

Geico Insurance Company's Caveman

Introducing the Character

The "Caveman" is the trademarked character in an ongoing Geico Insurance advertising campaign created in 2004 by Joe Lawson of the Martin Agency. In its national effort to convince would-be customers that purchasing insurance through its online portal was incredibly simple, Geico introduced the slogan, "So easy a caveman can do it." The figurehead of this campaign was, naturally, a Neanderthal-like character who simply wanted to pursue life, liberty, and happiness in the same way that others around him did. The increasingly complex commercials evolved to include a group of cavemen in "normal, everyday activities," including bowling, walking through an airport, and hanging out at a bar. In each of these television commercials, the cavemen, who thought that they were living an otherwise normal and uneventful life, continually confront advertisements for Geico Insurance with the slogan reminding them that they are less than human. Although the ads were widely popular, the producers' attempts to spin these commercials into a television series were met with less than far-reaching enthusiasm. Clever and satirical, these television commercials highlight the issue of racial politics. The following basic case summary and diagnostic impressions describe Caveman's adjustment and acculturation concerns, characterized by emotional and behavioral symptoms that cause him distress.

Basic Case Summary

Identifying Information. Neander Thal is a 31-year old man of Cavemanian origins. Mr. Thal has been residing in an apartment in Cincinnati, Ohio, for the past 6 months. He was relocated from his home in the country of Cavemanland by his company in order to serve as senior manager of the company's U.S. branch headquarters located in Cincinnati. He resides with two Cavemanian coworkers who relocated with him. Mr. Thal was motivated and engaged in the interview. He appeared appropriate for a professional interview and, notably, was dressed in hair style and dress of his native Cavemanland.

Presenting Concern. Mr. Thal was self-referred to the Lawson Martin Clinical Practice. In his written intake materials, he endorsed symptoms, including sleep disturbance, worry, anxiety, social isolation, and pessimism. His written narrative description of his concern highlighted a theme of “feeling like I don’t fit in” and “starting to doubt myself.” He identified his problems as beginning about 3 weeks after arrival at his U.S. work assignment. In the interview, Mr. Thal reported that “I never thought I’d need counseling” and “I hope you don’t think I’m wasting your time” but said “I’m getting really worried about myself.”

Background, Family Information, and Relevant History. Mr. Thal was born in the Neander Valley of Cavemanland and was the middle of three boys. Both parents worked in the computer industry. Mr. Thal reported that his childhood and teen years were relatively uneventful. He remembers generally enjoying his parent and family relationships; however, he recalls substantial competition among the brothers, notably on the soccer field, in the bowling league, and in academics at school. He recalls they also competed for friendships and membership in the most prestigious social cliques and for dating opportunities with girls and later young women.

According to the client’s report, all three brothers attended schools at about the same time, and for much of their college years, they all attended the Caveman Institute of Technology. Mr. Thal majored in international business. He recalls his first geographic move was right after university graduation, when he began his first job with his current company in a new city outside of the Neander Valley, about 6 hours from “home.” He remembers feeling “a little down” and “lonely” for a few weeks, but he said that he was able to begin making new social acquaintances and friends among his new coworkers by visiting open-mic nights at a coffee shop and by joining a bowling league.

He reports that after about 5 years and two promotions, he became regional supervisor for Neander Valley operations. At this time, he relocated to his home city; reestablished long-standing friendships; and began a committed intimate relationship with a “high school sweetheart” with whom he shared an executive apartment. He reports that at times he did feel self-doubts about his ability to succeed at work and “worried that one day they’d find out I wasn’t really that good.” He also reported being “plagued” by fears that one day some

“better looking guy with a better car” would “steal my girlfriend.” In fact, he reported that his moments of apparently unfounded jealousy increased over time and did lead to the relationship’s ending when his then-girlfriend “just got too tired of all my worries about losing her, I guess.” His corporate success continued up until his very recent relocation to Cincinnati.

