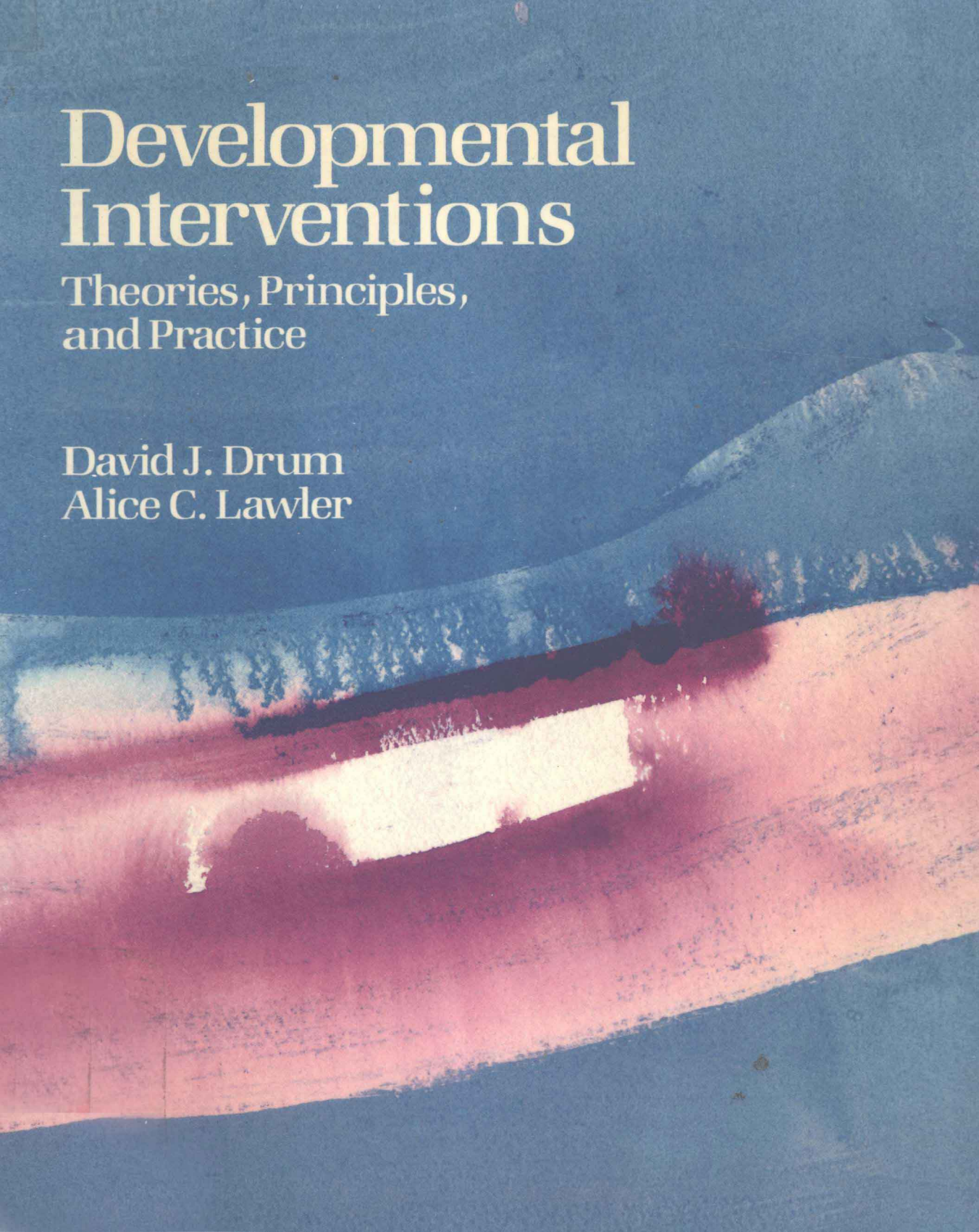


Developmental Interventions

Theories, Principles,
and Practice

David J. Drum
Alice C. Lawler



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*For Kate and Patrick Lawler
and
For Evelyen and Cameron Drum*

Preface

*Ivan Ilych's life had been most simple and most ordinary and
therefore most terrible.—Tolstoy*

This guidebook to developmental interventions is dedicated to the professional mental health workers who understand that most human pain and suffering results not from dramatic crisis and tragedy but from the common and ordinary events of daily life.

