

Turning Point

Winter 2008

The Newsletter of the Stamford Counseling Center

Our Newsletter Has a Mission

by Executive Director Bill Matthews, JD, DMin

I'm reminded of the old story you may have heard, about the guy caught in the flood. He's in his home and the storm is coming. Local authorities warn that the area has to be evacuated. It will soon be inundated. A bus comes and the man is told to get in. He refuses, saying "I am a religious man, I pray, I have faith, God will save me, go away."

The water comes, and a boat arrives to rescue him. He says "Oh no, I'm a religious man; God will save me, go away." He refuses to get in.

Later the water is up to his roof; he is on the roof; a helicopter comes and they drop a sling and bellow at him "Get in the sling, this is your last chance!"

"No, no; go away, I'm a man of great faith, God will save me."

So he arrives at the Pearly Gates. Surprised, he says to God, "I was always a religious man; I prayed and went to church every Sunday; I always did as you asked of me. What happened, why am I here?" God replies: "Well, I sent you a bus, a boat and a helicopter; what more do you want from me?"

The message, of course, is that God works through people, not by magic. Don't expect angels to swoop down out of the sky! God's love doesn't just happen; it gets delivered through the actions of people.

Many people from this region went on mission trips to the New Orleans area. I know some who went to the Back Bay Mission in Biloxi, Mississippi, becoming God's hands touching those who need Him, rebuilding a camp lost in the hurricane, providing an environment for ongoing ministry. God does not work through magic, but through us. This I believe.

I tell this story because this belief, that we are God's workers, drives what we do in the ongoing ministry of the Stamford Counseling Center. This newsletter is not meant to be a commercial or a dry description of our programs. It is meant instead to be a small part of the story of God's work in the world. It is about His participation in the making of history, about what He presents to us that we're supposed to learn from, and about his healing power in the world.

God is still speaking, revealing himself to us, drawing us to Him, pointing to what needs to be done, supporting us in our ministries to His people. So this is a true story about God's hands at work in our world, the ongoing story of The Stamford Counseling Center.

On the inside:

Executive Director's Column	2
Probation Story	3
Story of Pastoral Counseling	4
Donor List	6

Executive Director's Column

Redefining Hope

When you are at or near the end stage of terminal cancer and you know it, what is your *hope*? When you have lost your leg to a land mine in Iraq, what does *hope* look like to you? When you have been told, after extensive testing that rules out all other possibilities, that you have Alzheimer's Disease, where is *hope*?

As I have worked with my wife, Maureen Matthews, on her project, "To Whom I May Concern," portraying the experience of early stage Alzheimer's Disease from the point of view of diagnosed persons, and having heard and watched their descriptions of the experience, it has occurred to me that they have had to redefine hope.

They know that we're a long way from discovering a medication that would reverse the progression. So hope does not lie in imagining a rescue. Although some report thinking about suicide, most know that they will not do that, but instead will gradually fade before death comes. They are deeply burdened by the burden they know they will become to their loved ones.

So what do they say about *hope*? In various ways they talk about their relationships with their caregivers (usually their spouse or other family member), and they talk about being able to share their experience with others in the same boat — in a support group for early stage memory loss people. They say nothing is more important than being accompanied on their journey.

Hope lies in not being alone on our journey.

I think we can enlarge upon this and venture the generalization that this is true for all those who come to us for help. Whatever their struggle or conflict — be it cancer, dismemberment, divorce ("dis-member-ment"), loss of employment or life savings, or other painful transition — nothing is more important than being accompanied on their journey.

And the accompaniment must be understanding, empathetic, patient and supportive. These are the qualities the Alzheimer's patients described as they expressed gratitude for and to their caregivers, and these happen also to be qualities required of a good therapist.

Wisdom tells us that psychotherapy alone is not enough. No matter how skilled the therapist is, the person undergoing profound loss and wrenching transition, Alzheimer's Disease or otherwise, also needs the accompaniment of others in the same predicament.