Problem and Counseling History. Mr. Thal has been seen for the one evaluation meeting, which was covered by his health maintenance organization (HMO). He reports that at present he spends “almost all of my waking moments” worrying about “what the people around me think of me.” He ruminates about his perception that “no matter where I go in town, people snicker and laugh and point at me.” Although he is able to fall asleep at night, he is having difficulty staying asleep and “wakes up about every hour.” He reports being fatigued and in the interview looked tired. He describes that he has “started to feel nervous all of the time” and as a result of his worries about being ridiculed, he sometimes goes without lunch during the day to avoid going into the streets and to a sandwich shop and has avoided joining a bowling league here. He grew irritable when describing feeling “like I’ll never fit in. People here won’t even give me a chance just because I look different. Darn it, they don’t even know me!” He also said he “could cut my hair like them, or shave my beard like them, or dress like them, but is that what I have to do to get along?” He appears aware of steps to take to make the social transition in a new city and location but feels unable to take these steps.

Goals for Counseling and Course of Therapy to Date. Recommendation is for time-limited psychotherapy to address the problematic thoughts and perceptions interfering with the client’s successful life-situation adjustment.

Diagnostic Impressions

309.24 (F43.22) Adjustment Disorder, With Anxiety.

Other factors: V62.4 (Z60.3) Acculturation Difficulty Geographic relocation, problems with acculturation.

Discussion of Diagnostic Impressions

Neander Thal came into the Lawson Martin Clinical Practice presenting difficulties associated with his geographic relocation to Cincinnati from his home country. He indicated that he was feeling symptoms of anxiety and worry, was having trouble sleeping through the night, felt socially isolated, and was pessimistic. He reported very good adjustment prior to his relocation and, in fact, recalled an earlier occasion during which he made a geographic change inside his home country without undue symptoms of distress.

The *DSM-5* Adjustment Disorders all are clinically significant psychological responses to an identifiable life stressor. To meet the criteria for an Adjustment Disorder, the psychological responses must cause marked distress or clinically significant impairment in functioning, must go beyond normally expected and culturally appropriate reactions, and must not be due to another *DSM-5* disorder or another medical problem. Adjustment Disorders can occur with depressed mood, anxiety, or disturbance in conduct or behavior, or have a combination of these.

Mr. Thal presented symptoms focused primarily around the experience of mild anxiety. He reported ruminating about others' judgments about him, constant worry, and nervousness. He was avoiding normal social situations such as restaurants and failed to take steps to address his social isolation such as joining a bowling league. He exhibited physical symptoms of anxiety such as sleep disruption and fatigue. His concerns emerged within 3 months of the onset of his relocation. In the absence of any evidence of substance abuse, and without any evidence that his symptoms meet the criteria for another diagnosable depressive or anxiety disorder, the diagnosis is Adjustment Disorder. Because he reported primarily anxiety symptoms, the disorder is specified With Anxiety.

Specific differential considerations when determining an Adjustment Disorder include other relevant mental health diagnoses. However, Mr. Thal's experiences did not meet the criteria for any diagnosable Anxiety Disorder. Adjustment Disorder requires that the client's concerns develop within 3 months of the life event's onset; Mr. Thal presented increasing symptoms shortly after the stresses of his relocation and social and cultural transition. Another consideration is whether the client's reactions are normally expected, culturally appropriate

reactions that do not produce excessive distress or cause excessive impairment. However, Neander Thal's concerns were reported to cause clinically significant distress and some impairment in social functioning and in the workplace.

Further, along with all the various diagnosable disorders, a complete diagnosis also lists Other Conditions That May Be a Focus of Clinical Attention. The client concerns contained in this section (appearing at the end of the *DSM-5*, following all of the diagnosable disorders) are not diagnosable mental disorders according to the *DSM* classification system; instead, they sometimes are client problems that are a focus of counseling but not a part of the individual's diagnosable mental disorder. Mr. Thal's challenges with acculturation are in this category. Acculturation encompasses concerns about attitudinal and behavioral differences or internal changes encountered when moving between two cultures (Arthur, 2004; Pederson, 1991); when these concerns result in physiological, psychological, or social stresses, they may be a clinically important focus of counseling (Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2004).

