

USING THE FORGIVENESS AND RECONCILIATION INVENTORY: A QUALITATIVE  
INQUIRY EXAMINING THE EXPERIENCES OF THE PROCESS

A Dissertation

by

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This dissertation meets the standards for scope and quality of  
Texas A&M University-Corpus Christi and is hereby approved.

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## ABSTRACT

This study explored the use of the Forgiveness and Reconciliation Inventory (FRI; Balkin, Harris, Freeman, & Huntington, 2014) as an intervention for clients in a substance abuse facility. Forgiveness interventions have been used to help relieve negative emotions after a transgression has been committed. There has been limited research related to the experiences of the counselors and clients who use forgiveness assessments as an intervention.

A qualitative phenomenological study was designed to examine experiences of clients and counselors who used the Forgiveness and Reconciliation Inventory (Balkin, et al., 2014) as an intervention during the counseling process. A group training process on the Forgiveness and Reconciliation Model and administration of the FRI was implemented over a period of 6 weeks. The participants included seven counselor participants and five client participants.

Four client participant themes emerged: (a) increased awareness, (b) desiring more time, (c) positive experience of the counselor relationship, and (d) moving forward in recovery with forgiveness. The theme entitled increased awareness includes understanding of self and others and emotional impact of the process as subthemes. Three counselor participant themes emerged: (a) usefulness of training, (b) helpfulness for client interpersonal relationships, and (c) visual representation of scores. The theme entitled usefulness of training included deciding when to administer the FRI as a subtheme.

The results of this study provided several implications and recommendations for further research. The results of this study indicate that the use of a forgiveness assessment as an intervention is helpful. Also, results indicate that clients and counselors perceive the use of forgiveness assessments in counseling in different ways. Additionally, educating counselors on

the use of forgiveness interventions may be beneficial in addressing issues related to clients working through forgiveness.

## DEDICATION

This dissertation is dedicated to my parents, Ann Harris and Clarence Harris, who instilled the value of education and the importance of being a positive role model for my younger sister Rebekah Harris. And in the loving memory of my grandfather Clarence Harris.

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## CHAPTER I: INTRODUCTION

### **Introduction to Forgiveness**

The term forgiveness has multiple meanings. There can be various opportunities to use forgiveness on a daily basis. Those opportunities may arise from an array of situations in which either we or another can be at fault or where we can simply be bystanders. In some situations, the perceived severity of a transgression can be vital in determining whether forgiveness is required for continuation of a relationship (Fincham, Jackson, & Beach, 2005). Examples include partner relational violence, chronic infidelity, and diagnosis of a preventable medical illness in a friend or loved one. Each of these circumstances, along with many others, is an instance where forgiveness can make a major difference in people's lives. According to Baxter (2004) and Baxter and Braithwaite (2010), personal relationships are the breeding grounds for certain types of transgressions between partners that may leave one partner, considered the victim, in a state of emotional turmoil. The potential for interpersonal (forgiving and moving forward with the relationship; Balkin et al., 2014) or intrapersonal (forgiving and relinquishing any negative feelings towards the transgressor; Balkin et al., 2014) forgiveness or reconciliation requires that counselors know how to identify whether a client is seeking to deal with the transgressor or with the situation itself.

Counselors help their clients understand, experience, and regulate their emotions, which in turn facilitates a therapeutic change (Skovholt & Ronnestad, 2003). Victims who are unable to forgive may hold grudges or seek revenge against the individuals who harmed them, which typically results in bitterness and unhappiness (Macaskill, 2012). According to Macaskill (2012), "it is important to understand more about forgiveness, particularly what promotes forgiveness and maintains unforgiveness" (p. 29). The term unforgiveness can be defined as a

feeling related to bitterness and resentment towards the person who caused harm (Ingersoll-Dayton, Torges, & Krause, 2010).

### **Statement of the Problem**

Forgiveness may result in improved psychosocial conditions for individuals who harbor negative emotions caused by a lack of forgiveness toward the person who committed a transgression (Toussiant, Owen, & Cheadle, 2012). McFarland, Smith, Toussaint, and Thomas (2012) noted that a lack of forgiveness can negatively affect people, both the victim and the transgressor, mentally and physically; however, forgiving a transgressor or transgression can decrease symptoms such as anxiety and depression (Coyle & Enright, 1997). Further, facilitation of forgiveness during counseling may be beneficial to clients. Browne (2009) indicated the need for researchers to examine the facilitation of forgiveness in counseling and its effects on clients. Although some research exists regarding forgiveness assessments and specific interventions, there is little research about the experiences of counselors or clients who use assessments and interventions designed to facilitate the process of forgiveness in counseling.

### **Purpose of the Study**

The purpose of the current study was to examine experiences of clients and counselors who use the Forgiveness and Reconciliation Inventory (FRI; Balkin, et al., 2014) as an intervention during the counseling process. According to Klatt and Enright (2011), forgiveness is intended to reduce the occurrence of negative thoughts and convert them into positive thoughts, behaviors, and emotions. Most previous studies of forgiveness (Subkoviak et al., 1995; Balkin et al., 2014) were quantitative studies that identified attitudes pertaining to forgiveness. When forgiveness concepts are applied in counseling, a client can improve both mental and physical health. Fewer researchers have studied the effectiveness of forgiveness instruments and

how such interventions affect clients as they process issues of forgiveness and conflict (Balkin et al., 2014). Findings from the current study may advance the knowledge of counselors and counselor educators working with forgiveness interventions in counseling.

### **Significance of the Study**

Forgiveness plays an important role in the well-being of clients (Toussiant, et al., 2012; McFarland et al., 2012; Coyle & Enright, 1997). The current study examining the lived experiences of clients and counselors as they use a forgiveness-related assessment as an intervention tool in therapy helped to fill a gap in the literature concerning useful interventions for facilitating forgiveness. Klatt and Enright (2011) proclaimed that to improve the usefulness of forgiveness concepts in counseling, the process of forgiveness must be understood. Findings from this study may provide counselors with useful information about the process of forgiveness from the perspective of clients.

The use of forgiveness concepts in counseling can be assessed by identifying the social, contextual, or personal resources used by clients actively addressing issues of forgiveness (Klatt & Enright, 2011). Forgiveness assessments can be useful; however, counselors and their clients can benefit from more information about these assessments, the contexts in which they can effectively be used, and how their use may constitute intervention as well as assessment. The findings of this study may help address this need.

Finally, understanding the perceptions of counselors regarding interventions utilizing forgiveness assessments may provide a helpful framework for counselor educators as they work with students in understanding the importance of forgiveness. Klatt and Enright (2011) stated that there are no known counselor education programs that cover forgiveness techniques and interventions used in counseling. Yet counselors and counselors-in-training (CITs) work with

client populations where dealing with issues about forgiveness could be beneficial for their clients, helping to reduce negative emotions and behaviors stemming from past experiences.

### **Research Questions**

The overarching research question directing this inquiry is: What are the experiences of clients and clinicians when using the Forgiveness and Reconciliation Inventory in counseling at a substance abuse facility? The secondary research questions are as follows: (a) What components of the Forgiveness and Reconciliation Inventory did clients and counselors perceive as most helpful? (b) What actions, if any, were taken as a result of using the Forgiveness and Reconciliation Inventory? (c) How do clients and clinicians perceive the impact of using the Forgiveness and Reconciliation Inventory? and (d) What are the counselors' perceptions of using the Forgiveness and Reconciliation Inventory?

### **Population and Sample**

The sample for the current study included master's students who were CITs and Licensed Professional Counselor-Interns (LPC-Interns) training at a substance abuse treatment facility in the southern region of the United States and their clients. The CITs were enrolled in a counseling program at a Council for the Accreditation of Counseling and Related Education Programs (CACREP) accredited university and completing their counseling practicum and internship requirements. The LPC-Interns were completing hours towards licensure as Licensed Professional Counselors (LPCs). At the time of the study, both CITs and LPC-Interns were under the supervision of the facility's Family Program Manager (FPM), who is a Licensed Professional Counselor Supervisor and a Licensed Marriage and Family Therapist. All CITs and LPC-Interns participating in supervision under the Family Program Manager participated in

training; however, only those who agreed to participate in the study participated in any activities beyond the training.

The client participants in the proposed study were individuals being treated for drug or alcohol abuse who were voluntarily participating in individual, group, or family therapy sessions at an in-patient treatment facility. All client participants were receiving individual, couple, or family counseling from one of the CITs or LPC-Interns, and were invited to participate in the study by CITs or LPC-Interns who also agreed to participate. Requests to participate in interviews were based on the type of transgression noted on the demographic sheet (see Appendix A) in an effort to obtain data from individuals who are dealing with a variety of transgressions. All counselor participants had the demographic information of the client participants.

According to Patton (2002), there are no rules governing the sample size of a qualitative study. Rather, saturation of data is the goal. Five client participants and seven CITs and/or LPC-Interns participated. For this study, purposeful sampling was used to identify potential participants, to identify the widest range of interviewees in order to provide depth of information about the phenomena. Data from information-rich sources aide in a more in-depth understanding of the problem being studied (Patton, 2002).

### **Methodological Approach**

This study utilized a phenomenological qualitative approach to inquiry. The study sought to explicate the lived experiences of participants; thus, a phenomenological approach was appropriate (Patton, 2002). In this qualitative study, data was gathered through demographic surveys, the scores on the FRI, face-to-face interviews, and focus group sessions. In addition,

the researcher kept a detailed research journal documenting observations of the CITs and LPC-Interns trainings as well as the consultation meetings.

The initial phase of the research included training for CITs and LPC-Interns in the forgiveness and reconciliation model and the associated assessment instrument. In addition, training provided information and suggestions for ways to use the model and instrument to formulate interventions appropriate for clients with whom they were working. The researcher provided education to the CITs and LPC-Interns about how the forgiveness-reconciliation model (Balkin, Freeman, & Lyman, 2009) is linked to forgiveness concepts. This training also covered the appropriateness of using the FRI, and trainees learned proper administration protocol. Finally, trainees were taught possible FRI processing strategies to continue treatment with clients post-assessment. This training segment occurred over a time period of 6 weeks and was held at the substance abuse treatment facility. The CITs and LPC-Interns who agreed to participate in the study also received consultation from the researcher over 5 months during their regular group supervision time as they utilized the FRI with their clients.

Client participants were informed by their counselors during their regularly scheduled counseling sessions about the opportunity to participate in this study. Those who chose to participate were administered the FRI and had follow-up sessions with their counselors about forgiveness-related topics as deemed appropriate by the counselor and client.

### **The Forgiveness and Reconciliation Inventory**

The FRI (Balkin et al., 2014), based on Balkin, et al.'s (2009) forgiveness-reconciliation model, incorporates forgiveness concepts and tools utilized in counseling. The FRI is a 24-item self-report inventory that uses a 5-point Likert-type scale of dichotomous adjectives representing the extent to which someone agrees or disagrees with word-pair differentials, for example,

“Regarding the person who harmed me, I feel...” followed by an adjective pair such as *peaceful-hostile*. Four scales were identified (collaborative exploration, role of reconciliation, remorse/change, and interpersonal/intrapersonal forgiveness); higher values were connected to a victim’s negative feelings toward the transgressor, and lower values were connected with positive feelings (Balkin et al., 2014).

### **Data Collection and Analysis**

Counselors-in-training and LPC-Interns who participated in group supervision with the FPM were introduced to the study and invited to participate during their regular supervision group. Over the course of the training with this group, supervisees had the opportunity to ask questions about the study and make an informed decision about their participation. They were provided with an informed consent document. Those who agreed to participate returned the signed document by the end of the training period.

Only those clients working with counselors who agreed to participate were invited to participate. Counselors reviewed the purpose of the study with clients, provided answers to any questions, and obtained a signed consent form from those who agreed to participate. Clients who agreed completed a brief demographic survey which included general questions about forgiveness and transgressions in their lives in addition to demographic data. The demographic form also includes a question regarding whether they were willing to complete the Forgiveness and Reconciliation Inventory (Balkin et al., 2014) and be interviewed for the purpose of this study. Those who agreed to participate were administered the FRI during a counseling session and the counselors scored and explained the results. The administration of the instrument was conducted at the beginning of the counseling session, and took approximately ten to fifteen minutes to complete. Once the FRI had been administered, the CITs or LPC-Interns then

explained the results and discussed them with the clients in the counseling session. In addition, the counselor utilized interventions designed to work with issues around forgiveness, as determined by the counselor and client, during follow-up counseling sessions.

Once the CITs or LPC-Interns completed the assessment and initial discussion of results with the client participants, a copy of the completed instrument was provided to the researcher. The original instrument remained with the client's file. The copies of instruments were maintained in a locked file cabinet in the researcher's home. Over the several weeks following, I made myself available to answer any questions the CITs and LPC-Interns had and continued to meet with them to consult and discuss any intervention they used while in session.

Individual interviews with clients were scheduled beginning two weeks following the administration of the FRI. A semi-structured interview guide was used to ensure consistency in interviews (see Appendix C.) The interviews were recorded with an audio tape recorder and were transcribed verbatim by the researcher. Once interviews were transcribed participants were given copies so they could make corrections or provide any additional information. Face-to-face interviews allowed me to gather observational information, such as the interviewee's body language and facial expressions, which was described during note-taking immediately following the interviews. Later, interview transcriptions were examined line-by-line as I searched for meaning and identified any themes emerging from these interviews. Individual units of meaning were then grouped as emergent themes. Continued data analysis was conducted to solidify themes.

