Mission Statement
The Society for the Exploration of Psychotherapy Integration (SEPI) is an international, interdisciplinary organization whose aim is to promote the exploration and development of approaches to psychotherapy that integrate across theoretical orientations, clinical practices, and diverse methods of inquiry.

A Word From the Editor

Dear SEPI members and friends,

Writing from vacation in France, it is my pleasure to welcome you to the first issue of The Integrative Therapist, SEPI’s official newsletter. First I want to thank John Norcross and the SEPI Executive Committee for appointing me as Editor. Thanks also to Bruce Liese, Chair of the Communications and Publications Committee for his invaluable support and guidance. In addition, Jennifer Davidtz, Associate Editor is working directly with me to bring you content we hope you will find stimulating and fun.

Our aim is for The Integrative Therapist to be a lively source of news and ideas, informal, accessible and actionable, for members and all those interested in rigorous psychotherapy integration. We will give preference to pieces that further the three missions of SEPI: Integration between researchers and clinicians, integration across cultures and the further development of integrative approaches to psychotherapy.

I am am not your usual SEPI member. I am not a psychologist nor an academician but my 40 years of clinical practice have been focused on learning how therapy works and how best to help people change, without allegiance to any one theory. As a Stanford freshman, I decided that I wanted to be a therapist. Seeking exposure to the “real world,” I went to medical school. My training in psychiatry was classically Freudian, with a good bit of developmental theory.

When I finished residency I was quickly confronted with complex trauma, for which I had no training whatsoever. I had to assimilate what was known and had the privilege of observing profound emotional healing. In 2004, the same year

President’s Column

Dear SEPI colleagues:

A warm welcome to the inaugural issue of the new SEPI newsletter, The Integrative Therapist.

In fact, this newsletter represents a return to our past (1983 to 1991) when SEPI snail mailed a hardcopy of its newsletter, edited by Marv Goldfried and Paul Wachtel. What isn’t resolved is repeated.

The unresolved need is to communicate regularly with you, our members. We tried publishing SEPI updates in the Journal of Psychotherapy Integration for a few years, but that proved too slow and unresponsive. We try to provide news on our website, but not all members visit it often enough.

The solution proved an online quarterly delivered electronically to each SEPI member and posted on the website. We are delighted that Jeffery Smith agreed to serve as our first editor and that he selected Jennifer Davidtz as associate editor.

And there is much exciting news to communicate!

SEPI now elects its governance per the revised bylaws approved by the membership in January. (See www.sepiweb.org/ for the full association bylaws.) Please consider running for an office or serving on a committee.

Continued on page 6

Continued on page 8
Five Leaders Who Presented at SEPI, in 1985 and in 2015: Thirty Years of Progress and What Lies Ahead

Looking at SEPI’s web archives, I noticed the newsletter issue published after the first conference in 1985. Several of the presenters had also presented at this year’s conference, including Marvin Goldfried and Paul Wachtel, who were the original editors of that SEPI newsletter. The five who wrote these fascinating contributions were willing to interrupt travel, vacations and busy schedules to share their remarkable perspective looking both back and forward. ED

Marvin Goldfried

Progress made in the past 30 years

In his classic volume *A History of Experimental Psychology*, Boring (1950) spoke about the importance of the zeitgeist, referring to “habits of thought” that exist at any point in time. Boring goes on to observe that “an idea too strange or preposterous in one period . . . may [later] be readily accepted as true” (p. 3). Psychotherapy integration is a dramatic illustration of this.

The 1985 issue of the psychotherapy integration newsletter reflected what had started as a latent theme that occasionally appeared in the professional literature, and was the topic of occasional late-night discussions among therapists at conventions. When the newsletter appeared, psychotherapy integration had become a definite movement within North America. It has since gone even beyond that, as it is not at all uncommon for professionals to freely acknowledge that different approaches to therapy may all share common principles, and that one orientation may complement another. An increasing number of professionals feel comfortable in identifying themselves as being “integrative.” An even more dramatic indicator of the popularity of an integrative approach to psychotherapy is that entering the label “integrative psychotherapy” on the Amazon website, yields no less than 1,916 book titles as being relevant.

Main trends today

Although the primary focus in psychotherapy integration over the years has been to encourage dialogue across the different theoretical orientations, the 1985 issue of the SEPI newsletter also highlighted the importance of having researchers and clinicians interact in fruitful ways. Since that time, SEPI has done little to work on integrating research and practice; most of the efforts were put to encouraging therapists from different orientations to talk to each other in a collaborative way. It has only been recently that a focus on closing the clinical-research gap has begun to receive greater attention.

Important directions that still need to be pursued

More than ever before, the need to close the clinical-research gap has become quite pressing. There has been a recent shift in funding priorities of the NIMH, which has alarmingly moved away from funding psychotherapy research and more toward encouraging research on biological psychiatry. The ultimate goal is more the hope of developing effective psychoactive drugs than the advancement of psychotherapy (Goldfried, 2015, in press). The potential implications of this are clearly disconcerting. This attack from outside the system affects psychotherapy researchers and practitioners alike, and hopefully can serve as motivation to encourage them to work together. An important step in this direction has been taken by the APA Clinical and Psychotherapy divisions, where the attempt is to develop a two-way bridge between research and practice (www.stonybrook.edu/twowaybridge). SEPI clearly needs to work toward closing this clinical-research gap.

References


Paul L. Wachtel

Still Crazy After All These Years

The standard narrative has it that people become more conservative as they age. In one sense, that could be seen as consistent with both SEPI’s career and my own. When SEPI started, we were all insurgents, trying to create breaches in the walls between disciplines, crossing borders in ways that, if neither covert—we were very out front about it—nor illegal, were nonetheless deeply counter to the grain and fraught with danger to our careers.

Continued on page 3
“Bland ecumenical platitudes, tamely integrative thinking, can dull the cutting edge of our movement.”

“SEPI is the necessary antidote to the intellectual disorder spread by contagion when there is an overcrowding of like ideas in a single room.”