To complete the diagnosis, Mr. Thal's important social stressors are emphasized in the "Other factors" section. The information presented here is consistent with the primary mental health diagnoses reflecting Neander Thal's adjustment situation.

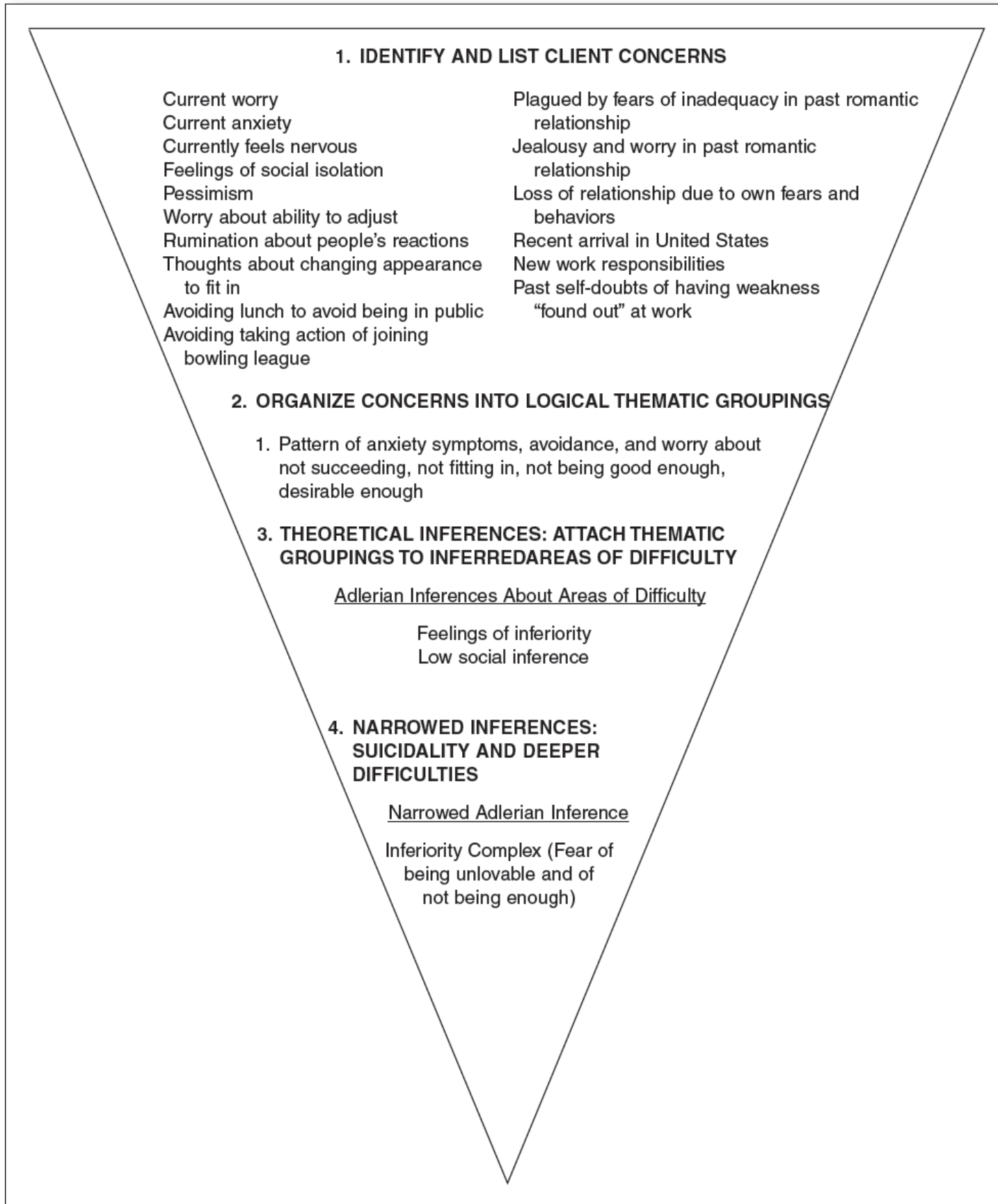
Case Conceptualization

During Mr. Thal's intake session at the Lawson Martin Clinical Practice, his counselor collected as much information as possible about his current adjustment difficulties and relevant history. The counselor first used this information to develop diagnostic impressions. Mr. Thal's concerns were described by Adjustment Disorder With Anxiety. Next, the counselor developed a case conceptualization. Whereas the purpose of diagnostic impressions is to *describe* the client's concerns, the goal of case conceptualization is to better *understand* and clinically *explain* the person's experiences (Neukrug & Schwitzer, 2006). It helps the counselor understand the circumstances leading to the Adjustment Disorder and the factors maintaining it. In turn, case conceptualization sets the stage for treatment planning. Treatment planning then provides a road map that plots out how the counselor and client expect to move from presenting concerns to positive outcomes (Seligman,

1993, p. 157)—helping Mr. Thal reduce his anxiety and positively change his reactions and behaviors during his current adjustment to Cincinnati.

When forming a case conceptualization, the clinician applies a purist counseling theory, an integration of two or more theories, an eclectic mix of theories, or a solution-focused combination of tactics to his or her understanding of the client. In this case, Mr. Thal's counselor based his conceptualization on a purist theory, Adlerian Therapy (or Individual Psychology). The counselor selected this approach because it is the counseling method of choice at the Lawson Martin Clinical Practice whenever it appears the client might benefit from a model that has strengths from a multicultural