the client’s anger once it has started.

Containment is addressed in the client’s physical, emotional, cognitive and spiritual life components. Another four sessions are dedicated to conflict resolution skills and making amends for past abusive behaviors. The final week is for clients’ reflection, review and self-evaluation of what has been learned. Future goals are established, including a safety plan to prevent further abusive behavior.

Another domestic abuse program, named Amend, was founded within the Denver community in 1977. It too focuses on helping the community to combat domestic abuse by addressing abusive men whose partners have sought shelter (Amend, 2008). Amend offers counseling services for anger management, parenting classes, Christian-based counseling, culturally-diverse group counseling and advocacy for victims of domestic abuse.

It also maintains contact with victims by employing four advocates who link the victim’s safety with the abuser’s treatment progress. The advocate may confidentially inform counselors of relapse behaviors not reported and also inform victims of possible threats noted during the abuser’s treatment session.

Amend’s third focus is on community education. Its outreach helps people in the community understand the nature of abuse and that it does not have to be accepted. Amend works closely with abusive fathers to remain violence free. In doing so, they
help prevent the cross generational transfer of abusive behaviors and reinforce a lifestyle of nonviolence.

Another pioneering program began in Duluth, Minnesota in 1981 and it carries the city’s name, the Duluth Model (Duluth, 2008). This program began as a coordinated effort involving city, county and private agencies that included shelters, criminal justice agencies and human service programs. The outcome was the establishment of the Domestic Abuse Intervention Project (DAIP). Besides making treatment available to the abuser, DAIP demonstrated that multi-disciplined agencies could agree and implement new policies and protocols to protect the victims of domestic abuse and better serve the community.

Treatment consists of the clients, in a group setting, exploring eight themes that are found within a nonviolent and respectful relationship. The themes are: negotiation and fairness, non-threatening behavior, respect, trust and support, honesty and accountability, responsible parenting, shared responsibility and economic partnership. Each member self-discloses his abusive behavior to the group for discussion. Videos, role-plays and group activities are used to show alternative, non-violent behaviors for the men to learn. A log sheet is kept by each man to monitor his progress which includes accountability issues and a safety plan.

In summary, most current anger management programs are group structured and use some form of cognitive-behavioral therapy model to help men move from being abusers to non-abusers. The specific content of each program varies, but all include an educational component, disclosure of the violation to the group, a safety plan and a final evaluation of the client’s progress.
Review and Evaluation of Treatment for Domestic Abuse

Is treatment successful?

Depending on who is reporting and what is reported, the question of whether treatment for domestic abuse works is both yes and no. The reason for this equivocal answer is found in the impossibility of providing a simple answer for a very complex question.

The current controversy results from a Special Report prepared by the Department of Justice (National Institute of Justice, 2003). According to the study, batterers who attended a program based on the Duluth model did not display changes in their attitudes that were statistically significant, which may only have minimal effect on their behavior.

Critics cried foul because they believe the study did not accurately represent the full scope of the model and limited it to a batterers’ intervention program (Minnesota Program Development, Inc., 2008). They also cited validity problems due to a major change in the methodology and poor response rates.

Supporters of the National Institute of Justice study took this opportunity to reveal what is believed to be other weaknesses of the Duluth model (Smith, 2006). They believe the model ignores the following important factors significant to domestic violence treatment (i.e., substance abuse, stake-in-conformity, personality disorders, relational dynamics, history of trauma and the role of shame).

My thoughts on treatment models and their success.

As a counselor for men in anger management treatment, I appreciate what each side has contributed to the domestic abuse field. The Duluth model is an attempt to halt the abuser’s violent behavior and prevent him from re-offending by educating him. At
the same time, it tries to provide protection for the victim and the victim’s family. It is not
perfect, but it created a system by which the courts, law enforcement and social
services could work together to attain the above goals. On the other hand, I know from
my own experience that if I do not address some of the factors mentioned, such as
substance abuse, relational dynamics and the role shame plays in the batterer’s life, my
clients will have a greater chance of failing and will end up becoming another statistic on
the recidivism side of the ledger.

Adlerian Concepts Integrated into Anger Management Therapy

The purpose of anger.

