



The Men's Integrative Psychotherapy Model (MIPM)

*Strategies to Strengthen Your Work with Men: Enhancing
Clinical Skills, Building Alliance, and Achieving Therapy Goals
(and Beyond)*

Jeffrey Wark, MA, LICSW

When you connect with, educate, and guide men, you help them transform their relationships, families, communities, and even our society. When delivered effectively, psychotherapy can be a powerful catalyst for this transformation.

The MIPM provides a conceptual foundation for psychotherapy that aligns with core therapeutic principles, structured into four main phases:

- 1. Building Understanding, Rapport, and Trust**
 - A. Understanding the Male Client: Strengths, Challenges, and Resources**
 - B. Rapport and Trust: Building the Relational Foundation**
- 2. Assessment**
 - A. History Taking and Developmental Context**
 - B. Spiritual and Psychological Health**
 - C. Social and Cultural Context**
 - D. Diagnostic Formulation and Motivation for Change**
- 3. Treatment**
 - A. Insight-Oriented Elements**
 - B. External Source Elements**
- 4. Termination, Referrals, and Possible Next Growth Steps**

In addition, the MIPM incorporates several non-traditional elements designed to support men's long-term growth during treatment and afterward. The items listed below are suggestions that can be integrated into a clinician's intake, treatment, or termination processes.

I am grateful to Dr. Michael Obsatz and Dr. Brenda Schaeffer for their inspiration in shaping the MIPM.





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Phase 1. Building Understanding, Rapport, and Trust

IA. *Understanding the Male Client: Strengths, Challenges, and Resources*

Effective work with male clients begins with understanding their strengths, challenges, and available resources. The following areas provide key reference points for assessment and exploration:

- Cognitive strengths, brain dominance, and preferred processing styles
- Mental flexibility and adaptability
- Support network and social resources
- Self-rated challenges (0–10 scale)
- Past strategies or attempts to cope with current challenges
- Spiritual perspective, language, and perceived resources
- Emotional strengths and available emotional resources
- Self-care, self-love, and self-nurturing abilities
- Top five positive core beliefs about himself
- Top ten values guiding his life
- Sense of “calling” or purpose: ways he serves others that bring deep fulfillment
- Level of insight and tendencies toward defensiveness versus openness; ownership of perceptions and emotions; self-regulation; and awareness of unconscious processes

IB. *Rapport and Trust: Building the Relational Foundation*

Building rapport and trust is foundational to therapy. Consider the following areas when assessing relational strengths and potential challenges:

- Historical and current role models or mentors (of any gender)
- Extent of friendships where he can share deeply
- Number of trusted friends maintained for longer than one year
- Degree to which he honors significant others who have helped him survive difficult challenges
- Coping strategies developed through the support of these helpers





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- Number of people in his life with whom he feels trusting, close, and connected
- Ability to create and respond appropriately to humor in the therapeutic context
- People he reaches out to when deeply upset
- Concerns, fears, or questions about entering therapy at this time
- Experiences where trust was damaged, ruptured, or broken, and the unresolved pain (0–10 scale) associated with those experiences
- Historical and current sense of community or solidarity with other men
- For partnered clients: self-rated quality, richness, and satisfaction in the relationship (0–10 scale)

Phase 2. Assessment

2A. *History Taking and Developmental Context*

A thorough history provides insight into the client's motivations, developmental background, relationships, and life experiences. Key areas include:

- Presenting concerns and motivation: Reasons for entering therapy, readiness for change or transformation
- Birth and family history: Birth order, story of birth, relationships with biological and parental figures
- Family of origin dynamics: Systems, hierarchies, use/abuse of power, trauma history
- Developmental trust: Capacity for trust vs. mistrust (Erikson)
- Individuation and healing: History of separating from family definitions of self and addressing childhood wounds (e.g., shame, neglect, abuse, abandonment)
- Moral development (Carol Gilligan):
 - All-centered morality (unity with all things)
 - We-centered morality (consideration of self and others)
 - Me-centered morality (self-focused)
 - Alignment of daily actions with values and moral compass





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2B. *Spiritual and Psychological Health*

Understanding the client's inner life provides insight into purpose, meaning, and emotional/psychological resilience.

Soul:

- Eternal, indestructible essence within the body, reflecting physical nature and spirit
- Mediates between ego and spirit; unique yet connected to collective consciousness
- Acts as a personal medicine, using the ego to express itself in the physical world
- Neutral, drawn to light or darkness, thrives in experiences that are raw, deep, earthy, soulful, passionate, creative
- **Clinically assess:** awareness of the soul's presence, capacity to access depth and meaning, and the degree to which soul needs and values influence life choices, emotional patterns, and relationships

Spirit:

- Animating principle giving life and vitality; can be thought of as a supernatural essence
- Assessment focuses on the client's ability to align imagination, intention, emotion, and actions to nourish self and others
- Reflects the client's capacity to engage meaningfully with life and contribute positively to the world
- **Clinically assess:** the client's relationship to personal spiritual practice (present, absent, conflicted, or evolving) and its impact on meaning, vitality, and lived values

Psychological Health:

- Traumas: prenatal, infancy, and lifespan (personal, familial, societal)
- Impulse control, compulsive/addictive behaviors, emotional regulation
- Safety, mistrust, self-absorption, rigidity, narcissism
- Manipulative or violent behaviors, identity confusion, self-destructive behaviors
- Capacity for curiosity, courage, awe, playfulness





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Emotional Health:

- Awareness, identification, and expression of emotions
- Capacity for vulnerability, compassion, and intimacy (self and others)
- Experiences of fear, grief, loss, denial, isolation, depression, guilt, shame, rage
- Myths of performance, independence, perfection, and success
- Stress, emotional reactivity, self-medicating

Sexual Orientation and Gender Identity (SOGI):

- Self-definition of male identity and personal story of being a man
- Gender orientation, flexibility vs. rigidity in sexual expression
- Pornography use, sexual beliefs, body perception, sexual performance pressures
- Machismo and societal pressures regarding appearance and partner expectations

2C. Social and Cultural Context

Assessment of the client's broader environment and societal influences provides context for presenting concerns:

- Experiences and beliefs about race, privilege, and power
- Impacts of client's race, class, and economic status on presenting issues
- Awareness of dominant cultural norms and definitions of manhood
- Experiences of discrimination, societal double standards, and pressures on men
- Expectations of women and their roles
- Anguish or challenges faced by men of non-dominant or minority-status
- Experiences with political, societal, or structural injustices related to presenting issues

2D. Diagnostic Formulation and Motivation for Change

- Clinical diagnostic formulation





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- Therapy Contracting: Establishing shared understanding and buy-in to support goal achievement, especially during challenging moments
- Mutual consent and agreement for cooperation
- Consideration of initial motivation (0–10), capacity for trust, and prior therapy successes
- Vision for Contribution (Paying It Forward Capacities): Supporting growth of self, others, and community
- Selection of the most effective theoretical frameworks to guide work with the client

Phase 3. Treatment

3A. *Insight-Oriented Elements*

Insight-oriented work focuses on deepening self-awareness, reflection, and understanding the connections between past experiences and present behavior. This includes:

- Take-home efforts such as journaling and personal reflection
- Sharing reflections with others when appropriate
- Insight-oriented practices, including mindfulness and self-awareness exercises
- Interviewing people as “experts” on their own life experiences
- Self-assigned exercises or practice outside therapy sessions
- Processing therapy dilemmas, conflicts, or resistance in alignment with the therapy contract
- Trauma timeline exercises: identifying significant events, understanding their impact, and assessing current levels of disruptiveness
- Drawing connections between historical patterns, past traumas, beliefs, and actions to current behaviors and experiences

3B. *External Source Elements*

External source work involves exploring knowledge and perspectives outside the individual to support growth and understanding:

- Researching data and evidence related to presenting issues





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- Reviewing findings from psychology, social sciences, and behavioral research
- Considering media influences in relation to personal challenges
- Reading writings from the men's movement and literature on male growth
- Exploring the meaning and value of "men's psychology" and "men's work," including communal or solidarity-based experiences of men engaging in inner work (whether or not this work includes contributions to the broader community)

Phase 4. Termination, Referrals, and Possible Next Growth Steps

When concluding psychotherapy or preparing for the next phase of growth, consider the following questions:

- Have the client's goals been met?
- What indicates that it is time to pause or end the work for now?
- Will the client continue his path with internalized motivation and vigor?
- What is the next level of growth for him, and what might that look like?
- Will he need additional men's groups, resources, or support from his existing network to reach this next level?
- Who might serve as effective mentors, guides, or supporters for his continued growth?
- Are there referrals that could support his next steps, such as:
 - A different therapist (potentially of another gender)
 - Participation in a men's group
 - Creation of his own men's group
 - Classes or programs (e.g., legal clinics, support groups, anger management classes)
 - Mentors, guides, or coaches to support growth in connection with spirit, heart, body, significant relationships, soul, unconscious processes, or nature





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In Closing

Working with men through psychotherapy is a profound responsibility and a powerful opportunity. By connecting with, educating, and guiding men, clinicians help them transform their own lives, relationships, families, communities, and society at large. When delivered skillfully, psychotherapy becomes a catalyst for meaningful change, fostering growth that extends far beyond the therapy room.

The Men's Integrated Psychotherapy Model (MIPM) offers a structured yet flexible framework to support this transformative work. By attending to each of the four phases (i.e., building understanding and trust, conducting thorough assessment, facilitating insight and external-source learning, and guiding termination and next growth steps) clinicians can provide immediate and long-term support for men.

The MIPM also encourages the integration of non-traditional elements that strengthen resilience, self-awareness, and connection to purpose, soul, and spirit. This approach acknowledges that therapy is about resolving challenges, cultivating strengths, fostering insight, and promoting sustainable growth that empowers men to live fully engaged, meaningful lives.

In essence, every therapeutic encounter with a man is an opportunity to honor his unique journey, support his potential, and contribute to the thriving of individuals, communities, and society. By bringing skill, presence, and intentionality to this work, clinicians help men transform themselves, and through them, the world around them.