Approximately four weeks following the conclusion of the training, CITs and LPC-interns participated in a focus group about their experiences using the FRI. A semi-structured

interview guide was used (see Appendix B). According to Morgan (1988), the focus group serves to ensure the quality of the insight and data collected from a group.

### **Trustworthiness**

The criteria for assessing the quality and credibility of research vary significantly for qualitative and quantitative research. Qualitative research must provide evidence of quality and credibility (Patton, 2002). A number of methods were used during this study to assure rigor. A detailed researcher journal that incorporated personal observations and reactions allowed for bracketing of my own experiences and biases. The journal also included notes about decisions made throughout the research and data analysis process, which provided an audit trail. Member checking was utilized to ensure accuracy of reporting of participants voices. Triangulation of data sources was utilized and included client individual interview data, counselor focus group data, and the FPM interview data. I also was engaged for a prolonged period of time with the CITs and LPC-Interns through the training and follow-up consultations.

### **Basic Assumptions and Researcher Bias**

As in any study, there are some basic assumptions and biases to consider. A critical assumption was that the CITs and LPC-Interns were able to identify when and if a client had a conflict that could be alleviated by the use of a forgiveness intervention. I welcomed the CITs and LPC-Interns participating in the current study to openly discuss their views concerning their clients' progress toward forgiveness or the lack thereof.

In addition, I must acknowledge my personal influences on selecting the problem I examined. As a counselor who has also struggled with forgiveness in my personal life, I was alarmed by the numbers of counselors who fail to use forgiveness interventions during counseling. I am aware of the critical role of forgiveness in my own life; therefore, I can

acknowledge my bias that forgiveness is essential to personal wellness. I must also acknowledge that I am predisposed to see forgiveness as a positive phenomenon. Despite my professional and personal investment in forgiveness research, as a researcher, I took every precaution to monitor my personal biases through maintaining a reflective journal throughout the research process.

### **Limitations**

The client participants were limited to those receiving treatment for substance use. Clients with other concerns may respond differently. Another limitation to the study is the fact that the participating CITs and LPC-Interns were the ones administering the FRI and providing any subsequent interventions to the client participants. Although the CITs and LPC-Interns were trained prior to administering the instrument and received consultation throughout the process, they were still novices. It may be that more experienced counselors would have made different choices of clients to approach or conducted interventions differently and in such a way that might have impacted client experiences. In addition, I could only assume that client and counselor participants as well as the program manager participant were being honest and recalling accurate information.

### **Key Concepts and Definitions**

Several terms were used throughout the current study that should be understood. These key concepts include:

*Forgiveness*: the ability to relinquish resentment and indifferent behaviors towards the person who has caused us harm, and thus more positive behaviors over time (Enright, Freedman, & Rique, 1998).

*Transgression*: the act of causing harm to someone (Wernli, 2006).

*Interpersonal forgiveness*: the involvement of both a victim and a perpetrator in working toward reconciliation (Balkin et al., 2014).

*Intrapersonal forgiveness*: to independently reflect feelings and emotions of a person who harmed them; moving forward without negative feelings towards the person who has caused one harm, thus letting go of any resentment (Balkin et al., 2014, p. 4).

*Unforgiveness*: feelings of resentment, bitterness, and even hatred (Ingersoll-Dayton, et al., 2010).

*Reconciliation*: restoration of a relationship by acknowledging the wrong doing and taking the steps to correct the offensive behavior (Balkin et al., 2009).

### **Organization of the Dissertation**

Chapter 2 of this study presents an extensive review of the literature in which the current problem being examined is investigated. Chapter 3 includes details of the methodological approach used in the study, including data collection and analysis. The findings of the current study are reported in Chapter 4, and Chapter 5 contains the study's implications, recommendations for future research, limitations and basic assumptions preceding the study, and a conclusion to the study.

## CHAPTER II: LITERATURE REVIEW

There has been increased interest in forgiveness in the literature (Balkin et al., 2014; McFarland et al., 2012; Lin et al., 2014; Watkins et al., 2011). Previous researchers focused on forgiveness from religious perspectives (Watkins et al., 2011). Recently, forgiveness has been more commonly discussed in psychology literature and subsequently in social psychology, health psychology, and clinical psychology (Watkins et al., 2011). For the purposes of the current study, forgiveness is defined as a person relinquishing any harsh judgment or negative emotions towards a person who has betrayed them (Enright et al., 1998; Toussaint, et al., 2012). However, forgiveness can be defined in various ways depending on the context in which it is used in the literature. Forgiveness can involve one person, one person and others, or God on His own (Worthington, 2005). Given the context in which it is used, forgiveness can have a significantly positive effect on a person's mental health (Lin et al., 2014). A person's failure to forgive may result in denial, vengeance, or both; however, by forgiving, people can lead prosocial lives that result in positive, beneficial outcomes for the offender and the victim (Fehr, Gelfand, & Nag, 2010).

### **Forgiveness**

According to Enright and Gassin (1992), forgiveness is complex and has a deep meaning that involves several different elements. The first element is that forgiveness occurs between a person and another person, not between a person and an inanimate object. So even if hurt is associated with a specific situation, the act of forgiveness must follow an unjust interaction between two humans because forgiveness does not take place towards a situation (e.g., a person affected by a natural disaster would not feel the need to forgive the tornado; Enright & Gassin, 1992).

Enright and Gassin (1992) further stated that forgiveness can come after a deep, long-lasting hurt from one person to the next. This hurt can be physical, emotional, psychological, or moral. Moreover, the process of forgiveness takes time and can be viewed as a long, challenging journey for those involved. Forgiveness may be an easy solution or it may be challenging, depending on the nature of the offense and the quality of the preexisting relationship between those involved. According to Enright and Gassin (1992), the difficulty lies in whether or not one is able to understand forgiveness.

### **Forgiveness and Mental Health**

Forgiveness is a vital aspect of mental health, and an inability to forgive can lead to the deterioration of a person's wellness (Toussaint et al., 2012). An effective way of treating chronic illnesses (e.g. obesity), addictions, and other mental health issues can be that of forgiveness interventions (Elliott, 2011). A range of mental health issues could be processed with forgiveness and could potentially be helpful to the person dealing with psychological hurt (Macaskill, 2005). Studies have shown unforgiveness to be related to poorer mental health as well as lower life satisfaction (Coates, 1997; Maltby, Macaskill, & Day., 2001; Mauger et al., 1992). Working on the ability to forgive is an option that can be used when a transgression has occurred or there is a perceived sense of injustice. Ellis (1962) indicated that the absence of self- forgiveness could lead to increased levels of anxiety due to the person worrying about others discovering shameful behaviors that have occurred. Ellis (1962) said that self-forgiveness may be more difficult to attain rather than other-forgiveness, and lack of self-forgiveness is more damaging to one's health. Beck (1962), a cognitive theorist, claimed that having a biased thinking pattern about oneself can exacerbate depression.

Noreen, Bierman, and MacLeod (2014) posited that a victim can only forgive a transgressor when he or she uses positive feelings to overcome the negative emotions towards the transgressor. Negative emotions associated with a lack of forgiveness can lead to vengeance. According to Worthington, Hook, Utsey, Williams, and Neil (2007), failure to forgive a perpetrator has been linked to a number of mental health conditions, such as anxiety and depression. Lin et al. (2014) proclaimed that emotional forgiveness can positively affect a person's mental and physical health. Brenneis (2002) conveyed that forgiveness leads to changes in attitudes toward the offender (perpetrator), ultimately decreasing anger over time and enhancing a victim's sense of personal power.

The impact of spousal emotional abuse has long been noted. According to O'Leary (1999), approximately 35% of women report spousal emotional abuse. Several researchers have indicated that long-lasting negative psychological outcomes are related to emotional abuse that remain long after the romantic relationship has ended (Astin et al., 1993; Dutton & Painter, 1993; Sackett & Saunders, 1999; Woods, 2000). Follingstad, Rutledge, Berg, Hause, and Polek (1990) and Sackett and Saunders (1999) pointed out that the negative psychological outcomes can be a result of lying, cheating, threats of abandonments, threats of harm, purposeful ignoring, criticizing, and jealous controlling. Abuse and mistreatment can lead to mental health issues such as depression, anxiety, and posttraumatic stress (Reed & Enright, 2006). For a person who has lived through the experience of an injustice, his or her attitude, behaviors, and cognitions about the negative event can affect their mental health (Maltby et al., 2004). Moreover, the use of mental health indices, which measure things such as somatic symptoms, stress, happiness, and social dysfunction, has shown that a lack of forgiveness following a perceived wrongdoing can

lead to poorer mental health (Maltby et al., 2004). Forgiveness or forgiving thoughts can lead to improved mental health, thus improving their overall health (Maltby et al., 2004)

### **Interpersonal, Intrapersonal, and Self-Forgiveness**

Interpersonal forgiveness can occur when one forgives his or her partner while continuing an ongoing relationship. A victim's negative emotions and unforgiving feelings should be decreased and replaced with positive emotions (Johnson, Wernli, & LaVoie, 2013; Strelan, & van Prooijen, 2013; Worthington, Sharp, Lerner, & Sharp, 2006).

Interpersonal forgiveness is highly important in romantic relationships, as these relationships are generally viewed as voluntary relationships (Johnson et al., 2013). Therefore, in order for relationships (e.g., between friends, family members, coworkers, etc.) to endure, forgiveness is critical to help people overcome interpersonal conflict and maintain these relationships (Johnson et al., 2013).

Intrapersonal forgiveness is more closely related to the process of relinquishing negative feelings toward a harmful event or transgressor, and therefore, it should be viewed as an independent forgiveness process (Balkin et al., 2009). Decisional forgiveness is an individual's choice to replace negative feelings and emotions related to a harmful event that has occurred with positive behaviors toward the offender (Watkins et al., 2011). Emotional forgiveness involves an individual using his or her internal experiences to replace negative emotions with emotions oriented towards more positive things (Lin et al., 2014; Watkins et al., 2011). Replacing negative emotions with feelings of compassion and love for the transgressor can lead to an increase in a victim's overall wellness. In reconciliation and forgiveness, it is essential for forgiveness researchers to identify when, who, and why people choose to forgive their offenders (Wenzel & Okimoto, 2012).

Hall and Fincham (2005) define self-forgiveness as “a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offense, decreasingly motivated to retaliate against the self, and increasingly motivated to act benevolently toward self” (p. 622). The goal of self-forgiveness is to lessen the psychological distress related to an incident that has occurred.

### **Therapeutic Models of Forgiveness**

Cornish and Wade (2015) described a therapeutic model used to process self-forgiveness known as the four Rs of genuine self-forgiveness that can be used with anyone who lacks self-forgiveness, including clients who have struggled with substance abuse issues. The model is comprised of four components that reflect genuine self-forgiveness: responsibility, remorse, restoration, and renewal. *Responsibility* involves a transgressor taking responsibility for any actions he or she committed that led to the harm of another. The goal is to decrease the chances that an offender shifts blame to others or attempts to rationalize an offense. Once a transgressor accepts responsibility of his or her wrongdoing, other emotional responses of remorse and guilt that should be processed may follow. *Remorse* is a result of taking responsibility and involves the development of negative emotions on the part of the transgressor related to the offense. For instance, the transgressor might have feelings of shame, guilt, and even regret for his or her actions. *Restoration* is described as an action-oriented step in this model, and it follows the first two components. The goal of restoration is to encourage an offender to commit to reparative behaviors and values. Assisting a transgressor through the restoration process will likely lead to an individual identifying personal values he or she has violated. Having an offender recommit to his or her values may lead to genuine forgiveness. The final component of the model is

*renewal*. This component involves relinquishing negative emotions related to the offense. It is important to note that relinquishing negative emotions does not mean forgetting the harm that was caused, but rather no longer punishing one's self. A transgressor will replace his or her negative feelings with acceptance and respect (Cornish & Wade, 2015).

Fife, Weeks, and Stellberg-Filbert (2013) discussed a clinical model of forgiveness that is primarily used with clients in treatment for infidelity. This model is used for couples who are seeking healing and wish to reconcile their relationships with one another following an affair. This model has four factors: empathy, humility, commitment and hope, and apology. These four factors can guide the couple through forgiveness to reconciliation. Before the therapist can apply the foundation of the model, Fife, et al. (2013) conveyed that there is an assumption the couple has evaluated their relationship thus making a commitment to reconcile their relationship and move forward. The first of the four factors, empathy, is a factor in which the couple is identifying with their partner's own experience in regards to the situation, and attempting to understand their perception of the interpersonal event. Humility is viewed as an aid to empathy and continues the moving forward process of forgiveness. The goal is to develop a genuine humility, to accept responsibility for the actions and behaviors of the affair, and to discern the pain that has been caused. Commitment and hope is viewed as critical to the healing process, as the couple's commitment level will influence their behaviors and decisions on forgiveness. Commitment to the relationship will support the couple's hope to rebuild their future relationship. Apology is seen as a critical action in the healing process of the relationship. Following an affair, the apology can provide relief to the wounds caused by the affair. The goal is to have

a genuine apology, which involves effort and preparation from the partner (Fife, et al., 2013).