To understand anger is to first look at the word itself. The word anger comes
from a Middle English word meaning grief and it also has roots in Latin and Greek
words meaning to strangle (Willhite & Cole, 1993). There is no problem with
understanding the multiple meanings, for each is significant in its own right. A father
who uses anger to control his family does so by fear and intimidation which can strangle
and destroy the intimacy required for family members to develop. The outcome is a
dysfunctional family where members suffer distress because they are not allowed to be
themselves.

Anger has also been called the umbrella emotion because it controls or, better
said, suppresses the underlying emotions. Some men have difficulty in identifying and
processing their emotions of fear, frustration or hurt. To control these uncomfortable
feelings of inferiority, some men use their anger to maintain balance or achieve a
favorable outcome for themselves. Using anger as a control agent prevents meaningful
dialog between them and others which could result in men having a greater
understanding of themselves and their relationships with others. Adlerians view this use
of anger as self-defeating and a movement to the useless side of life because it does not improve the relationship between the men and their community (Oberst & Stewart, 2003).

The ultimate purpose of anger is to work up the energy to kill, if necessary, the person who separates or blocks a man’s way to his ultimate goal (Beecher & Beecher, 1981). The goal for the abuser is not to experience the feelings he perceives as a sign of weakness at any cost.

*Helping the abuser.*

To help the abuser, one must make contact with him. Establishing the therapeutic relationship is the first step in understanding the client’s personality and the distinctive way he has coped with the problems in his life. This coping process is also called a person’s lifestyle. The lifestyle encompasses how a person thinks, feels and acts to achieve some goal which is unknown to him or her. As stated earlier, men who abuse seek to overcome their inferiority feelings (goal) by acting superior through fear and intimidation.

Usually the client is hesitant because most first meetings are with the group, but things can be different. Some clients can be hostile and resent having to be there. Either way, I know it is his lifestyle that I am observing and I do not react unless there are signs of possible imminent danger to the group.

I begin by reminding the group of the confidentiality agreement they have signed and also remind them we are in a cooperative relationship, but the responsibility for positive movement is theirs. I then have the new member tell us who he is and what brought him to the group. I invite him to feel free to enter into the group discussion at any time in the session.
The man who abuses is doing so because of the social inferiority he experienced in the early years of his development. As a child, he either was abused, pampered or neglected, which led to his feeling “less” than others. In his striving to overcome his feeling of “less,” which can also be called toxic shame (Bradshaw, 1988), he uses manipulation, intimidation or physical violence to devalue others, thus enhancing his self-esteem. This striving for power over others becomes his lifestyle. He is neither cognizant of this, nor does he believe he is responsible for the painful outcomes. He believes the cause of his abusive behavior is the fault of the victim. He will make claims the victim provoked him and made him angry. This is a mistaken belief that exonerates the abuser’s responsibility for his abusive behaviors and allows him to continue. In the batterer’s private logic, he believes he is just administering the justice the offense requires.

The principle goal of anger management is to halt the client’s abusive behavior. This is accomplished by revealing to the client his mistaken beliefs of feeling “less” and by furnishing him with skills that allow him to intervene in his cycle of abuse. One tool is the abuse cycle (Carlson, 2003). Figure 1 shows the progression of the anger cycle beginning with Set Up. As the cycle progresses clockwise, the abuser’s anger heightens until the Rage stage. The Denial, Guilt and Helpless stages follow, until the cycle has been completed.

As the abuser moves to the next, heightened anger level, there are mental and physical changes within him. These changes are called anger cues and can be identified and made noticeable to the abuser. He can later monitor his cues of self talk and physical changes (i.e., sweating, clenching teeth, muscle tensing, etc.) and decide
to deescalate the anger episode by taking a time out or by using some other distraction
that helps him calm down.

Once the abuser has knowledge he is responsible and can manage his anger,
and he can begin to understand how he came to believe his mistaken beliefs. Tools
such as Rational Emotive Therapy and studying his family of origin through a genogram
help him to formulate new and more self-promoting beliefs about himself.

Self Evaluation and Personal Approach to Counseling

Areas of Competence as a Therapist

Developing an awareness of self.

One area that is no longer a struggle for me is the question of what theoretical
approach do I use. I decided long ago the best theory for me was the cognitive
approach or Rational Emotive Theory (RET), which believes thoughts control emotions
and behaviors (Ellis & Harper, 1975).