And that is what support groups are for. They're made up of people struggling with the same or similar situation as ourselves. Here at the Center we have two support groups currently open, an *Early Stage Memory Loss Group* and a *Financial Loss Group*. Please call us for more information.

Bill

OUR MISSION

The Mission of the Stamford Counseling Center is to help people overcome emotional difficulties, family crises and relationship conflicts through counseling and psychotherapy that address both the emotional and spiritual dimensions of a person's well-being.

CORE VALUES

We are committed to:

- Reaching out to people of all socio-economic and cultural backgrounds
- Maintaining the highest standards of clinical competence and ethical conduct
- Respecting the values and spiritual practices of our clients
- Promoting a collegial, open and diverse workplace for staff.
- Making a contribution to the community and to the constituents that we serve

CORE STRENGTHS

The following core strengths characterize the Stamford Counseling Center:

- A nearly four-decade history of serving the community (since 1970)
- A pastoral approach to counseling and therapy
- A broad range of services, including organizational consultation, family and divorce mediation and educational services, in addition to psychotherapy
- High quality service that is affordable to all
- A diverse staff representing different cultures, clinical backgrounds and treatment models, all operating under a common, shared vision

Our Programs:

Adult Probation Outreach: A Story

by Gary Stanek, Clinical Director

A large, towering bulk of a man cleans his pockets of change and keys and passes through the entry sensor at Stamford Superior Court on his way to the offices of Adult Probation. He frowns as he's given back his possessions by the armed policewoman stationed at the entry. When he arrives at probation he signs in at the heavily glassed reception window and takes an empty seat in one of a dozen different, small, uncomfortable chairs. His weekly check-in with his probation officer has begun.

For this particular probationer, his weekly therapy begins now too. Jamar is 23 years old and was arrested for assaulting a police officer during a routine police shakedown. He spent ten months in prison and has now begun serving a three-year probation. Recently, he threatened his mother that he would kill himself, but the residential center that evaluated him said he didn't fit their profile and couldn't help. Court documents label him as "a menace to society." He looks at me expectantly now, across a broken metal desk in a room with bare walls.

The Stamford Counseling Center, which sponsors these family therapy sessions at Stamford Probation as one of its outreach programs, has an agreement to supply family focused therapy to a variety of individuals referred by probation officers. In 1995, a long-term study based on Connecticut Department of Correction data, examined the needs of 133 inmates who had been in prison at some point, like Jamar, and then at a correctional site in New Haven called CrossRoads. The data showed that among the 61 inmates who participated in the family therapy sessions, 21 (34.4%) had remained arrest-free three to five years later. These 61 therapy participants were compared to a control group of 72 non-participants in which only 7 (9.8%) remained arrest-free after three to five years (Salerno, 1995).

This study was one of the first to highlight the benefits of family focused therapy that helps offenders replace abuse with caring discussion and dependency with responsibility. The program works because it organizes support for the offenders not only from the prison system but more especially from their family, friends and the community to which they will return. Indeed, it was just this week that Jamar's task was to bring with him to therapy his mother or step-father or one of his two sisters, all of whom he is living with while looking for a job.

Jamar brought no one with him today, and he explains the absence with downcast eyes and offers an apology in a defeated

voice. Another client might present the same information with a cover of belligerence and bravado. But it comes to the same thing. Most probationers have little support in their family system and have long ago given up trying. I counter Jamar's glum response by complimenting him on having tried a difficult thing in a family that has not been supportive in the past. I then advance the notion that perhaps he'll find a way to make it happen next week. We talk about some of the solutions that might make that work.

In our therapy with offenders we use a still-evolving, solution focused, brief therapy model. It encourages probationers to utilize their own resources and competencies, to co-design more responsible goals, to think through rather than act out their feelings, and to build positive new behaviors upon their own past successes. As a therapist working with this client population in the year 2008, however, I wrestle with the need to consider the expectations of the courts and probation officers. My clients' goals, after all, must be published in public reports that guide not only the therapy, but the probation officers who make life-altering decisions. Yet, it has been my experience that even that hurdle can be turned to the clients' advantage in a postmodern therapy that eschews objective reality, and attends to the subjective, social and political realities within the client's culture. I believe that solutions to client's problems are already present in clients' lives. This continually evolving form of solution-focused therapy, then, is at the heart of The Stamford Counseling Center's intervention in the lives of probationers.

