

THE COGNITIVE-INTEGRATIVE FRAMEWORK AND THE CASE OF NICOLE: USING TOOLS OF NARRATIVE THERAPY AND PASTORAL COUNSELING TOWARD EFFECTIVE CLINICAL PRACTICE

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Quite often in clinical social work, it can be difficult to find just the right theoretical framework for understanding and helping our clients. Most theoretical perspectives focus solely on the psychological processes of the individual, offering little foundation for addressing the person's environment or accessing the client's local knowledge. At these times, an integrated approach, respectful of the core values of social work, may be most useful. This paper provides a specific case-analysis from the Cognitive-Integrative (C-I) perspective. The treatment involved the integration of theories from Task-Centered Social Work Practice, Narrative Therapy and Spiritual Counseling with the goal of demonstrating how the incorporation of these theories, as guided by the C-I framework, can inform effective clinical social work practice.

COGNITIVE THERAPY, CLINICAL SOCIAL WORK AND THE C-I PERSPECTIVE: THE CASE FOR INTEGRATION

Over the years, social workers have become more involved in doing work that not only addresses the social conditions of an individual but also enhances their psychological and emotional well-being. As *clinical social workers* have expanded their knowledge base in various theoretical frameworks, they have begun to debate whether traditional psychotherapy is consistent with the core values of social work practice.

One theoretical orientation in which clinical social workers are often trained is cognitive therapy. Cognitive therapists, who have their foundations in the theories of psychiatrists such as Alfred Adler, Albert Ellis and Aaron T.

Beck, believe that irrational beliefs or distorted thinking patterns can cause a variety of serious problems, including depression and chronic anxiety. Therapists operating from this framework try to teach people to think in more rational, constructive ways (Berlin, 2002).

The underlying idea of traditional cognitive therapy is that over the course of repeated experiences, we store memories about who we are, what life is like, and how well our relationships with others tend to work. To the extent that ongoing events fit with our memories of previous experience, we continue to add to what we already know and, in the process, build up elaborate and easily activated memory networks (or schemas). These memory patterns give us a readily available framework for understanding and responding to new events that seem similar in some way.... “No I’m not surprised... I knew things wouldn’t work out...they never work out for me...” (Berlin, 2002). [Appendix A illustrates how people process information according to cognitive theory, and how memory impacts the processing of new information.]

While most traditional psychotherapies focus almost exclusively on the *psychological functioning of the individual*, social work focuses on the person-in-environment (Berlin, 2002). Thus, a clinical social worker moves beyond how the person is processing information to address the systems that provide that information.

“Having built my career around these ideas, I am not about to just toss them out, but I find them troublesome ... because they make it very easy to ignore the environment as an independent force. Is this a negative event? A stressful event? A situation of injustice, oppression, or deprivation? ...While I don’t doubt for a moment that we read and respond to and select situations according to memories of past experiences, it is also the case that we are handed situations that we did not make and over which we have precious little control. ... In these cases, we will need to work both to generate new streams of information and to help the client create enough mental space to notice these differences and use them.”

(Berlin, 2002)

The Cognitive-Integrative (C-I) perspective, developed by Dr. Sharon Berlin, asserts that clinicians should help clients not only deal with how their processing of information impacts their lives, but they also should work to address the sources and systems that provide the information. The theory suggests the integration of practice methods from other psychotherapies, guided by the C-I framework, to help the client and to inform the therapeutic process.

[See Appendix]

To proceed with the case analysis, and throughout the course of therapy, principles from the following theoretical orientations were used.

Narrative Therapy

Narrative therapy is a postmodern approach that centers the client as the expert in his or her own life, and it views problems as separate from people. Narrative therapy assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them in reducing the influence of problems in their lives (Morgan, 2000).

