

## Integrating Developmental Counseling and Therapy Assessment with Adlerian Early Recollections

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### **Abstract:**

Developmental Counseling and Therapy (DCT) is an integrative theory that incorporates methods for clinical assessment, intervention, and treatment planning. When used in concert with Adlerian early recollections, the DCT structured clinical assessment can facilitate the process of helping clients examine and find meaning in their early memories while identifying metaphors, defined as personal rules for living, which define their lifestyles. In addition, the DCT model can be used to help clinicians choose interventions to establish rapport and help clients address their presenting issues quickly.

### **Article:**

Adlerian clinicians use lifestyle assessment with early recollections as an entree to clients' most basic attitudes and expectations for meeting life's tasks (Clark, 2002; Sweeney, 1998). To become proficient in the use of these methods requires both clinical training and supervised experience. Indeed, finding methods to teach these skills is one of the challenges to advancing Adlerian theory and methods to the larger community of helping practitioners. While Adlerian theory continues to be taught in core counseling theory courses, relatively little emphasis is placed on practice because of the "one-theory-a-week" format of such courses combined with the extensive training required for proficiency. At the same time, many theories "borrow" heavily from Adlerian concepts (e.g., the "miracle question" in solution-focused therapy is remarkably similar to the basic Adlerian question, "How would life be different if ... ?"), yet few credit Adler in the process. When opportunities arise to link Adlerian theory with other, newer theories, such links may help both students and clinicians better understand the importance of studying Adlerian concepts.

One relatively new theory is Developmental Counseling and Therapy (DCT; Ivey, 1986/2000), an integrative model created to link theories of human development with theories of counseling (Ivey, 1991/1993; Ivey & Gonçalves, 1988). Based on a metaphorical interpretation of concepts introduced by Plato and Piaget, in the DCT model, four cognitive-emotional developmental styles are defined, and these provide the basis for clinical assessment and intentional selection of interventions matched or mismatched to the clients' presenting issues (Ivey, Ivey, Myers, & Sweeney, 2005).

DCT provides a mechanism for helping counselors understand their own cognitive style preferences as well as those of their clients, and it seems to be a concrete and useful model for teaching both assessment and treatment planning to counselors-in-training (Myers, Barrio, & Paredes, 2005).

In the process of learning the DCT model, Sweeney recognized that the DCT focus on identifying a client's basic "rules" for living was similar in intent and outcome to the process of Adlerian lifestyle assessment. Moreover, early recollections were a logical source of coping beliefs and attitudes derived through the DCT assessment (Ivey et al., 2005). Through some experimentation, Sweeney determined that by combining the two methods, a therapist could help clients gain both insight and motivation for addressing their presenting issues using any number of counseling techniques. As all three of us gained experience in combining these methods,

we found that students advanced more quickly in understanding the power and use of Adlerian theory, lifestyle, and early memories relating to present behavior and expectations.

While it is beyond the scope of this article to provide an in-depth discussion of DCT, a brief overview of the theory and assessment process is provided. We describe the importance of early recollections as keys to understanding one's lifestyle and discuss the process of examining early recollections using DCT. Finally, a case is presented to illustrate the integration of DCT, lifestyle assessment, and early recollections to help a client define her basic life metaphors and begin the therapeutic process of change.

### **Developmental Counseling and Therapy**

Developmental Counseling and Therapy (Ivey, 1986/2000) is a cognitive-behavioral approach whereby counselors evaluate the cognitive-emotional-developmental style of clients and systematically select appropriate counseling interventions to facilitate client development. Empirical research using DCT, though not extensive, provides support for using this approach in counseling. DCT is reported to be effective and appropriate for use with a wide range of client populations, issues, and counseling and counselor education settings (e.g., Cashwell, Myers, & Shurts, 2004; Crespi & Generali, 1995; Ivey & Ivey, 1990, 1998, 1999, 2001; Ivey et al., 2005; Kenney & Law, 1991; Marszalek, 1998; Marszalek & Cashwell, 1998; Myers, 1998; Myers et al., 2005; Myers, Shoffner, & Briggs, 2002; Rigazio-DiGilio, 1994; Rigazio-DiGilio, Daniels, & Ivey, 1997; Strehorn, 1999; Weinstein, 1995). Nevertheless, the validity of several basic theoretical tenets remains largely unexplored. The existence of the four cognitive/emotional styles proposed by Ivey (1986/2000) has been validated to a certain extent (e.g., Heesacker, Rigazio-DiGilio, Prichard, & Bowden, 1998; Kunkler-Peck, 1999; Rigazio-DiGilio, 1989; Rigazio-DiGilio & Ivey, 1990) and is under investigation at the present time (Barrio, Myers, & Sweeney, 2006).