“Even more important and feasible than the goal of achieving a single, integrative psychotherapy is the ongoing dialectic among approaches.”

and our credibility. (In my first presentation of my integrative explorations to a psychodynamic group—supposedly my “home” orientation—I was literally called a Fascist for incorporating behavioral ideas and interventions.)

Today, in contrast, integrative thinking is mainstream. We all can safely show our faces in public and, indeed, the danger today is that there is no danger. Bland ecumenical platitudes, tamely integrative thinking, can dull the cutting edge of our movement. SEPI has been remarkable for its congeniality and openness, and I treasure and am proud of those qualities. But we need to be sure to integrate even in mode of discourse. We need to be open and congenial and sharp and tough-minded. We need to probe our own assumptions, and those of the colleagues we most value, with the same sharp eye we turned on the self-satisfied self-sufficiency embedded in the heart of the major separate orientations when we began the integrative movement. I may be older than I was when we started SEPI, but it is my aim to continue to be no less radical.

One downside of the seeming broad acceptance that integrative thinking now has in the general field of psychotherapy is that many who think of themselves as integrative now feel they no longer need SEPI. The battle, they implicitly conclude, has been won. But the very fact that these people have re-enconced themselves in their narrowly single orientation organizations, aiming to advance and win approval within its ranks—and, as a consequence, almost inevitably having what they hear and how they think skewed by the nature of the organizations in which they are immersed—is itself a sign of the need to continue the struggle to advance psychotherapy integration as a continuing process, a project already marked by great successes but nonetheless a project still incomplete; indeed, by its very nature, a project that is likely inherently incomplete. There are always new ideas that need to be taken seriously, probed and examined seriously, and, where viable, incorporated in ways that will (at least slightly, and sometimes significantly) change everything we have thought up till now. That is the implicit message of the idea of assimilative integration that has become so powerfully a part of the spectrum of integrative thought.

This view means, on an institutional level, that we must work hard to highlight the unique value of SEPI and its project, to convey—to old “lapsed” SEPI members and to young people entering the field—that SEPI is the necessary antidote to the intellectual disorder spread by contagion when there is an overcrowding of like ideas in a single room. But in working to expand SEPI's membership, we must also work to ensure that SEPI itself does not fall prey to the disease. We must enjoy disagreeing with each other even as we also enjoy being stimulated by and learning from each other.

For my own part, I am particularly eager—as an equal opportunity curmudgeon and provocateur—to challenge the smugness both of those in my home psychodynamic orientation who seek to insulate psychodynamic work against empirical scrutiny through the rhetorical use of words like hermeneutics (good) or positivism (bad) and of those, largely but not exclusively in the cognitive-behavioral world, who attempt similar mystification through the magical term “evidence-based.” I agree with Jonathan Shedler that in much of its usage, this latter term is the wolf-in-sheep's-clothing costume now worn by those who really are still pushing the tendentious and highly problematic criteria they previously referred to as “empirically supported” or “empirically validated.” But, as a SEPIlite at my core, I also aim to embrace what is valuable in the hermeneutic critique and in the evidence-based movement. If we can rescue both from the tendentious, rhetorical ways they are so often employed, and critically bring each to bear in a broader, less sectarian and exclusionary effort to enhance our understanding and improve our practice, now that would be a project worthy of SEPI.

**Stanley B. Messer**

**Changes in Psychotherapy Integration over Thirty Years and What’s Coming Next**

Psychotherapy integration has become much more mainstream than it was 30 years ago. Whether labeled as such or not, many so-called single orientation modalities are affected by, if not infused with, concepts and techniques that come from outside the usual domain of that specific orientation. Furthermore, there have been many more studies and reviews that have examined the value of integrative practice. For example, a recent literature review of integrative psychotherapy for children and adolescents by Krueger and Glass found four integrative trends in primarily CBT child and adolescent treatment: (1) Assimilative integration in many CBT protocols; (2) a movement toward systemic CBT that represents a more integrative approach; (3) a trend to recognize and identify common factors across evidence-based treatments; and (4) emergence of research on mechanisms of change. Interestingly, the integrative elements in a particular study were not always recognized as such, suggesting that integration is more common than a casual perusal of the literature may reveal.

A major trend in psychotherapy integration over the past 20+ years is the advent of assimilative integration, which, according to a survey by Norcross and colleagues, is now considered a primary form along with theoretical integration.
technical eclecticism and common factors. I described it in 1992 as a mode of conducting psychotherapy in which a technique, concept or perspective from another therapy orientation is incorporated into one’s home or preferred therapeutic approach. We now have psychodynamic, cognitive-behavioral and family therapy forms of assimilative integration (e.g., Stricker & Gold; Castonguay; Pita, respectively) none of which existed 30 years ago. Thus, assimilative therapy integration has inspired new forms of integrative practice as well as research to demonstrate its value.

The common factors approach to integration has helped spawn a veritable flood of articles, both conceptual and empirical, on the importance of the therapeutic alliance as a prime curative factor. This has not been confined to person-centered or psychodynamic approaches, which have always emphasized its centrality, but is acknowledged in all single orientation therapies, including CBT. Given its modest but reliable correlation with outcome, we can expect this trend to continue. Figuring out just how the relationship is employed to foster progress and better outcomes in therapy remains an important direction for future research and theorizing. Inspired by Goldfried’s seminal 1980 article on common factors and in line with it, Castonguay and Beutler have tried to discern the general principles of change across two or more of the four disorders they covered, as well as the specific ones that apply uniquely to a particular disorder.

On the theoretical integration front, although there has been nothing to replace Wachtel’s tour-de-force in showing how psychodynamic and behavioral approaches can be integrated, he has continued to develop it in a relational direction in line with current emphases in psychodynamic theory and practice. A relatively new integrative theory is that of Greenberg and others who combine elements of person-centered, gestalt and cognitive modalities in process-experiential therapy. DBT and IPT can also be regarded as theoretically integrative therapies. With regard to technical eclecticism, there hasn’t been much conceptual advance beyond Lazarus’s multimodal therapy, and Beutler’s Systematic Treatment Selection in which interventions are matched to patient characteristics.