The word “narrative” refers to the emphasis on telling and retelling the stories of people’s lives and the differences that can be made by doing so. Narrative therapy works to understand these stories and explores ways to “re-author” these stories, in collaboration with the therapist, to produce a more preferable life story. It is a way of working with a client who is interested in history, the larger social context that affects the lives of clients, and the ethics or politics of therapy, as it is known to the client. The idea is that people develop a set of beliefs about themselves and the world [called “ways of knowing”], which are informed by external “forces” that gain power in the authoring of our life stories. For example, themes of incompetence may give the “force” of rejection more power and cause a client to tell stories about himself that show him as an isolate who doesn’t seem to fit in anywhere. Themes of injustice may give the “force” of racism more power and cause a client to tell stories about her life in which she is the constant victim of racial injustice (Friedman & Combs, 1996).

A narrative therapist seeks to have conversations that allow clients to tell stories about their lives. These conversations help both the client and therapist to understand how the client has come to know the negative forces and how such forces have influenced their lives, and also to listen for “exceptions” to dominant stories to assist the client in reducing the influence of the problems and rewrite their stories. Change occurs when the client can recognize the role that her own gifts, abilities and resiliencies play in these exceptions and can build upon them to defeat the influences of negative forces in her life. Narrative therapy also provides some unique practice methods, including ways of interviewing that help the client to externalize the problem and that also help the client to define goals for work. For example, a narrative therapist may ask, “If I were to take a picture of your life at the end of our work together, what would it look like?” Such questions allow the client room to reflect on the process in a respectful and more meaningful way (Morgan, 2000).

Pastoral Counseling

“To God belongs wisdom and power; **counsel** and understanding are his.”

JOB 12:13, KING JAMES VERSION OF THE BIBLE

Pastoral counseling is a form of psychotherapy that uses spiritual resources as well as psychological understanding for healing and growth. Individuals struggling with depression, grief, substance abuse and family violence, among other personal issues and societal problems, often seek help from religious organizations. Many people who are in need and possess a strong faith commitment believe that their help will be found in the religious community, and thus they seek their spiritual leader for help as a way of seeking God. Most religious leaders, however well intentioned and committed to their faith, lack the training to do effective psychotherapy. Over time, clergy have come to see the need for integration of professional training with their faith in order to offer clients the help that they truly need.

The link between spiritual and emotional well-being began to receive serious attention more than a half-century ago when the Reverend Anton Boisen, considered the father of the Clinical Pastoral Education movement, placed theological students in supervised contact with patients in mental hospitals. The specific integration of religion and psychotherapy began in the 1930s when Norman Vincent Peale, a renowned minister, and Dr. Smiley Blanton, a psychiatrist, formed the American Foundation of Religion and Psychiatry, now the Blanton-Peale Institute. Since then, pastoral counseling has evolved from religious or spiritual counseling to pastoral psychotherapy, which integrates theology and the behavioral sciences. This transformation has been influenced by such figures as Carl Jung, Abraham Maslow and M. Scott Peck, all of whom have written extensively on the need for integration of spirituality and clinical practice. The result is a form of psychotherapy that honors and operates within the framework of the client’s understanding of God and faith, using professional skills to help the client seek solutions. Today, pastoral counseling accounts for 3 million hours of treatment annually in institutional and private settings (AAPC, 2003)

CLIENT AND CLIENT SYSTEM, PROBLEMS AND CONTEXT

“Nicole” (whose name and information have been changed to protect confidentiality) is a 22-year-old African-American female who resides in South Holland, Illinois. She is the older of two daughters and lives with her father,

an artist, and her stepmother, an employee of Northern Illinois University. Nicole has a younger sister, Lauren, 21, who is away at college. Nicole graduated from Northern in 2001 with a B.A. in marketing. While she lives in the south suburbs, she works and spends most of her free time in Chicago with friends from high school and college.

I began my work with Nicole through the ministry of the Salem Baptist Church of Chicago. The church, located on Chicago's far South Side, has what is called "professional ministries," in which members of the church who are professionals from selected fields draw on their expertise to provide free services, under the guidance of trained church staff, to other members and persons in need. The ministry allows persons who are informed by a faith tradition to provide services or "ministry" that is not only faith-driven but enhanced by specialized skills, training and knowledge.