Over the years, through professional experience and through life experience, we have become convinced that most adult problems originate not in serious underlying psychopathological processes but in the far simpler and more common short-circuiting of normal developmental processes. It has become clear to us—as well as to a growing number of human service professionals—that traditional intervention strategies are not well suited to helping people cope with these developmental tasks, challenges, and transitions. We have discovered (and admitted) that our theories, our traditional strategies, and our techniques are often of marginal value to clients who need and request—loudly and clearly—help with everyday struggles. Job stress, fear of intimacy, isolating shyness, lack of assertiveness, stultifying procrastination, relationship problems, grief, aging, loneliness, jealousy—all are issues too commonplace to evoke alarm; yet, unresolved, each can eventually bring an individual to trauma and crisis.

The typical professional mental health worker's skills are suited to crises, for they are specific to trauma, to intensive care. With issues short of crisis, the same skills are seldom effective. In our absorption with the complex and traumatic,

we have failed to learn effective first aid. We don't know how to practice it well, and we often do not recognize its value in producing and protecting mental health.

This book presents, for the first time in one volume, the major theories, principles, and techniques necessary to the design of simple, effective personal development interventions—the psychological first aid that prevents major crises. We provide fully developed examples of specific developmental interventions as well as a detailed, step-by-step procedural guide to designing other specialized developmental interventions. Psychologists, social workers, counselors, and other mental health practitioners, whether they already design such interventions or are only learning to design them, will find that this book can replace many scattered references and significantly supplement others. Educators and professionals in training can learn here the basic strategies and elements of design so that their students and their own practices can become more efficacious in dealing with the ordinary, the typical, and the commonplace—the developmental processes that, when they go awry, create such desperation and pain and, finally, such trauma and crisis.

Ideally, a book like this would be unnecessary. All people would have sufficient capability and support to handle the continuously emerging tasks and challenges that must be mastered to stay on track developmentally. Failing that, all professionals would have at their fingertips clear and infallible change strategies for those who needed them.

This book is for the real world, where people struggle to overcome problems of everyday existence and professionals struggle to find effective ways to help them. We realize this guide is not infallible, but we believe it represents an important first step in filling a void in professional training and reference material. Part One provides the foundation for understanding how to plan, design, and use developmental theory to develop highly specific developmental programs. In Part Two, Chapters 5 through 8 contain actual developmental programs specially designed to illustrate the themes, techniques, and principles in action. We use a single theme—how to help people cope effectively with rejection in a romantic relationship—throughout these four chapters to facilitate a comparative analysis of the planning and design features. The final chapter is a brief presentation of some remaining issues.

Developmental interventions are not cure-alls, but they offer tools with which individuals can build truly satisfying lives. If this book encourages more professionals to create such tools and enables more people to use them, our considerable efforts will have been rewarded.

We wish to express our gratitude to those who have helped us along the path to completion of this book. Specifically, we thank Allen Ivey, University of Massachusetts, J. Eugene Knott, University of Rhode Island, Thomas Magoon, University of Maryland, and Mary D. Deck, University of Alabama, who provided insightful reviews of the initial draft. They read the manuscript with care and made valuable suggestions.

Special gratitude goes to Jaculene Masters, to whom we are indebted for her continuous assistance and dedication to our work. These few sentences of appreciation cannot begin to convey our sense of the magnitude of her contribution. By challenging our thoughts, she elevated our thinking and refined our ideas. She enlivened some of our more tedious words and blended our different styles into one. Her challenges were interspersed with support, encouragement, gentle prodding, and an unfailing sense of humor. To her we offer our deepest thanks.