There is an important new emphasis in SEPI on the integration of research and practice, which I expect will bring with it a renewed spirit to its conferences and journal. This is in line with a national trend in all scientific fields on translational research that promotes practical application of principles discovered in empirical studies. I also expect that we will see more in-depth, integrative case studies, which should help us understand how integration is carried out in practice.

Finally, I will reiterate what Safran and I concluded in our 1997 paper on a postmodern approach to psychotherapy integration, namely that even more important and feasible than the goal of achieving a single, integrative psychotherapy is the ongoing dialectic among approaches, which helps each to expand, grow and become more integrative. In other words, I believe that a pluralistic outlook is likely to be most salutary for the future of the integrative movement.

Leslie Greenberg

SEPI Newsletter

I think Psychotherapy Integration has had so much impact in the past 30 years that it has been assimilated into everybody’s thinking so much so that it goes unrecognized. It is a little bit like what has occurred with Rogers’s core conditions. It is so fundamental that it is taken for granted. Very few therapists now are die-hard purists. Academics, researchers and trainers may still preach/teach pure forms because their livelihood depends on this, but practicing therapists, having had their views forged on the anvil of practical experience no longer feel shame or guilt in saying they are integrative. Practitioners attend workshops and training from many perspectives to learn what people from different traditions are saying. They are interested in what works, not what school they are in, and feel valid in doing this. So SEPI has had a profound impact on validating practitioners. Eclectic was a dirty word when I graduated in 1975. Integrative is now associated with not being naive or rigid. Now even purists are more respectful of other traditions and assimilate aspects of other approaches.

From my perspective a major trend is the integration of affect into motivational, cognitive, behavioral, interpersonal and systemic views.

Continued on page 5

“From my perspective a major trend is the integration of affect into motivational, cognitive, behavioral, interpersonal and systemic views.”
“An approach that in my view is promising for promoting integration is the specification when to use particular types or levels of intervention.”

Even those who disavow the label routinely espouse the underlying theme of integrating diverse methods and relationships to fit the patient’s singular characteristics and cultures.”

Following on this, each therapeutic approach can be seen as impacting the system at a chosen level, cognitive, emotional or behavioral, and any specific effect at one level of the system probably reverberates through the highly interconnected levels of the system and succeeds in producing comparable change in the whole person. Thus, all approaches end up altering the person emotionally, cognitively, and behaviorally. It is time to begin thinking about specifying the affective (A), behavioral, (B) cognitive (C) and interpersonal (I) elements of therapy, and learning how to put them together to form an integrative affective behavioral cognitive approach. With a complex system view such as this, it is clear that intervention can and should occur at different levels at different times or with different components of the system.

A further important trend is the integration of research and practice. This is a much-needed, major new thrust. The debate on general factors vs. specific ones continues, but the importance of common factors across therapies is now acknowledged by most except die hard purists. The dominance of CBT, although still prevalent especially in graduate schools across North America, is waning but unfortunately the politics of power still dominate over true quests for approximations to the truth and truer knowledge.

Finally, I believe as I did 30 years ago, that the way to go is to study process of change in therapy. In addition to common and specific factors an approach that in my view is promising for promoting integration is the specification when to use particular types or levels of intervention. This requires the specification of principles of change in the affective, behavioral and cognitive domains as well as markers for suggesting different types and levels of intervention. In marker guided intervention the therapist attends to the experience-near, moment-by-moment processes of the client, within each session, in the interest of applying particular interventions that would be most helpful to the client given his or her current state.

John C. Norcross

The Road from Annapolis to Baltimore

Cue the harp strum as we travel backwards in time (or at least in my memory) to June 1985, the inaugural conference of SEPI, held on the bucolic waterfront of Annapolis, Maryland. I was completing my internship at Brown University Medical School and was delighted to chair a symposium devoted to training integrative/eclectic psychotherapists, as well as to participate in a panel on the transtheoretical model, organized by my doctoral advisor, Jim Prochaska.

Fast forward to June 2015 and 30 miles north to modern Baltimore, Maryland, the venue for the 30th annual SEPI conference. I delivered one of keynote addresses as the first elected president of SEPI. In the interim, SEPI has been a major catalyst for psychotherapy integration, but has not yet achieved the impact we anticipated at that first, monumental conference.

From my point of view, psychotherapy integration has made considerable progress in the past 30 years. SEPI has generated all of the hallmarks of a professional movement: conferences, research, journals, workshops, membership, and identity. The movement has led to both a decline in ideological struggle and a trend towards rapprochement; virtually all therapists (except true believers) now acknowledge the inadequacies of any one theoretical system and the potential value of others. Today, “integrative” is the modal orientation of mental health professionals in Western countries and others across the globe. Even those who disavow the label routinely espouse the underlying theme of integrating diverse methods and relationships to fit the patient’s singular characteristics and cultures.

Integrative trends are now apparent in theory, practice, research, and education across the psychotherapeutic landscape. Nearly a textbook on therapy theories fails to feature an integrative approach or two; multiple handbooks of integrative therapies have appeared in at least a dozen countries, by my count. Team science and intertheoretical practice dominate.

The main contemporary trends I see in psychotherapy integration involve (1) the thoughtful synthesis of practice and research, and (2) its steady growth as an international and interdisciplinary movement. SEPI recently expanded its mission to embrace practice-research integration, so that both practitioners and researchers can work together toward a common goal. This doubles our potential influence and addresses the realpolitik of practice in the future.

Integration has probably taken its firmest hold in psychology and in the United States, in large part due to the professions and geographies of its visionary co-founders and Steering Committee members (overwhelmingly psychologists from the Continued on page 6
neast corridor of the US). The trend is to grow not only SEPI and psychotherapy integration but also all of mental health care to global proportions. In my profession, we are increasingly mindful that no more than a quarter of all psychologists are located within the US borders (www.apa.org/international/index.aspx). As the world becomes “flatter” (as Friedman memorably phrased it) and borders eclipsed, integration progressively becomes transnational or supranational. Integrative psychotherapies are intellectually vibrant, clinically popular, and demonstrably effective. Despite these impressive accomplishments, several important directions still need to be pursued.