Nicole, a devout evangelical Christian, first became familiar with the church through its external ministries in high-school bible clubs, and she has visited the church off and on for several years. Nicole is not a member of Salem Baptist Church, however, her faith is very important to her and to her family. We began our conversations because she felt stressed and unsatisfied with her current job at an advertising firm, and because she was worried about graduate school. The fact that my work with Nicole was not through an agency but within a church introduced a perspective of spirituality that is not present or is often limited in other settings of my professional work, such as field placement.

In our first meeting, Nicole and I discussed details about the clinical process, such as confidentiality and expectations of her role and mine, and I asked Nicole to tell me a bit about herself. I quickly surmised that Nicole was an extremely insightful individual with a vivid imagination, and that a narrative approach might be highly effective in working with her. My goal was to be respectful of Nicole's experiences as I allowed her to share her story. This beginning process of narrative therapy values the client's story and their understanding and interpretations of their lived experience. Respect for the client's story establishes mutual respect and trust, and it provides us with the opportunity to begin to map out areas of exploration.

CLIENT'S PERSPECTIVE ABOUT HER PROBLEMS

In the beginning phases of our conversations, Nicole was most concerned about the direction her life and career was headed. In her last year of college, Nicole had the opportunity to study abroad in Paris. Her father objected very much to the idea of her going to France, she said, but she went anyway. She

regards the year she spent in Paris as “the best time of my life.” When she returned home, she took a job with an advertising firm in downtown Chicago. She stayed with this firm for eight months before she was fired because she refused to forge a colleague’s signature on a set of contracts as instructed by her boss. “I wasn’t going to do that; that goes against my integrity,” she said. At first, she seemed rather glad that she was fired because the job and her negative interactions with her boss, who consistently berated her, made her feel “incompetent” and were a constant source of stress and anxiety. After awhile, however, she could no longer afford her lifestyle with part-time work and unemployment and she thus sought another full-time job, where she felt her ideas were not appreciated and she wasn’t respected. Within two months, she was asked to leave.

Nicole’s career is not the only source of concern for her future. Shortly after Nicole was fired from her first job, she became engaged to a young man named Martin, a naval officer. Her parents did not approve of the relationship because they doubted his religious commitment. According to Nicole, she initially felt good about the relationship; however, about a month into the engagement, Nicole began to pay attention to messages she was receiving from her friends and family, and she started to worry if she was moving too quickly. She began to wonder, “Is this the man that God intends for me to marry? Is this really the will of God?” She consequently broke off the engagement after less than three months.

Nicole is currently dating a young man named Brent, however, it is a long-distance relationship as he lives and works in Trinidad. During both of her recent relationships, she has had a strong attraction to another man named Ronald, whom she has known since high school and with whom she has secretly aspired to be involved romantically. She expressed her feelings for him twice, but, unfortunately he did not reciprocate. The second time she attempted to explore a relationship with him, not long after she was fired from her second job, he said to her, “Didn’t we talk about this?” Nicole wept bitterly and said, “I feel like such a fool.” She said she frequently finds herself in situations where she is attracted to someone but she feels like they don’t think she’s good enough, and she becomes the best friend rather than the love interest. “I’m always second place,” she said. Nicole said she felt “like a failure” and wondered, “Can I do anything right? I mean, it looks like I can’t do anything.” While she has experienced these thoughts and has felt very deeply about them, Nicole maintains hope and she says that her faith in God and her belief that “He will work it out” helps her to be hopeful about her future.

Another problem, Nicole said, was her relationship with her father and stepmother. Nicole shared that she and her sister, Lauren, lived with her birth

mother, who divorced from their father, until she was 12. During that time, the two girls were involved in various extracurricular activities, including dance, skating and tennis. Their mother, who was also a dancer, kept them active and regarded them as “queens.” When Nicole was 12, her mother died from a serious illness, and she and her sister went to live with their father and his wife, whom after a short time they began to refer to as “Mom.” Nicole described her father affectionately, but she said she often felt that he was over-protective. He removed them from many of the extracurricular activities they were in, she said and she told them they needed to focus on more “practical” things. On the day her mother died, Nicole said, her father told the two girls, “All you’ve got now is each other.” He also told them, “While I am your father, and I love you, your mother [his second wife and their stepmother] will always have first place in my life.” As a result, Lauren became very distant toward their stepmother, while Nicole’s response was that she “became like Mom. Lauren would come to me to talk about boys, feminine things and when she was sad. I had to put my feelings aside and take care of her.” Nicole said her relationship with her stepmother is strained, and that her stepmother will complain to her father about Nicole’s lack of contribution to household finances, her indecisiveness in relationships and incomplete household chores. When Nicole’s stepmother complains, Nicole’s father almost immediately reprimands her.