A brief review of the theoretical foundations of DCT provides a basis for understanding the four cognitive styles. Both assessment and intervention strategies build on this structure, and we believe Adlerian theory and methods add to its effectiveness and promise for application by Adlerian practitioners.

***Theoretical foundations of DCT.*** Drawing from Piaget (1965), Ivey (1986/2000) postulated that children move through the sensorimotor, preoperational, concrete operational, and formal operational stages until they are between 11 and 15 years of age, when they possibly reach the formal operations stage. There is some support for a postformal stage of thought as well, which has been termed "mutual perspective taking" (Kail & Cavanaugh, 2003). The significance of these stages becomes clearer as the practitioner begins to assess the preferred cognitive style of clients and how they process information and make decisions based upon their unique perception of themselves, life, and others. For the Adlerian practitioner, the assessment of the cognitive emotional style provides a valuable method for anticipating client responsiveness to subsequent interpretation and reorientation efforts (Sweeney & Myers, 2005).

***Four cognitive-emotional developmental styles.*** Ivey (1986/2000) advanced Piaget's model by theorizing that development is an ongoing process that is both circular and spherical. Using a metaphorical interpretation of Piaget's four cognitive stages, Ivey proposed a model including four cognitive emotional styles with early and late development evident in each of the styles as described below. Unlike Piaget, Ivey did not believe that the styles are hierarchical or linear or that one style is superior to another. Rather, each style is an alternative perspective that is as valuable as all others. However, similar to Piaget, Ivey recognized that not all individuals will be able to function in all of the cognitive styles, notably those requiring formal and postformal thought processes (Ivey et al., 2005).

***Sensorimotor style.*** The sensorimotor style refers to the experience, awareness, and meaning of felt body experiences, or emotions. Individuals operating from *an* early sensorimotor style focus on their senses in making meaning of their current experiences. When an individual experiences a traumatic event, such as another's death, he or she may focus on the pain and sadness of the event, a feeling or sensorimotor experience,

and initially be unable to do anything but emote. Focusing on one's senses on a beautiful day or during a massage is a positive example of the sensorimotor style.

Ivey (1986/2000) called Piaget's second stage, preoperational thinking, a late sensorimotor style and noted that it is characterized by irrational or magical thoughts such as "should" or "ought." According to Ivey, most individuals enter counseling with problems they are viewing from a preoperational perspective. An initial capacity for concrete thinking does not occur until the end of this stage.

**Concrete-operational style.** Individuals are operating from a concrete-operational style when they describe their experiences in concrete, specific, detailed language. Early concrete thinking is evident in detailed, linear descriptions of events, while individuals functioning in a late concrete-operational style can use "causal, if/then thinking" (Ivey, 1991/1993, p. 32). Clients with concrete-operational style often are unable to generalize and repeat patterns of behavior without understanding or insight regarding their problems. Young children and immature older persons, for example, often do not anticipate consequences, and they may perceive themselves as innocent when poor decision making puts them in conflict with others. When introduced to their "hidden reason," as explained by Dreikurs, they smile and quickly acknowledge the purposiveness of their behavior.

**Formal-operational style.** The formal-operational style is characterized by abstract thinking concerning emotions and experiences. In early formal-operational thinking, clients reflect on the events in their lives, and they are able to recognize patterns in their thoughts, feelings, and behaviors. They are able to understand that their patterns of thoughts, behaviors, and emotions can be intertwined. Most practitioners tend to be formal-operational in their processing and would be prone to prefer clients who respond to such conceptualizing.

**Dialectic/systemic style.** Ivey (1986/2000) theorized that many adults are capable of abstract reasoning that extends beyond the formal-operations stage. Adults in the dialectic stage reach new levels of comprehension by understanding that their view of the world (i.e., their knowledge) is influenced by their dialectic with the environment. In other words, they understand that they do not live in a vacuum and that they cannot avoid being influenced by the environment in which they exist. The dialectic also refers to rules, often unconscious, and to Adlerians it is a part of one's private logic, by which a person makes choices in life. These rules typically developed in family environments when people were children and are not functional for healthy adult relationships. As a consequence, Adlerians using lifestyle and early recollections have an opportunity to uncover and develop clients' capabilities to understand a world view often not assessable through other means. However, the clients' preferred cognitive style of processing represents a significant challenge to any counselor in using the insights gained by these highly useful methods. By assessing the cognitive developmental style of the client early in the relationship, the Adlerian counselor can be prepared to help overcome the client's otherwise limited repertoire of cognitive processing with respect to the presenting issues.