For SEPI in particular, these are increasing our impact and communication. In 1985, I envisioned SEPI reaching 10,000 - 20,000 members; in truth, we have only a tenth of that. We need to elevate SEPI’s impact—nationally and internationally—on policies governing reimbursement and recognition of psychotherapies. The transition is on to take the organization from a mom-and-pop shop to a larger, vibrant international force. That probably entails growing the membership, bolstering the subscription base of the JPI, and strengthening our collective integrative voice. Part of that impact will necessitate more frequent communication with our members, such as that afforded by The Integrative Therapist.

For psychotherapy integration in general, we require more compelling research and practice advocacy. Although theoretical debates continue, the seismic shift has been in the direction of empirical evidence. Valuable integrative therapies, such as Wachtel’s integrative approach and Lazarus’s multimodal therapy, need to be subjected to more empirical scrutiny; otherwise, sad to say, they will gradually disappear due to their dearth of controlled outcome research. We require more compelling outcome research and better advocacy of the extant research on integrative treatments, the psychotherapy relationship (the quintessential common factor and the sine qua non of successful therapy), and the effectiveness of systematically adapting therapy to the entirety of the individual client, not only his/her disorders. The integrative mandate is embraced by practically every psychotherapist, but has not been successfully transfused to the public or the policymakers. That’s our task ahead.

that Duvarci and Nader first elucidated erasure of fear memories through reconsolidation, I wrote a paper describing in clinical terms, what appears to be the same phenomenon. I studied neural networks and came to appreciate how psychotherapy can precisely activate networks of a few hundred neurons, opening them up to modification, while psychiatric medications must content themselves with the hope of having a differential influence on a few million neurons.

My second assimilative experience was when I took on work in the addiction field, where behavior is critical. I learned about the mutual interaction between psychodynamics and behavior that I later found described by Paul Wachtel as cyclical psychodynamics. Increasingly I absorbed what I learned about affect and about behavior in my general psychotherapy practice. Influenced by “practice-based evidence” as well as “evidence-based practice,” I kept seeking the simplest and most elegant way to bring multiple theories of pathology and healing under one roof.

Teaching psychotherapy to resident psychiatrists, I began to adopt an integrative approach. One day in 2007, Rob Fein- stein, then my Director of Training, asked me to teach a formal class on “Combining Behavioral and Psychodynamic Techniques.” Researching a curriculum, I found SEPI and joined.

Taking cues from SEPI’s Mission Statement and from John Norcross’s comments in this issue, I see my role as promoting a freshness and vitality that can help SEPI fulfill its potential as a force in the future of psychotherapy. The Integrative Therapist is the perfect vehicle for doing so, in that it lends itself to the kind of informality and brevity that today’s generation has come to expect.

We hope you enjoy this issue, and especially the contributions of five senior members regarding the past, present, and future of SEPI.

References

A Word from the Editor, continued from page 1

"The Integrative Therapist … lends itself to the kind of informality and brevity that today’s generation has come to expect."
“Trinity College has acted as the backdrop to some well-known movies.”

“Trinity College has acted as the backdrop to some well-known movies.”

Trinity College was founded by Queen Elizabeth I in 1592 and is Ireland's oldest university. It is set in the heart of Dublin City and located on College Green, opposite the former Irish Houses of Parliament. However, Trinity College was actually first set up outside the walls of Dublin and the original name of Trinity College was 'Trinity College Near Dublin’—as the city was built up around the grounds, it became centered in our city.

The single most precious item on the Trinity campus is undoubtedly the Book of Kells, which attracts up to one million tourists annually. The book is an illuminated manuscript from 800 AD which is housed in the Old Library building of the university. The manuscript contains the four gospels of the New Testament. It is the imaginative use of figures and complex ornaments to highlight the first letter on a page that makes the Book of Kells so unique. Incredibly vivid and colorful, even 1,200 years after they were drawn by monks, these illuminated letters have come to define much of what we know these days as Celtic style. A librarian turns over a new page of The Book of Kells every day. So if you come here for a year, you would get to see the entire manuscript.

Trinity College has acted as the backdrop to some well-known movies. Sections of Michael Collins, The First Great Train Robbery, Circle of Friends, Educating Rita, Ek Tha Tiger and Quacker Fortune Has a Cousin in the Bronx were filmed in the college and grounds.

TCD has its fair share of outdated laws and traditions – none of which, thankfully, are upheld:

• The more superstitious students of the college never walk underneath the Campanile (the bell tower located at Front Square), as the tradition suggests that should the bell ring whilst they pass under it, they will fail their annual examinations.

• Students can demand a glass of wine during their examinations.

• It is illegal for a student to walk through Trinity College without a sword.

• You can shoot someone and kill them from the top of the bell tower in Trinity on a particular day of the year and not be charged with murder. Apparently this is true! However, it is impossible to find out what day of the year it is...
Associate Editor’s Introduction

Jennifer Davidtz

The first SEPI conference I attended was the 2005 meeting in Toronto. I was a fourth year graduate student at the time, and I’m quite sure I was the most enthusiastic conference attendee that year. It was exhilarating. I felt like I was on fire. I had never felt as intellectually stimulated and excited to learn and exchange ideas. I wasn’t just anonymously attending crowded conference presentations by the people whose work I most admired—I was having real tea-time and dinner conversations with those people. It was during that conference that I realized, with such utter joy, that I was among a group of people who were as open, curious, and creative as they were brilliant. And they were not only tolerant, but embracing, of ambiguity. I had indeed found my intellectual home. At this year’s meeting in Baltimore, one of my students commented that I looked like a kid in a candy store, and that’s exactly how I felt. It’s nice to know that, after a decade, I haven’t lost that lovin’ feeling.

It’s not mysterious that an organization whose primary focus is integration would feel like home to me. Having grown up in apartheid-era South Africa, a police state characterized by censorship and oppression, I’ve always been aware of the importance of trying to understand different narratives, the ways in which discrepant narratives of the same context coexist, and the ways in which new, intersubjective narratives are co-constructed. This is one of the things I enjoy most about the process of psychotherapy. I’ve always preferred the discomfort of ambiguity to the (dis)comfort of absolutes and unequivocal “truths.” Ambiguity is more interesting and more stimulating. There is life in it, there is movement in it, there is ongoing dialogue in it.