perspective; Adlerian Therapy emphasizes the importance of cultural context and, specifically, individual behavior and adjustment in the context of societal constraints and influences (Carlson & Englar-Carlson, 2008; Nystul, 1999). The clinical practice also prefers Adlerian Therapy when an approach is needed that emphasizes health, rather than pathology, and a holistic perspective on life (Nystul, 1999). This approach also is amenable to time-limited counseling, such as for an adjustment disorder (Carlson, Watts, & Maniaci, 2006). The Lawson Martin staff believes the Adlerian approach reflects best practice with clients such as Neander Thal.

The counselor used the Inverted Pyramid Method of case conceptualization because this method is especially designed to help clinicians more easily form their conceptual pictures of their clients' needs (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997). The method has four steps: Problem Identification, Thematic Groupings, Theoretical Inferences, and Narrowed Inferences. The counselor's clinical thinking can be seen in the figure that follows.



Step 1: Problem Identification. The first step is Problem Identification. Aspects of the presenting problem (thoughts, feelings, behaviors, physiological features), additional areas of concern besides the presenting concern, family and developmental history, in-session observations, clinical inquiries (medical problems, medications, past counseling, substance use, suicidality), and psychological assessments (problem checklists, personality inventories, mental status exam, specific clinical measures) all may contribute information at Step 1. The counselor “casts a wide net” in order to build Step 1 as exhaustively as possible (Neukrug & Schwitzer, 2006, p. 202). As can be seen in Figure 11.5, the counselor identified all of Mr. Thal’s current presenting problems (worry, avoidance, and anxiety symptoms), plus his past difficulties with workplace self-doubt, and romantic relationship self-doubt and its consequences.