**DCT assessment.** Ivey (1991/1993) and Ivey et al. (2005) presented the Standard Cognitive/Emotional Developmental Interview (SCDI) as a technique for understanding how clients make meaning of their presenting issues in relation to the four cognitive styles. The SCDI is both a structured clinical assessment and a potentially powerful clinical intervention. Once mastered, the questions and questioning sequence used in this interview may be used singly or in combination as interventions to facilitate both first and second order change processes. The interview protocol uses the four developmentally based cognitive styles of relating to others, self, and experiencing life choices to process a particular presenting issue or scenario. Each of the four styles—sensorimotor, concrete operational, formal operational, and dialectic—has an essential function and none is "better" than the other. The goal is for clients to become equally adept at using each style when dealing with the issues in their lives.

These questions can be integrated into a normal Adlerian counseling format with little difficulty. They provide the practitioner, however, a new method for accessing client thoughts and feelings, incorporating gestalt type methods to promote abreaction, and involving clients in processing the significance of their patterns of thoughts, feelings, behaviors, and their consequences. While the Adlerian practitioner with competence in

lifestyle and early recollections can quickly intuit clients' themes and patterns, the DCT assessment guides the clients in a process of self-discovery. This begins with an image (e.g., early recollection) and processing at the sensorimotor style.

The sensorimotor style involves being able to *experience and describe* one's feelings and emotions. The helper asks the client to imagine as vividly as possible a specific moment, event, or experience and to describe what is presently seen, heard, smelled, felt, and sensed (touched if appropriate). The feelings associated with the experiences are essential, as is true with early recollections. Equally important, the client is asked to *locate that feeling in his or her body*, that is, where the memory is embedded physically. To miss the significance of these questions can make the remainder of the process ineffective. Once the embedded feelings have been identified, the helper asks, "Have you ever had that feeling since (or on another occasion)? Will you please tell me about that one as well?" This leads to the concrete operational assessment.

The concrete operational style includes the ability to associate life experiences in a linear, specific manner ("When she said this, I said . . ."). Some clients are so concrete that helpers get lost trying to understand their predicaments. Other clients have such undifferentiated cognitive processing that they have difficulty understanding why life "treats" them the way it does. Being able to help clients deal with this style is essential to helping as well. Focusing techniques, summarizations, and restatements are helpful to keep the client on track.

The formal operational style involves *connecting life experiences into themes and associations* that permit analysis, synthesis, and insight, such as when consequences are the result of poor decision making. Once the second event has been described as clearly as the client can, the helper summarizes the two events in as much detail as possible and then asks something like the following: "We have here two events, both involve this feeling (describe). What do they seem to have in common otherwise? Do you see any similarities in them? What themes do these suggest in how you approach such situations that you describe? Can that approach be summarized into a rule that you usually follow? For example, 'When someone rejects me, I get very angry.'"

Clinicians often prefer formal operational clients because that tends to be the clinicians' preferred style to process their own life experiences. While a childhood experience may not seem related to an adult's present predicament, the rules and expectations for life have early origins and they are most often accepted as fact without reexamination unless the client is guided through a process such as with the DCT assessment or lifestyle assessment.

The dialectic style permits one to *empathize, understand, and analyze differing points of view*, their origin, and relative merits. The transition to the dialectic style after uncovering the client's "rules" begins with questions like "Where did these life rules come from and are they good rules? How do they affect others in my life?" The capacity to reconcile differences with others in life often rests with this style. Likewise, creating a better future for oneself requires seeing possibilities not seen or valued before.

All of these styles help people to live lives successfully. When a person has a block or incapacity to use one or more of these developmental cognitive styles, however, he or she experiences distress. Through treatment planning and use of appropriate interventions tailored to the client's cognitive styles and blocks, clients can be helped to use their other cognitive capabilities to overcome the blocks. Ivey et al. (2005) provided a convenient table of common counseling approaches and techniques that helpers can use to match or mismatch clients' styles to help promote change. Choosing interventions depends first on accurate assessment of cognitive style preferences and blocks. At the same time the DCT assessment process is an intervention that can directly help to overcome such blocks. From an Adlerian perspective, DCT can be used to discuss and process life challenges, process and understand early recollections, and reveal aspects of one's lifestyle, or views of life, self, and others. Following a brief review of Adlerian early recollections and discussion of how to use the DCT assessment with early recollections, the case of Lucita illustrates the use of the DCT assessment early in the process of helping.