My journey to become the therapist I hoped to be has not been a smooth or even
an especially enjoyable one. There have been times when I wondered how I could help
others when my own life was in such a mess. When I doubted my ability to be a helper,
I was really questioning my self worth, which is reflected in the following statement by

And when we wonder what we have to offer anyone under any circumstance,
aren't we really questioning our self-worth? Whatever outside influences
are at work, aren't we still asking the most basic inner question of all:

Who am I? (p. 14)

Will we look within? Can we see that to be of most service to others we must
face our own doubts, needs and resistances? (p. 15)
For me to look within and face my doubts, needs and resistances, required that I first admit to them and then marshal the courage to face them. Ironically, the soon to be helper needed help, but it was within this helping process that I discovered the same truth that Wegscheider (1981) had discovered and expressed in her struggle:

The difficulty lies not in the fact that a counselor has these fears, but rather that he has not faced them honestly and dealt with them, so he takes them with him into the treatment relationship. While he still thinks his goal is recovery for the family, unconsciously his first priority is to relieve his own deep fears.

I now believe this experience was a defining moment for me as a helper. It reinforced an earlier counseling philosophy of to do no harm. As I struggled with my personal issues, I came to understand and appreciate the courage that is required to face one’s own shadow side. This understanding has helped me to keep in mind the effort that is required when I have a client who is struggling or who is resistant. I believe it is my obligation, as the counselor, to either wait for another opportunity or to present the subject matter in a way that is more palatable for the client. To sum up, I believe a counselor who is asking the client to be courageous and face his or her fears should be willing to do the same. Not to be willing, I believe, is to not be honest or genuine.

There are other traits besides being honest or genuine that I believe to be important for me to be an effective helper. In a speech, Wolf (1974) listed the following traits as characteristics found in highly effective helpers: empathy, respect, genuineness, concreteness, confrontation, self-disclosure, immediacy, warmth, potency and self-actualization. Of this list, I believe I am naturally respectful, genuine, warm,
and have become more self-actualized as I continue to mature. The remaining qualities have more to do with skills that I have learned to varying degrees.

*Building the therapeutic relationship.*

One of the skills I think I possess is an ability to quickly connect with the client. I use empathy to listen to the client and to convey to him or her that I not only heard what was said, but I also understand the emotions surrounding the statements (Egan, 1994).

Once I believe we have a connection, my initial goal when meeting a client or a group for the first time is to establish the roles and rules of the therapeutic relationship. I believe by telling the client exactly what he or she can expect and what will be expected from him or her helps develop this relationship by adhering to the Adlerian concept of establishing ground rules for the treatment (Oberst & Stewart, 2003).

One goal of the therapeutic relationship is to help foster a partnership or a sense of collaboration between counselor and client. This allows the client to become involved and, thus, co-responsible for his treatment and ultimate restoration.

I believe the success or failure of the counseling sessions is more dependent on the therapeutic relationship than the counselor’s theoretical beliefs or the techniques associated with those beliefs. I believe I am able to accurately monitor the relationship and adjust, as needed, to match the client’s experience in most cases.

Although I enjoy one-on-one counseling, my greater interest and success has been in the area of group counseling. I believe I am able to develop a therapeutic relationship within the group that promotes participation and encourages the members to take risks they may not have otherwise taken. It is exciting for me to see group members begin establishing their social interest by helping other group members who
are hurting. I have had many opportunities to observe this while facilitating groups in my domestic abuse internship.

In summary, I believe I have been able to demonstrate the competencies required to help clients become aware of self-defeating behaviors, accept ownership of them, make plans for change and then implement those plans to a successful completion. I also received external validation of competency when the agency offered me a paid position.

Areas to Develop as a Therapist

Personal struggles.

As I stated earlier, I believe a counselor must be willing to do what or go where he or she is requiring of the client. This sometimes is easier said than done. As I gain more knowledge regarding the psychodynamics of my behavior, I become somewhat more resistant to seek help. I think I began to believe the saying, “healer, heal thyself” and, as a healer, I believe I should be able to heal myself without another’s understanding. I am aware I must remain aware of this grandiose thinking, knowing that pride goeth before the fall.