Step 2: Thematic Groupings. The second step is Thematic Groupings. The clinician organizes all of the exhaustive client information found in Step 1 into just a few intuitive-logical clinical groups, categories, or themes, on the basis of sensible common denominators (Neukrug & Schwitzer, 2006). Four different ways of forming the Step 2 theme groups can be used: Descriptive-Diagnosis Approach, Clinical Targets Approach, Areas of Dysfunction Approach, and Intrapsychic Approach. As can be seen in Figure 11.5, Mr. Thal’s counselor selected the Intrapsychic Approach. This approach sorts together all of the Step 1 information about the “client’s adjustment, development, distress, or dysfunction” in order “to show clinical patterns in the ways life events are associated with the person’s personal experience and identity” (Neukrug & Schwitzer, 2006, p. 205).

Interestingly, the counselor grouped together all of the factors in Step 1 into just one theme, capturing the intrapsychic pattern he believes Mr. Thal has been dealing with since early in his work life, in his intimate relationships, as well as during his current acculturation. Specifically, he grouped all of the Step 1 data into this theme: “patterns of anxiety symptoms, avoidance, and worry about not succeeding, not fitting in, not being good enough, and not being desirable enough.”

So far, at Steps 1 and 2, the counselor has used his intake evaluation skills and clinical judgment to begin meaningfully understanding Mr. Thal’s situation. Now, at Steps 3 and 4, he applies the theoretical

approach he has selected. He begins making theoretical inferences to interpret and explain the processes underlying Caveman's problematic dynamics as they are seen in Steps 1 and 2.

Step 3: Theoretical Inferences. At Step 3, constructs from the selected theory, Adlerian Therapy (or Individual Psychology), are applied to explain the roots of Mr. Thal's past and present adjustment difficulties. The counselor tentatively matches the theme group in Step 2 with this theoretical approach. In other words, the symptom constellation formed in Step 2, which distilled together all of the symptoms in Step 1, now are combined using theory to show what are believed to be the underlying causes or psychological etiology of Neander Thal's clinical needs (Neukrug & Schwitzer, 2006; Schwitzer, 2006, 2007).

According to Adlerian Therapy, psychological health is characterized by a drive or striving for goal accomplishment, self-perfection, connection, and cooperation with other people, and meaningfulness in our lives; this allows us to overcome normally expected feelings of doubt or inferiority (Sweeney, 1998). By comparison, psychological difficulties can arise from *feelings of inferiority* that are beyond those normally expected. Specifically, the theory suggests that when an individual develops problematic feelings of inferiority (in Adlerian language, Secondary Feelings of Inferiority), he or she may turn to maladaptive thoughts (in Adlerian language, private logic), interpersonal behaviors (in Adlerian language, problems with social interest and social concern), or other defenses, such as compensations, or striving for superiority. According to Adlerian Therapy, family psychological dynamics, sibling birth order, and social context all influence the development of feelings of inferiority. Mr. Thal's family of brothers would be one focus of the counselor's attention (Carlson et al., 2006; Watts, 2003).

As can be seen in the figure, when Mr. Thal's counselor applied these Adlerian constructs, he explained at Step 3 that the anxiety and related problems and consequences at Step 1, which formed a pattern of worry about not succeeding and not fitting in and not being desirable enough (Step 2), are understood to be Adlerian problems of (a) feelings of inferiority and (b) low social inference. The feelings of inferiority contribute to avoiding social interactions and not fully meeting social interests or characteristics of low social inference (Adler, 1964; Watts, 2007).

Step 4: Narrowed Inferences. At Step 4, the clinician’s selected theory continues to be used to address still-deeper issues when they exist (Schwitzer, 2006, 2007). At this step, “still-deeper, more encompassing, or more central, causal themes” are formed (Neukrug & Schwitzer, 2006, p. 207). Continuing to apply Adlerian concepts at Step 4, Mr. Thal’s counselor presented a single, deepest, most-fundamental inference that he believed to be most explanatory of Mr. Thal’s difficulties: Inferiority Complex, captured by a fear of being unlovable and of not being good enough (Carlson et al., 2006; Watts, 2003). When all four steps are completed, the client information in Step 1 leads to logical-intuitive groupings on the basis of common denominators in Step 2, the groupings then are explained using theory at Step 3, and then, finally, at Step 4, further deeper explanations are made. From start to finish, the thoughts, feelings, behaviors, and physiological features in the topmost portions are connected on down the pyramid into deepest dynamics.