Balkin, et al. (2009) developed a model for forgiveness and reconciliation which examines collaborative exploration and decision-making strategies based on Jewish notions of forgiveness. While the FRM was developed from forgiveness concepts in Judaism, it has been generalized to include multicultural aspects of forgiveness. The FRM is comprised of four stages: collaborative exploration, role of reconciliation, remorse/change, and interpersonal/intrapersonal. Collaborative exploration involves a discussion of the client's perspective regarding forgiveness. During this stage, clients are guided to openly reflect on their thoughts about forgiveness and ways that forgiveness can impact their wellbeing. The goal is for clients to fully express their ideas about forgiveness in such a way that the counselor has an understanding of the client's beliefs about forgiveness. During the role of reconciliation stage, the client evaluates whether the relationship in which the harm has occurred is beneficial or harmful. The goal of this stage is for clients to identify the benefits or lack of benefits associated with the relationship of concern. Once the client identifies whether the relationship is beneficial or not, in the third stage, remorse/change, the client will then begin to evaluate whether the offender is remorseful and showing changes in their offending behavior, thus allowing the client to think about whether the offender is remorseful and making changes. Once the client decides, the client can then renegotiate the relationship and move forward with interpersonal forgiveness, or the client can decide that reconciliation is not beneficial. In the latter case, the client will move towards intrapersonal forgiveness. The counselor can assist the client in facilitating interventions towards either interpersonal or intrapersonal forgiveness.

## **Forgiveness Interventions**

Forgiveness interventions have revealed that the ability to forgive leads to an increase in hope and self-esteem and a decrease in depression and anxiety (Freedman & Enright, 1996). Their study consisted of a sample of incest survivors. The intervention was given over a span of fourteen months, with sixty minute sessions held weekly. This study used forgiveness therapy of the Enright's forgiveness process. Another forgiveness intervention study performed by Al-Mabuk, Enright & Cardis (1995) found that the intervention led to a decrease in symptoms of anxiety and depression. Their study consisted of a sample of love-deprived undergraduates. The first intervention was implemented in two weeks with four sessions which consisted of a work shop about the commitment to forgive. The second intervention was implemented in six weeks with six sessions. This group was more therapeutic, including the intervention from the Enright and Human Development Study Group forgiveness model. Coyle and Enright (1997) also noted a decrease in negative symptoms of anxiety, grief and anger following a study of the use of Enright's Process Model of Forgiveness. Their study consisted of a sample of those who were hurt by a partner who made the decision to have an elective abortion. The intervention was given over twelve weeks, with one session per week. Each session lasted approximately 90-minutes. Life satisfaction was positively related to forgiveness of self and others (Toussaint, Williams, Musick, & Everson, 2001).

Working with a sample of culturally diverse undergraduate students, Worthington et al. (2012) examined the effectiveness of the REACH Forgiveness intervention in Western and non-Western populations. This model has five steps; recall of the hurt, empathize to emotionally replace, altruistic gift of forgiving, commit to the forgiveness experienced, and hold on to forgiveness. The REACH forgiveness psychoeducational groups included six hours of

participant education on the five-step REACH process of forgiveness. Worthington et al. (2012) postulated that the REACH Forgiveness Model should be used after someone has been harmed by another person in which an intervention is needed to facilitate forgiveness. The 102 study participants were females ranging from 18 to 38 years of age who attended a mid-Atlantic state university in an urban area. Female participants were selected to control for possible effects of gender on forgiveness. There were 78 participants included in the final analysis, 36 of whom were from regions outside the U.S. (e.g., northern and southern Americas, western pacific, Africa, southeastern Asian, Europe, and the eastern Mediterranean) and 42 domestic students.

### **Forgiveness Assessments**

A number of assessments have been devised to measure various facets of forgiveness, including likelihood of forgiveness and where clients are in the process of forgiveness. Both the Enright Forgiveness Inventory (EFI; Enright & Rique, 2000) and the Rye Forgiveness Scale (RFS; Rye et al., 2001) are concerned with willingness to forgive. Enright and Rique (2000) described forgiveness as “a willingness to abandon one’s right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured us” (p.1). The EFI consists of 60 items along 3 subscales on a 6-point Likert-type scale, and the items attempt to identify a person’s likeliness to forgive another person for committing an unfair deed against him or her. The EFI is the tool used most commonly across cultures (Hanke & Fischer, 2013). Similar in intention to the EFI, the Rye Forgiveness Scale (RFS; Rye et al., 2001) consists of 15 items that measure the degree to which a person is willing to forgive based on the circumstances. Items are on a 5-point Likert-type scale with choices ranging from strongly disagree to strongly agree. A higher score on the RFS indicates a greater likelihood that a person will forgive.

The Transgression Related Interpersonal Motivation Inventory (TRIM; McCullough, Fincham, & Tsang, 2003) examines factors that are inconsistent with forgiveness. The TRIM measures a person's level of avoidance and revenge seeking towards his or her transgressor. This inventory includes 2 subscales (avoidance and revenge) and a 12-item self-report section. The avoidance subscale contains 7 items, and the revenge subscale contains 5 items, all of which are on a 5-point Likert-type scale. According to Harper et al (2014), higher scores on avoidance and revenge indicate a higher chance that the person will not forgive.

Two other assessments are concerned with additional aspects of forgiveness often considered important. The Emotional Forgiveness Scale (EFS) was designed by Worthington et al. (2007) to measure emotional forgiveness. The developers defined emotional forgiveness as the supplanting of negative emotions toward an offender with more positive emotions such as empathy, sympathy, and compassion. The EFS is an 8-item self-report on a 5-point Likert-type scale with choices ranging from strongly agree to strongly disagree. Greater levels of forgiveness are indicated through higher scores on the scale. Worthington et al. (2007) designed the Decisional Forgiveness Scale (DFS) to measure the degree to which an individual has made a decision to forgive a particular offense. The DFS consists of two subscales with four items each, and participants indicate their agreement using a 5-point Likert-type scale with choices ranging from strongly disagree to strongly agree.

The Forgiveness and Reconciliation Inventory (FRI) is grounded in the forgiveness reconciliation model (Balkin et al., 2014), and provides information that can be used collaboratively with clients as they work towards resolution of issues of forgiveness. The FRI is a 24-item self-report inventory that uses a 5-point Likert-type scale of dichotomous adjectives representing the extent to which someone agrees or disagrees with word-pair differentials, for

example, “Regarding the person who harmed me, I feel...” followed by an adjective pair such as *peaceful-hostile*. There are four scales: collaborative exploration, remorse/change, interpersonal/intrapersonal forgiveness, and role of reconciliation. Higher scores on the FRI indicate a victim’s negative feelings towards the offender and lower scores indicate more positive feelings (Balkin et al., 2014).

### **Substance Abuse Treatment for Adults**

According to Stevens and Smith (2013), substance abuse services are categorized into three treatment settings set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA): outpatient, residential, and hospital. Maisto and Kivlahan (2008) stated that people with co-occurring disorders seek treatment in various settings. Data collected by SAMHSA (2012) also showed that individual counseling services were more frequently reported (98%) in substance abuse treatment programs around the U.S. Traditionally, stays at inpatient treatment facilities were approximately 28 days, and outpatient treatment was granted for an unlimited amount of time. However, insurance companies now determine the amount of time inpatient treatment will be needed, and this time is usually significantly less than the traditional length of stay (Stevens & Smith, 2013).

The term *recovery* is often used in the substance abuse treatment setting. It can be difficult to find a working definition of recovery, as there are different components to recovery found in the related literature. For instance, recovery might be defined by the amount of time to relapse an individual has experienced in his or her sobriety journey. Maffina, Deane, Lyons, Crowe, and Kelly (2013) discussed the vast differences in the use of the term recovery. As the authors explained, recovery can be viewed as the point at which substance misuse is reduced and

followed by increased functionality, whereas more contemporary views of recovery might not consider symptom reduction, but rather quality of life (Maffina et al., 2013).

### **Co-Occurring Disorders**

Many of those with substance abuse disorder meet the criteria for a co-occurring psychiatric disorder (Marshall & Deane, 2004). This could be the result of an individual self-medicating an illness that existed prior to his or her addiction. While treating individuals for substance abuse disorders, health care workers should be aware of the possibility of a co-occurring psychological disorder (e.g., anxiety, depression; Stevens & Smith, 2013). According to data collected between 2008 and 2012 by the National Survey of Substance Abuse Treatment (N-SSATS), co-occurring diagnosed mental health and substance abuse disorders ranged from 39% to 43%. There are challenges to consider in treating co-occurring disorders, as the presence of mental illness can result in an individual being unstable throughout his or her treatment (Smelson et al., 2012). Smelson et al. (2012) also conveyed that people being treated for dual diagnoses can receive poor treatment, are more vulnerable to treatment drop out, are more disengaged, and have an overall lack of motivation.

### **Prevalence**

According to the N-SSATS (2012) between 2008 and 2012, there has been a 3% decrease in services rendered at facilities primarily for substance abuse treatment. Despite this decline, there was a 17% increase in the number of adult clients being served at mixed facilities, or those providing both mental health and substance abuse treatment. The N-SSATS (2012) identified only three categories of programs related to substance abuse treatment: programs for alcohol and drug abuse, programs for drug abuse only, and programs for alcohol abuse only. Clients treated for both alcohol and drug abuse comprised 42% to 46%, drug abuse clients comprised 35% to

39%, and alcohol abuse clients comprised 18% to 19%. Detoxification services were also included in the data collected by the N-SSATS (2012). Of the 14,311 facilities from which data were collected, 19% of these facilities detoxified clients from particular substances. As reported, the substances from which clients were detoxifying included opiates (83%), alcohol (65%), benzodiazepines (58%), cocaine (52%), methamphetamines (52%), and other substances (17%).

According to the N-SSATS (2012), there were 480 facilities in Texas, and there were 49,241 clients being treated at substance abuse facilities in 2008. The number of facilities decreased to 478 in 2012, and the number of clients treated decreased to 31,375. Each of the 478 treatment facilities providing services in 2012 also reported the primary focus of their facilities: 68.4% were focused on substance abuse treatment, 5.9% were focused on mental health services, 23.6% were focused on both mental health services and substance abuse, 0.4% were focused on general healthcare, and 1.7% reported their primary focus as “other.”

The N-SSATS (2012) also reported the specific client type and groups offered for clients receiving treatment in the facilities. In 2012, a category for “persons who have experienced trauma” was noted for the first time. According to the report, 22% of the facilities offered services for this client type. Elliot (2011) conveyed the importance of forgiveness treatment interventions with the addictions client population.

Counselors are the primary professionals who work with addicted populations. The breakdown of treatment providers is as follows: approximately 20% are professional counselors, 7% are social workers, 6% are psychologists, and 3% are psychiatrists (Lee, Craig, Fetherson, & Simpson, 2013). Therefore, it is important for all counselor trainees to be educated in the area of addictions (Lee et al., 2013). Currently, although CACREP accredits addictions counseling

programs, there is no CACREP standard concerning acquisition of counseling skills directly related to forgiveness interventions.

### **Individual Treatment**

The relationship between client and provider can affect treatment and service outcomes. Shin, Marsh, Cao, and Andrews (2011) contended that there should be significant attention given to these relationships in literature. Because of the importance of the relationship, counselors should promote the therapeutic alliance when providing counseling services to people seeking substance abuse counseling. A key component of the therapeutic alliance is that counselors should be able to listen to the client without judging him or her (Stevens & Smith, 2013), which can strengthen the relationship between the counselor and client and enhance a counselor's effectiveness in instilling hope (Koehn & Cutcliffe, 2012) in addition to several other fundamental principles of the therapeutic alliance for assisting in their client's recovery goals (Stevens & Smith, 2013). Having a client identify their own recovery goals will be helpful in the implementation of the treatment phase. Due to the reduced amount of inpatient treatment, clinicians should be able to quickly design and implement treatment plans for their clients (Fields & Roman, 2010; Stevens & Smith, 2013). Stevens and Smith (2013) also noted that individual treatment is most effective with family involvement and new creative techniques implemented as a part of treatment. Positive outcomes of substance abuse treatment are closely related to substance abuse counseling, health, and mental health (Guerrero, Marsh, Cao, Shin, & Andrews, 2014).

### **Importance of Forgiveness in Recovery and Substance Abuse Treatment**

According to McCoy et al. (2004), the 12-step-based program is one of the most used treatment choices for substance use disorders. The program was founded by members of a

Christian-based Oxford Group (Sellman et al. 2007), and the 12 steps of Alcoholics Anonymous (AA) was based on Christian beliefs about surrendering one's self to God. According to the 12 steps, addiction is driven by resentment, "the 'number one' offender. It destroys more alcoholics than anything else" (AA World Services Inc., 2001, p. 64). Moreover, Lyons Deane, and Kelly (2010) conveyed that an inability to forgive will impede the release of resentment following an injustice:

. . . obstacles (to recovery) . . . are very real. The first, and one of the most difficult, has to do with forgiveness . . . To escape looking at the wrongs we have done another, we resentfully focus on the wrongs he has done us . . . Triumphantly we seize upon his misbehaviour as the perfect excuse for minimizing or forgetting our own. (AA World Services Inc., 1981, p. 78)

Thus, forgiveness is considered to be an important part of substance abuse recovery (Worthington, 1998; Webb, Hirsch, Conway-Williams, & Brewer, 2013). Gallup Poll (2011) found that many Americans hold religion and spirituality as part of their belief system, with 80% reporting to believe in God, and an additional 12% reporting to believe in a higher power or universal spirit. Along with this 54% reported that religion is very important in their lives, and an additional 26% reported that religion is very important to them. Religion and spirituality have been shown to have a helpful effect on health, as well as addiction and recovery (Koeing, King & Carson, 2012; Toussaint, Webb, & Keltner, 2012). Empirical evidence shows the benefit of religion and spirituality association with addiction and recovery (Miller & Bogenschutz, 2007). Webb and Trautman (2010) found that the process of forgiveness has been empirically supported and is U.S. federally funded as a treatment for alcohol use disorder. Also included were motivational enhancement therapy (MET) and cognitive-behavioral coping skills therapy

(CBCST) (Webb & Trautman, 2010).