I’m fortunate to be part of a generation of psychotherapists that, as many of the contributors to this issue have noted, can take integration for granted as part of the mainstream. The value of this birthright is not lost on me. Thank you to Jeffery and the Executive Board for appointing me associate editor of The Integrative Therapist. I’m thrilled to have the opportunity to engage more directly with you all, to give back to the generous intellectual community that is SEPI, and to participate in the next phase of moving psychotherapy integration forward.
Report from Portugal and Turkey

Nuno Conceicao (Past-Chair of Regional Networks Committee), Catarina Vaz Velho, Current-Chair, and Tahir Ozakkas, Turkey Regional Network's Coordinator

In the distant past (the mid nineties) when regular mail, regular phone and physical presence were how networks were coordinated, Carol Glass and Dianne Arnkoff managed to put together an impressive list of SEPI Regional Network Coordinators. Then silence. After a dormant period, at the beginning of 2010 we, Nuno Conceicao together with Catarina Vaz-Velho, from Lisbon, Portugal, took on the challenge of the revitalization and development of the regional networks of SEPI.

Even with instantaneous communication, the task has not been easy. As Woody Allen reminds us in "Midnight in Paris," each epoch or time has its challenges. Maybe the answer is not going to come from some master plan, but from local grass-roots efforts such as the Psychotherapy Institute of Turkey, (www.psikoterapi.com or www.psikoterapi.org), one of SEPI’s active new Regional Networks. Here is a glimpse into that world:

In the words of Tahir Ozakkas, SEPI’s Regional Coordinator for Turkey, “psychotherapy is a relatively new and fast-developing area in Turkey. The field does not even have a legal framework yet. We are working towards establishing the legal basis for psychotherapy and contributing to the commissions working on the legislation. The academic training at the universities does not offer enough to cover the recent developments in the field. Therefore, there is great interest in trainings provided by private institutes and organizations, each of whom often follows a particular school of psychotherapy in their trainings. Despite the lack of integrative efforts, it is still beneficial for mental health professionals to be well taught in these specific schools of thought.”

Ozakkas adds that the Psychotherapy Institute of Turkey is the only integrative psychotherapy organization in Turkey. Three-year post-graduate training is provided in three levels, which are theory, formulation, and supervision. In the first year of theoretical training, trainees are taught in 17 different theories and psychotherapy approaches from object relations to behavioral-cognitive theories. In the second year of formulation phase, trainees have a chance to apply their theoretical knowledge on actual case materials, consisting of video records and written transcripts of patients whose therapy process has been completed and who have given consent. Each session conducted in the institute is recorded and archived. We hold a database of the case materials of hundreds of patients compiled over 15 years, and the number of consented cases is around 50. In the third year of supervision, trainees bring video records of their own sessions to be discussed and supervised in a group format. The integrative perspective of the first year’s theoretical teaching is reinforced and illustrated throughout the formulation and supervision phases. Each year, we start a new group in June. The 14th group was registered this year. Each group has around 50 trainees. Our institute’s location is near to Istanbul (an hour’s drive). Our trainings are at the weekend (Friday, Saturday, Sunday). We have relationships with some other institutes in Turkey, but not in other countries.

This is an example where integration seems to be flourishing. This Psychotherapy Institute acts as an umbrella organization and bridge for Turkish psychotherapists to learn from leading psychotherapy schools. In terms of regional activi-

Continued on page 12
Take-Home Points from Some SEPI 2015 Presentations You Wished You Could Attend

Calming the Fear-Driven Brain: Neurofeedback in the Treatment of Developmental Trauma
Sebern F. Fisher

It is time for integrative therapists to reconsider the brain. Most would agree that the brain is the infrastructure of the mind. Neuroscientists are coming to recognize that the brain organizes itself through its oscillations or rhythms. Neurofeedback or computerized biofeedback to the brain provides people with access to these rhythms as brainwaves which are displayed on a computer screen. With the guidance of their therapist and the feedback, (playing a video game through changing your brain waves) even severely disregulated people can learn over time to regulate their brains. They learn to change habitual firing patterns. These firing patterns underlie most persistent and resistant mental health dilemmas and symptoms, and neuroplasticity resides in our ability to change them.

NIMH has identified fear circuits as one of the probable “common factors” in mental illness. This workshop focused on the use of brainwave training in developmental trauma; perhaps the single most devastating and primary fear based disorder, along with its many sequelae including borderline personality disorder and anti-social personality. People can learn slowly but surely how to quiet these erupting circuits in their brains. As they ease their arousal, their symptoms ease. They can become less reactive and less fear-driven.

There was an overview of the considerable science behind neurofeedback as well as the impact of developmental trauma on the brain. It is very difficult to help quiet the thoughts, feelings and behaviors that are driven primarily by the amygdala and fear circuitry in the sub-cortical, non-verbal right hemisphere, without addressing the brain directly. We know the limits of talk therapy and of medications. Neurofeedback helps the brain to self-regulate. It has done so with those suffering seizures and it seems to be, at the brain level, that many of the more difficult symptoms of Complex Trauma such as flashback and dissociation may have a seizure or seizure-like component to them. This has been captured frequently in EEG recordings. (The medications most often used, mood stabilizers, are anti-convulsants). Neurofeedback should be integrated within the therapeutic relationship for patients with these histories and it can be done so regardless of school, making it a truly integrative approach.

Are you ready to integrate?: Clinician variables and the implementation of new practices
Jennifer M. Oswald & James F. Boswell

Dissemination and implementation (D&I) science is expanding rapidly (Brownson et al., 2012), with increasing calls to identify factors and processes that are associated with adoption and sustained use of evidence-based practices (EBPs). Recent research has demonstrated the crucial role that clinician-level variables play in the D&I process. The aim of this study was to examine clinician-level variables prior to and after acute training in a CBT program.