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ONE

DEVELOPMENTAL INTERVENTIONS: THEORIES AND PRINCIPLES

Until recently, those needing professionally structured assistance in building satisfying lives had few places to turn for help. Mental health workers sat behind their discreetly closed doors waiting for people who finally had reached the breaking point to come calling. And when those clients knocked at those doors, they were offered (and by that time often needed) crisis intervention and intensive remedial help.

In the 1970s, a new consciousness began to develop among helping professionals. They named it “outreach consciousness,” and it was sparked by three factors. First, mental health professionals began to realize people wanted and needed more immediate assistance in meeting society’s growing demands that individuals live increasingly intentional, interdependent, and independent lifestyles. They no longer—if they ever had—wanted help only when a problem had reached crisis proportions. Second, there was growing awareness that traditional helping methods were not and might never be funded at levels necessary to treat more than a fraction of the people in serious decline. Accompanying this awareness was the mounting evidence that effective application of the still-new developmental programs might greatly reduce the number of people who would need intensive, long-term, expensive, remedial help. Third, the medical community was concurrently developing creative ways to provide preventive health care. Medical professionals also began to view the individual from the fuller perspective of total health, and they also were not satisfied that total health was served by waiting to intervene until someone was ill enough to seek medical care. New emphasis was given to educating and helping people anticipate and prepare for health-related problems before they became major emergencies.

As these factors exerted more and more influence on the theories and practices of the helping professions, providers of psychological assistance began to understand that their traditional service delivery methods and formats were of little value in enabling their clients to cope—and cope early—with personal developmental problems. A new type of intervention was necessary. This book is about those new ways of intervening: personal development interventions. Part One, Chapters 1 through 4, describes developmental interventions and explains the rationale for providing developmentally focused assistance. We will also see how developmental interventions differ from other types of service, the theories and principles of change they are built upon, how to plan and deliver them, and the elements involved in their design and leadership.

1 Personal Development Interventions: Helping People Build Satisfying Lives

OVERVIEW

Chapter 1 describes the process of personal development and how and why mental health professionals aid that process through three major types of intervention. We explain the rationale for providing developmental assistance and describe three of the four formats for developmental interventions. A seven-point scale measures the degree of need for assistance and indicates the most suitable type of intervention for each level of need. A case history illustrates how an unmet need for assistance can affect personal development and cause, complicate, and exacerbate new and existing problems. We describe the major categories of intervention strategies so that developmental interventions can be compared to each of the other services. The chapter closes with a discussion of optimum times for developmental assistance.

There was a time when people who faced common yet vital life challenges had few choices: they could struggle alone; they could talk with a sympathetic friend; they could seek individual counseling. Today, mental health professionals have begun to recognize the need for specialized, precisely focused interventions that help people construct adequate lives. They no longer limit application of their professional energies and skills to the repair of crumbling lives; they are learning, and teaching those they help that there *are* more choices—for the client and for the intervenor.

An important message of this book is that a more functional life is not very far from the grasp of the average person. The difference between an intentional, aware, and unshackled existence—one ready for new challenges and open to

the future—and a life characterized by avoidance, compensation, or floundering can be as uncomplicated as an unresolved developmental issue, incomplete resolution of an important transition, or failed recovery from an unexpected event. Unfortunately, *uncomplicated* is not the same as *easy*. Not everyone's natural change skills prove sufficient to the range and depth of changes needed to resolve those issues and to make that difference.

This chapter describes what we mean by *personal development* and *personal development interventions*. It also focuses on the reason for providing personal development assistance and how developmental interventions differ from preventive and psychotherapeutic services.