The completed pyramid now is used to plan treatment, in which the counselor and Neander Thal will address his inferiority complex.

Treatment Planning

At this point, Mr. Thal’s clinician at the Lawson Martin Clinical Practice has collected all available information about the problems that have been of concern to him. Based upon this information, the counselor developed a *DSM-5* diagnosis and then, using the “inverted pyramid” (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997), formulated a working clinical *explanation* of Neander Thal’s difficulties and their etiology that we called the *case conceptualization*. This, in turn, guides us to the next critical step in our clinical work, called the *treatment plan*, the primary purpose of which is to map out a logical and goal-oriented strategy for making positive changes in the client’s life. In essence, the treatment plan is a road map “for reducing or eliminating disruptive symptoms that are impeding the client’s ability to reach positive mental health outcomes” (Neukrug & Schwitzer, 2006, p. 225). As such, it is the cornerstone of our work with not only Mr. Thal, but with all clients who present with disturbing or disruptive symptoms and/or personality patterns (Jongsma et al., 2003a, 2003b; Jongsma & Peterson, 2006; Seligman, 1993, 1998, 2004).

A comprehensive treatment plan must integrate all of the information from the biopsychosocial interview, diagnosis, and case conceptualization into a coherent plan of action. This plan comprises four main components, which include (1) a behavioral definition of the problem(s), (2) the selection of achievable goals, (3) the determination of treatment modes, and (4) the documentation of how change will be measured. The *behavioral definition of the problem(s)* consolidates the results of the case conceptualization into a concise hierarchical list of problems and concerns that will be the focus of treatment. The *selection of achievable goals* refers to assessing and prioritizing the client's concerns into a *hierarchy of urgency* that also takes into account the client's motivation for change, level of dysfunction, and real-world influences on his or her problems. The *determination of treatment modes* refers to selection of the specific interventions, which are matched to the uniqueness of the client and to his or her goals and clearly tied to a particular theoretical orientation (Neukrug & Schwitzer, 2006). Finally, the clinician must establish how change will be measured, based upon a number of factors, including client records and self-report of change, in-session observations by the clinician, clinician ratings, results of standardized evaluations such as the Beck Depression Inventory-II (Beck, 1996) or a family functioning questionnaire, pre-post treatment comparisons, and reports by other treating professionals.

The four-step method discussed above can be seen in the text and is outlined below for the case of Neander Thal, followed by his specific treatment plan.

Step 1: Behavioral Definition of Problems. The first step in treatment planning is to carefully review the case conceptualization, paying particular attention to the results of Step 2 (Thematic Groupings), Step 3 (Theoretical Inferences), and Step 4 (Narrowed Inferences). The identified clinical themes reflect the core areas of concern and distress for the client, while the theoretical and narrowed inferences offer clinical speculation as to their origins. In the case of Mr. Thal, there is one primary area of concern, "a pattern of anxiety symptoms and behavior." This area of concern refers to his sleep disturbance, nervousness, feelings of social isolation, concerns over ability to adjust, ruminations about peoples' reactions, thoughts about changing appearance to fit in, avoidance of social activities including lunch and bowling, feelings of inadequacy, jealousy in romantic relationships, and loss of relationships due to fears and self-doubts. These symptoms and stresses are consistent

with the diagnosis of Adjustment Disorder, With Anxiety and Acculturation Difficulty (APA, 2013; Berry, 2003; Casey, Dorwick, & Wilkinson, 2001; Flores, Ojeda, Yu-Ping, Gee, & Lee, 2006; Strain et al., 1998).