Clinicians from diverse disciplines (psychology, psychiatry, nutrition, and nursing) and theoretical orientations at two residential eating disorder treatment facilities were asked to learn and implement a principle-based CBT program (Unified Protocol, UP; Barlow et al., 2011) in a historically non-CBT context. Eighty individuals who endorsed provision of psychotherapy/counseling as a component of their work were given self-report measures following a brief didactic introduction to UP principles and strategies (pre-training), and after 2 months of additional weekly didactics, experiential exercises, and role plays (post-training). Variables of interest included: (a) attitudes toward EBPs, exposure therapy, and the UP; (b) theoretical orientation and typical practices; and (c) years of experience and training background. A total of \( N = 46 \) individuals provided usable pre- and post-training assessment data.

Continued on page 11
Overall, clinical staff endorsed positive attitudes toward EBPs and the new treatment program. Treatment-specific attitudes, including toward exposure therapy, were found to be significantly more positive at post-acute training. Post-training attitudes, however, were unrelated to clinician-level variables (theoretical orientation, technique use, experience, or training background).

Training and implementation research generates cross-cutting implications for psychotherapy integration spanning theoretical, technical, and research-practice integration. This research yields particularly relevant information because the intervention setting has not historically identified with the new practice paradigm, and clinical staff presented with diverse training backgrounds and theoretical orientations. Nevertheless, it cannot be concluded that maintenance of, or enhancement in, new practice attitudes were a result of the training intervention due to the absence of a control group. A comprehensive implementation program is still being employed at these sites, and this includes observer-rated assessments of program fidelity. Future research should (a) employ randomized designs to isolate specific training and implementation intervention effects, (b) investigate the “fine grained” integration process as it pertains to specific intervention strategies (e.g., interoceptive exposure; see Boswell et al., 2015), and (c) employ mixed methods that incorporate qualitative analysis to more deeply explore and understand the experience of frontline clinicians.

**Somatic Modalities in Attachment Trauma Treatment**

*Dawn Bhat & Jacqueline A. Carleton*

Human experience is not limited to language and cognitions but includes a special kind of awareness of the body. The integration of the human bodymind integration in psychotherapy enhances self-awareness, including self-monitoring (what Freud called the observing ego) and self-regulation (what Reich indicated as a sign of health). Body/somatic psychotherapy research suggests that we can improve mental health and recover from trauma when therapists incorporate sensory experience.

Minding the body in clinical research and practice has been of interest since Pierre Janet (Boadella, 2011) and Wilhelm Reich (Boadella, 1973/1985. The growing field of somatic psychotherapy offers clinicians in all fields of psychology innovate techniques to work implicitly and explicitly with the autonomic nervous system (ANS) (Bhat & Carleton, in press). Self-regulation is at the heart of somatic psychotherapy and early attachment is the origin self-regulation (Carleton & Padolsky, 2012).

Somatic approaches have become increasingly more popular in recent years as an effort has been made within the field of body psychotherapy to synthesize its historical underpinnings (Bhat, Carleton, Malovichko, 2014). Somatic modalities pay particular attention to interoceptive awareness, which includes mind, body, thoughts, energy, sensations, images, emotions and feelings. Attending to and facilitating the client’s attention toward the internal experiencing of the “felt sense” or the “implicit” generates a shift bringing forth new patterns that move life forward (Gendlin, 1999; Cornell, 2013).

The attachment and the defense systems operate synergistically. When faced with a threat, human beings are more vulnerable to being overwhelmed in comparison to animals in the wild (Levine & Frederick, 1997; Levine, 2010). A reason humans do not rebound as easily as wild animals is that there is frequently noncompletion of the traumatic responses of fight or flight. Energy is frozen and blocked in the ANS. Somatic Experiencing, for example, restores the nervous system to a healthy cycle of activation and deactivation and the body is reprogrammed for self-regulation (Levine & Frederick, 1997; Levine, 2010; Carleton, 2010) and social engagement (Porges, 2011).

Resiliency is a strong coping adaptation that is present in secure attachments (Bowby, 1990). On the other hand, in problematic attachment relationships, there is little sense of a secure base. With little resiliency and insecure attachment, there is a greater likelihood of developmental psychopathology (Schore, 2001; Siegel, 2001). In somatic psychotherapy, corrective experiences are utilized to promote secure attachment by facilitating client regulation and self-mastery in completing the neuropsychological responses associated with attachment trauma (Heller, 2010; Heller & Carleton, in preparation).

*Continued on page 12*
“Sexual preferences can negatively impact a romantic partner if a partner feels coercive pressure to do something disgusting”

“Sexual disgust may threaten the feelings of romantic desirability and attachment security of both members of a romantic couple when one partner's sexual delight is the other partner's sexual disgust. This shame sensitive issue may bring a couple to treatment to resolve a seemingly intractable relational conflict. An integrative approach to couple’s therapy may facilitate treating this shame sensitive issue. The acceptance approach of Christiansen and Jacobson may help couples accept each other’s sexual preferences and aversions as possibly enduring personality traits that might not get “fixed.” The mentalization based approach of Bateman and Fonagy may help couples better empathize with each other's sexual preferences and aversions without moralizing judgment. Integrating these two approaches may maximize a couple’s chances of constructively negotiating what Gottman calls a “perpetual conflict.” A case illustration will be provided of an engaged couple that was at odds about the nature of the bachelor party. The female partner was disgusted by lap dances that she viewed as a kind of infidelity while the male partner felt ashamed that his fiancé was disgusted by some of his sexual preferences and felt disgust towards what he perceived to be her sexual prudery.

Negotiating the dialectic of recognition and assertion in adult romantic relationships is particularly challenging when one's person's sexual delight is the romantic partner's sexual disgust. On the one hand, no one should be shamed for their seemingly disgusting body, personality, or sexual preferences. But on the other hand, no one should feel coerced into performing sex acts that seem disgusting? Just as individuals should not be shamed for their unique sexual preferences neither should they be shamed for their unique sexual aversions. Sexual preferences can negatively impact a romantic partner if a partner feels coercive pressure to do something disgusting so as to not seem like an unreasonably sexually withholding, rejecting, or repressed partner.