CHANGE: VOLUNTARY AND COMPELLED

People change—at different times, for different reasons, in different ways. We can describe the freedom to make those changes as a continuum from *entirely voluntary* to *entirely compelled*. Changes that are primarily voluntary are those people make without any coercive force and those for which the natural change process is normally adequate. People often make such changes without obvious pressure and usually with very little internal conflict or ambivalence. The person who makes changes at the voluntary end of the continuum frequently chooses, plans, and implements them without professional assistance, although assistance could sometimes facilitate the change process.

Primarily compelled changes, by contrast, encompass those prompted by unavoidable developmental challenges or unexpectedly and traumatically induced by circumstances. Maturation, with its increasing demand for more sophisticated, flexible, and discriminating responsiveness, and unfortunate life events can demand that an individual change to keep pace, to adapt and grow, or to survive. Unfortunately, changes at the compelled end of the spectrum often precede the individual's development of the personal awareness, understanding, and skills necessary to complete change. Compelled changes, then, are characterized as those made in the face of many or all the following factors: less affirmational circumstances; pressure from society or others; notable and persistent internal conflict and anxiety; internal resistance and ambivalence; reactions required or stimulated by jarring circumstances; and lack of readiness to take action.

The action taken for change does not in itself determine whether the change is primarily voluntary or compelled. The *reasons* for initiating the change action are the essential determinants of what type of change is occurring. One person's voluntary change is another's compelled change; for example, moving to a new location can be variously classified as voluntary, compelled, or some combination of the two, depending on the reason for the move. A person may move because of a strong desire to live in this new place, or because of an involuntary transfer by an employer, or because of family pressures associated with the old location, or because of a combination of these and other reasons. It is not the act of moving

to a new town but the reasons for that move that determine where the action falls on the continuum between voluntary and compelled change.

Since well-being, personal satisfaction, and happiness are—to a large extent—in positive correlation with the quantity and quality of changes people make or, conversely, avoid, a great deal is at stake in the change process at both individual and societal levels. Help for people who are attempting to change should be available at all points along the voluntary-compelled continuum. Developmental interventions, while also useful to and welcomed by those completing voluntary and self-initiated changes, are especially helpful resources to those struggling with compelled changes they must make regardless of personal desires and capabilities.

This book focuses on increasing the professional's skills and interest in helping people who cannot quite initiate or successfully complete changes ranging from purely voluntary to those compelled by circumstances. People whose natural skills are inadequate must augment them with more information, a workable change strategy, a supportive milieu, and effective coaching, or they must face a less than optimum existence. Effectual developmental interventions can provide some of this assistance and enable people to initiate or complete desired changes and get on with their lives.

Specifically constructed personal development interventions are designed for normal people struggling with regularly occurring, developmentally fueled tasks and challenges. Personal development interventions support attempts to achieve satisfaction in life. They teach critical skills, spotlight pivotal needs, help navigate transitional periods, and offer new ways to resolve developmental issues.

The arrival on the psychological scene of personal development interventions has required new and creative ideas, theories, methods, and formats of service delivery. In turn, these new ways of intervening have expanded the self-image of the mental health professional from one who helps people *repair* disintegrating lives to one who helps people *build* intentional and satisfying lifestyles.

WHAT IS PERSONAL DEVELOPMENT?

Personal development is a gradual, lifelong process of mental and emotional growth resulting from and necessary to the resolution of certain critical tasks, issues, or conflicts that characterize specific periods of the life span. A subtle process, it occurs slowly as the individual acquires new skills, responds more effectively, reduces inner conflicts, and, through all this, gains an expanded and more confident sense of self. Although achieving a high level of personal growth is a subtle process, it sometimes demands conscious attention, willpower, motivation, and active involvement to overcome problems that threaten to frustrate or block the change process.

Previous change, whether primarily voluntary or compelled by circumstance, serves as the bedrock for future personal development. How one handles new tasks is inextricably linked with and dependent upon the quality of resolution

of prior tasks. Often, these new tasks require greater sophistication and test the adequacy of previous growth. This interdependent nature of personal growth means that, for development to proceed smoothly, one must master tasks and challenges in a reasonably timely and complete manner. Inadequate or delayed resolution of tasks undermines coping capacity and makes future challenge seem all the more difficult.