Nicole finds it difficult to share anything with them and would like to communicate more openly and honestly with them. She said she couldn’t share her decisions with them because they make her feel as though she always makes wrong choices. “They make me feel like I can’t make decisions for myself. I can’t do anything right, according to them.” While their relationships are strained, she said the family still attempts to attend church together, and she is able to communicate with them on “some levels.” She sees her father as a loving person whom she can relate to sometimes and on whom she relies for spiritual guidance, and she often talks with her stepmother about potential romantic relationships.

PROBLEMS WE AGREED TO WORK ON

Nicole and I agreed that her major concern was about her future and the direction her career was taking. Therefore, many of our conversations were centered on where she wanted her life to go. Using narrative interviewing, we decided we would review her life goals. I asked questions such as, “If I were to take a picture of your life in five years, what would it look like?” From those kinds of conversations, Nicole outlined her goals for the next few years that

she would like to have a master's degree in business, work at an advertising firm and live on her own. She said she also would like to work on her relationship with her parents, so she can feel more comfortable discussing the details of her life with them, and we agreed that we would talk about ways to improve communication. She also said she'd like to explore the history of her reputation as "the little sister" with the men in her life, and as "second place" in her romantic endeavors.

INFORMATIONAL CUES AND PATTERNS OF UNDERSTANDING: SOCIAL ENVIRONMENT

In understanding Nicole's condition using the CI perspective, her ideas of being a "failure" and "not being able to do anything right" are a function of the kinds of information she has received and are themselves a source of anxiety. These overall feelings are maintained by several sources of information in her social environment. First, most of Nicole's friends are working successfully in full-time jobs, and they are living on their own in apartments or town homes. Ronald, her would-be love interest, has been very successful financially and owns his home at the age of 23. Therefore, she has socially located herself at a lower position than the majority of her peers, and she factors this into her assessment of her financial condition. Moreover, the fact that Nicole has been fired from two stable, full-time positions within the past year provide two very poignant memories which have caused her to even question whether advertising is the right field for her.

Her romantic relationships have fed into her self-perception of being a failure. She reflects often on at least three individuals, each of whom she was very attracted to and felt she could have married. But when she introduced this idea and tried to explore deepening the friendship, each of them "let me down easy" and said she was more like a "sister" than someone they could be involved with romantically. Nicole believes that in each of these experiences, the "real" reason why they did not want to become romantically involved was that Nicole did not fit their idea of "the ideal woman." Thus, her inability to be with men whom she feels sincerely attracted to feeds into her idea of failure.

Next is her relationship with her parents. Nicole receives information from them frequently that suggests that she is not doing "as well as she could be." The messages she gets from them are, "Well, why did you do that?" or, "Why did you decide that, instead of this?" She further said they will use scripture to justify their comments, saying, "We just don't want you to be out of the will of God."

BODY STATE

Nicole has battled depression-like symptoms, such as oversleeping and drastic changes in appetite, such as extreme hunger to no hunger, which have contributed further to the meaning that she draws from her current condition. She believes these and the other negative circumstances of her life are “attacks of the enemy [the devil],” yet at the same time she complains sometimes of abdominal pain and headaches and she wonders if these are somehow “punishments” for being “out of the will of God”. Because Nicole decided to spend less time at home and more time seeking employment, her eating patterns had changed and she was eating far less nutritionally, but she was not directly factoring this reality into her specific assessment of the situation.