### **Consideration of Forgiveness in Counselor Education Programs**

A lack of forgiveness can bring about negative symptoms such as depression and anxiety (Coyle & Enright, 1997; Follingstad et al., 1990; Maltby et al., 2004; Sackett & Saunders, 1999; Worthington et al., 2007). Therefore, enhancing the ability to forgive can be beneficial for the clients who come to counseling with presenting issues related to forgiveness. There have been several forgiveness instruments created to identify the likelihood that someone is able to forgive; however, there is still a need to explore the effectiveness of the assessments used (Klatt & Enright, 2011).

Klatt and Enright (2011) conveyed that there were no known counselor education programs that educated upcoming clinicians about forgiveness techniques and interventions that could be used in counseling. In January 2015, I accessed the ACA-ACES Clearinghouse to investigate whether forgiveness was included as a topic area on syllabi. While the clearinghouse does not purport to contain all syllabi, it is a site where counselor educators share syllabi freely. The clearinghouse had 25 categories of syllabi that are drawn from CACREP curriculum standards. I reviewed all syllabi in all but five of the categories. Those categories of syllabi not reviewed included testing/measurement/assessment, supervision/consultation, research/statistics, school counseling, and ethics/legal issues. For the remaining 20 categories, I searched the syllabi within each category for the words forgiveness and unforgiveness. The search included bibliographies and course assignments for each syllabus. Of the 20 categories, three included syllabi with the terms forgiveness or unforgiveness, including addictions/substance abuse counseling; marriage, couple, and family counseling; and spiritual/religious values. Within these

three categories, one syllabus each included forgiveness or unforgiveness in the body of the syllabus or the bibliography.

In the addictions/substance abuse counseling category, one e included an article in the bibliography concerning forgiveness. In the marriage, couple, and family counseling category, one syllabus included forgiveness as a topic of discussion. A syllabus in the spirituality/religious values category included”

Given the importance of forgiveness in mental health, substance abuse treatment, and individual and family treatment, the lack of evidence direct coverage of this important topic is striking.

### **Summary**

This study focused on gaining a deeper understanding of the experiences of clients and counselors who use the FRI as an intervention tool in counseling sessions at a South Texas substance abuse facility. This chapter provided research that supports forgiveness as a positive and helpful experience for clients after a transgression as occurred. Additionally, this chapter identified the need for qualitative research in order to further explore the experiences of clients and counselors who use a forgiveness intervention. The following chapters detail the methodology, findings, and implications for the study.

## CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

The purpose of this study is provide an examination of the experiences of counselors and clients while utilizing the Forgiveness and Reconciliation Inventory (FRI) with individuals receiving treatment at a substance use treatment facility in South Texas. The goal was to gain an in-depth understanding of the ways counselors and clients perceive the effectiveness of the FRI and possible implications for further use. The purpose of the current study was to examine experiences of clients and counselors who use the Forgiveness and Reconciliation Inventory (FRI; Balkin et al., 2014) as an intervention during the counseling process. This chapter details the methodology that was used to explore these phenomena.

### **Research Questions**

The overarching research question that guided this qualitative inquiry is as follows: What are the experiences of clients and clinicians when using the Forgiveness and Reconciliation Inventory in counseling at a substance abuse facility? Additional sub-questions that guided this study were: (a) What components of the Forgiveness and Reconciliation Inventory did clients and counselors perceive as most helpful? (b) What actions, if any, were taken as a result of using the Forgiveness and Reconciliation Inventory? (c) How do clients and clinicians perceive the impact of using the Forgiveness and Reconciliation Inventory? (d) What are the counselors' perceptions of using the Forgiveness and Reconciliation Inventory?

### **Rationale for Qualitative Methodology**

Qualitative research is an approach designed to explore the experiences of participants involved in a particular phenomenon in their natural setting in order to understand their meaning (Denzin & Lincoln, 2005). The use of this approach can provide in-depth data concerning experiences of the phenomenon, allowing for better understanding of the research questions at

hand (Patton, 2002). Patton (2002) indicated that qualitative research is designed to address “selected issues in great depth with careful attention to detail, context, and nuance” (p. 227), whereas quantitative approaches have “less breadth and depth” (Patton, 2002, p.227). Because there is a dearth of research concerning the use of specific forgiveness interventions, and specifically a lack of information concerning the use of assessments as interventions, a qualitative study was determined to be appropriate to address the research questions of this study. Qualitative research is used in order to understand the experiences of others (Heppner, Wampold, & Kivligham, 2007).

### **Phenomenological Approach**

Researchers use the phenomenological approach to gain deeper insight into the lived experiences of people or a group of people. The essence of the phenomenological approach is reflected by the assumption that “we can only know what we experience by attending to perception and meanings that awaken our conscious awareness” (Patton, 2002, p. 105). The phenomenological approach was used in this study. This approach allows for the researcher to study a small number of participants to develop themes (Creswell, 2014). Use of a phenomenological approach allows a researcher to have a deeper understanding of the human experience (Van Manen, 1990). Because the current study was designed to understand the lived experiences of participants who used the FRI as an intervention during treatment, a phenomenological qualitative design was warranted. Hays and Wood (2011) claimed, “the sole purpose of phenomenology is to describe the depth and meaning of participants lived experiences” (p. 291).

For the purpose of this study, I utilized grounded theory methods for data analysis purposes. Grounded theory involves a simultaneous collection of data and analysis to discover

emergent themes throughout the data collection process in an earlier phase. Grounded theory methods can be used in other qualitative approaches to strengthen the qualitative data analysis (Charmaz, 2006). Grounded theory methods of data analysis involve coding, memo writing, and comparative methods (Charmaz, 2006). Charmaz (2006) further claimed that the use of grounded theory methods will further expedite the interpretation of the data inquiry. Therefore, I used data analysis methods common to grounded theory in order to arrive at an in-depth understanding of counselor and client participants' experiences with said phenomenon.

### **Role of the Researcher**

During this study, I had several roles that I served. My roles included: (a) consultant, (b) observer, (c) educator and trainer, (d) facilitator of group supervision, and (e) interpreter of the data obtained during the study. As the consultant, I attempted to provide the counselors with resources that could assist their growth and development. As an observer, I attempted to document all observations while remaining present, open, and sensitive to those individuals participating in this study. As an educator and trainer, I attempted to teach information clearly and accurately, ensuring that the counselors were able to understand the theory behind the forgiveness reconciliation model. As a group supervision facilitator, I facilitated the group in a manner designed to foster growth and development of the counselors and to ensure their questions were addressed. As an interpreter of the data, I maintained my researcher journal to properly reflect my personal feelings, observations, and experiences of myself and those participating in this process. Because I provided training and on-going consultation to the counselor participants and also had previous experience working in the facility, I was, in many ways, an insider and participant. However, it remained the role of the counselor participants and

FPM to determine which clients would be invited to participate in the study and to carry out administration of the FRI and interventions based thereon.

### **Personal and Professional Experience**

In my personal and professional life, I have studied the topic of forgiveness for several years. Professionally, while working at a substance abuse treatment facility, I found that although there are instruments that counselors can use in session, once the instrument has been administered and results provided, counseling proceeds with varying levels of attention to results. My professional opinion is that instruments should in fact yield results that are beneficial and helpful to the clients; however, an instrument that not only yields results but can also be used as an intervention tool would be a useful guide to continue to foster the growth and development of the client.

### **Research Design and Procedures**

#### **Site**

The site where the data was collected is a substance abuse treatment facility located in South Texas. This site is primarily staffed by licensed chemical dependency counselors with whom clients meet on a daily basis. The site provides a family program that offers individual and family counseling sessions along with family group sessions. As a master's-level intern, I completed my practicum and internship at this site; thus, I was experienced in the site's daily functioning and was aware of the consistent, on-going weekly supervision would provide a venue for training. .

In conjunction with services provided by licensed chemical dependency counselors, there is a family counseling program within the department as well. The family counseling program is staffed at any given time with five to eight CITs and LPC-Interns who provide group counseling

and individual counseling to the clients receiving treatment. Counseling services are provided via the family counseling program at the substance abuse treatment facility only on Fridays and Saturdays. There are two group counseling sessions provided by the CITs and LPC-Interns: one on Friday and one on Saturday. Individual counseling is only provided on Saturday, following the morning family group counseling session. Each counselor (CITs and/or LPC-Interns) meets with clients for individual counseling sessions following the morning group counseling session. Additionally, the CITs and LPC-Interns meet weekly for group supervision every Friday and Saturday, along with individual supervision scheduled either Friday or Saturday with the FPM.

### **Sample Selection**

Patton (2002) conveyed that purposeful sampling is a method used to gather information-rich data to answer a particular phenomenon in question. This method of sampling was used when selecting the study participants due to being able to identify a variety of interviews to provide a deeper understanding to phenomena at question. The population from which the participants were selected included clients and counselors (CITs and LPC-Interns) who were receiving or providing treatment at a substance abuse treatment facility. In addition, the FPM was invited to participate.

**Participant protection.** This study was designed to maintain the confidentiality and safety of all the participating counselors and clients. The study was approved by the Institutional Review Board of Texas A&M University- Corpus Christi [July 10, 2014, #77-14] (see Appendix G). All participants signed a consent form and were informed that they could withdraw from the study at any time. The recordings and transcriptions of the interviews and focus group, my researcher's journal, and any additional information were stored in a locked filing cabinet. A pseudonym was assigned to each participant and all participants information was labeled with

only the pseudonym. All participants were encouraged to share only information that they felt comfortable sharing during group sessions and individual interviews. The FPM is a Licensed Professional Counselor Supervisor and the site supervisor for the master's-level counseling students. The FPM participated in the group training sessions with the counselors; she also performed individual supervision and group supervision with the counselors at the site, as well as evaluations and other administrative duties. However, she also provided individual supervision for the counselor participants and dealt with any concerns related to the study that arose during individual supervision. Participants were warned about the limits to confidentiality and were reminded that the discussion was voluntary and at their own discretion.

### **Description of Participants**

**Client participants.** The clients were adult participants who fit the criteria for inpatient treatment at the substance abuse treatment facility. Five clients agreed to participate in the study. There were four males and one female who chose to participate in the study. This sample selection is indicative of the gender population of the substance abuse treatment facility. Table 1 provides client participant demographic information, including whether the participant identified as a victim, a transgressor, or both.

Table 1

*Demographic Description of Client Participants*

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Pseudonym	Age	Gender	Ethnicity	Victim	Transgressor
Bubba	62	Male	Caucasian	Yes	Yes
George	58	Male	Caucasian	Yes	Yes
John Smith	40	Male	Asian	Yes	Yes
Elephant	31	Male	Hispanic	No	Yes
Chloe	58	Female	Caucasian	Yes	No

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**Counselor participants.** Counselor participants included both master’s-level students (CITs) registered in a counseling program who were completing the requirements of their practicum and internship classes and Licensed Professional Counselor Interns (LPC-Interns) who were completing their required hours towards full licensure. Six counselor participants agreed to be a part of the study. Table 2 provides counselor participant demographic information.

Table 2

*Demographic Description of Counselor Participants*

Pseudonym	Age	Gender	Ethnicity	Level	Formal Training in Forgiveness
Lola	53	Female	White	LPC- I	Yes 1-5 hrs
JP	27	Male	Hispanic	LPC- I	No
TR	24	Female	Caucasian	Practicum	No
Claire	24	Female	Hispanic	Practicum	No
Gina	35	Female	Hispanic	Practicum	No
Bob	25	Male	Caucasian	Practicum	No

**Family program manager.** Together, the CITs and LPC-Interns obtained regular supervision from their FPM at the substance abuse treatment facility. In addition to the counselor participants, the FPM, an LPC-Supervisor, also agreed to participate. The FPM is a white female who had no formal training in forgiveness and was 63 years old at the time of the study.

## **Data Collection Procedures**

### **Phases of the Study**

The study was divided into four phases, including educational training and development of counselors, administration of the FRI by the counselors, individual interviews of client participants, and a focus group with counselors. In addition, an individual interview was conducted with the FPM. The data were collected across all phases. Client participants were contacted via their regularly scheduled counseling sessions and were chosen based on certain transgression characteristics which were discussed during their counseling sessions. Counselor participants were able to identify which client would be best for the study. Together, counselor participants and the researcher were able to collaborate about potential client candidates for the study. Once decided, counselor participants would ask the client to participate in the study. Further information regarding the transgression of the client participant was gathered from the completed demographic survey. Client participants were administered the FRI during their subsequent counseling session with a CIT or LPC-Intern.

**Phase I: Educational training and development.** The initial phase included psycho-education groups and trainings for CITs and LPC- Interns in the forgiveness and reconciliation model and the associated assessment instrument. The CITs and LPC-Interns participating in the study participated in several brief group training sessions providing them with information about the forgiveness and reconciliation model, the FRI, and implications and practical uses for the FRI.

The CITs and LPC-Interns were able to learn about the forgiveness reconciliation model and the way this model is linked to forgiveness concepts. The training also covered the appropriateness of using the FRI, and trainees learned proper administration protocol. Finally,

trainees were taught possible FRI processing strategies and interventions to continue treatment with clients post-survey. This training segment occurred over a time period of 6 weeks and was held at the substance abuse treatment facility during their normally scheduled group supervision time. Each training and education period lasted no longer than an hour. In addition, I made myself available to the CITs and LPC-Interns thereafter by attending group supervision on a weekly basis and by being available for telephone consultation or by email in order to address any concerns or questions regarding this process.