In this case example, DCT is used twice, first to discover how the client made meaning of her situation and to identify a "rule" or life theme which was keeping her "stuck" in her way of responding and second to explore an early recollection to help the client develop insight into her lifestyle and private logic through understanding the development of her rule and how to change the rule to be more successful in responding to life's demands.

### Adlerian Early Recollections

An early recollection is a metaphor to which meanings are assigned by the recollector. The meanings are the individual's unique "biased apperceptions" about self, life, and others. They are a source of guiding themes that protect, encourage, and guide a person in his or her daily activities, thought processes, and emotions. Integrating DCT assessment with lifestyle assessment and early recollections results in an alternative to assisting individuals in their search for a more satisfying life.

The difference between a significant early recollection and a report is important. Many people recall family routines, frequent interactions, or general descriptions of early experiences. For example, one individual reported that every summer her family made ice cream as a pastime. Another remembered a constant pattern of family arguments around alcohol. Others have talked of early experiences with oppression, such as racism, sexism, or heterosexism. DCT would call these types of recollections examples of formal operations in that they represent a pattern rather than a single concrete and specific event. Even with more detail, this formal-pattern type of memory is not to be confused with a recollection unless a specific episode is shared.

A useful recollection brings attention to a particular concrete incident. For example, at one ice cream making session, the client may recall in great detail what a grandparent said and did that was particularly important to them at that time. Or another client might talk in great detail about what occurred during one particularly traumatic evening with a drunken father. Often the early recollection will be so vivid that it easily takes on a here-and-now sensorimotor quality with an overt and strong affective reaction. This immediate expression of the here-and-now abreaction to the experience can be both powerful and revealing.

In early recollections, themes and patterns become important as metaphors for helping understand behavior. These themes become apparent as the client and counselor examine three types of self statements: *I am . . .*, *Others are . . .*, and *Life is . . .*. The first set of statements incorporates both the individual's actual self-concept and his or her ideal self-concept. For example, a self-statement based on a person's early recollection might be "I am gentle in nature" or "I am short." While these may be objectively untrue (i.e., a comparatively tall person may feel short), it is the subjective evaluation that is most important and must be understood (e.g., a very short person may not feel short). It is also important to look for missing modifiers in the recollections, such as "I am *only* a woman," "I *must* be honest," or "I am *very* short."

When looking for statements that reflect the ideal self, the therapist looks for declarative statements about what one *should* or *must* be or do. For example, "I *should* work hard." "I *must* be strong because I am a man/woman." Family and cultural values and home atmosphere can influence the self-ideal.

As the client and counselor look at statements concerning perceptions of other people, both general and specific statements may be apparent. For example, early recollections may generally imply that "Others are usually kind, dependable, and trustworthy" or "Others are not predictable and can be dangerous." Specific statements may include "Women are good servants," "Men are strong," and "Children should be seen but not heard."

Convictions about life also will be both general and specific. For example, general statements might include "Life is full of dangers," "Life is a great big circus," and "Life is a challenge to be met." Specific statements would be like these: "Things are exactly as they seem." "Nature is very unforgiving of weak persons like me." "Each day is a new opportunity for me." From combinations of *I am . . .*, *Others are . . .*, and *Life is . . .* statements, inferences can be made about how an individual meets the basic life tasks as defined by Adler. The following example of an early recollection interpretation demonstrates the application of these concepts.



## Example of Early Recollection and Interpretation

**Early recollection.** I remember one Sunday afternoon it was very hot outside and the older kids and adults were all busy doing something even though the sodas were supposed to be put on ice. I decided that I would cool the sodas and began putting the cans into the ice chest. No one particularly noticed that I had seen the job to the end. When they enjoyed the cold sodas later so did I. I really felt pleased with myself and have enjoyed a cold soda on a hot day ever since (laugh).

**Interpretation.** We might hypothesize from this recollection that the individual believes: When others shirk their responsibility, I can be depended upon to see that the job gets done. Among life's greatest satisfactions is seeing a job to the end, even when others may not know about it. I can and do enjoy contributing to others' pleasure.

Possible life rules (Ad Adlerian "fictive notions") or self-statements that may be discovered through further examination and discussion of this recollection include

- Other people can't be counted on when a job needs to be done; **I** need to do it myself.
- For me, the joy is in the doing (activity).
- Doing for others is a source of pleasure for me.
- **I** need to be responsible and help others in order to feel good.