Step 2: Identify and Articulate Goals for Change. The second step is the selection of achievable goals, which is based upon a number of factors, including the most pressing or urgent behavioral, emotional, and interpersonal concerns and symptoms as identified by the client and clinician, the willingness and ability of the client to work on those particular goals, and the realistic (real-world) achievability of those goals (Neukrug & Schwitzer, 2006). At this stage of treatment planning, it is important to recognize that not all of the client's problems can be addressed at once, so we focus initially on those that cause the greatest distress and impairment. New goals can be created as old ones are achieved. In the case of Neander Thal, the goals center on one prominent cluster: "a pattern of anxiety symptoms." The specific goals for Mr. Thal include developing insight into the historical source of his inferiority feelings, increasing and expanding his social interest, exploring his "style of life" for adaptive and maladaptive elements, decreasing fears and feelings of rejection and self-doubt, developing acceptance of himself and his appearance, and understanding and re-organizing his private logic for the purpose of self.

Step 3: Describe Therapeutic Interventions. This is perhaps the most critical step in the treatment planning process because the clinician must now integrate information from a number of sources, including the case conceptualization, the delineation of the client's problems and goals, and the treatment literature, paying particular attention to *empirically supported treatment* (EST) and *evidence-based practice* (EBP). In essence, the clinician must align his or her treatment approach with scientific evidence from the fields of counseling and psychotherapy. Wampold (2001) identifies two types of evidence-based counseling research: studies that demonstrate "absolute efficacy," that is, the fact that counseling and psychotherapy work, and those that demonstrate "relative efficacy," that is, the fact that certain theoretical/technical approaches work best for certain clients with particular problems (Psychoanalysis, Gestalt Therapy, Cognitive Behavior Therapy, Brief Solution-Focused Therapy, Cognitive Therapy, Dialectical Behavior Therapy, Person-Centered Therapy,

Expressive/Creative Therapies, Interpersonal Therapy, and Feminist Therapy); and when delivered through specific treatment modalities (individual, group, and family counseling).

In the case of Caveman, we have decided to use Adlerian Therapy (Adler, 1964; Dinkmeyer & Sperry, 2000) due to its humanistic and interpersonal emphasis on each person's capacity for power, connection, and self-fulfillment. Given Mr. Thal's complex family history and the detrimental effect it has had on the development of his self-image and interpersonal relationship schema, the supportive yet directive nature of Adlerian Therapy will provide the counselor with a useful therapeutic orientation to his problems and effective strategies for change. Adlerian Therapy has proven useful for clients with similar concerns as Caveman (Carlson et al., 2006; Oberst & Stewart, 2003). Specific techniques for Mr. Thal will include examination of his early recollections and family constellation to understand their formative roles, dream analysis to explore and modify his private logic and social schema, role-playing to explore new patterns of behavior, thoughts, and feelings, the Adlerian technique of "spitting in his soup" to demonstrate faulty private logic, and creating tasks centered on social interactions.

Step 4: Provide Outcome Measures of Change. This last step in treatment planning requires that we specify how change will be measured and indicate the extent to which progress has been made toward realizing these goals (Neukrug & Schwitzer, 2006). The counselor has considerable flexibility in this phase and may choose from a number of objective domains (psychological tests and measures of self-esteem, depression, psychosis, interpersonal relationship, anxiety, etc.), quasi-objective measures (pre-post clinician, client, and psychiatric ratings), and subjective ratings (client self-report, clinician's in-session observations). In Mr. Thal's case, we have implemented a number of these, including pre-post comparisons of effective and fulfilling social attitudes and interactions, client self-reported awareness of improved self-regard and style of life, counselor observation of self-affirming private logic, and pre-post improvement on the Beck Anxiety Inventory.

The completed treatment plan is now developed through which the counselor and Mr. Thal will begin their shared work of improving his relationships with others, his self-regard, and overall style of life. The treatment plan is described below and summarized in the table that follows.