During this phase, I made careful notes of my observations while providing training and consultation with the CITs and LPC-Interns. I made sure to remain open and aware of the CITs and LPC-Interns at all times and documented all observations, questions, reflections, and decisions made about the study. This ensured that I was able to check possible biases as well as maintain an audit trail.

*Session 1.* This first session was primarily designed as an orientation for the counselor participants of the study. There was some discussion of the work experience and therapeutic frame of reference for the counselors. The session started with introductions of myself as a researcher, a previous internship student at the site, and a description of my professional and clinical experience. Further introductions were of the counselor participants, including their educational background, counseling background, work experience and career goals, as well as any research goals. I also asked the counselors to share any previous experience using forgiveness related interventions in counseling. Overall, the group reported limited experience with forgiveness. I then invited the counselors to participate in a group discussion about the definition of forgiveness and reconciliation. I presented an overview of different case studies where there might be a lack of forgiveness. Finally, I discussed coping strategies that are positive

and healthy which display true forgiveness. Then I presented coping strategies that are negative and dysfunctional which display a lack of forgiveness. At the conclusion of the session I informed the counselor participants that two articles would be emailed to them that day, for them to review and prepare to discuss next session.

***Session 2.*** The focus of the second session was to understand the FRM. As counselor participants arrived for the group session, they were able to review the articles that were printed and on the table in the room. The session started with a discussion of any reflections from the previous week. I then lead the counselors in a discussion regarding their reflections on the articles that were given to read as homework. I facilitated a group discussion regarding the FRM and the various stages of the model. I led a discussion regarding the collaborative exploration stage and the importance of understanding their client's background and world view. Counselors were able to acknowledge the importance of their fundamental stage. The discussion moved to the next stage of the role of reconciliation. The counselors then were able to identify how possible clients can find themselves in either spectrums of this stage. The next stage of remorse/change was discussed. This stage was then followed by a conversation regarding interpersonal and intrapersonal forgiveness. Counselors were able to look at the various possible perspectives clients might have when being in a relationship where they have been transgressed upon. Participants were encouraged to keep an open mind when working with clients.

***Session 3.*** The topics of the third session was administration and appropriate uses of the FRI. Counselors were guided to review the topic of last week, and reflect on any questions or comments about the FRM. Counselors were then guided to discuss the appropriate uses for the FRI. The counselors shared some of their beliefs about when the FRI might be appropriate. As a

group, the counselors were able to identify appropriate uses for the FRI when provided with case scenarios.

**Session 4.** The fourth session started with a discussion of any concerns regarding the FRM or appropriate using for the FRI. The counselors discussed their fears and concerns regarding deciding when to administer the FRI. During the session, the counselors discussed how they feel about their readiness for using this instrument. Counselors voiced that they felt comfortable about the FRM, however still had confusion regarding the scoring process of the FRI. Counselors were guided through the FRI and each counselor was supplied the FRI for practice. The counselors were able to review the FRI, and practice amongst themselves, taking the instrument, and scoring the instrument. I was able to assist with any questions or concerns the counselors had regarding taking the instrument themselves and scoring the instrument. Counselors voiced concerns regarding calculating the scores of the instrument, then plotting those scores on the graph. The counselors were assisted individually on how to calculate the scores and then complete the graph.

**Session 5.** The topic of the fifth session was interventions and post administration of processing the FRI. Counselors were guided through a discussion regarding the possible interventions to use with their clients. Counselors were able to use case scenarios, regarding different possible outcomes for potential clients. Counselors discussed action plans that they could possibly use with their clients; for instance, if a client chose to stay in a negatively viewed relationship, the counselors would then assist the client with developing coping strategies and ways to stay safe while still in the relationship. Moreover, if the client chose to exit a relationship, the counselors then developed action plans for exiting a relationship safely.

Counselors discussed different scenarios and possible interventions and action plans to implement for assisting their clients.

**Session 6.** The sixth session was a mock demonstration of the researcher and a counselor participant who volunteered role playing a case scenario of a client whom was in a negative relationship. The counselors were able to see how the researcher used the FRM, FRI, and processed the results of the FRI with the counselor during the role play. Counselors were then able to see how I scored and graphed the FRI.

**Phase II: FRI administration.** The second phase of the study involved the CITs and LPC-Interns administering the FRI to the client participants who had voluntarily agreed to participate in the study. The FRI was given to each client participant during their regularly scheduled counseling session with their CIT or LPC-Intern. The administration of the instrument was conducted at the beginning of the counseling session and took approximately ten to fifteen minutes to complete. Once the FRI was administered, the CIT or LPC-Intern then continued debriefing the client participant during the counseling session. Once the CIT and LPC-Intern completed their counseling session with their client participant, they then brought the completed instrument to me. I secured the data in a locked file bin located at the substance abuse treatment facility. Also, at this time, I was available to answer any questions the CITs and LPC-Interns had both before and after the administration of the assessment. The scores of the FRI are displayed in Table 3. Higher scores on the FRI are indicative of a negative relationship, whereas lower scores lead more to a positive view of the relationship.

**Phase III: Interviews.** The third phase of the study involved the face-to-face semi-structured interviews with the client participants. Client participants were invited to participate in the interview as suggested by their counselor. The interviews were recorded with an audio tape

recorder with the consent of the participant. The semi-structured interview was conducted using an interview guide consisting of the following questions:

1. What was it like taking the Forgiveness and Reconciliation Inventory?
2. In what ways, if any, was the Forgiveness and Reconciliation Inventory helpful to you?
3. In what ways, if any, did you and your counselor use the results of the inventory?
4. Tell me about anything that was not helpful or that you did not like about using the inventory?
5. What were your experiences of this process with your counselor-in-training?

These interview questions were used to gain information regarding their overall experience of the process with their counselor. I also recorded observational data such as participants body language and facial expressions. Each interview was transcribed immediately after it was conducted, and pseudonyms chosen by each participant was used to identify each transcript and interview recording. Interviews lasted from 30 minutes to an hour, and took place in counseling rooms at the facility.

**Phase IV: Focus group.** The fourth and final phase of data collection was the focus group that was conducted with the CITs and LPC-Interns. The goal of this session was to allow the researcher to gather more information about the counselors' overall experiences with administering the FRI and to learn more about the overall process concerning the preliminary forgiveness training and the actual administration of the FRI. Another goal was to learn more about the clients' experiences with the FRI as shared with their counselors. According to Morgan (1988), the focus group serves to ensure the quality of the insight and data collected from a group. During this phase, I asked the CITs and LPC-Interns questions regarding the entire experience. An outline of the questions served as a guide to facilitating the focus group interview

(see Appendix B). The focus group was audiotaped and transcribed. The FPM was individually interviewed a week following the focus group (see Appendix E). The FPM was able to share additional insight through follow up questions about the overall process of the study.

### **Data Transcription Methods**

I transcribed each audio recording as soon as possible after each recording was made. Each client participants' transcript was printed on colored paper that was coded to that individual so that I could easily locate the source of units of meaning once categories and themes were established. Completing my own transcriptions was a way of immersing myself more fully into the data (Patton, 2002). I listened to each recording first. I created the transcriptions by listening repeatedly to the tapes and typing what I heard. I listened to the tapes multiple times to ensure accuracy. I then read the transcriptions multiple times while listening to the audio tapes to further verify accuracy and immerse myself in the data. During this extended transcription process, I began to conceptualize possible themes that arose from the individual audiotapes.

### **Member Checking**

Following the transcription of all individual interviews, I contacted the client participants and met with them during face-to-face appointments so that each could review a printed copy of their transcript, make any changes, clarifications, or corrections that may have been desired, and return their transcripts. Each participant had the opportunity to review the transcription for accuracy. This process ensured that all participants' voices were accurately represented in the transcript. The focus group interview was transcribed; however, the counselors were not given a paper copy of their responses.

### **Data Analysis**

According to Strauss and Corbin (1998), data analysis using grounded theory methods involves a framework of coding procedures that provide “standardization and rigor” (Patton, 2002, p.489). First, as I read and re-read each transcript, I highlighted units of meaning in the text, making comments in the margins about connections, relationships, and categories that might be reflective of initial themes. As this was completed for each transcript, I made notes about initial categories of meaning for that particular transcript. This allowed me to constantly compare the data so that data saturation could be noted. Once all client interviews were completed, I again reviewed transcripts, highlighted any additional units of meaning, and then wrote each unit of meaning onto color coordinated index cards. Each index card was color coded to match the color transcription for each individual client and counselor participant interviewed. Once each index card was completed with phrases, then I grouped the index cards into categories. Once all individual index cards were placed into categories, I took a break from analysis and then reevaluated initial categories and made revisions until initial themes were determined.

Once initial categories were determined and titled, I used axial coding to ensure that the initial categories represented participant voices. I read and re-read the data, re-grouped units of meaning, and combined and reformulated categories until I was satisfied that the final themes gave voice to participant experiences. A similar process was followed with the focus group transcript in terms of the use of open and axial coding. Axial coding focuses on “relating categories to their subcategories” (Strauss & Corbin, 1998, p. 123).

### **Data Organization**

Data organization during this process was vital, especially ensuring that the raw data remained connected to the original source. I used my researcher journal to keep track all original

data and initial themes. I stored copies of all transcripts and my reflective journal onto my computer with backup copies on portable hard drives, thumb drives, and other computers. Printed versions of each transcript were analyzed and stored in separate folders for each individual participant of the study. Each client and counselor participant had a designated color for both transcriptions and index cards. On the back of the index cards page numbers were marked that corresponded with the page number of the transcript so that I could easily reference the data in its entirety when necessary. This method quickly identified the page number on which the unit of meaning could be located in the original transcript data source.

### **Trustworthiness**

The criterion for assessing the quality and credibility of research varies significantly for qualitative and quantitative research. Postmodern research perspectives provide different criteria for demonstrating quality in qualitative research (Patton, 2002). Lincoln and Guba (1999) suggested credibility, transferability, dependability, and conformability as criteria that are more appropriate for assessing qualitative work.

Several measures were taken to ensure that the study had truth-value, or credibility, which is similar to internal validity of a quantitative study. Patton (2002) declared that “Triangulation strengthens a study by combining methods” (p. 247). I utilized triangulation of data sources to enhance the credibility of the study. Data sources included interviews, the focus group, and the information obtained from the FRI. Interviews and FRI information came from client participant sources and focus group data was obtained from counselor participant sources. In this study, I used multiple sources of data such as individual interviews, a focus group, and an interview with the FPM, as well as keeping my own personal journal to reflect my experiences and field notes. During the analysis phase, I consulted with my supervisor as I analyzed data. In

addition, member checking was used with the goal of ensuring the accurate portrayal of the experiences of participants of the study.

### **Prolonged Engagement**

During this study, I was present at the site and engaged with the counselor participants throughout the entire research process. I served as an educator and consultant to the counselor participants. During my time at the site, I kept a researcher journal to reflect on the training and group process, as well as identify any points that I needed to discuss with my supervisor. I spent a significant amount of time immersed in the data, and thoroughly listened to interviews and the focus group before, during, and after transcription to ensure each transcription was accurate. Prolonged engagement with data may also be seen through the repetitive reading and re-reading of all interviews and researcher journal to ensure I accounted for all units of meaning. After identifying initial units of meaning, I organized and re-organized themes until I was completely satisfied that each theme was consistent with the data. I also discussed my data analysis process with my supervisor and committee chairperson who assisted me in clarifying my themes. The findings in the present study are due to the extensive connection to the study participants and the data that was obtained.

### **Transferability**

Transferability in a qualitative study is similar to that of external validity of a quantitative study. The goal is to discover whether the results can be relatable to other contexts (Miles & Huberman, 1994). The thick description of participants, the context, and the process of the study provide readers with understanding that allows them to determine whether the findings of this study are relatable to their settings. In addition, careful reflection on and bracketing of my own perspectives as well as description of my biases and roles provides information within the study

that allows readers to understand the lens through which I analyzed the data. My personal feelings and assumptions about this topic were addressed in order to ensure that the results of this study will be reflective of the experiences of participants rather than of my own ideas.

### **Conformability**

Conformability means that others can corroborate the findings. I kept a detailed researcher journal to document steps taken and decisions made throughout the study, both in the training phases and in the data collection and analysis phases. In addition, the researcher journal includes personal reflections about the data and its analysis.

### **Limitations**

The client participants were limited to those receiving treatment for substance abuse in a treatment facility in South Texas. Clients with other concerns may respond differently. Another limitation to the study is the fact that the participating CITs and LPC-Interns were the ones administering the FRI and providing any subsequent interventions to the client participants. Although they were trained prior to administering the instrument and received consultation about their work, they were not experienced counselors. In addition, I can only assume that participants were being honest and recalling accurate information.

## CHAPTER IV: RESULTS

The purpose of this phenomenological study was to examine the experiences of counselors and clients who use the FRI as a tool in counseling sessions. The overarching research question that guided this study is as follows: What are the experiences of clients and clinicians when using the Forgiveness and Reconciliation Inventory in counseling?

