

Development of the MENDS Program

© Owen C. Pershouse

Overview

The MENDS (Men Exploring New Directional Strategies) program arose in response to a dearth of professional, comprehensive, and nonreactionary programming to support separating males. After over a decade of program delivery, particular revisions have taken place to now accommodate all men in relationship crisis, even before actual physical separation. That is, the program evolved more preventative elements to encompass men whose currently intact relationships are threatened; and as one client put it, 'in serious need of an upgrade'. Graduate evaluations have qualitatively and quantitatively confirmed the program's value in reducing anxiety and depression, as well as containing anger and enhancing client self-judgments and sense of wellbeing. The architects of the program recognised the problem of men traditionally not accessing the range of existing services in a preemptive manner and subsequently experiencing unnecessary financial and protracted personal costs. Consequently a key and continual program target has been to ameliorate the cycle of separation damage being passed from generation to generation.

In essence, the MENDS program offers valid and practical information for clients about things to do (and not do) during relationship crises, and further provides effective methods of self-auditing, planning and evaluating their progress. The 12-week, 2 hours/week group program adopts a structured, psycho-educational, and multidisciplinary forum for participants to address areas of psychological wellbeing, physical health, legal/social issues, and relationships. Importantly, the MENDS program focuses on the male experience of key transition issues occurring during separation or relationship crisis, in order to help participants develop a personal and practical 'map and compass'. Follow-up research afforded by access to post-MENDS peer support groups has demonstrated that MENDS positively impacts on the lives of graduates.

All potential participants are initially screened for suitability, and those that might be temporarily excluded because of excessive anger, depression, anxiety or suicidality are offered alternative and remedial intervention services. Of interest, over the 11 years and more than 1100 clients to date, very few (approximately 20) were deemed totally unsuitable. Moreover, while some were for issues ranging from acute psychiatric to significant intellectual disability, most struggled with entrenched depression and associated motivational challenges. Some clients reported the benefits of participating in the group program parallel to one-on-one counselling, or as a planned (case managed) timeout from individual therapy. Participants are initially well briefed and contracted to complete the 12-week course, as well as challenged and supported to undertake all relevant experiential and homework exercises. Confidentiality of group content and process issues is specifically highlighted and maintained throughout the course.

Most clients initially present as pain-propelled and in some form of crisis. Over the 12-week period of the program, many clients move from states of despair about their situation and their worth as a human being, to identifying their intrinsic worth separate from the provider, protector and procreator (3P) roles. Additionally, many gain insights and learning regarding circumstances and personal behaviours that contributed to their separation experiences in the first place. Critically, many also gain reality-based confidence and empowerment regarding how they can improve present and future circumstances.

Many MENDS clients come to appreciate that while they know they have always worn masks (pretended) in order to impress other men, they fell into the (now) obvious trap of believing other men's masks were actually real. Such men exhibit new-found risk-taking in removing their masks and as a result, reportedly feel 'heard' and 'real'; in many cases, for the first time. Many clients report valuable 'learnings' regarding how earlier socialisation and ill-considered choices had often informed excessive reliance and/or need for control in their primary relationships. While such insights may be painful, they do offer these same men opportunities to gain improved self-help skills and clarity about specific behaviours and choices they can now enact differently.

MENDS Program Design

The author has worked with men in prisons for several years, initially as a psychologist and then as a programs manager. This period provided several valuable professional experiences, mainly involving the design, delivery and evaluation of a range of custodial-based programs. Coincidentally, the opportunity arose to meet with and assess several recidivists who previously had been 'star' graduates of these same custodial programs, which included cognitive skills, social skills, anger management, drug and alcohol and sex offender treatment initiatives based on what was, and often still is considered best practice. The 'recycled-failures' experience was sobering to say the least, however, it did reinforce the significant difference that exists between the 'knowing' and 'doing' aspects of self-defeating and destructive human behaviours. For the most part, there seemed little or no positive correlation between such star pupils and their subsequently not reoffending in some manner.