This relational conflict can be a serious threat to the attachment security of both members of the couple. Traumatic personal histories of being shamed for one's seemingly disgusting body, personality, and/or sexual preferences and/or sexual coercion to perform disgusting sex acts with disgusting people only heighten the potential for re-traumatization in adult romantic relationships as conflicting sexual preferences and aversions are being negotiated. Constructive negotiation of this relational conflict can be facilitated by helping couples accept each other's sexual aversions as well as preferences and developing empathy for a partner's sexual aversions as well as preferences though those aversions and preferences might be morally offensive.

---

“Who puts certainties in life, Easily becomes embarrassed In the vile comedy of love; It's not worth having a soul Because the best is for us to proceed Lying to whomever” 

Report from Portugal and Turkey, continued from page 9

ties, they organize seminars and workshops with leading figures in psychotherapy integration as well as other single-school approaches. They have e-mail groups and a Facebook group with around 2,500 colleagues sharing knowledge and ideas. They also translate and publish books on psychotherapy integration, as language is sometimes a barrier for some of their colleagues.

Committed to welding together this and other local efforts around the globe, we see hope in complexity and uncertainty, out of which new vitality can grow. To express this poetic truth, we refer to a teasing Portuguese fado song by contemporary Portuguese singer, Camané, entitled “Very Complicated Web,” (https://www.youtube.com/watch?v=pcR-wQxEzm4)

“We see hope in complexity and uncertainty, out of which new vitality can grow.”
CALL FOR NOMINATIONS

The Society for the Exploration of Psychotherapy Integration (SEPI) seeks enthusiastic individuals to serve in leadership positions on the Executive Board. We would like both new and experienced voices to advance psychotherapy integration, which involves the synthesis of theoretical orientations as well as the collaboration of practitioners and researchers.

As an international, interdisciplinary and integrative organization, SEPI is committed to a diverse governance, including members of diverse countries, professional disciplines, theoretical orientations, and employment settings. SEPI is also committed to recruiting governance members of diverse genders, race/ethnicities, sexual orientations, and other dimensions of personal identity.

Nominate Yourself or a Colleague

- The SEPI office open for election is President-elect Designate (who would serve as president-elect in 2017 and as president in 2018). The person elected will begin his/her terms on January 1, 2016.
- The person elected will serve as a voting member of the SEPI Executive Board.
- Eligibility criteria for candidates are that they must be Members or Fellows in good standing of SEPI and that no member may be an incumbent of more than one elective office.
- The deadline for receipt of all nominations is October 15, 2015.
- Nominations may be sent via email (Rhonda.goldman@comcast.net; please put SEPI Nominations in the header of the email).

Nominations & Elections Committee
Rhonda Goldman, Ph.D., Past-President and chair
Nuno Conceicao, Ph.D., President-elect designate
Louis Castonguay, Ph.D., Advisory Board Member
Shelley McMain, Ph.D., Advisory Board Member

CALL FOR CONTENT

The Integrative Therapist wants you to be an author. We are seeking brief, informal, interesting and actionable articles in conversational language. Think of the way you would talk to a colleague over lunch. Please limit references to those that are really important. Our bias is towards articles relevant to SEPI’s three missions: integration between researchers and clinicians, integration across cultures, and further development of psychotherapy integration.

Contributors are invited to send articles, interviews, commentaries, letters to the editor, and announcements to Jeffery Smith, MD, Editor, The Integrative Therapist. The preferred length of submissions is 1,250 words or less, following APA style. All submissions should be sent in the body of an email to jsmd@psytx.com with the subject line “Contribution to Integrative Therapist”

FORMATTING
- Block style with one space between paragraphs, no paragraph indentations
- Use subheadings and bullet points freely
- Single spaced
- No page numbering
- No headers or footers, unless footnotes
- References should be single spaced, in approved APA-style format
- Photos should be submitted as separate JPEG, TIFF, GIFF, or BITMAP files, not imbedded in other documents.

INQUIRIES ABOUT SEPI OR MEMBERSHIP SHOULD BE DIRECTED TO:
Tracey Martin
Administrative Officer
e: sepimembership@gmail.com
SEPI XXXII ANNUAL MEETING
Dublin, Ireland, June 16-18, 2016

The Therapist in Integrative Therapy:
Implications for Practice, Research, and Training

Thursday June 16 through Saturday June 18
with pre-conference workshops on June 16

CALL FOR SUBMISSIONS
The Society for the Exploration of Psychotherapy Integration (SEPI) invites submissions for the 32nd Annual Conference to be held in Dublin, Ireland, June 16-18, 2016 (with preconference workshops on the morning of June 16). The conference site will be Trinity College, located in the heart of Dublin. Attendees will have the choice to stay at the College for a very reasonable fee or in one of the hotels around the College. When finalized, information about lodging choices will be available at the SEPI website: www.sepiweb.org

SEPI is an international, interdisciplinary organization of practitioners and scholars exploring the limitations of a single-school perspective and promoting alternative ways of meeting the needs of our clients. SEPI also advances the integration of practice and research.

DEADLINE FOR SUBMISSIONS
The submission deadline is December 18, 2015. Submit online through the SEPI Conference submission portal at http://www.mymeetingsavvy.com/sepi which will open October 15, 2015. Submission guidelines can also be found there. The program committee will send notices of acceptance by January 30, 2016. Simultaneous translation will not be available at this conference; the conference language is English.

CONFERENCE THEME
The Therapist in Integrative Therapy: Implications for Practice, Research, and Training

Continuing with SEPI’s goal to expand and enrich our mission of promoting innovative applications of integrative psychotherapy, the major theme for our 2016 meeting will address the topic of the therapist, with its numerous practice, theoretical, research, and training implications. The therapist’s contribution is of growing interest in treatment process and outcome studies. It has become increasingly important to identify therapist actions that are associated with effectiveness.

A number of questions emerge from this interesting intersection of therapist and integration:

Practice
• How do integrative models influence or modulate the therapist’s practice?
• Is an integrative therapist better prepared to treat diverse clinical problems than a therapist who adheres to a single theoretical model?
• How does an integrative therapist adapt to cultural differences?
• How do therapists’ factors operate with internet-delivered therapy?