While all of these rules may be seen as appropriate to the individual (as well as others), the degree to which they are believed may be a problem at times (e.g., **I** will be happy only when I serve, am responsible). So each person can do a "good thing" too much or otherwise expect too much from self, others, and life. What we have noted over the years and in keeping with Adler's and Dreikurs's theory is that individuals revert to their earliest interpretations about life, themselves, and others whenever they perceive themselves in a new, strange, and potentially unpredictable and stressful situation. An individual's need to understand, predict, and manage change similarly seems to call upon prior experience as a source for coping with new situations. This focus on the relationship between present circumstances and earlier life experiences is common to both Adlerian lifestyle assessment and DCT.

## Adlerian Early Recollections and DCT

Early memories disclose expectations for the future that shape one's responses to daily life tasks. The anticipation of what will happen influences the choices each person makes in both large and small decisions related to work, friendships, love relationships, self, and spiritual matters. Helping clients uncover the meaning and purpose associated with these early recollections empowers them to make new choices, exercise new behaviors, and discover new emotions associated with current and future life experiences and relationships. Developing skill in lifestyle assessment requires that one learn about early recollections and how to interpret them, practice clinical skills in working with clients to elicit and examine early recollections, and receive feedback and supervision to develop clinical competence. The DCT structured clinical assessment sequence requires a similar learning process and offers a mechanism for the clinician to explore early recollections in a structured manner.

By using DCT assessment with early recollections, clients can be helped to uncover more mistaken expectations that they hold for self, others, and life in general. Unrealistic expectations found in early recollections are types of rules that become guiding notions toward life easily associated with stress, emotional turmoil, and physical consequences. Using the DCT assessment, the client and counselor can deconstruct such rules to help clients modify, delete, or change completely expectations that do not serve them or others well. New or modified rules offer more flexibility and less stress.

Fortunately, mastery of early recollection interpretation is not an essential competency from a DCT perspective. In fact, in the process of using the DCT assessment, the counselor attempts to avoid interpreting per se and instead strives to help the client derive the meaning, purposes (uses), and origins of his or her life rules as a matter of self-discovery. The case of Lucita should help clarify this process.

### **Lucita: A Case Study**

Lucita, a 36-year-old Latina woman, described herself as a hard-working, responsible Catholic wife and mother of three. In the initial session, Lucita said she came to counseling because her position as head administrative tracker within a large business was jeopardized by problems with her immediate supervisor, who constantly asked her to perform tasks she thought were not part of her job description. Lucita described the supervisor as being dictatorial, demanding, and unfair. In their interactions, Lucita said she found it hard to stand up for herself or to express her feelings about how she was treated. She was very anxious in the office and sometimes burst into tears after being issued an order. The last time this happened, Lucita began crying in front of her supervisor, who was perplexed at her response. Lucita felt her job was in jeopardy because of her reaction.

The difficulties with her supervisor and fears of job loss were currently affecting Lucita's life in a myriad of ways. She described overwhelming feelings of anxiety, anger, and powerlessness that interfered with her major life tasks. Lucita said she was constantly tired and worried about her future and that of her family. This inordinate amount of stress led her to be irritable, and Lucita indicated that she was experiencing difficulties with her husband and children, whom she often lashed out at when things got hectic around the house. She was worried about being able to cope, and although depressed much of the time, Lucita had not thought of harming herself. Lucita's goals for counseling were to make a decision about her career and whether she should look for a new job. This would mean moving to a larger city in the state. Although they understood she was unhappy with her job, Lucita's children did not want to move, nor did her husband want to transfer his own job.

***DCT assessment with the presenting problem.*** The counselor helped Lucita explore the presenting problem more fully by using the DCT assessment, first asking her to recall a specific time when she interacted with her supervisor in a manner that left her feeling upset. Lucita recalled her last encounter with her supervisor, in which the supervisor told her to type a letter for another supervisor in the company and gave her a time limit that interfered with her lunch hour. Using the DCT process of having the client recount the event in the here and now, Lucita closed her eyes and relived the scene again. The goal of the intervention was to help her experience the event in the here-and-now, creating an abreaction.

Lucita was asked what she was hearing as she created an image of the event: She heard voices in the hall, the clock ticking, and her supervisor's voice. When asked about what she was seeing, she described the wall above her desk and the stack of papers her supervisor had handed her. At this point in the session, Lucita's facial expression changed and her body tensed and her hands began to shake, indicating a sensorimotor response. When asked how she felt, Lucita replied that she felt fear, disappointment, and anger. When asked where these feelings were located in her body, Lucita indicated her hands and also her throat by using her hands to mimic a noose wrapped around her neck. The counselor summarized the full scenario using Lucita's tone, words, and present tense to provide Lucita a reflection of what she had shared. Importantly, both Lucita's words and body language were mirrored. Lucita, fully attentive, agreed with the accuracy of the reflection.