As a result of several interviews with many of these recidivists, it became clearer that while they could still 'talk the talk' (i.e., easily recall psycho-educational terminology and concepts), such knowledge had not been incorporated into their lives at a values system level; or critically had not positively impacted on how they understood and felt about themselves. Clearly also, in the absence of significant rejigging of their friendships and social support systems, few if any relapse prevention strategies were ever effectively enacted. Further discussions with interstate and overseas colleagues who were working with similar issues progressively foregrounded the value of using a significant self-audit-for-self-understanding process; moreover, as a preliminary intervention prior to involvement with standard program packages. In other words, assisting these clients to better understand how they got to where they were, including an honest review of their critical life experiences, their social and emotional inheritances and family of origin impacts was found to be a necessary precursor to any cognitive behavioural strategies that might make a real difference to their actual behaviours.

So began a real shift in terms of program structuring and resourcing and the advent of the Structured Autobiography (SA), which was eventually found to be the optimum format to achieve this initial and critical (re)connecting with self. The SA subsequently went through several editions, each time taking account of new questions, time sequencing, critical experiences and issues that would enhance the client's level of self-understanding. In the end, the format enabled each client, no matter how poorly educated, to systematically develop and write their own life story.

Consequently, the use of a purpose-designed SA for the MENDS program as part of the initial Reconnecting With Self Module was heavily informed and progressively shaped by working with men in custodial settings. Further elements, in terms of basic skills for self-containment and self-management and including primary health and practical stress management strategies, were progressively added. Critically, the teaching of 'I' statements to enhance personal and group communications was also found to be a valuable skill that was rarely found within any initial client group.

The development of the second module, 'Reconnecting With Children', occurred as a natural progression that built upon the foundation work of reconnecting with self. Critical awareness and skills regarding the 'next most important issue', or domain of stewardship, clearly pointed to the client's children and their role and opportunities as a father. As one client so aptly put it

After all the dramas about money and the property settlement were over, the rock that I realised I carried in my stomach was from worry about my kids. Not just whether their parents had done something really bad to them, that was going to affect them for the rest of their lives ... but how I was going to stay being a good dad to them no matter what. Nothing else was more important; not even close.

John D.

The impacts of threats to a client's role and opportunities as a father are palpable to those who work with nonresident dads. At times their hurting state and reactive responses almost seem hardwired and likely primal. However, the capacity for such clients to seriously confuse their own needs with those of the children was also clearly evident. In the heat of hostility and fear, it seemed logical to clients that if the children's mother is perceived as treating him in an outrageous manner, then 'she must be doing something really bad to the kids too' (John D. again). While such blurring of these parent-child boundaries is not the exclusive domain of males, the continuing predominance of postseparation fathers as the contact dad (not the resident father) continues in Australia. Such a statistic highlights the reality that postseparation parenting adjustments often fall heaviest to fathers. Such fathers often subsequently report that postseparation parenting adjustments were occurring for them in the midst of increasing insight about formerly living on the emotional and practical outskirts of their children's lives.

Consequently, Module 2 was designed to provide practical, child-related information for contact fathers — specifically, what it's like for the children of separated parents, and by age, stage of development, nature of the separation and by gender. Such knowledge enables clients to focus more competently on their children's needs over time, and to systematically develop practical plans and strategies to maximise their parenting effectiveness, irrespective of the limitations of existing contact arrangements. However, in instances where contact arrangements have significantly defaulted or have never developed, the program addresses the grief and anger and difficult adjustments associated for such clients with being disenfranchised as a parent. Further developments occurred with this module regarding the assessment of the client's social support and statutory responsibilities, given the self-evident challenges and risks associated with substantially isolated and misinformed clients.

The inclusion of the final module, 'Reconnecting With Others', occurred in response to clients prematurely entering into significant postseparation relationships, or wanting to reconcile with an existing primary relationship without the benefit of better relationship understanding and skills. The completion of the Structured Autobiography task prior to Module 3 commencement enables a thorough audit of the client relationship history and for him to better understand the impact of family of origin issues (for example, the impact of his own parents' relationship). The building blocks of this module were partly drawn from the work of Dr John Gottman, Professor of Psychology at the University of Washington and his book *The Seven Principles for Making Marriage Work*, which was considered to be highly relevant in terms of identifying specific relationship difficulty patterns, particularly for males. Further psychoeducational information regarding what constituted unhealthy relationships was introduced, including a model and basic criteria

for a recognisable healthy relationship style. Module 3 also introduced and enabled clients to become involved with postgraduate peer support groups as a valuable forum for ongoing personal development.