CLIENT'S UNDERSTANDING OF THE PROBLEM

The meaning that Nicole gathers from the elements of her story are that she is “failing” and that she doesn’t know if she’s “in the will of God and being attacked by the devil” or “out of the will of God” and somehow out of God’s protection. While she is insightful, and she enjoys the narrative approach that I incorporate in practice, she has difficulty with the alternate stories. For example, despite having been fired from two jobs, Nicole has successfully maintained three part-time positions in three completely different fields. Rather than attributing those facts to her strength as a communicator and to her abilities, she said, “Well, they needed to hire somebody, and I guess I was just in the right place at the right time.” Interestingly, while Nicole struggles with the negative information that feeds her ideas of being a failure, she maintains confidence in several areas including her creativity. She says, “I have great gifts and a good imagination,” and she will alternately explain her situation as indicating that “maybe I need to be in a place where I can use my gifts more.” She also believes overall that despite her frustration with present conditions, God is using these circumstances to “teach me how to trust Him more” and to develop her character.

The factors listed above all represent pieces of Nicole’s memory patterns that are activated whenever she experiences an event or experience in which she “fails” or “falls to second place.” She encounters the external cues whenever she has another experience with Ronald or another male to whom she is deeply attracted in which she is rejected. This makes her feel like she’s never important or “special enough” to these men, and these experiences resurrect the memory of the last such experience, which causes her to feel generally less competent in her life. Because she is consumed with this idea of being second

place, she may make sudden decisions to commit quickly in new relationships and come home to messages that reinforce the idea that she makes poor decisions—not just in relationships, but also in her career. Her responses to the messages she receives from her parents can be self-destructive, in that she avoids their physical presence, which means she avoids coming home, which compromises her sleep and eating habits, which changes her body state and increases the frequency of her headaches and abdominal pains. When this pattern is activated she feels depressed and frustrated, which all reinforces the idea that she is failure. When activated, these patterns serve as themes that further consume her as a victim in this narrative account of her life.

CLIENT'S RESPONSE TO HER UNDERSTANDING OF THE PROBLEM

As stated, Nicole's output patterns can serve to be self-defeating, in that her behaviors and responses usually precipitate exactly the patterns that she aims to avoid. Her need to feel as though she can “keep step” with her friends socially adds to the stress she feels about her financial condition. This puts her in a position where she cannot contribute as expected toward household expenses, which opens the door for more criticism from her parents. Nicole understands that on several levels, her responses can bring more confusion and feed into ideas that she would like to jettison. For example, Nicole realizes that she will get into relationships to compensate for failed opportunities in other relationships, as she did when she became engaged to Martin to compensate for not being with Ronald. When she acknowledges that the relationship is not something that she truly wants and decides to end it, this feeds into her image as a poor decision-maker, and that puts her more at odds with her parents. She also has brief moments when we can highlight ways that she has managed to survive and do well despite her setbacks—for instance, she has managed to focus more on artwork and drawing, which she loves. As Nicole's therapist, I believe that if she can find an audience for the alternate story and become more comfortable living in it, then she can begin to overcome these negative schemas and themes that have hindered her experience of life at this stage in her development.

CLIENT'S PERSONAL STRENGTHS AND SOCIAL RESOURCES

In our meetings together, Nicole has been very willing and prepared to explore the conditions of her life and how she has gathered meaning from them. She is able to engage in insightful conversation; she is exceptionally reflective and

values introspection. She is also very creative and brings her creativity and imagination to the sessions with her, and thus the narrative approach has worked well. Her creativity has enabled us to explore themes in her life in some rather abstract conversations, from which we can deconstruct meaning in ways that may not be possible or as effective with a more concrete thinker. Nicole is also very talented, and she recently has become involved in a dance troupe in Chicago, which helps her to vent negative energy and to be more physically fit. This activity also has helped to build up her sense of pride in her talents. She also has winning interpersonal skills and is a great communicator. Despite her specific assessments of her current financial and social condition, she seems to be well respected by her friends and peers and by her sister, Lauren, who is her closest confidant. Because of Nicole's strong faith in God, she has been able to retrospectively view her past troubles with varying degrees of optimism, which fuels some hope for the future.