To understand how Lucita processed this event and especially the associated feelings, the counselor then transitioned to the concrete questioning sequence by asking if Lucita had ever felt that way before. "Oh, yes," Lucita said, describing an incident a month prior that resulted in her no longer speaking to neighbors. The counselor asked Lucita to describe this occurrence in a concrete, linear, detailed manner, which resulted in the following description: Lucita's youngest son had stayed overnight with his best friend, the son of the next door neighbors. When her son came home, he was accompanied by a stranger. The man explained that he was Lucita's neighbor's cousin and that he had taken the boys to a baseball game. Lucita had not been informed of the outing or that the boys would be going with someone other than the neighbors. Lucita was short with the man and lashed out at him. He seemed taken aback by her manner, and as he frowned on the porch, Lucita

slammed the door and vowed to never let her son go with the family again. Since that time, she had not let her son go to the neighbors' house, even though her son was still close to the other boy. She had not spoken with her neighbors about the incident. Lucita further noted that her husband and son were both upset with her about her response and that it was still a controversial issue within their home.

At this point, the counselor again summarized verbatim each scene from both the sensorimotor and concrete perspectives, and then Lucita was asked, using the formal-operational style, whether she could see any similarities in these two scenes. After thinking for a moment, Lucita said that the two were both with men. In both cases someone with power disappointed her by, breaking what she thought were the rules of the situation. She had felt unprepared for what seemed like a betrayal. She had felt shaken up by the experiences, physically and emotionally, and as if she didn't know how to respond. In each case she had felt as if a noose was choking her and she had not spoken to the people involved.

The next step in the DCT interview was to summarize the presenting situation (i.e., her image), the associated feelings (sensorimotor response), the second time she felt the same way (concrete), and the patterns she identified between the two situations (formal operational). This summary was followed by the transition to the dialectic sequence by asking what rule guided Lucita in these instances. Another way to help the client identify the rule would be to ask her what she was saying to herself when these events occurred. She responded, "When someone breaks the rules, I get shaken up. I don't want anything to do with them." Lucita reduced these to two rules: Those in power must follow the rules, and I must distance myself from people who break the rules. The counselor then asked where these rules came from, emphasizing a dialectical/systemic interpretation. Lucita responded that she was not entirely sure, but she remembered her mother being very insistent that rules were followed in her home. Lucita said she did not like to be in trouble and did not like it when her brothers broke the family rules. Her mother often asked her to help monitor them so the rules were followed within the home.

The next step in the DCT interview process is to question or challenge the client's rule and to help the client see the flaws in her rule. Ultimately, once the client is able to identify the flaw or the fact that the rule does not work all the time and results in associated negative feelings or outcomes, then a question as to whether this is something one would like to change (i.e., to develop a new rule) can be met with a commitment to counseling to effect the desired change. When asked if the rule was good for today, Lucita said that she did believe that adults should follow the rules but was bothered by her own reactions when they did not. She felt that her own reaction was over the top at times. The counselor further inquired about whether the rule was good in most life situations. Lucita noted that there were times when it was okay for adults to do something other than the rules indicated, especially when there were extenuating circumstances. She gave an example of a time when she had needed to take an hour from work to go to a parent conference and her supervisor had allowed it.

The next question addressed the consequence of using the rule in all situations. "Lucita," the counselor asked, "at what price to your physical and emotional health do you hold this rule?" Lucita's response was that she had paid a high price for responding the way she had to her supervisor and to her neighbors. In one case, her job was in jeopardy and in the other her son, husband, and neighbors were angry with her. Lucita expressed surprise at the connection between these seemingly unrelated events and her mother's attitude about obedience and said she would like to learn more.

As a result, the counselor and Lucita transitioned into the use of Adlerian early recollections for further understanding of Lucita's unique perceptions and her meaning-making of early life experiences.