Our therapists use non-pejorative, non-judgmental, and non-blaming language when speaking with clients. This mandate is the same as the consistent use of compliments (finding the positive) in solution focused work. In a general sense, all of solution-focused therapy is affirmative. This is especially true in our work with probationers. If I work hard at genuinely engaging Jamar and becoming accepted as a supportive person in his life, the compliments are heard as a new story of how he experiences life and that, in return, fosters new solutions.

"So, Jamar, after you're done here and you go home, eat, watch the game, go to bed and sleep . . . while you are sleeping a miracle happens; the miracle is that the problems that brought you here, to probation and therapy, are gone . . . but you don't know it cause you were sleeping. Tell me, when you wake up in the morning, how will you find out the miracle has happened? How will you know? What will be the clues?"

see Probation Story | page 7

The Story of Pas

by Bill Mathews, D

The Stamford Counseling Center is a *pastoral* counseling center. Many people don't know exactly what that means, so I want to give you some history about this kind of ministry, as well as to describe how it gets delivered at this Center. I also want to tell you something about the workers who deliver it, and just what gets delivered. Finally, I want you to know that when you or someone else gives money to support this ministry, you are serving under-served people and families in Stamford and the surrounding communities, as I will explain.

The story of pastoral counseling is older than scripture, which reports how God was at work in the world centuries ago, and still is. From Isaiah (9:6) we hear the words we sing at Christmastime: "And he shall be called Wonderful Counselor," foretelling the arrival of the Messiah.

From Proverbs (11:14) we hear: "Where there is no guidance, a people falls; but in an abundance of counselors there is safety."

In the passage from First Kings (3:16-28) Solomon uses his God-given wisdom cleverly to resolve conflict between two women claiming the same baby.

In the New Testament there are many references to God's healing power working through the counsel of others – Jesus himself, his disciples, and later Paul. In Luke (8:40-48) we see that Jesus knew God's healing power was already inside the woman who touched him. He said "... your faith has made you well."

Likewise, later in Luke (18: 35-43) the blind man is healed and Jesus says the same thing: "Receive your sight. Your faith has saved you."

These incidents are placed among Jesus miracles. But notice where the miracle is actually located. We usually think of it as located in Jesus, but he says, it is in the woman, and the blind man. Your faith has healed you. Each is healed from the inside out. He calls that forth from each of them.

When people come to us for help, they may have been traumatized, suffered a loss that they're having trouble dealing with, or trying to adapt themselves to a new reality. Very often they are stuck in a developmental stage they can't let go of and grow through, or stuck in a repeating pattern of self destructiveness that they can't see or can't understand. "Why am I doing this?" or "Why are we always having the same fight over and over?" they may ask.

Freud called it the Repetition Compulsion – repeating bad patterns because they replicate or represent bad experiences

from our distant past that we need to deal with. Freud figured out that this repetition has what he called a "curative" impulse behind it – we're actually trying to deal with it, to get over it, to understand it, to make it come out differently. But until we see that and get at the origins of it, we're stuck in it. (Freud might not have put it this way, but it's like God has put a self-healing impulse within us that repeatedly insists: "Deal with this; you *must* deal with this...").

Examples include the person who grew up in an alcoholic family who gets involved with some one, or perhaps a string of people, who turn out to be alcoholics. Or growing up in a family where there is emotional or physical abuse, repeatedly choosing partners who abuse them, or repeating the abuse themselves. Often it's more subtle than that. It's a growth step that's frightening, such as a teenager who repeatedly sabotages his own growth and stays stuck in dependence upon and battles with his or her parent(s), and they can't let go until he grows up — and so we have the circularity of a real family lock-up.