TARGETS AND GOALS FOR CHANGE

My assessment of Nicole's situation is that she is an extraordinarily gifted and talented individual who has experienced some extreme early professional hardships, largely because she has not found the most nurturing professional environment. In addition, she is experiencing pressure from her social environment and her belief system to be at a certain level of independence, which, because of the aforementioned hardships, she has yet to attain. I believe this is further complicated by some negative self-schemas that have hindered Nicole's abilities to be resilient and make progress in her professional and social life. In seeking support for her condition, she has encountered relational conflicts that have a thick history (as we will discuss later) and are associated with other negative memory patterns.

Considering these factors, and based upon our goals, the targets for change are to help Nicole find new sources of information that contribute to the alternate story of success at overcoming difficulties using cognitive and narrative tools. Another target of change was to draw on narrative and relational tools to help Nicole explore how her relational history may have impacted her current relational functioning and to brainstorm ways to avoid further conflicts.

GENERAL INTERVENTION PLAN AND CLIENT INVOLVEMENT

Because of my training in narrative therapy, I wanted to gather a thick

description of Nicole's story, listen for strong themes and identify the major characters in the story. With this done, we could then move on to areas of Nicole's story for deconstruction.

On level one of the intervention plan, one of Nicole's greatest concerns was her finances, especially when she lost her first job. Using a task-centered approach, I informed her that she may be able to apply for unemployment compensation to help offset some immediate financial difficulties, and referred her to the appropriate agency. She did apply and received financial assistance, which helped to ease some of her immediate concerns as it related to her expenses. At that point, Nicole decided to volunteer at Northern Illinois with her mentor to stay busy and to use the time spent in Chicago to look for alternate work.

Nicole struggled very early with feelings that God was somehow punishing her and had abandoned her because she was out of the will of God. Integrating tools from pastoral counseling in a way that was respectful and didn't make her feel somehow immoral for questioning God¹, we reviewed Nicole's God concept; I asked if she believed that God would "punish her" if she was out of the will of God, or if He would correct her in a different and less vindictive way. She said she believed that He would rather not intentionally make her suffer, and we reviewed some biblical scriptures related to the subject, which helped Nicole to understand that perhaps these feelings were not punishment. We then discussed how she knew whether she was in the will of God. Again, she referred to scriptures that led her to the assessment that God's will for her was that she would be happy and prosperous and that God didn't want her to be second best. Nicole decided that God wanted her to move on despite her troubles, and that she was "still destined for greatness." I then provided encouragement in the spiritual model, based upon her stated desires and upon what she felt that the will of God was for her life.

To make sure that she was aware of her role in the process, and to decentralize the power in the working relationship, I felt it was best at this point to clarify Nicole's own will and intentions. We mapped what's called a statement of position, which clarified what Nicole wanted in her life. This 'contract' states what a client wants for herself, and throughout the therapeutic process it can help measure whether the client is really doing what *she* wants to do, or if she's becoming subject to some force or new negative theme. She said she did not want to live subject to the themes of the old story, which included failure and the idea of being "second best." While we were doing this, Nicole and I brainstormed some ways that we could develop the new story and help to move out from her new position. She said she wasn't ready for a full-time job

right away, only because she felt that she couldn't handle another major failure such as being fired from the previous two.

This opened conversation about how she was doing in her volunteer position at Northern. She said she was received very positively there, and that they wanted to pay her to teach high school students over the summer but she didn't know if she could do it. We reviewed the best and the worst things that could happen if she took the opportunity, while referring back to her statement of position. She said she very much wanted to teach full time one day, and that this would be a great experience. We assessed the risk, and we concluded that it fit with her new statement of position and she said that she would like to try the job.

She did and, although she had some trouble early with the behavior of the students, by the end of the summer the students had received her very well and she got very high marks. She enjoyed the experience thoroughly, and we took advantage of opportunities for her to share those experiences. The new endeavor increased her confidence and helped her to reach a place where she could explore more ways to incorporate her natural gifts and talents in her professional endeavors. To help her become more aware of her successes, I asked Nicole to keep a journal about her strengths and gave her an assignment to write at length about all of her talents and gifts. We are using what she has written in this journal to help her explore more of what she can offer to a job or career or position, which makes her feel more empowered and hopeful about her professional future.