***Lifestyle, early recollections, and the DCT assessment.*** In the next session, the counselor used the Adlerian lifestyle assessment and early recollections to help Lucita discover how her earliest developmental attitudes, beliefs, and expectations shaped her behavior and emotions as an adult. The counselor learned that Lucita was the second child of four and the only girl in her family. Lucita's mother taught her what was expected of a "lady," which entailed taking care of those around her by cooking and caring for them. However, she was also



expected to uphold the morals in the family. She was expected to tell on her slightly older brother when he did things that were wrong and even disciplined the younger two boys, who were six and eight years younger. However, because of her special status as the only girl in the family, Lucita seldom got in trouble herself. At church and at home, Lucita was taught to be like Mary, the mother of Jesus, who took care of her family and always did the right thing. These were deeply held cultural and religious convictions which the counselor determined Lucita accepted without question.

After Lucita summarized her first early recollection, the counselor once again used the DCT process of having Lucita recount the events in the here-and-now. In this recollection, Lucita relived a scene in which she was three and was playing hide and seek with her brother. Her uncle had talked her into going downstairs into the basement to hide from her brother. She remembered going down into the basement, which was dark and damp. The stairs were slippery. Lucita's mother had told her not to go down into the basement because she was afraid the little girl would fall on the steps. From this point, Lucita was encouraged to report her early recollection as if it were happening right then, and the counselor facilitated the process by asking questions in the sensorimotor sequence of the DCT assessment interview. Lucita responded,

I am hearing the tap of water in the sink and laughter of family in the main house above. I am seeing the darkness of the basement, the stained wood of the basement stairs and my shoes as I go down the stairs, and the blue glow of light coming from the open door. I feel the bite of the hard wooden stair as I sit on it and begin to feel like I can't breathe. Suddenly, I hear my mother's voice angrily telling me to come up the stairs. I make my way up the stairs, where my mother scolds me for going downstairs. She looks very angry and tells me I can't have dessert after dinner and must go straight to bed.

At this point, the adult Lucita sat very stiffly in her chair and her voice faltered. When asked how she felt as her mother was berating her, Lucita's eyes filled with tears and she replied, "Fearful, hurt, and unprepared for the attack." Lucita also said she felt guilty for going downstairs but also confused and misunderstood because it was her uncle that insisted she do so. She remembers vowing to stay away from her uncle and the basement. When asked where these feelings were located in her body, Lucita indicated her hands and lungs (chest).

Lucita acknowledged the accuracy of the counselor's summary of the early recollection. Importantly, the sensorimotor part of the DCT assessment interview was used to help the client explore her early recollections in the here-and-now of the session and get in touch with her feelings. It is not necessary in DCT to conduct the assessment interview in its entirety. Specific questioning sequences can be used for exploration of an issue or recollection for one or a combination of the four cognitive styles. In this case, the client was asked for additional early recollections, which she reported in a concrete fashion and, though the feelings were identified, she was not encouraged to experience them in the present and an abreaction was not sought.

The second recollection Lucita related was being in catechism at church and having a piece of gum stuck to her shoe. She was seven years old at the time, and she recalled being miffed when she found the gum, which had apparently stuck to the bottom of her new patent-leather shoes when she had walked across the church parking lot. The gum was bright pink, and Lucita really wanted to scrape it off her shoe. However, she had been told never to interrupt her catechism teacher, so she just sat and looked at the gum. She was worried she would get in trouble with her mother because she had messed up her new shoes. In a related early recollection, Lucita went outside after the class and discovered that the gum had hardened on her shoe and she could not remove it. She jumped up and down on the dirt in the flower-bed, covering up the stickiness, and went back inside. She felt satisfaction with the way she handled the problem and felt a warm glow because she did not have to tell anyone about it and did not get in trouble. She went to play with the other kids.

A third early recollection was a brief memory of a time when Lucita was six and her older brother had borrowed her book without asking. He was using it as a flat surface to draw a picture on a piece of paper. Lucita told her mother what had happened and her mother made the boy give back the book, as he had not asked for it. Her

brother was angry and tore up his picture. He cried, "She always gets her way!" and ran to his room. Lucita's mother thanked her for telling on him. Lucita felt valued and was very happy.

***Interpretation of early recollections.*** Using the DCT interview questions to process the client's understanding of her early recollections, the counselor first summarized the three recollections and then began to help the client develop an understanding of her experiences from formal operational (i.e., personal life patterns of thoughts, feelings, and behaviors) and dialectic (i.e., systems) perspectives. When asked what these experiences had in common, Lucita said she grew up believing that she was to make her place in her family and community by being responsible and by confronting wrong when she saw it. At the same time, she did what she could to distance herself from those who broke the rules so that she did not get in trouble. When everyone was following the rules, Lucita was happy. However, not everyone did follow all the rules. Further, when she was faced with people who broke the rules, she felt she was responsible for staying away from them and it made her unhappy when she could not. Lucita's rules about life, her private logic for making her place, had been unexamined and basically unchallenged. However, following the rules formed in youth led to challenges in the adult world. Equally important, she acknowledged that others did not necessarily need to follow her rules. Indeed, they were unaware that she had such rules.