As previously mentioned, the crafting of an effective program format for men in relationship crisis was significantly influenced by successes (and failures) learned from program design and delivery in a custodial context. The writer's role in what was essentially a prison program provided ample opportunities to discuss and workshop issues regarding what worked and what did not; and to progressively amass a body of credible practice wisdom in this regard. The plain truth is that developing of a set of design principles as well as operational values is just as much about program survival in a prison context. However, such principles later evolved to accommodate the needs for MENDS to become a credible community-based initiative. The eventual 10 Commandments of Effective Program Design was further devised, with supporting (measurable) criteria, and eventually formed part of standard induction training for facilitators of the MENDS program. The collective criteria also provided a template for subsequent program reviews and redesign and became as follows:

The 10 Commandments of Effective Program Design

1. Program content and process has to match client needs.

- Objective testing is used to establish individual and group baselines.
- Program content is designed or chosen to address identified clinical and psychoeducational needs
- Program content is organised, timely, accurate and socially appropriate.
- Group process is supportive yet challenging and progressive.

2. The program has to have clear rules and sanctions, reflecting a 'firm but fair' approach.

- Rules are established to maintain appropriate behavioural boundaries in the group.
- Confidentiality is foregrounded, clarified and consistently reinforced.
- Sanctions are reasonable and clear, and based on demonstrable client behaviour.
- Previous issues are formalised by individual and group contracts to reinforce a predictable yet 'no-nonsense' group culture.

3. The program needs to target strengthening of prosocial behaviours, values, and attitudes.

- The program targets critical transitions from 'victim' to a 'self-responsibility' mentality.
- Facilitators primarily reinforce positives, as opposed to focusing on negatives.
- Client change is enabled through progressive and stepwise social-learning
- Facilitators maximise positive peer influences in group.

- 4. The program needs to offer pragmatic, personal, and social problem-solving opportunities.**
 - The program identifies and focuses on practical, face-valid opportunities to meet positive expectations (by facilitator and clients).
 - Facilitators mobilise the range of client skills and experiences within the group.
 - The program approach balances practice and theory, in favour of practical initiatives.

- 5. The program needs to reinforce graduated self-mastery and self-efficacy skills.**
 - The program focuses on self-responsibility, self-learning and personal (though controlled) risk-taking by clients.
 - The program focuses on stage-management (through challenge and review) of improved insight through practical experimentation.
 - Facilitators are trained to reinforce successes, as well as reality-test and examine reported failures.

- 6. The program will encourage empathetic relationships between facilitators and clients, and between clients themselves.**
 - Clients are taught and reinforced regarding their use of 'I' statements.
 - Facilitators can readily distinguish between empathy and sympathy in working with clients.
 - Confrontation is developed out of goodwill and not used as a routine communication style.
 - Abusive behaviours and disrespect are challenged and controlled among clients in the group.

- 7. The program will use facilitators who are experienced and/or trained in transition issues for male clients.**
 - Facilitators' personal boundaries and egos are to be robust.
 - Facilitators are to be knowledgeable and aware of client issues and challenges.
 - Facilitators are to be competent with using group processes and dynamics to support individual clients.

- 8. The program will involve clients in ongoing program evaluation and development.**
 - Honest client feedback is encouraged and seriously considered.
 - Evaluation of both content and process is targeted.
 - Any negative feedback is closely scrutinised and weighted.

9. The program will establish positive links to other community resources.

- Alliances are established with other programs/groups sharing similar values.
- Stakeholder networking is used as a primary referral base.
- Referral-on process (primarily to peer support graduate groups) maintains program gains for clients.

10. The program will use quality assurance techniques to maintain operational integrity.

- Induction and in-service training is delivered.
- Facilitators are supervised and supported.
- Lines of accountability, reporting and reviews are clear.
- Operational problems are dealt with in a timely, open and fair process.
- The program is regularly reviewed and updated.