I once heard that sometimes a character weakness is a strength that has been overly used or used inappropriately. I do not remember where I heard this, but I do believe there is some truth to it as it relates to me and the areas I need to develop to become a competent counselor. The ease with which I connect with clients in the development of the therapeutic relationship is one of those strengths. As I stated earlier, I do well in fostering a relationship that helps the client to initially feel safe for self-examination. The down side is I can become overly involved with the client as it relates to my self-disclosure, and sometimes not challenge him or her for fear of
rejection. I am consistently on guard for this, but I also know there have been times when I have not been aware of it until it has been glaringly apparent. At those times, I consulted with my supervisor and we decided on a course of action to remedy the issue with minimal impact to the client.

Another concern of mine is that I can become overly invested in a client’s success or failure. This situation occurs because of my mistaken belief that my effectiveness is directly tied to the success or failure of my clients. Although there is some truth to it, I cannot take full responsibility for what the client does or does not do. In doing so, I rob the client of all responsibility for his or her success or failure. I keep in mind the fact that this relationship is a cooperative one which requires both parties to go to any and all lengths for success.

*Understanding and applying Adlerian concepts.*

Of the four phases of Adlerian counseling and therapy (Oberst & Stewart, 2003), I struggle with the third phase which is interpreting what has been discovered and understood about the client's Life Style. While it is important that clients know of their specific private logic and understand that it is responsible for their self-defeating behavior, it is more important for clients to know how their specific private logic works. This deeper insight can be understood if the client can observe it while experiencing it in-the-moment within the therapeutic relationship. I struggle with the process of taking the client to *that moment* using the Stage I format taught in Skills class. I have been successful with some clients, but not with the majority. I believe it will just take more practice for development.
The taking and processing of Early Recollections (ERs) continues to be a work in progress for me. It sometimes takes a great effort to understand and interpret the story. I am learning to take more time when collecting ERs and I try to follow Mosak’s process for interpreting them (Shulman & Mosak, 1990). Again, I believe the more I practice, the more skillful I will become at understanding and interpreting ERs.

Documenting or charting client’s sessions have not been one of my most favorite tasks, but I do understand the importance of it. Meir & Davis (2005) list five benefits of records:

(a) Support in any legal action.
(b) Accurately informs others of the process and issues.
(c) Demonstrates State, Federal, or the agency’s rule compliance.
(d) Reminds of history and progress details.
(e) Provides the basis for financial reimbursement by third-party payers.

I plan to continue using the Data, Assessment and Plan (DAP) method to document my clients’ progress. I have not charted group activity, but I have found reference material to study (Woody, 2004).

**Personal Approach and Techniques for Counseling**

*My private logic.*

My personal approach to counseling and the techniques I employ reflect my understanding of myself and other human beings, and our relationship to each other. This understanding, or private logic, is subjective because it is the result of my interpretation of my experiences, motives, fears, desires and interests (Eckstein & Kern, 2002). The following are some of the interpretations that help structure my private logic which guides me in my life’s journey.
The biblical contributions.

My fundamental understanding of human nature is based on the spiritual convictions derived from my Judeo-Christian beliefs. Adler did not specifically list spirituality in his life tasks of friendship, love and work, nor does it appear he believed in a supreme deity or in any absolute truth. He did understand the concept of God. He viewed the search for God, or to be Godlike, and social interest as similar, with both being the ultimate goal of striving for perfection (Ansbacher & Ansbacher, 1956).

For me, my striving for perfection is rooted in the Christian bible which explains my humanness with all its strengths and frailties. First, it tells me in Genesis 1:26 that God made mankind, man and woman, in His image. Since we are made like God, we therefore share in his characteristics of being able to make decisions and to feel emotions. Other characteristics are the ability to love and to be loved, to be kind to all, with patience and forgiveness. Knowing we have been made in His likeness also gives credibility to our self-worth so we are not bound by valuing or devaluing ourselves for what we achieve or do not achieve, for what we possess or do not possess, or by what others think or do not think of us.

The Bible then explains in Genesis 3:6 how mankind abused the decision making gift by being disobedient and eating the fruit that God had forbidden. This defiant act severed the personal relationship mankind had with God, the creator, and without His guidance, mankind quickly devolved to the depraved state of immorality, impurity, licentiousness, idolatry, sorcery, enmities, strife, jealousy, anger, quarrels, dissensions, factions, envy, drunkenness, carousing and similar things expressed in Galatians 5:19-21.
The will to do what is right and the ability to do what is wrong continues to confuse mankind and can bring despair to those who struggle with self-defeating behaviors. In Romans 7:14-20, the Bible speaks of this confusion when the Apostle Paul describes not understanding his own actions. He explains he does not do what he wants to do, but does the very thing he hates. Paul, like many of us, have tried to make sense of this dilemma of wanting to change, but being unable until we go outside of ourselves for the answer.