At the beginning of the next session, the counselor was very positive in observing that Lucita developed rules that offered her the ability to be successful within her home and under her mother's authority. The counselor reviewed Lucita's early recollection of telling on her brother when he borrowed her book as a prime example of how following the rule helped her. The counselor invited Lucita to discuss the interaction with her mother and brother when she was six, drawing out that to her at the time, there were no other ways to respond and why she, as an adult, still felt there are no other options. Thus, the counselor validated the reasons for the initial use of the coping mechanism and led the client to explore new choices in the future.

The counselor noted that Lucita was no longer a child and no longer helpless, dependent, or silent (as she was when her mother confronted her about going into the basement). "Since this is the case," the counselor said, "Lucita, you can now choose how you wish to proceed in life and can determine whether to continue using these rules to guide your feelings and behavior." The counselor then asked, "Is this a good rule for the future?" Lucita responded to this challenge of her rule with "Absolutely not," acknowledging she had not been receiving the positive response from other people that she once got from her mother. Instead, she was facing severe consequences.

The counselor asked Lucita if there were other choices that she could make, such as when Lucita sat quietly and ignored the gum on the bottom of her shoe and later found a solution so that it did not ruin her day. (Lucita smiled in recognition). The counselor wondered aloud, "Could it be that you collude with others and metaphorically go down into the basement when you respond based on your internal rule? Have you been allowing yourself to be drawn back into the basement? It seems that in these instances you always end up feeling similar feelings of betrayal, fear, and anger." Thus, the counselor's "spitting in the client's soup" made the symptoms a less tasty option. Lucita was very attentive, and the counselor asked if she wanted to try doing things a new way.

Lucita was deeply affected by the metaphor and conceded that the counselor had described what she had been doing. She was intrigued to see how her early life experiences had continued to affect her attitude and behavior at work and home. Lucita acknowledged she did not want to go into the basement anymore and agreed that she would like to change how she feels and behaves when she perceives that others have not followed "the rules." She agreed that she would work with the counselor to find better, more adaptive responses in the future.

***The reeducation process.*** Over the next few sessions, Lucita and the counselor worked on several different aspects related to her presenting problem. First, they formulated a new rule to use in place of the old one. Lucita found that instead of distancing herself from the person who broke the rule, she first needed to find out why the person had broken it. She and the counselor explored the likelihood that her uncle had not intended for her to

get in trouble for going down into the basement to hide. He had just been unaware of the rule. Lucita conceded that it was possible that her neighbors had not realized that she would be upset because they had not contacted her about the change of plans or told her that a family member would be taking the boys to the game. Similarly, she was not aware of what extenuating circumstances motivated her supervisor to require her to perform additional tasks in the office.

Lucita's new rules were (a) when people in authority break the rules, check out their reasons and (b) communicate your perceptions to them to resolve conflicts. Toward these ends, the counselor and Lucita worked on her communication and assertiveness skills and role-played to help her find ways to express herself more effectively. The ability to communicate her fears helped Lucita become less anxious and the use of relaxation techniques, progressive visualization, and guided imagery reinforced these abilities. The counselor and client incorporated various ways of instituting new behaviors. The counselor encouraged Lucita to act as if she were the person she wanted to become as she talked to her supervisor and neighbors. In addition, Lucita's overall wellness was enhanced through stress management practices. Throughout the process, the counselor celebrated Lucita's successes and encouraged her, and she was Lucita's constant ally in the struggle to change her emotional reactions and behaviors.

### Summary

We have presented the use of both the theory and methods of Developmental Counseling and Therapy assessment within the context of an Adlerian intervention using early recollections. Both approaches encourage the collaboration of counselor and client in the reconstruction of meaning to life experiences such that new choices and outcomes are possible. DCT offers practitioners a new, quick way to assess and match or mismatch a client's preferred way to conceptualize life experiences. By simply listening to the client's explanation of early recollections using the DCT cognitive emotional styles protocol questions, the counselor can involve him or her in uncovering "fictive notions" and provide the means for establishing new rules suitable to meeting life's tasks. In short, used together, DCT and Adlerian methods can facilitate a client's ownership of both his or her life predicaments and his or her solution with courage and greater empowerment.

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