Failure to keep pace with the accelerating changes demanded by the growth process weakens the foundation for continued development. The earlier a developmental failure, the more disruptive it is likely to be. Early developmental successes make new challenges seem like natural and achievable extensions, whereas early failures cause people to compensate, cover up, or make other inappropriate adjustments. A child who fails to learn how to communicate feelings effectively, for example, will grow into an emotionally constrained adult who will, until that task is resolved, struggle with affiliation and intimacy needs throughout life.

WHY PROVIDE DEVELOPMENTAL ASSISTANCE?

We have recognized for centuries that intellectual development advances faster with guidance, support, and structure. Societies have established compulsory school attendance laws, thus mandating interventions to ensure intellectual growth beyond the levels it would reach if left to purely natural forces. Formalized, structured assistance with personal developmental issues, dilemmas, and needs has lagged far behind, despite evidence in our personal lives and the lives of those around us that timely, well-focused, supportive aid would prevent much human misery. We should provide developmental assistance to help achieve four critical goals:

- To enhance the quality of life
- To prevent derailment of the developmental process
- To increase the probability of successfully resolving developmental tasks and challenges
- To decrease the effects of underlying psychopathology

Enhancing the Quality of Life

There is an interdependent relationship between quality of life and success in handling developmental challenges. When reflecting on personal satisfaction, people invariably single out the successful handling of a personal challenge. They often describe a time when they reached a milestone, such as when assertion became consistently possible, or a rewarding career was launched, or when they gained control over a feeling that had been raging inside for years. When people describe *dissatisfaction* with their lives—times when feelings kept getting out of hand and were expressed destructively, or when insensitivity to a partner's needs

destroyed intimacy, or when assertion was called for but not expressed—they are invariably relating failures in the personal development process.

More than in most areas of life, success in personal development begets success, and failure breeds failure. Early success in handling developmentally fueled challenges to one's personal status quo fosters feelings of confidence and self-fulfillment; early failures can severely diminish self-esteem and shatter self-confidence.

As people grow older, society expects them to weather more and more of life's challenges. No one succeeds all the time, but most of us succeed often enough to develop a coherent and strong sense of self—a prerequisite for interacting effectively with others and for handling major changes, traumas, and transitions throughout life. Those who fail in these tasks often and early become progressively less able to succeed unaided, and it is they who need the help of the professional to navigate the personal growth process. Every small success they are helped to accomplish not only enhances the quality of their lives, but also makes future success more likely.

Preventing Derailment of the Developmental Process

As the demands for greater self-management and more effective interpersonal skills increase from childhood through adulthood, the developmental flow is more and more at risk of derailment. For example, a child has great latitude to express feelings over a frustrating and disappointing event, but an adolescent is expected to express emotions in a more appropriate and controlled fashion, and the adult is expected not only to manage emotions but also to express them skillfully, flexibly, and discriminately.

Those who fail to master high-impact developmental challenges, such as effective management and expression of emotions, often pay the price throughout life. They are no longer on track or in synchronization with their age-related cohorts. Finding themselves unable to act in intentional, self-directed ways, they become burdened with insecurity, doubt, and avoidance in certain critical parts of their lives. Most personal development tasks are expected to be mastered without direct instruction or supplied strategies; yet high divorce rates, stress-related disorders, poorly managed emotions, and substance abuse are all indicators that help was needed at an important crossroad, but was not available in a form that made a difference.

At any developmental period, some people lag behind either their own anticipated developmental timetable or the developmental pace set by their age-related cohorts. Such people may eventually be completely overwhelmed—derailed—without explicit, formalized assistance. When indirect instruction fails to promote growth, then more deliberate efforts may be a person's only hope for getting back on track to a life free from the compensatory behavior and avoidance that arises from past failures.