God has installed fierce forces within mankind that, when not managed, will lead to spiritual and sometimes physical self destruction. God has given us a way to reunite with Him so we can again have the relationship and the guidance we desperately need. This relationship can be restored through His Son, Jesus, and the guidance can be found in the truth found in both the Old and New Testaments. The Apostle John explains in his gospel, John 8:31-32, that Jesus is the truth and by obeying what He proclaims, one will be set free.

Although I believe what the Bible says in Ephesians 6:12 regarding the spiritual war being fought, I do not look for the devil in the person I am helping or in myself when I am struggling with a life task. I have no doubt the devil is real and does influence mankind when given the opportunity. When he does attack, Ephesians 6:13-18 informs us to resist by putting on the armor of God and, with prayer, we will remain standing when it is done. The last piece of armor mentioned in the scripture is the sword of the Spirit, which is the Word of God found in the Bible.

From Genesis to Revelations, the Bible helps us examine our irrational thinking or, as Adler states, mistaken beliefs. These mistaken beliefs demand how our life ought to be and create faulty convictions of how we must be to fit in. I believe the Bible is the
word of God and has the power to transform those irrational thoughts by renewing our mind with the truth. That truth states we are perfectly imperfect in an imperfect world but, with His help, we can overcome life’s difficulties. That knowledge brings a peace that is beyond human understanding.

Because these irrational thoughts were not learned in a vacuum, but in the context of unhealthy relationships, so too recovery is made possible within the context of healthy relationships. A healthy relationship exists when persons in the relationship lift one another up without conditions. Throughout the Bible, God is shown as helping His people and instructing His people to help each other. The reason for caring for one another or, as Adler expressed it in the term, Gemeinschaftsgefühl—social interest, is where we find significance and worth in our lives.

In summary, I believe the battleground to be our minds and the thoughts and beliefs it produces. The major premise of Christian counseling is to expose the client’s mistaken beliefs and replace them with the truth (Backus, 1985). The most important truth is that God loves us unconditionally and is more than willing to change our lives if we choose to ask Him to.

What I have just explained is my view of the origin of psychopathology at the 30 thousand foot level, where one can only see the river, but not the direction or speed of its motion. To determine those factors, a closer examination is required. So it is with human nature. Behaviors and their consequences indicate movement, but it is the understanding of the mistaken beliefs that give meaning to the motion.

The Adlerian contributions.

I am appreciative of three Adlerian concepts that help me understand myself and others. The first is our need for community. It is the quality of our relationships with
others that will determine if we become discouraged or not. The second is the belief that all behaviors have a purpose. This concept allows for quicker insight into the individual. The third is the Adler quote, “anything can also be different.” This says to me that all the theories are just that, theories, and are not facts. When it comes to people, anything is possible.

Adler’s incorporation of Vaihinger’s knowledge of fictions, the mental structures created by the mind, eventually lead to his separation from Freud’s objective, drive theory. Adler believed people were motivated by subjective goals which lead to the development of the theory of movement within his Individual Psychology (Ansbacher & Ansbacher, 1956).

By understanding that people create mental structures of the world and, from these structures, beliefs or private logic evolve, we get a look at the mind’s contribution to the individual’s style of life. According to Adler, this process generally occurs outside of a person’s consciousness (Oberst & Stewart, 2003). Because of this, I usually acknowledge early in the therapy sessions that sometimes we are not aware of much of what we do and that one of the goals of therapy is to discover ourselves and to identify the defenses that prevent this discovery (Johnson, 1980). It is only after we begin to understand the why of our behaviors that we can make long lasting changes.

The Ellis contribution.

Of the therapy models that are available, Albert Ellis’ Rational Emotive Therapy (RET) best reflects what I believe to be true of the change process required for healthy living. His rationale that we feel the way we think and his simplistic A-B-C theory—A is the activating event, B is the belief regarding the event and C is the feeling or emotion resulting from the belief—is easy to explain and easy to understand (Ellis, 1975).
Even though I use his A-B-C method to rationally study the relationship of clients’ thoughts, emotions and behaviors, I go no further with his theory. I have a problem with Ellis’ direct and often disrespectful approach to clients (Jones & Butman, 1991). Also, similar to Adler, Ellis’ humanistic worldview of no existence of an absolute truth is not compatible with the Christian worldview I hold.