As conveyed in Chapter III, the data collection methods included researcher journals, semi-structured interviews, and focus groups. Microanalysis was utilized to organized themes during the analysis of data collected. There were four themes identified for client participants' experiences. These included: (a) *increased awareness*, (b) *desire for more time*, (c) *positive experience in the counselor relationship*, and (d) *moving forward in recovery with forgiveness*. The theme of increased awareness contained two subthemes of *understanding of self and others* and *emotional impact of the process*. There were three themes identified that were distinctive to counselor participants, including (a) *usefulness of training*, (b) *helpfulness for client interpersonal relationships*, and (c) *visual representation of scores*. The theme usefulness of training contained one subtheme of *deciding when to administer the FRI*. While not rising to the level of themes, additional findings were unique to the Family Program Manager's experience of the process. These included (a) *collaboration with researcher and counselor participants*, including *identifying best fit for client participant*, and (b) *helpfulness of training for counselors*. Client scores on the FRI are reported as additional information (see Table 3).

Table 3

*Scores Results of the FRI*

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Pseudonym	Exploration	Role	Change	Outcome
Bubba	9	11	11	9
George	29	19	30	21
John Smith	18	13	9	9
Elephant	27	15	26	11
Chloe	11	6	12	8

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**Client Participant Themes**

**Increased Awareness**

All client participants described taking and processing the FRI as helpful, and all connected the helpfulness with increased awareness they experienced when they took the FRI and processed their results with their counselors. Increased awareness had to do with providing clients with a better understanding of forgiveness and where they were in the process of forgiving others and themselves as well as needing or wanting forgiveness from others. Data

from client participants indicated that increased awareness allowed them to understand themselves and others in their lives. Client participants identified that forgiveness was more difficult than they had first thought. John Smith said, “You know, most times you think of forgiving someone . . . hey, I forgive you. But you are not factoring all the things . . . it’s really not that simple”. As Bubba noted, using the FRI allowed client participants to have a better understanding of “where [they were] with forgiveness and being forgiven.” Two subthemes, understanding self and others and understanding the emotional impact of the process, were identified.

**Understanding of self and others.** Client participants all noted that they came away from the process of using the FRI in counseling with a better understanding of themselves and of the people in their lives with whom forgiveness is important. One client, Elephant, said, “[It was a] way of realizing that I don’t forgive people as much as I thought I did.” Similarly, John Smith said:

[Taking the FRI] made me realize there is more room for improvement, as far as the process goes, to make forgiveness happen. I guess it really hasn’t happened yet fully. It’s been swept under the rug a little bit, kind of put aside on the back burner. And life happens, things happen and you just don’t go there, after a certain period of time. But it made me think again about there is a lot of room to be able to go back, and approach [the] people involved, and reevaluate what happened, why it happened, you know, do we need to talk about it again? Is it something that needs to be forgiven really, or is it a matter of circumstances at the time, and what were people’s reasoning and rationale as far as why they did what they did? And I don’t know all that fully yet. This was, was [an] early childhood thing. You know, obviously, when it comes from parents and family and what

not, maybe I think it's a little too young to discuss the whole [issue]. But then it may never get discussed again too. So that is where the whole resentment thing comes from, too.

George said; "it was . . . very eye opening. It helped me as far as understanding transgression . . . like where I am at with forgiveness and being forgiven." Chloe described it thusly: "[The FRI] doesn't really make you accountable, but [it] makes you aware of where you stand with each other. I liked that about it". John Smith noted

This was all new . . . I wasn't real communicative, or open or forgiving or reasonable. I wasn't any of those things. Two sessions of counseling has already broken that barrier down. . . . Having these words on paper in front of you, when you are thinking about that . . . the words will . . . evoke thoughts that maybe you didn't have right away at that time. That was buried or stuff that maybe you didn't hang on to.

George related his increased understanding to recovery and the need to forgive. He said: I guess it just brought back to [the] surface . . . some of the things I went through as a child. I know that if I want to have any type of sobriety . . . I got to learn to, number one, forgive myself, and number two, forgive some of the people that put me through the physical, mental, and verbal abuse.

George also related his increased understanding to his own recovery process. He indicated:

It mainly helped me to realize, um, where I am at with all the abuse and where I stand in [my] mind and stuff that, you know, . . . of course, it isn't as over whelming as it was 20 years ago or 10 years ago. It is still there, and it will probably always be there. Anyways, I will work on it. The best way I can forgive myself and not keep doing what I was doing.

And keep resorting back to what I was doing. And keep doing what I need to do to not do that. Go to my meetings and see my sponsor and do everything I need to do to stay sober.

In addition to understanding themselves, clients indicated that using the FRI helped them understand their relationships with others. For instance, Chloe said:

. . . You know where you stand and you know where you need to meet. And I think [the FRI] just helps [the victim] and the person who may be doing these things maybe to you or to your family. It helps them to think about what they are doing, and how to fix it. I just think it's a good tool.

Bubba described his experience while taking the instrument with a family member and the role it played in understanding his sibling. He stated:

Knowing where my sister stood, forgiveness phase, and how she felt . . . towards me, it just, I'm not sure how to put it. She help[ed] me understand [what] I needed to know. I needed to know where we stood with one another, and it clarified quite a bit, and that's what I liked.

In reflecting on forgiveness and past abuse, George acknowledged that he had not previously had a way to deal with what happened, and noted, "I never dealt with anything like that in a constructive way, you know, any time I had something like that happen to me, I [would] just go drink over it." John Smith also discussed his past abuse, and reflected on how things were handled then and now as well as a reconsideration of whether forgiveness is needed. He said:

Life happens, things happen and you just don't go there, after a certain period of time. But it made me think again about there is a lot of room to be able to go back, and approach people involved, and reevaluate what happened, why it happened, you know, do

we need to talk about it again. Is it something that needs to be forgiven really, or is it a matter of circumstances at the time, and what were people's reasoning and rationale, as far as why they did what they did. And I don't know all that fully yet. This was, was [an] early childhood thing. You know, obviously, when it comes from parents and family and what not, maybe I think it's a little too young to discuss the whole issues, but then it may never get discussed again, too. So that is where the whole resentment thing comes from, too.

**Emotional impact of the process.** Client participants also discussed a range of emotions that came up during the process of using the FRI about which they had not always been aware. Chloe conveyed that the process of the study helped "in being more direct, and deal with the emotions and behaviors. Just helped to be more direct [*sic*]." John Smith stated, "It is a softer approach . . . a tool to bring some emotions and feelings out." Elephant reflected on his emotions and where he wanted to be, and noted:

I guess it made me realize, um, I have a lot of highs and lows . . . I guess, according to the test . . . Yeah. I do, and actually, I guess the feelings I felt when I was taking it were, um, some anger, . . . weak . . . worthless at some points, and scared, definitely scared. For sure. It showed me that I do truly want to get to that forgiveness level. It showed me that I am not nowhere near there yet.

Bubba explained how the instrument helped him understand his feelings and related it to understanding his recovery process. He stated, "You understand your feelings more and where you are at in recovery, or whatever it may be . . . so the study really helps a lot. With me it was 90 to 100 percent with the way I was feeling. It was really good. I was satisfied big time. John Smith summed up the thoughts of all participants when he remarked on the emotional

understanding he gained, and described it as “. . . having that range of how you felt about certain emotions and certain attitudes to how that event or situation really developed.”

### **Desire for More Time**

Client participants noted the lack of sufficient time to follow through with the use of the instrument in the counseling process. The realities of treatment in a rehabilitation facility, including the time it takes to establish rapport with a counselor before taking and processing the instrument, as well as the fact that some participants were very early in their treatment process impacted the amount of time available to talk about the assessment, its results, and the impact of forgiveness in clients' lives. Chloe stated:

And overall, we have had some success with where we are at, and we want to continue because of where we are going with it. We want to keep it going in that direction . . . I just feel like it is important. We may be where we need to be, but I feel like we need to continue a little longer.

Bubba noted, “We didn't have much time on it, just a few minutes . . . we are going to do another on our next session. I am going to [complete the FRI] with my other sister.” George indicated that he needed more time, as well, though for different reasons, and said,

. . . my memory is not as good as it used to be . . . burned up too many of my brain cells . . . It wouldn't have hurt my memory if we went ahead and took [the FRI] again before doing this [interview]. That way it is forward in my mind.

Elephant reflected on the process and said:

I mean, to be honest, we really haven't gotten that much into it. Like I said, we just started, so this is only our second session so, processing that forgiveness hasn't really started yet. We are barely scratching the surface of the actual issue, but I mean, I could

see, I guess maybe in the future, that this would be beneficial, or it could have been more beneficial, if I had been seeing her for about maybe a month or two or something. I think we could [have] definitely gotten more in depth into it . . . but considering it hasn't been that long. So [it is] kind of hard to just like, lay it all out there like that. Just the timing I think.

### **Positive Experience in the Counseling Relationship**

All client participants noted positive experiences during counseling sessions with their families and/or in individual counseling with their counselors. George said of his counselor, "Yeah she is awesome". John Smith explained the importance of his counselor's acknowledgement during a family counseling session. He said:

It was more of a role of acknowledgement and support. [The counselor] acknowledged the fact that "ok, look, like, this is how you're feeling now." And having that acknowledgement is good. It solidifies something that is progress. I think that, if anything, more or less a discussion and the process itself was between [my wife and I], for the most part. But the affirmation and then [the counselor] reaffirming what was going on, then it's you know, it's like check, check, check. It's kind of put into stone a little bit. It's not only the two of us thinking it, now it's someone else has acknowledged it, outside of the box. So I think that was nice that somebody else, you know, [acknowledged] he is being a nice guy right now. It helps having an outsider's perspective.

Bubba described his relationship with his counselor, and indicated that "She was very helpful." Bubba continued by explaining the ways in which his counselor was helpful: "[She is] helpful . . . [clarifies] stuff, as far as the definitions, transgression, transgressor, some of those

things”. Chloe also stated that the counseling sessions following taking the FRI helped improve the relationship between her and a family member:

[The FRI] made things move along a little faster . . . we had good outcomes in all of our sessions. We walked away feeling good about things and feeling like we accomplished things each time, so if we get any concerns in between we bring it up in the next session, if we start getting a certain feeling again, and overall we have had some success with where we are at, and we want to continue because of where we are going with it. We want to keep it going in that direction.

John Smith indicated that his counselor played a distinct role in helping him understand the results of the instrument and said, “He helped explain how these results broke down in the scoring system. And he basically told me, and we discussed that there is a lot of room for forgiveness still.”

### **Moving Forward in Recovery with Forgiveness**

Participants all expressed a desire to move forward in sobriety from the addiction and discussed the importance of forgiveness and support in so doing. Elephant described how forgiveness or a lack thereof had affected his sobriety, and stressed his desire now to live a sober life. Elephant stated:

The willingness to move forward, you know. I do want to forgive . . . that is there, but I am not there yet. Just the fact that . . . I do want to get over [the transgression] and move on. And so, we were kind of talking about that. And that is kind of, it was helpful in that way.

Similarly, John Smith also noted his desire to move forward with forgiveness, and said, “. . . we discussed that there is a lot of room for forgiveness still . . . you should be a little selfish cause you are doing it for yourself, for resolution.”

Bubba acknowledged some areas that he would be working on in the future, and said: I step it [work the 12 steps] to work. I am working on being more trustworthy, and working on showing . . . the people that I transgressed against how I changed, and how much better I feel . . . well it just helped me determine the difference between certain transgressions, and what my sister, how my sister felt, you know, as far as what I had done. It helped me clarify in my mind that I still needed to work on a few things.

Bubba also connected the process of forgiveness and moving forward with his recovery and indicated:

I think [the FRI] should be put into use . . . Because it was for, whatever both parties was involved, you understand it. You understand your feelings more and where you are at in recovery, or whatever it may be.

George connected this to his process of recovery and indicated:

I am taking that really in particular, forgiving myself, the way I reacted, and move the rest of my life, is the core of me staying sober and [maintaining] my sobriety, if I can you know keep on top of that and be not be so hard on me.

George also connected forgiveness to his future goals, and stated:

I will work on [sobriety] the best way I can, forgive myself, not keep doing what I was doing . . . and keep doing what I need to do to not do that. Go to my meetings and see my sponsor and do everything I need to do to stay sober.

Chloe also noted the importance of moving forward and said, “Yeah I think the support system has to continue. And that helps in the support, going to the meeting”.

### **Counselor Participant Themes**

#### **Usefulness of Training**

Counselor participants all noted that the training provided by the researcher was very useful, as it helped the counselor participants to understand how they can use the FRI. TR said:

It was extremely helpful because the addition part of how you calculate the chart, was I guess, unidentifiable, if you don't know what you are doing. So having the training, and how to work [the assessment] was beneficial for me.

Gina thought that “Having a foundation to know where the instrument came from, that was just helpful to know. If we were asked background information from a client, we would have that, too.” Bob also said the training was useful to him, particularly “. . . knowing what the numeric values were for the clients. They can understand what their scores meant.” TR later explained how challenges were resolved once she reflected back on the training. TR said:

I think the only challenge I had was a personal challenge, and that was determining the best way for me to explain what I was doing. It wasn't [necessarily] the tool or the experience with the client; it was just, how can I use this to the best way that they can understand it? But I think that was just, you know, the training that [the researcher] gave us, being able to utilize that and knowing what I was going to do before going into session.

**Deciding when to administer the FRI.** Counselor participants discussed how the training helped them to decide how they would identify a good time to administer the instrument

to their clients. Lola indicated that she approached individuals who were already working on forgiveness of themselves or others. She explained:

The ones that I asked [to participate] . . . were the ones that were working on forgiveness in their relationships to begin with . . . they were struggling with how to go on from where they were at, with what they had done, . . . case to themselves. So getting them, in the guidance of where they were and where they want to be, it was helpful. So it was kind of dependent on what that person was doing and where they were, and what they were working on.