Since we do a lot of family therapy, I'll just take that teenage situation as an example and tell you a story that leads back to my central message.

You've probably heard the Eagle story. Eagles make their nests high in cliffs, using large sticks and twigs, and to make it comfortable for their little ones they feather the nest by pecking the soft feathers from their own chests and making a nice bed for them. Then when it's time for the little ones to fly, they actually take the feathers away, so the little ones are no longer comfortable in the nest.

The young eagles get up on the edge of the nest and eventually make their leap of faith and start to fly. But the parents know that they could falter, so the parents fly under the little ones and catch them and support them between their wings if they falter or get tired. So that's where the expression "on eagles' pinions" or "on eagles' wings" comes from.

Do you think the parent eagles would nudge their young out of the nest if they didn't have confidence that the capacity to fly is built in to them? But they also know the youngster could falter at first, so they remain intermittently supportive until they're sure the youngster can go it alone.

As pastoral counselors we know that we don't heal anyone or "grow them up." But we are confident that healing power and the impulse to grow are already built into God's creatures, and

Pastoral Counseling

Executive Director

we can facilitate that healing and growth. And we also know as Jesus knew that, when someone first comes to us, the healing has already begun. As my esteemed colleague Margaret Kornfeld puts it: God is present in the movement which has already begun to happen. The healing was already in the impulse which prompted the person to call us in the first place. We participate in this healing as we continue to facilitate it.

Knowing that God is present in the person, couple or family – present in the room as we work, and present in ourselves, radically affects the point of view from which we do therapy. We are conscious of being a companion with our clients on their spiritual journey. We have a different relationship to their problems, their stuckness. We know that illness, dysfunction or stuckness is not all that is happening. We know that the resources for their healing are in them. In the wholeness of the person both paralysis and health exist at the same time. We know that this person is on the way to becoming healed, and to becoming.

Maybe Paul is our next scriptural pastoral counselor. In his letter to the Romans (12:1-12), he says: "...Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God – what is good and acceptable and perfect.... I say to every one among you not to think of yourself more highly than you ought to think, but to think with sober judgement... Let love be genuine; hate what is evil, hold fast to what is good; love one another with mutual affection; outdo one another in showing honor...."

This is Paul exhorting his followers. Of course his counsel is religiously based and it sounds preachy. But notice the values he affirms: humility, sober judgment, genuine love for one another, and honor. And most of all, notice how relational it is, and that he counsels us to be realistic about ourselves and each other and treat each other with affection and honor.

Throughout religious history Rabbis, priests and pastors have been looked to as counselors in one way or another – as interpreters of the deep meanings of life – who and whose we are, why we're here, and how to treat one another. As people have come to clergy for counseling over the millennia, clergy have struggled to find answers for and ways to guide people through the crises and complexities of diverse lives, and have found, quite profoundly, that they don't have the answers. And since they could not provide answers, they have tried to find methods for guidance to help people find their own answers - to

help them struggle with their own issues and to accompany them on the journey. The conventional wisdom about just how to do this - i.e. the methodology of counseling, spiritual guidance and pastoral care - has changed and developed over time.

During most of the history of religion and its institutions, this wisdom was developed and maintained within the context and authority of the church, synagogue, mosque, etc. The wisdom and expertise of counseling by clergy has differed from one faith to another and from one time to the next. At least until the 1930s it was almost exclusively religiously based. And there was an historical kind of "blame the victim" quality to it. If you were having trouble, it was because you were sinning or not in right alignment with God.

Then in the 1930s and thereafter pastoral counseling began to be affected by developments outside of religious contexts. Freud (1856-1939) began his work in psychiatry in the 1880s, and by the turn of the twentieth century his writings were profoundly affecting the field of psychiatry, and eventually our culture itself and our way of thinking - about people, emotions and mental illness.

Inevitably, new theories and expertise developing in psychiatry and psychology began to throw some light on the kind of problems clergy were trying to help people with. So perhaps the following story is no surprise in retrospect, but it was a huge turning point in the development of pastoral counseling.