My recovery contributions.

I am convinced that everyone’s life is naturally problematic and that we sometimes wrestle with the same issue repeatedly. This has been true for a number of the clients I have seen and it has been true in my own life’s struggle. I have come to the conclusion that I and others have made poor choices primarily because of not knowing what it means to be a human being. We first do not understand the functional roles of our beliefs, thoughts and emotions. By not understanding the differences between these tightly inter-related human characteristics, we mechanically continue to repeat the same self-defeating behavior.

I remember a defining moment in my own recovery when the counselor asked me what I was feeling and my answer was a thought. It took several attempts by the counselor until I replied with a feeling. I have encountered similar incidents with some clients. They too do not know the differences between thoughts and emotions. This ignorance leads to assigning them the wrong tasks and responsibilities.

Thoughts are allowed to run rampant without any challenge for validity, while emotions are believed to be all powerful and responsible for behaviors. When given the right environment in which to develop and enough time to be practiced, these mistaken beliefs become behaviors that are on cruise control and influence the quality of our lives. It is only after understanding how we truly function as humans that these self-
defeating, habitual behaviors can be transformed into self-promoting behaviors that are healthy and fulfilling.

*Helping clients develop awareness.*

Clients I see fall into three major categories. The categories consist of not knowing there is a problem, knowing a problem exists, but being unable to change and, lastly, knowing a problem exists, but not being ready to change. In their book, *Changing for Good*, the authors list six stages people experience in the change process (Prochaska, Norcross & DiClemente, 1994).

The first stage is titled Precontemplation and represents some of the clients I have encountered. They are either court ordered or have been pressured by family and friends to take a look at a specific behavior that is causing conflict. They are people who do not see a problem and have no intention of changing. The second stage is called the Contemplation stage. In this stage, clients acknowledge a problem, but are unable or are unwilling to make the commitment to change. The third stage is the Preparation stage. Here clients know they have a problem and they have started to plan for change, which probably brought them into therapy. Whatever stage they are in, I begin by increasing his or her awareness of our human nature by explaining how the change process is made possible.

To help people learn new insights about themselves, I use the Johari Window model shown in Figure 2. This model derives its name from the first names of its creators, Joseph Luft and Harry Ingham (Adler & Towne, 1990). It is an easy tool to help understand how we develop and improve self-awareness that is required for change.
The complete four pane window represents everything about oneself that is known and unknown. The top two panes are labeled open and blind and refer to what is known to others. The panes labeled open and secret refer to what is known to self. The pane labeled unknown is information not known to anyone. In figure 3, the relative sizes of the panes in each of the four windows represent the extreme styles of interpersonal interactions, with window four being the most favorable for personal growth.

Once the method of how we become more self-aware has been explained, I continue with Ellis’ A-B-C theory, shown in Figure 4, with an overview of the complete process flow, from beliefs to outcomes. This process flow chart gives the client a structure to help understand the relationships between beliefs, thoughts, emotions and outcomes. I refer to this chart as I continue explaining each of its components.

*Clarifying for client’s understanding.*

The first component I clarify is thinking. I explain the function and purpose of thoughts and state that thinking is the most important element of the recovery process. If we want to manage our emotions and control our actions, we must change the thoughts that create the undesired feeling or behavior. I choose to categorize thoughts into two groups, one identified as automatic thoughts and the other as dwelling thoughts.

The automatic thoughts are thoughts that just happen. They can be precipitated by one of the senses or by another thought, as shown in the A-B-Cs of Figure 4. They are nondirective and can disappear just as fast as they are formed. They come and go without much awareness, but can be developed into a dwelling thought which is more focused and is required for learning or for completing a desired task.
The next component is the emotions that are the result of the thoughts and beliefs regarding the Activating Event (A) of the A-B-Cs. I state that although there are subtle differences between an emotion and a feeling, for all practical purposes, we will use them interchangeably with each other. The role or function of emotions is to report back to us what we believe is going on because of something that happened through seeing, hearing, tasting, smelling, touching or thinking; much like how our car’s temperature gauge tells us if the engine is operating satisfactorily or overheating. Our feelings inform us of what we believe is happening to us. This direct response can be as subtle as blushing or can be a robust, heart pounding fight or flight reaction.