TREATMENT PLAN

Client: Neander Thal

Service Provider: Lawson Martin Clinical Practice

BEHAVIORAL DEFINITION OF PROBLEMS:

1. Pattern of Anxiety Symptoms—Sleep disturbance, nervousness, feelings of social isolation, concerns over ability to adjust, ruminations about peoples’ reactions, thoughts about changing appearance to fit in, avoiding social activities, including lunch and bowling, feelings of inadequacy, jealousy in romantic relationships, loss of relationships due to fears, self-doubts
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GOALS FOR CHANGE:

1. Pattern of anxiety symptoms
 - Increase insight into the historical source of inferiority feelings
 - Increase and expand social interest
 - Explore “style of life” for adaptive and maladaptive elements
 - Decrease fears and feelings of rejection and self-doubt
 - Develop acceptance of himself and his appearance
 - Understand and reorganize private logic for the purpose of self-enhancement
 - Explore and enhance personal courage to enhance the overall quality of life
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THERAPEUTIC INTERVENTIONS:

A short- to moderate-term course of individual Adlerian counseling (3–6 months)

1. Pattern of anxiety symptoms
 - Encourage and support client to explore his style of life, feelings of inferiority, private logic, compensatory behavior, and goals for change
 - Examine early recollections and family constellation to understand their formative role
 - Dream analysis to explore and modify private logic and social

schema

- Role-playing to explore new patterns of behavior, thoughts, and feelings
- “Spit in the client’s soup” to demonstrate faulty private logic
- Set and accomplish tasks centered on social interactions

OUTCOME MEASURES OF CHANGE:

The development of positive feelings of worth, social interest and involvement, adaptive private logic, and a happiness and self-contented style of life will be measured by:

- Pre-post comparisons of effective and fulfilling social attitudes and interactions
 - Client self-reported awareness of improved self-regard and style of life
 - Counselor observation of self-affirming private logic
 - Pre-post improvement on Beck Anxiety Inventory
 - Pre-post measures on the Social Interest Inventory II
 - Increased number of friends, friendly interactions, and accepted social invitations
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Geico Caveman’s Treatment Plan Summary: Adlerian Therapy

<i>Goals for Change</i>	<i>Therapeutic Interventions</i>	<i>Outcome Measures of Change</i>
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<p><u>Pattern of anxiety symptoms</u></p> <p>Increase insight into the historical source of inferiority feelings</p> <p>Increase and expand social interest</p> <p>Explore “style of life” for adaptive and maladaptive elements</p> <p>Decrease fears and feelings of rejection and self-doubt</p> <p>Develop acceptance of himself and his appearance</p> <p>Understand and reorganize private logic for the purpose of self enhancement</p> <p>Explore and enhance personal courage to enhance the overall quality of life</p>	<p><u>Pattern of anxiety symptoms</u></p> <p>Encourage and support client to explore his style of life, feelings of inferiority, private logic, compensatory behavior, and goals for change</p> <p>Examine early recollections and family constellation to understand their formative role</p> <p>Dream analysis to explore and modify private logic and social schema</p> <p>Role-playing to explore new patterns of behavior, thoughts, and feelings</p> <p>“Spit in the client’s soup” to demonstrate faulty private logic</p> <p>Set and accomplish tasks centered on social interactions</p>	<p><u>The development of positive feelings of worth, social interest and involvement, adaptive private logic, and a happiness and self-contented style of life will be measured by:</u></p> <p>Pre-post comparisons of effective and fulfilling social attitudes and interactions</p> <p>Client self-reported awareness of improved self-regard and style of life</p> <p>Counselor observation of self-affirming private logic</p> <p>Pre-post improvement on Beck Anxiety Inventory</p> <p>Pre-post measures on the Social Interest Inventory II</p> <p>Increased number of friends, friendly interactions, and accepted social invitations</p>
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