

MAKING CONNECTIONS

THEORY OF CLIENT-CENTERED THERAPY

- Carl Rogers, Psychologist
 - He believed that certain conditions were critical in order for personal growth and change to happen. The conditions a therapist were to provide for clients in order for them to change were:
 - UNCONDITIONAL POSITIVE REGARD
 - GENUINENESS (the therapist is real)
 - CONGRUENCE (the inside matches the outside)
 - ACCURATE EMPATHY
 - He also believed that this kind of relationship was a relationship that healed. He is famous for saying that it is not so much what we do as therapists that heal, as it is the relationship that we have with our clients that heal. (It is huge to think that it is not some 1,2,3 step thing I do that will heal or help someone, as it is being present and accepting and real with someone.)

ATTACHMENT THEORY

- John Bowlby, Psychologist
- This theory states that a secure attachment to your caregiver/s is critical to healthy development as a child. This theory has evolved over the years and has expanded to include attaching to friends, spouses, and even God as adults. Thankfully, it has shown that establishing a secure attachment with someone as an adult can restore what was missing if we did not have that as a child. In other words, it is never too late to have a secure attachment.
- The question we all ask of our attachment figures is "Are you there for me?"
- The basic elements of establishing a secure attachment are
 - ACCESSIBILITY (You are there or nearby)
 - RESPONSIVENESS (You respond in appropriate ways)
 - ENGAGEMENT (You enjoy interacting)
- There are three main styles of attachment, depending on what we experienced as children:
 - SECURE
 - ANXIOUS
 - AVOIDANT
- A secure attachment gives a person a secure base they can venture out from in order to engage a somewhat scary world (I can always come back to my secure

base). It provides a strong sense of self. It provides strength and resilience. Good relationships are a huge predictor of a person's resilience in dealing with hard times.

- In counseling, we say that a secure attachment with the therapist can provide a "corrective emotional experience."

STATUS DYNAMICS

- Peter Ossorio, Psychologist, and Descriptive Psychology
- This theory has to do with how a person sees the world and their place in it. The place a person has in the world is called their status. The goal of therapy is to change a person's place in the world. We assign ourselves statuses, and other people can assign us statuses that we then accept.
- Poor statuses can limit a person's behavior potential. For example, if I believe/agree something is permanently wrong with me, or that who I am is the problem, then why am I motivated to fix it? If I am too stupid to learn? If I mess up everything I try to do? If I am helpless? How a person sees themselves and their place in the world is very defining and powerful.
- This therapy involves helping them to see where they are already succeeding, where they are already exercising the power of choice. "No, you may fail sometimes, but you are not a FAILURE." It also involves you giving them a status that they may not have ever experienced.
- From a Story point of view, who they are in the Story changes.
- If a person is a Christian, you can use how God sees them, and the amazing status God assigns to us as his forgiven children, whom he loves unconditionally and sacrificially.

BRENE BROWN

- Researcher and author
- She is a resource for The Story Workshop, along with Dan Allender and John and Stasi Eldredge.
- One critical point she makes in her book, *Rising Strong*, is that it is important to believe that people are doing the best they can. She wrestles personally with that question and then does research on the question.
- So, we want to be sure that this program comes from a point of believing that **PEOPLE ARE DOING THE BEST THAT THEY CAN**. It takes us out of a judgment based stance. It helps us flow from a place of compassion.

- She then says that good boundaries go hand in hand with this stance. It is possible to have great compassion AND good boundaries that take care of myself. This is hard to do. Usually we err on one side or the other. Compassion does not mean that I do not take care of myself as well, or that anything goes.

HOW GOD SEES US AND APPROACHES US

- Last, but certainly not least, this program is fully based on God's love and compassion for each of us, and that the least of us from the world's point of view is greatly valued from His point of view.
 - Our job in this world is to love because love draws others to God. It is not our job to judge or condemn.
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As I was working on tying this information all together in some pretty, coherent way, it resisted my attempts over and over again. Finally, it dawned on me that you guys are the ones who need to tie all of these elements together. That is how you own it and make it yours.

And why give you all this information, instead of the tidy summary? It is important to know that what we are trying to do has both a Scriptural basis and a scientific basis, and that, interestingly, they do not contradict each other!

So: What is the common theme or approach that runs through each element?

What is your "take away?"

Is it possible to put all of this information into a couple of sentences or a paragraph?

What do you find comforting? What is challenging?

As I get ready to start a session with a client, I try to take a moment to center myself and remind myself of my "job" here in this encounter. Now it is second nature, but at first it was not. I even wrote my reminders down at the beginning and read them before each session. Can you formulate a few prompts or reminders you can tell yourself before each visit with your friend? "I am here to

"I am not here to

Finally: "My goals as a Mentor are"