Research
• What are the distinguishing characteristics of an integrative therapist? What is the impact of these characteristics on their work?
• What characteristics of the therapist contribute to relationship factors such as alliance or empathy?
• How do integrative psychotherapists adapt their relational style to patients’ proclivities and personalities?
• Do certain therapists obtain better outcomes overall or do particular therapists have better outcomes with specific patient populations?

• What effects do the characteristics of the therapist have on continuance in psychotherapy? How do therapist variables interact with attrition?

Training
• How and when does a therapist choose to become integrative?
• When is the right moment to “become” an integrative psychotherapist?
• What is the optimal way to be trained as an integrative therapist? Do therapist singularities influence different ways to be trained?
• What are the skills and competences that characterize an integrative therapist, and how can they be acquired?
• What are the distinctive ways of supervising an integrative perspective?

While submissions are especially encouraged that speak to this theme, we welcome submissions that are not directly related to the conference theme but bear on the broader theme of psychotherapy integration.

PROGRAM FORMAT
We encourage the participation of practitioners and scholars from all psychotherapy traditions and disciplines to attend our 2016 conference. While some may not necessarily identify themselves as integrative, we welcome the participation of all intrigued by the opportunity to discuss psychotherapy integration, pro or con.

The program will consist of pre-conference workshops, symposia/panels, discussion groups, mini-workshops, individual papers, and posters that address themes related to psychotherapy integration. There will be two keynote speakers and three plenary panels featuring invited participants.

We wish to underscore that:
• SEPI is particularly devoted to facilitating dialogue among participants. As such, all presentations should allocate ample time for audience participation and discussion.
• We encourage the use of videotaped sessions, verbatim transcriptions, demonstrations, case presentations, or other methods that ground the dialogue, clarify practical considerations, and demonstrate clinical application. (Please be sure to secure client’s informed consent for the ethical use of session material).

Continued on page 15
TYPES OF PRESENTATIONS

The following descriptions indicate the session formats that are possible for submissions.

POSTERS
Posters are graphic representations of the results of studies. Interested attendees have one-on-one discussions with the presenter whose work is displayed. Poster dimensions should approximate 91 x 122 cm (or 36 x 48 inches). Many attendees appreciate receiving a handout that summarizes a poster’s findings.

INDIVIDUAL PAPERS (15-20 minutes)

Papers are formal presentations submitted by individuals. A paper may or may not be part of a panel. Papers that are not part of a panel will be assigned a specific slot by the organizing committee.

PANEL SESSIONS/SYMPOSIA (75 minutes)

A panel/symposium is a formal presentation that includes no more than three (3) papers and a discussant. Each panel must have a chairperson who will introduce the presenters and topics, monitor time allotments, and guide audience participation. A link in the submission portal provides an example and instructions on how to group papers together in a panel/symposium submission.

MINI-WORKSHOPS (75 minutes)

Mini-workshops are designed primarily for applied and practitioner audiences and focus on skill development or experiential involvement. A workshop “summary sheet” (overview of the topic) and handouts (if applicable) should be available to participants. Only a limited number of mini-workshops will be possible during the conference. Due to the short nature of these workshops, a pointed focus is desirable.

PRE-CONVENTION WORKSHOPS (3 hours; held on the morning of June 16)

We will consider up to four half-day (3 hour) workshops to allow participants to learn about and explore a particular approach in more depth. Workshop proposals must be approved by the SEPI program committee.

CONTINUING EDUCATION

There will be continuing education for psychologists offered at the Dublin meeting through the APA Society for the Advancement of Psychotherapy (Division 29 of the American Psychological Association). The Society for the Advancement of Psychotherapy is approved by the APA to offer continuing education for psychologists. The Society for the Advancement of Psychotherapy maintains responsibility for the program.

We require all formal sessions (not posters) to be CE approved. To make your session CE accredited, you will follow certain APA CE guidelines: provide complete CVs for all first authors and provide learning objectives (at least one per every submission, or at least one per hour if any single submission is longer than one hour). You will do this through the submission portal when you submit your conference proposal. For information about CE and writing acceptable learning objectives, please find more information here: http://www.sepiweb.org/?page=ConvCE

There will be a charge to obtain CE for anyone who is not a member of the Society for the Advancement of Psychotherapy.

CONFERENCE LANGUAGE

When making your conference submission, please note that presentations must be given in English. Please rest assured, however, that perfect grammatical English is NOT a requirement, but being understandable to English speakers is required for presentations. No translation services will be available.

SUBMISSION GUIDELINES

Follow the instructions at the SEPI website posted at http://www.sepiweb.org

STUDENT STIPENDS AND SEPI MEMBERSHIP

A limited number of stipends are available to defray costs for students presenting at the conference. To qualify for a stipend, students must be the first author and presenter of a paper/poster and must be SEPI members. If you or a member of your panel wishes to be considered for such a stipend, contact SEPI Treasurer Dr. Steve Sobelman at steve@cantoncove.com. For membership information, go online or contact Membership Committee Chair Dr. Marvin Goldfried, marvin.goldfried@stonybrook.edu

LIMITS ON FIRST AUTHORSHIPS

The program will include posters, individual papers, panels/symposia, discussion groups, mini-workshops, and preconference workshops (as detailed above). There is a limit of two first-authorship presentations at the conference; however, there is no limit on other forms of participation such as discussant, chair/moderator or second authorship. Presenters will be subject to the usual registration fee for the conference.

PROGRAM COMMITTEE

Beatriz Gómez, Ph.D., Program Chair
SEPIprogramchair2016@gmail.com

Ladislav Timulak, Ph.D., Program Co-Chair

Tracey Martin, Conference Coordinator

Catherine Eubanks, PhD, Past Program Co-Chair

Kevin McCarthy, PhD, Past Local Arrangements Chair

Stanley Messer, PhD, Past Program Chair

Abraham Wolfe, PhD, Past Program Co-Chair

LOCAL ORGANIZING COMMITTEE

Dr. Marcella Finnerty – Chair

Prof. John McLeod, Vice Chair

Dr. Ladislav Timulak

Dr. Mary Creaner

Dr. Evelyn Gordon

Dr. Rosaleen McElvaney

Ms. Triona Kears

Ms. Triona Kears