Norman Vincent Peale, as many of you will recall, wrote *The Power of Positive Thinking*. He was pastor of the Marble Collegiate Church in Manhattan. He asked one of his parishioners, a physician, to find him a psychiatrist with whom he could work to create a program for teaching clergy more effective parish counseling. The doctor introduced him to psychiatrist Smiley Blanton (that was his name - this is a true story). When they sat down to dinner to talk, it was Dr. Blanton who asked Rev. Peale: "Do you believe that God answers prayer?"

Taken aback, Peale answered, "I'm a pastor – of course I believe God answers prayer!" Blanton then told Peale that he (the psychiatrist) had been praying for God to send him a pastor who could work with him to teach pastors more about mental illness and health and teach them how to do more discerning counseling. And so out of that remarkable moment these two prayerful men created the American Foundation for Religion and

see Pastoral Counseling | page 6

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2008 (YTD): \$33,958.03

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Pastoral Counseling | page 5

Psychiatry, now called the Blanton-Peale Institute, and that is where I and many of my treasured colleagues were trained.

The training at Blanton-Peale, by the way, was never based on the simplistic "positive thinking" approach of Dr. Peale's popular book, but upon sound psychodynamic and spiritual principles and good therapeutic practice. Pastoral counseling is based on the premise that body, mind and soul are united, and that psychological healing is rooted in spiritual and relational principles. A certified pastoral counselor is a religious professional (ordained or otherwise endorsed by a religious community) and trained at the masters level or above in psychology and therapeutic practice. Other professionals in pastoral counseling centers who are not clergy are trained in the same principles.

Another historic moment in the formation of pastoral counseling was when two professional groups joined together to form the American Association of Pastoral Counselors (AAPC). A group of clergy and chaplains in the Boston area were more focused on pastoral care and chaplaincy. The other group at Blanton Peale Institute in New York were more focused on psychiatry and training. They found a clergyman named Howard Clinebell, who was trained in counseling and had the trust and respect of both groups, to serve as their first president, and founded AAPC in New York City in the mid 1960s. There are now over 3200 members around the world.

AAPC not only certifies pastoral counselors as trained professionals, but certifies pastoral counseling centers as well. There are more than 100 across this country and several in other countries. Pastoral counseling centers are typically started by a group of local congregations joining together to start a center on the basis of cost-sharing, since few congregations can afford to hire a pastoral counselor alone.

The Stamford Counseling Center was founded this way in 1970 and for 33 years was located in the Zion Lutheran Church. We moved downtown to the First Congregational Church in 2003 to acquire more space for expansion. We now have a staff of eleven therapists, including interns, and three satellite offices. On October 1, 2008, we celebrated 38 years of service.

Our Programs:

Turning Point: A Story in Numbers

We're proud of the Turning Point Program, the numbers of clients in need that we serve, and the quality of the clinical work we do. Here are the numbers over the last two years as of the end of November each year:

Year	2007	2008
Number of TP Clients	112	106
Client Hours	466	491
Client Payments	\$14,310	\$14,640
Client Subsidies (your donations)	\$17,608	\$20,699

Please see our form below for an easy way to support this very valuable program.

Probation Story | page 3

That's a form of what we call "the miracle question." We believe clients will have a better chance to achieve their goal if they can clearly envision a future in which they do not have the problem. Using Coping Questions (How come things aren't worse?), Exception Questions (When is the problem less bad?), Scaling Questions (Where are you between 1 and 10 in progress toward your goal?), and Relationship Questions (How would your sister rank you on progress toward your goal?) we create not just a therapeutic interview, but a new story of a client's life where their own resourcefulness and their construction of their own realities are fully respected.

I end Jamar's session with an exception task: "Please keep track during the week of all those times when you're *not* feeling like your life is a dead end and like you're the loser your mom says you are. Tell me what's happening at those times." That's just stirring the pot of change, and I look forward to seeing Jamar next week for the continuing feast.

YES!

I wish to provide therapy for a struggling mother, father, or a family through the Turning Point Program.

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