Nicole also wanted to connect to other extracurricular activities, which focused more on her artistic talents. I agreed, as I felt that would help build her confidence and self-esteem. This is when she auditioned and was accepted to a dance troupe in Chicago. She also decided to branch out and find part-time employment at Marshall Field department store and at a museum in the south suburbs. She said she enjoys working these jobs part-time because she can manage and balance her schedule and still do the things she'd like to do. Her ability to better manage her professional endeavors with the freedom to use her gifts and her positive relationships with her new co-workers provide her with more positive information that's helping her become more comfortable with the alternate story.

Noticing that a shift in the informational cues had taken place², I felt it might be time to devote more attention to analyzing the history of Nicole's schemas. Nicole and I began to talk more about her relationships, particularly with her parents, which were a concern to her. As she told stories about her interactions with her parents, I reflected back to her the themes that came up

in those stories. One major theme was that she felt her father had regarded her stepmother as more important than her, and that her stepmother was “spoiled” and always got her way. I reflected to Nicole that this was a theme also present in her descriptions of her romantic relationships, in that she often concluded that she “was never as important as another woman.”

I allowed Nicole time to process these themes and make her own assessments about them. She concluded, based upon these externalizing conversations, that the statement made to her by her father when her birth mother died (“my wife will always be first”) had impacted her in several ways. This message, given to her at a critical point in her life, had established a schema from which she had been operating in her relationships, that she could never have “first place” or be regarded as important enough based upon her self-worth, rather than by comparison.

My concern about this new understanding, which Nicole regarded as a “revelation” was that it could have put more strain on her relationship with her parents, which we did not want. Using concepts from spiritual counseling, we talked about why it might be important for Nicole to think about initiating a healing process with her father (Davis, 2003). We brainstormed ways and role-played how she could discuss more of her feelings with her parents. Since that time, Nicole has been able to see that her father was grieving in his own way when her mother died, and she has managed to talk with him more about her concerns in her relationship with her stepmother, discovering in the process several things that have made her somewhat surprised and even more understanding of her father’s position. For example, she was able to point out that her father must have been in a difficult position to feel as though he had to make a choice between his new wife and his daughters. Wondering how she might respond to being in the same position, Nicole developed empathy for her father that has helped her become motivated to continue the healing process with him. She is also hopeful about her peer relationships, and she is currently working on ways to become more aware of the schema’s operation in her romantic endeavors.

Her relationship continues very positively with Brent. She said, “I don’t feel rushed by him, so we can take it slow, and that’s nice.” Nicole’s sister, who has been a constant source of support, is a part of Nicole’s audience for the new story, and she has been encouraging to her in the process as Nicole continues to make progress and gain victory over the schemas that have dominated her life. She believes her experience has given her a testimony that she can use to “minister” to others about their self-confidence, and she aspires to minister to people in the same areas of hurt that she has experienced.

FINAL THOUGHTS

The integration of the various frameworks for understanding and tools for practice provided Nicole and me with opportunities to deconstruct her memory patterns and brainstorm real solutions for her troubles, as well as identify other themes that Nicole may want to explore in the future. This case illustrates dramatically how one's belief system can impact the course of one's life, but it also demonstrates how life circumstances can impact an individual's psychological processes. As clinical social workers, we must work within a theoretical framework that gives us the tools necessary to provide best clinical practice, but we also must have a commitment to our core values and provide clients with a holistic process of change. ■