Feelings are the messengers and have no moral judgment. We would not believe the heat gauge of our car is bad because it registered an above normal operating temperature and we would not hold it responsible for the engine overheating. The same logic applies to our emotions. The important detail to remember about our emotions, or feelings, is they are the result of our thinking and do not create behaviors on their own. That is why emotions are not aligned between thoughts and behaviors, as shown in Figure 4.

To illustrate to clients the control and manageability they can have over their emotions, I use the pushbutton tactic. I have them close their eyes and remember a very pleasant memory (Mosak & Maniaci, 1998). They are to hold up a hand when the memory is done. Next, they are to continue with eyes closed, but now they are to remember a terrible incident and again signal when done with a raised hand. When done, I repeat the first instructions for another very pleasant memory. When the final memory is done, I have them open their eyes and then we discuss the following:

1. What feelings were felt and when?
2. What caused the emotional change?

3. Who controlled the change and how?

Another helpful characteristic of feelings is by observing them we can come to know what our beliefs and values are. If you become angry when an injustice is done to someone or yourself, it would be safe to say that you value fair play for that person or for yourself. On the other hand, if you become upset with your family whenever you can not find the remote control, this might mean your immediate needs are more important than your relationship with the members of your family.

Unfortunately, in our family of origin, many of us were not allowed to freely explore and share how we felt. We were informed or shown by way of expressed or implied family rules what feelings were acceptable and what feelings were not acceptable for disclosure. To make sense of this censorship, we developed a lifestyle that allowed us to fit in. Sometimes, later in life, this lifestyle that helped us when we were young creates problems. It is at this time, if one wants to change their life, we have to change the beliefs and thoughts that allow it. To be able to change our beliefs and thoughts, one must first understand them.

Emotions can be used as a way to understand beliefs and thoughts. To claim that a belief or a thought is factual because of how we feel is a misuse of our emotions. They are not meant to be the only guiding influence for making changes in our lifestyle, but are meant to be listened to so we can better understand our thought patterns and beliefs (Larsen, 1985).

*Testing thoughts for validity.*

Since all feelings are a direct response to what we are thinking, we can evaluate
the thought or thoughts producing the undesired feeling for validity. One such test is reflected in the following five rational questions originated by M.C. Maultsby Jr. (1984):

1. Is my thinking here factual?
2. Will my thinking here best help me protect my life and health?
3. Will my thinking here best help me achieve my short-term and long-term goals?
4. Will my thinking here best help me avoid my most undesirable conflicts with others?
5. Will my thinking here best help me feel the emotions I want to feel?

If three or more of the questions are answered no, then the thought is considered irrational and must be altered before any change in how one feels or acts can be expected.

Another test is to monitor how one feels. Feelings of worry, depression or anxiety not caused by any biological reason can be considered irrational too, and should be changed. I have suggested clients pinch themselves or wear a rubber band around their wrist and snap it when unwanted thoughts occur, and then replace them with a more desirable, pleasant thought. Although, this appears to be a trivial exercise, it does point out to the clients they have the power and ability to control what they once thought was beyond their control.

People who have a good sense of personal control—self-efficacy—are able to cope with most stresses of everyday life. If they do not believe they can control the stressful situation and if it cannot be avoided, clients will give up and resort to past, self-defeating coping behaviors (Engler, 1995).
I believe a critical element in helping people understand what it is like to be human is by informing them that lifestyle changes are very achievable, but sometimes can be difficult. Habitual behaviors resulting from mistaken beliefs sometimes are not easily changed. The challenge occurs when what we believe does not align with our new behaviors. When this happens, tension is created and we will feel discomfort with possible confusion. I explain to clients that this condition is called cognitive dissonance and it is a natural part of the change process and that they should continue with the new changed behavior. In Alcohol Anonymous there is a saying, just change the behavior and the mind will follow. This phenomenon was later explained by Leon Festinger, who first proposed the cognitive dissonance theory which states that changing our behavior can influence how we think and feel (Meyers, 1998).

