

# **Corrective Emotional Experience as Systemic Practice: Embedding Unconditional Positive Regard Across Roles**

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## **Abstract**

Corrective emotional experience (CEE) and unconditional positive regard (UPR) are often described in psychotherapy literature as mechanisms of individual healing. Yet in supportive housing and community mental health, these principles can and ought to be embedded at a systemic level across roles, case managers, housing specialists, security staff, administrators, medical staff, and leadership. This article analyzes how Urban Pathways operationalized CEE and UPR within the Four-Stage Engagement Model. We draw from attachment theory, trauma-informed care, and common factors research to demonstrate that unconditional regard is not just a therapist's stance but a systemic practice. Case studies illustrate how cross-role UPR has the potential to reduce resident crises, build trust, and shift organizational culture.

## **Keywords**

Corrective Emotional Experience, Unconditional Positive Regard, Trauma-Informed Care, Organizational Culture, Supportive Housing, Engagement, Common Factors, Community Mental Health

## **Introduction**

CEE, first conceptualized by Alexander and French (1946), refers to relational experiences that disconfirm maladaptive expectations, offering healing through new relational patterns. Carl Rogers (1957) described UPR as one of the necessary and sufficient conditions for therapeutic change. Traditionally confined to psychotherapy, these principles are now supported by neuroscience and common factors research as universal mechanisms of change (Norcross & Wampold, 2019). Embedding them into supportive housing acknowledges that healing occurs in every interaction, not only in therapy rooms.

## Theoretical Framework

Systemic CEE and UPR draw upon:

1. **Attachment Theory:** Secure relational experiences rebuild trust and safety across relationships (Mikulincer & Shaver, 2016).
2. **Trauma-Informed Care:** Healing requires safety and empowerment; UPR provides relational safety (SAMHSA, 2014).
3. **Neuroscience:** Positive relational experiences reshape neural pathways for emotion regulation and trust (Cozolino, 2017; Siegel, 2012).
4. **Common Factors Research:** Relational qualities such as empathy and acceptance explain more variance in outcomes than techniques (Wampold & Imel, 2015).

## Application/Analysis

Urban Pathways are implementing systemic UPR and CEE by:

- **Training All Staff:** Security personnel have been trained in Motivational Interviewing, and to greet residents respectfully and consistently, conveying unconditional acceptance.
- **Supervision:** Supervisors are learning to encourage staff to explore their own barriers to UPR and provide corrective experiences within supervision itself.
- **Organizational Messaging:** Leadership is reinforcing UPR as a cultural value, framing it as central to mission.
- **Composite Case Example:** A resident with a history of incarceration assumed staff would view him as “dangerous.” Repeated experiences of calm, respectful interactions from both case management and security staff shifted his relational expectations, leading him to engage in housing planning.

## Implications

- **Practice:** UPR is to be embraced as a cross-role responsibility, not limited to clinicians or social services staff.
- **Supervision:** Reflective practice is needed to address staff frustrations and sustain unconditional acceptance.
- **Policy:** Agencies ought to embed UPR in training, job descriptions, and evaluation metrics.
- **Research:** Future studies need to measure organizational outcomes (e.g., crisis incidents, retention) linked to systemic UPR.
- **Systems:** Embedding CEE across roles provides a replicable model for trauma-informed organizational transformation.

## Conclusion

Corrective emotional experience and unconditional positive regard are not just clinical ideals but systemic practices. Embedding them across roles at Urban Pathways is demonstrating that unconditional acceptance can shift organizational culture, foster resident trust, and improve outcomes in supportive housing.

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