Similarly, TR approached clients who were dealing with forgiveness issues and said: It was those that were struggling to forgive someone. So it gave them a tangible way to see this is where [they are] at, you know, with what they want, whether to stay where they are at with their relationship or move on with forgiving.

Likewise, Gina reflected about her decision process and described a situation with a client thusly:

There [were] some unresolved things with a family member, and you could tell that they were angry or sad, so I was like, well, let's explore possible forgiveness, which is what the client had asked . . . as they would say themselves, I need to forgive so and so.

Bob discussed a challenge he faced regarding deciding when to administer the FRI. Bob said:

I found it challenging in communicating what I am supposed to focus on, like [which] route am I going to take, and also [which] route is going to [be] more beneficial for the client. And that was also the only challenge I had in selecting which clients [it would be

beneficial for], and not set them back in their relationship. And at what time during their case is important to introduce it to them.

### **Helpfulness for Client Interpersonal Relationships**

Counselor participants, like clients, indicated that using the FRI was helpful to clients in their relationships with family, friends, and loved ones. Lola explained how the FRI was helpful and said:

Definitely facilitated a deepening of the conversation . . . it depended on their relationship, in regards to understanding each other, and what they need to hear, and where they are and where they wanted to go.

Bob had a similar experience with a client and the client's family member. He indicated: I used [the FRI] with a couple, and [the client] said she didn't know if she was ready to let go of everything that was in the past due to their experience. And for her it was a really helpful experience, the questions, and she thinks about what she has experienced. The partner was in the room with her, and it was enlightening for him as well. He was very responsive.

TR explained how her client's family members became interested in the instrument. TR stated:

They [the client and family] consistently come as a family group, and when my primary client was addressed to take the FRI, the family members wanted to use it as well because they were working on forgiving my client. So it was a tool that they used to get a better relationship with him. And I think he did it for each one of them. So they were each working on their forgiveness.

Counselor participants explained their perspectives regarding how the FRI helped their clients. TR stated:

I was able to see more of where my client was coming from and their thoughts and their beliefs, what I needed to know in order to help them. So I think it really allowed the relationship to enhance . . . it allowed for the therapeutic relationship to grow.

Counselor participants also explained how they viewed their clients' personal growth after their clients took the FRI. TR said:

It allows for a lot of personal growth in a way that the clients can see where they are at, regarding if they want to let it go, or continue on with the relationship, or if they need more time and figuring out what they need to do.

Lola shared her insight about how the FRI instilled personal growth in her client:

I found it to be a useful instrument to help the client look into where they are in the process of forgiving and maybe where they want to be, or even from the other standpoint of letting go, and walking away from that relationship.

### **Visual Representation of Scores**

Counselor participants found the visual results of the instrument helpful to clients, and indicated the way results were displayed made the results more useful. TR indicated that:

It gave them a tangible way to see, this is where I am at . . . with what they want.

Whether to stay where they are at with their relationship or move on with forgiving . . .

And I think . . . the client I had liked seeing [the] visual [representation] of the score. That was really helpful, and it helped them understand how they were feeling. So using a tool that allowed them to visualize what was going on, and not keeping it all internal. I think it was a good visual.

Additionally, Lola noted that the visual representation helped her client and family member understand their own process, and said:

It was like . . . [the client and their spouse] realized that they were almost on the same page, and when you look at their scores, they are very similar because they continue to have arguments about the things that had happened. They viewed it as, well we aren't ready to [forgive] because they walked in one day and they were still mad about something. And so when they did the instrument, it was really a light in their thought process about where they thought they were [with forgiveness].

### **Additional Findings**

The FPM data provided additional contributions that, while not rising to the level of themes, are important in understanding the results of the study. The FPM, a Licensed Professional Counselor Supervisor, emphasized the importance of collaboration among the counselor participants and researcher throughout the process of the study. Dawne observed:

. . . it was informal, which made it more of a collaborative type of thing, that the people that were going to be giving the instrument, you know, they had a hands-on training. They were actually able to go through it. Some of them, of course, caught on faster than others, so I think the overall training was good on it . . . Remember how they were brainstorming, like this would be great for so and so, and that type of thing? And that type of benefit of it.

Dawne also commented on her perception that the researcher's insider perspective was important in terms of the utility of the training for counselors and the sense of collaboration. She indicated:

I mean they also had someone who had been in their position, you know, as a role model and a mentor to a certain extent. . . . but it is different, something that we foster here, and something that you just . . . because of your training from being here, you easily crawled along with it, and you just included them. So it is everybody's goal . . . We are all proud of you, and excited, and they want to contribute to it. You probably should put that in.

Dawne also commented on the importance of the researcher being available on an on-going basis, and noted that the availability contributed to the sense of collaboration. She said:

And then the fact that you were there for them. And I think that it was that one training, but you also came back in [and] did some re-training when they needed it. And the other thing is that, you came in, and you were part of their potluck thing, so it really became a collaborative team effort.

Dawne indicated that she believed the FRI was helpful to counselor participants and that, as a supervisor, she liked having new tools for the counselors she trains. She said, "The benefit was that they had an instrument that they could use. They had an instrument that they probably hadn't thought about before . . ." She expanded this observation, saying:

I thought it was a helpful tool for them to have. It initiated some sort of a discussion . . . And as a supervisor, you know that I watch everything, or am trying to watch everything. And I didn't see any kind of problems at all . . . other than . . . with the scoring. But they were excited about using it. And excited about even having that tool. And like one of them, they were even using it themselves for different things. Looking at it, and seeing what they were pulling out of it, it seemed like a very useful thing for their tool box. And I like doing it, I like having new things and opportunities for them to learn new things that they might not get a chance to.

Dawne also noted that some counselor participants had some difficulties with scoring, and said: “the scoring at first, we had a little bit of a problem with the scoring. But once they got that, they didn’t seem to have any kind of a problem with it.” Dawne explained how the difficulty of scoring was related in part to the turnover rate of clients in the facility. She indicated:

. . . because of the turnover of the clients, sometimes they [the CITs] would kind of forget about how this works, but there was someone here. We had our own experts on it, who . . . could remember stuff better like that I guess . . . but they said that they would forget how to score it, and they would have to go back and relook at it.

### **Summary**

An account of the themes that emerged from the client and counselor participants experiences with using the FRI as an intervention was given in this chapter. These themes arose from participant interviews and focus groups. Themes fit into two categories: those unique to the client participants’ experiences; and those unique to the counselor participants’ experiences. Those themes that were unique to the client participants are: realizations, wanting more time, positive experience in the counseling relationship, and moving forward in recovery with forgiveness and support system. The three subthemes of realizations were understanding of self and others, emotional impact of the process, helpfulness of recognition of current stance. Those themes that were unique to the counselor participants are: usefulness of training, helpfulness of client interpersonal relationships and visualized results. The one subtheme of usefulness of training was deciding when to administer the FRI. Chapter 5 will provide a further discussion of the results, their relation to existing literature, and implications for practice as well as recommendation for further research.



## CHAPTER V: DISCUSSION

This chapter includes a reflective discussion of my experiences as a researcher throughout the study. Data collected from five client participants, six counselor participants, and one counselor supervisor were analyzed to answer the following research question: What are the experiences of clients and clinicians when using the Forgiveness and Reconciliation Inventory in counseling? Limitations and implications for counselors and counselor educators as well as recommendation for future research will be addressed.

### **Overview of Findings**

Themes were identified for both client and counselor participants. In addition, the FPM offered additional information that, while not rising to the level of a theme, nonetheless provided important information regarding the experience of the counselors and clients while using the FRI. The researcher identified seven distinct themes that illuminated the experiences of the participants while using the FRI. The client themes included: (a) increased awareness, (b) desire for more time, (c) positive experience in the counselor relationship, and (d) moving forward in recovery with forgiveness. Counselor themes included: (a) usefulness of training, (b) helpfulness for clients interpersonal relationships, and (c) visual representation of scores. The additional findings included: (a) collaboration with researcher and counselor participants, (b) identifying best fit for client participants, and (c) helpfulness of training for counselors.

### **Client Participant Themes**

Client participants described an increase in awareness through the process of taking and discussing the FRI with their counselors. They identified understanding more about themselves and others in relation to where they were in the process of forgiveness. In addition, they indicated they became aware of a range of emotions about which they had previously had limited

awareness. As well as better understanding of the emotional impact. Client participants revealed that the instrument allowed them to see how past transgressions, including abuse, whether on their part or the part of others, still affected their behavior. Client participants viewed the instruments as a whole as being helpful and assisting their counseling goals.

Client participants also indicated they wanted more time to process the results of the instrument in counseling, either individually or with family members. Some expressed a desire to take it again focusing on other individuals with whom transgressions had occurred.

Client participants experiences in counseling sessions were positive, and they indicated that they found the sessions with their counselors helpful. These participants described particular ways in which they found the work with their counselors to be beneficial, and indicated specific things they found to be particularly important to them as the FRI was processed.

Finally, all client participants indicated a desire to move forward in living a sober life and noted the importance of forgiveness and having support systems in so doing. Client participants noted that forgiveness played a vital role in their recovery and recognized the importance of having a support group of friends and family as necessary.

### **Counselor Participant Themes**

Counselor participants viewed the training about the FRI, the forgiveness reconciliation model, and using the FRI as an intervention as useful. They began to understand the importance of forgiveness in addictions and recovery and how to implement the FRI and use it as an intervention in counseling sessions. Training aided in the counselors' understanding of which clients would most likely benefit from the use of the FRI. Counselor participants were able to connect the skills learned throughout training to real life application while in counseling

sessions. Counselor participants described a process that occurred when deciding when to administer the FRI, during which they actively brainstormed about which clients would best be served by use of the FRI and noted that they sought client participants who were already dealing with issues around transgression and forgiveness in their sessions.

Counselor participants viewed the use of the FRI as a helpful intervention for improving the relationship within their clients' interpersonal relationships. Each CIT was able to see how the instrument gave the client and family a better understanding of their relationship with each other. Counselor participants explained how this process helped their clients' relationships enhance and grow. Over the course of counseling sessions, CITs became more understanding of their clients' role in reconciliation.

Finally, having a visual of the scores of the FRI was very helpful. Counselor participants viewed the scores as useful to the clients' understanding of the instrument. Counselor participants reported that clients became more aware of their feelings, and the scores helped them to understand their feelings. Counselor participants were able to connect the scores to their clients' beliefs about forgiveness and were able to identify that they still had room for forgiveness. Counselor participants acknowledged that this process helped their clients and their family members understand where each family member was in the process of forgiveness.

### **Additional Findings from FPM**

There were some additional findings for this study. The FPM contributed additional data that did not rise to the level of themes; however, it was important for understanding the results of the study. The FPM highlighted the importance of the researcher collaborating with the counselor participants. The FPM discussed how the training provided by the researcher offered a hands-on experience that was informal and unique to their site. The FPM also connected the

consultation among the counselor participants and researcher as helpful for the counselors identifying clients to participate in the study.

### **Relationship to Existing Literature**

There are few empirical studies that address the experiences of clients and counselors as they process forgiveness (Browne, 2009; Webb et al., 2013). Webb et al., (2013) indicated there is empirical evidence that links forgiveness to substance use disorders; however, most of the previous studies are quantitative (Balkin et al., 2014) and thus provide, at best, limited understanding of the experiences of counselors and clients. This research examined the experiences of clients and their counselors using the FRI as an intervention in counseling sessions at a substance abuse facility. Webb et al., (2013) found that forgiveness is significantly important in addictions and recovery. There is also evidence in prior research that forgiveness techniques and interventions are not covered in counselor education programs (Klatt & Enright, 2011).

### **Increased Awareness**

Data from client participants indicated that the use of the FRI as an intervention provided them with greater awareness about forgiveness in relation to both themselves and others as well as allowed them to become more aware of emotions related to past offenses where they were either transgressor, victim, or both. Cornish & Wade (2015), indicated that counselors should be able to assist their clients in identifying consequences of their offenses. Client participants indicated that their counselors helped them become more aware of how their consequences and behaviors have affected their loved ones. Client participants acknowledged how they were able to identify emotions while processing their feelings with their counselors.

### **Desire for More Time**

Client participants in this study expressed their desire to have more time to process their experiences using the FRI. They noted that additional time to address issues raised and additional time to work with their counselors on forgiveness would be helpful to them. Because this is an initial study about the use of the FRI as an intervention and there is little research about forgiveness processes in counseling, there was no literature found with which this could be compared. However, results of this study may speak to the idea presented by Fields and Roman (2010) that treatment plans should be designed quickly in inpatient treatment settings.

### **Positive Experience in the Counseling Relationship**

Data from client participants indicated that clients experienced their counseling relationships as positive and helpful. Client participants also noted specific things they found particularly meaningful in their individual counseling relationships, including support and validation. This result is consistent with previous research concerning the importance of the relationship and of the therapeutic alliance, including the importance of the client not being judged (Shin et al, 2011; Stevens & Smith, 2013). Having a strong client/counselor relationship would boost the counselor's effectiveness in the client's recovery goals (Koehn & Cutcliffe, 2012). Shin et al., (2011) discussed how the therapeutic alliance be important when providing services to clients in treatment. Stevens and Smith (2013) discussed that the therapeutic alliance is important in terms of client outcomes. The findings of the current research offer an understanding for addressing the positive experience of the counseling relationship.