In summary, I believe the more I can increase the client’s awareness of his or her human nature by explaining what it is and how it works, the more opportunity he or she will have to be successful in recovery. I use an array of techniques; one is Mosak’s push button exercise that was mentioned earlier. Mosak and Maniacci’s book titled, Tactics in Counseling and Psychotherapy (1998), is my constant companion for learning techniques, and I refer to it regularly. I have also utilized tools I use in my current profession as a manufacturing Warranty and Quality Analyst (Griffith, 1986). One is the Parento Diagram which is for ranking data by importance. Another is the Cause and Effect (fishbone) chart used for brainstorming and categorizing of data. I also use flow charts, as shown in Figure 4, for explaining processes, and a six-step problem solving exercise to teach clients to critically think about their issues and manage what is within their scope of capability.
Plans for Future Professional Development

My goal is to become a Licensed Professional Counselor (LPC) and I plan to work mostly with men in the Christian community. Although I have met the requirements of Adler’s Master’s Degree program, the LPC program requires an additional three classes before I can apply for the examination. I plan to complete the course work in 2008 and take the exam in early 2009.

Due to my own recovery process and studies, I have always been interested in the etiology of mistaken beliefs. There are a number of models (e.g., Adlerian, Family Systems, Object Relations and Attachment theories) that point to the family or the primary caregivers as the institutions that influence us at an early age. Currently, I have been examining Schema Theory, which uses many of the concepts from the before mentioned models (Young & Klosko, 2007).

As I counsel men, the opportunity to talk about parenting styles becomes available either from the perspective of them growing up or as parents themselves. As Adlerians, we speak of the necessity of sometimes going up river to the source of the problem to eliminate future suffering. I believe if one man learns to become a better parent, this goal will be accomplished. Because of this, I have decided to include parenting classes in my practice. I have begun my studies of parenting by attending the Parenting Workshop presented by the Adler Graduate School in October, 2007.
Figure 1. The Pathological Progression of Rage

Set Up
The occasion for anger

Rage
Emotionally induced addictive reaction
Irresponsible
Still responsible
Low self-esteem
Powerless Helpless
Denial of reality
Obsession Delusions
Denial, defense Justification
“You had it coming.” “You know how I am.” “Everyone does it.”
Guilt, remorse Hollow promises Shame
Promises, pleading Emotional seduction Crying, guilt, shame, blame

Violence Physical battering Loss of control
Rage, intimidation Threats, explosions Raised fists
Intense anger Closed communication Aggression Sarcasm Impulsive acts
Agitation, anger Confusion
Figure Caption

Figure 2. The Johari Window

<table>
<thead>
<tr>
<th>Known to self</th>
<th>Known to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>open</td>
<td>blind</td>
</tr>
<tr>
<td>secret</td>
<td>unknown</td>
</tr>
</tbody>
</table>
### Figure Caption

Figure 3. The extreme styles of interpersonal interactions.

<table>
<thead>
<tr>
<th>Open</th>
<th>Blind</th>
<th>Unknown</th>
</tr>
</thead>
</table>
| Secret | • Little self disclosure and does not respond well to feedback.  
• Takes few risks.  
• Much is unknown about self. |
| OPEN | Blind  | Unknown |
| Secret | • Discloses freely-small Secret  
• Discourages feedback from others.  
• Miss opportunity for growth. |
| Open | Blind  | Unknown |
| Secret | • Open to feedback from others, but does not freely disclose.  
• Small Blind, but does not trust feedback.  
• Large secret area. |
| Open | Blind  | Unknown |
| Secret | • Discloses freely & receives feedback well.  
• Small unknown  
• Sometimes can be overwhelming.  
• In moderation, best opportunity for personal growth. |
Figure Caption

Figure 4. The A-B-C theory with RET flow chart.

<table>
<thead>
<tr>
<th>ABCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Activating Situation— <em>Something happened.</em></td>
</tr>
<tr>
<td>(see, hear, taste, smell, touch, feel, &amp; think)</td>
</tr>
<tr>
<td>B = Beliefs &amp; Thoughts about <em>what happened.</em></td>
</tr>
<tr>
<td>C = Consequences—Feelings resulting from <em>what I believed happened.</em></td>
</tr>
</tbody>
</table>

Diagram: Beliefs → Thoughts → Behaviors → Outcomes

Emotions

Safety, Belonging, & Significance

GOALS
References