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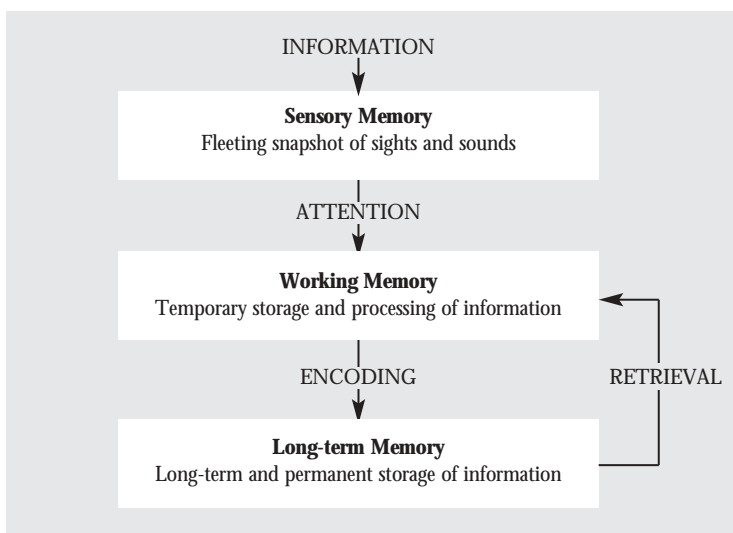
FOOTNOTES

¹In the type of spiritual counseling that I provide, I allow people to challenge traditional views about what can and cannot be said about God, with the conviction that it is helpful and liberating for a client to acknowledge certain feelings about or toward God that may be unpopular or seen as heretic, such as anger, resentment, or feelings of victimization by God, and to be one with those feelings. I felt here, however, that it was critical for Nicole to clarify her beliefs about whether God was punishing her because it would indicate her motivation level for the rest of the process. If she felt “out of the will of God” and that God was “punishing her,” then she may not have been willing to continue because her situation, according to her, would have become hopeless. However, had she held that as a stronger conviction, we would have proceeded with the clinical interventions and I would have referred Nicole to a full-time clergy worker for more spiritual counseling concerning her God concept, in that one goal was to empower her to better social functioning.

²According to the C-I perspective, the therapist should work with the client to address systemic issues that are providing information that feeds the negative schemas. Having addressed some of the sources of negative information that Nicole had to deal with in the present, she and I could now devote more time to analyzing the history and origination of those schemas.

APPENDICES

Appendix A: Processing of information according to traditional cognitive theory



Appendix B: Suggested outline for case analysis using the C-I framework:

- I Identify the problems and set the context (briefly describe the client, her social environment, and presenting concerns)
- II Describe the client's perspective about her problems, goals and resources for change (include specific client statements about the problem(s) and coping skills)
- III List the problem or problems that you and the client have agreed to work on
- IV How do you understand the problem? Consider how the social environment (cultural meanings, connections and disconnections, socioeconomic conditions, past and current interpersonal relationships, circumstances, or events) influence the client's sense of problematic meanings. Also consider body state (considerations of general health, chronic tension or fatigue). Then consider how the client symbolizes, phrases, or puts words on her experience of herself in relation to her problematic circumstances. Do these propositional meanings—situation-specific appraisals in the client's own words—help her in coping with the problem and her problematic meanings or somehow make them worse?
 - According to theory, these various sources of input will be rapidly synthesized into a pattern of implicit meaning to give the client an overall felt sense of herself in relation to a set of circumstances ("I'm incompetent"). How would you, the clinician, describe these overall themes and feelings?
 - How do the client's emotional, behavioral, and interpersonal responses to her implicational understanding serve to maintain, improve or exacerbate the pattern of negative meaning?
- V How do you understand your client's personal strengths and social resources that might be drawn upon, elaborated and/or extended in forging solutions? For example, what are her sources of social, emotional and material support? What are her goals, hopes for the future, visions of possible selves?
- VI Given your analysis of the problem, what are the targets and goals for change?
- VII Given all of this and the client's strengths and resources, what is your general intervention plan?
- VIII Discuss the client's role in developing this plan. To what extent does it incorporate her perspective or belief system?
- IX Final thoughts and reflections

ABOUT THE AUTHOR

SHAUN MARSHALL is a second-year clinical student in the master's program at the School of Social Service Administration. He graduated from Indiana Wesleyan University with a B.S. in Social Work in 2001. Mr. Marshall is currently interning at the Niles West High School in Skokie, Illinois, where he works with at-risk teenagers. He is interested in school social work and the integration of spiritual counseling and narrative therapy with adolescents and families. Upon graduation, Shaun plans to work with faith-based community organizations in Detroit, Michigan.