### **Moving Forward in Recovery with Forgiveness**

Client participants in this study expressed their feelings about moving forward after counseling. Client participants acknowledged that counseling sessions were helpful in allowing

them to recognize the importance of their recovery, and ways to aid that sober life. They identified forgiveness as needed in order to move forward and live a successful life in their recovery. Maffina et al., (2013) discussed that recovery is a period where one is functioning optimally with a reduction in symptoms as well as have improved quality of life. Participants in this study indicated that after working through forgiveness and having their family support system present, they had a positive outlook. Stevens and Smith (2013) discussed how treatment is most effective with family involvement and consideration should be paid to new effective techniques. Client participants in this study indicated that forgiveness was very important for their future. Worthington (1998) and Webb et al., (2013) indicated forgiveness to be one of the most important aspects of substance abuse recovery.

### **Usefulness of Training**

Counselor participants in this study discussed how the training provided by the researcher about the FRI was very useful. They expressed that the training helped to give the counselors with background knowledge about the instrument, thus in turn, helping them to identify situations when the FRI could be used. There is currently no literature regarding how effective training of a forgiveness intervention can be.

### **Helpfulness for Client Interpersonal Relationships**

Counselor participants in this study expressed how processing the FRI helped improve the clients' relationships with their family members. Counselor participants reported that this process allowed the family members to gain a better insight of each other and as a result, their relationships were able to improve. Johnson et al., (2013) conveyed the importance of interpersonal forgiveness as it is a critical component of interpersonal conflict to preserve

relationships. The findings of the current study identified the interest that client participants found in using the instrument as an intervention was helpful.

### **Visual Representation of Scores**

Counselor participants discussed how having visualized results were more useful for the clients. Counselor participants expressed the visual representation of the scores helped the clients to have a better understanding of where they stood in regards to the person who had caused them harm. There is currently no findings that support how effective a visual representation of scores among a forgiveness intervention can be for both the client and counselor.

### **Additional Findings**

The FPM conveyed the importance of the researcher collaborating with the counselor participants throughout the process of the study. The FPM explained the connection between how the researcher's structure of the study connected with the structure of the site. The FPM shared that the site was informal, and the training and structure of the study were useful. The FPM identified aspects of the researcher that were beneficial for the counselor participants, and connected the researcher to be that of a role model for the counselors. The FPM further shared that availability of the researcher contributed to the collaboration between the counselors and researcher. The FPM indicated the scoring process as a challenge for the counselors as they would often forget how to calculate the scores, and contributed this challenge due to the high turnover rate of the clients at the substance abuse facility.

### **Limitations of the Study**

As with any research, there are limitations to the current study. The first limitation to this study is the client dropout rate. At the substance abuse facility, there was an issue with clients

staying in treatment. Like most substance abuse facilities, this facility was a 28-day treatment program. Therefore, this led to counselors dealing with clients who dropped out of treatment or successfully completed their treatment before the rapport could be established and the instrument administered. There were several counselors who administered instruments to clients; however, the clients either discharged from the facility or refused to be interviewed by the researcher. This limited the range of the counselor experiences.

Throughout the course of the study, there was difficulty obtaining client participants. There were numerous clients whom were unable to complete the interview portion of the study, due to either client dropout rates or successful completion of their treatment in a traditional 28-day insurance approved treatment plan. However, given that the population is a protected population by virtue of the fact that they were clients who were inpatients in a substance abuse treatment facility, this limitation is to be expected.

The client participants included four males and one female. While there were not differences noted in the comments from male and female client participants, a sample that includes a more equal representation of males and females might provide different data that would yield different themes. However, the sample in this study is not unique to residential treatment facilities for substance abuse. Hodgins and El-Guebaly (1997) identified that men enter substance abuse treatment facilities at a higher rate than women. There are several reasons for this phenomena, with the first being that women typically enter mental health programs for their addictions rather than a substance abuse facility (Hodgins & El-Guebaly, 1997). Another reason is that there have been barriers for women to enter treatment, for example lack of economic resources or child care concerns (Hodgins & El-Guebaly, 1997). Reed (1985) also acknowledged that treatment programs have been insensitive to gender related group dynamics,

and substance abuse treatment groups were traditionally male dominated groups. However, today, substance abuse treatment facilities attempt to provide more women specific treatment programs. According to N-SSATS (2012), there are higher numbers of treatment programs for adult women in substance abuse facilities.

The counselors in this study were aware observations were being made by the researcher throughout the study. I worked closely with the counselors and became fond of them throughout the experience. Routinely the counselors and FPM had gatherings, and I attended a potluck with the counselors. There is a possibility that the responses of the counselors and FPM were influenced by these factors.

### **Implications for Counselors and Counselor Educators**

The result of this study had several implications for the practice of counselors and counselor educators. Skovholt & Ronnestad (2013) stated that counselors are present to help clients seek understanding and awareness of their emotions which fosters a therapeutic change in the clients' growth. This study was an attempt to understand the experiences of the clients and counselors as they processed forgiveness while using the FRI as an intervention. Forgiveness interventions can be used to help decrease negative feelings related to a transgression. In addition, the use of a forgiveness instrument along with academic training of counselors could assist counselors in becoming well versed in identifying situations where there is a lack of forgiveness. Despite the participants' differences in levels of professional experience as a counselor, drug of choice in addiction as a client, beliefs, transgressions that occurred, victim or offender status, there were identified themes that solidified the helpfulness of the instrument. These results indicated a need for counselors to explore further forgiveness interventions that can be implemented in practice.

One implication of this study is relevant to the training of counseling students as well as professional counselors, which is being aware of issues involving forgiveness with their clients, more specifically, the addictions population. The overall impression of participants in this study is that the FRI was beneficial and helpful in their growth and development as a client and/or counselor. The setting of a substance abuse facility may not always render the time allowed for an instrument to be administered and processed in a way that the client feels safe. Thus, counselor educators and counselors would do well to be sure that the setting, therapeutic alliance, and rapport are established in such a way to provide a safe environment for clients to open up, share, and deepen the counseling session.

Furthermore, the results of this study provide implications for using forgiveness interventions in counseling sessions. Worthington et al. (2007) discussed that a lack of forgiveness can lead to other mental health conditions; therefore, counselors should consider the most relevant and beneficial treatment interventions for their clients. Forgiveness can positively improve one's mental health, physical health, and attitudes or behaviors associated with the negative resentment of the transgression (Brenneis, 2002; Lin et al., 2014).

### **Recommendations for Further Research**

There are a number of recommendations to support future research to expand the findings of this study. Further research into this process of using a forgiveness intervention in an addictions setting could assist in the current findings as well as expand the knowledge of forgiveness interventions. While the body of literature about forgiveness is growing, a majority of the studies have been quantitative in nature, measuring forgiveness. More specifically, the use of forgiveness instruments as an intervention should be explored.

Counselor education programs do not offer classes related to training specifically in forgiveness. This study attributes an awareness largely to the addictions and recovery population. As we know, forgiveness is considered to be an important aspect of recovery, and counselors are the primary professionals who work with the addiction population. Further research could examine counseling students who choose to use forgiveness interventions versus a more traditional intervention in an addiction population.

Further research could investigate gender specific treatment interventions. Particularly at this substance abuse facility, the majority of the population was male. Further research could examine the differences among males and females and differences in how they perceive forgiveness interventions.

Finally, future researchers could investigate the unique focus of the particular transgression that occurred by way of offender or victim. Client participants in this study discussed a wide range of abuse situations that have impacted how they view their role of reconciliation. However, focusing on certain types of abuse could further help us to understand which forgiveness intervention could be designed for a particular offense. Therefore, our knowledge of forgiveness will become more complete.

### **Summary and Conclusion**

The intent of this study was to examine the experiences of clients and counselors while using the FRI as an intervention. I was interested in how clients and counselors described their experiences and their perceptions of using the instrument. More specifically, I was interested in the perception of how using the FRI impacted their view of using forgiveness as an intervention. Findings in this qualitative study include themes that were consistent with current literature, as well as themes that would help add to existing literature.

The current study expanded the body of literature regarding the forgiveness instrument used as an intervention. Participants included client participants in inpatient substance abuse treatment, as well as counselor participants ranging in experience of CITs, LPC-Interns and LPC-S. Clients' experienced a process that allowed them to seek meaning and understanding of themselves, and counselors were able to add this instrument to their counseling toolboxes. While some counselors were able to use the instrument as an intervention gaining real life experience, others were able to store the education learned from this process, with the opportunity of using this instrument later in their professional counseling career.

My goal of this research was to provide a current empirically supported intervention in the literature of counselor education. It is my hope that through this research and the implications of further research, further empirical studies are inspired about strategies and interventions for working with forgiveness.

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APPENDIX A

**Demographic Survey**

Age: \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnicity: I self-identify as \_\_\_\_\_.

Martial Status: Single \_\_\_\_ In a Relationship \_\_\_\_ Married \_\_\_\_  
Widowed \_\_\_\_ Divorced \_\_\_\_

*Transgression* can be defined as an act of wrongdoing causing harm (lying, cheating, stealing, infidelity, etc).

*Transgressor* can be defined as a person who causes the harmful behavior

*Victim* can be defined as a person on the receiving end of the harmful behavior

*Forgiveness* can be defined as letting go of any feelings of grudge, guilty, blame, or resentment towards a transgression situation.

*Given the definitions listed above, can you please check the answer to the following questions?*

I consider myself a victim of a “transgression”: [ ] yes [ ] no

I consider myself a transgressor (causing someone harm): [ ] yes [ ] no

I have forgiven myself or the other person for the transgression: [ ] yes [ ] no

Below, please briefly define the nature of the transgression.

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Would you be willing to participate in a study about forgiveness in which you will be interviewed? [ ] yes [ ] no

Are you willing to take a brief forgiveness inventory? [ ] yes [ ] no

## APPENDIX B

### **Focus Group Questionnaire**

1. In what ways, if any, was the educational training helpful for administering the Forgiveness and Reconciliation Inventory?
2. How did you decide that the clients you asked to participate were good candidates to participate in the current study?
3. In what ways, if any, did you find working with this topic helpful to you or your client participants?
4. What was it like for you using the Forgiveness and Reconciliation Inventory in counseling?
5. What, if any, challenges did you face during this process?

## APPENDIX C

### **Interview Guide for Client Participants**

1. What was it like taking the Forgiveness and Reconciliation Inventory?
2. In what ways, if any, was the Forgiveness and Reconciliation Inventory helpful to you?
3. In what ways, if any, did you and your counselor use the results of the inventory?
4. Tell me about anything that was not helpful or that you did not like about using the inventory?
5. What were your experiences of this process with your counselor-in-training?

### APPENDIX D

#### **Demographic Survey: Counselor Participants**

Age: \_\_\_\_\_ Gender:      Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: I self-identify as \_\_\_\_\_.

Level of Clinical Practice:

\_\_\_ Practicum

\_\_\_ Internship 1

\_\_\_ Internship 2

\_\_\_ LPC-Intern

\_\_\_ LPC

Would you be willing to participate in a study about forgiveness in which you will be guided to participate in psycho-education groups about forgiveness, administer a forgiveness instrument, and participate in a focus group? [ ] yes [ ] no

#### APPENDIX E



5501 IH 37, Corpus Christi, TX 78408

**April 26, 2014,**

**This letter is to indicate I have spoken to Nephatteria Harris, MS, LPC concerning her research project regarding using the Forgiveness and Reconciliation Inventory and have agreed to her presentations during Saturday noon supervision group time for the training in the use of the inventory with the master level practicum and interns as well as any Licensed Professional Counselor Interns. In addition, we have discussed the usage of the instrument in various counseling sessions where the inventory might be beneficial to the clients.**

**I understand she plans be on property when the inventory is administered and will be part of a debriefing session after the inventory is given.**

**I look forward to working with Ms. Harris and believe this project will be educational for our staff and helpful to the clients.**

**Respectfully yours,**

**Deborah Ferguson, MS**

**Licensed Professional Counselor Supervisor**

**Licensed Marriage and Family Therapist**

## **APPENDIX F**

### **Interview Guide: Family Program Manager**

- 1. What were your perceptions of the overall training process?**
- 2. What, if any, benefits do you think the training process provided to counselors?**
- 3. What, if any, difficulties do you think counselors may have encountered with the training process? With using the FRI as an intervention?**

4. As the supervisor, what was your experience of the training and overall process using the Forgiveness Reconciliation Inventory as an intervention with clients?

## APPENDIX G



Human Subjects Protection Program		Institutional Review Board	
APPROVAL DATE:	July 10, 2014		
TO:	Ms. Nephatteria Harris		
CC:	Dr. Marvarene Oliver		
FROM:	Office of Research Compliance Institutional Review Board		
SUBJECT:	Initial Approval		
Protocol Number:	77-14		
Title:	Using the Forgiveness Reconciliation Inventory: Examining the Experiences of the Process		
Review Category:	Full Board Review		
Expiration Date:	July 10, 2015		

**Approval determination was based on the following Code of Federal Regulations:**

Criteria for Approval has been met (45 CFR 46.111) - The criteria for approval listed in 45 CFR 46.111 have been met (or if previously met, have not changed).

(a) In order to approve research covered by this policy the IRB shall determine that all of the following requirements are satisfied:

- (1) Risks to subjects are minimized: (i) By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.
- (2) Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
- (3) Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.
- (4) Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by §46.116.
- (5) Informed consent will be appropriately documented, in accordance with, and to the extent required by §46.117.
- (6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.