A Word From the Editor

Dear SEPI members and friends,

By tradition, the summer issue of The Integrative Therapist is dedicated to savoring the excitement and ferment of the annual conference. This time, we have gone one step farther in soliciting and sharing with you a host of tidbits and glimpses into “Secret SEPI,” the kinds of things you might not know or missed in Denver. SEPI has a lot to offer, yet keeps on growing and trying out new ideas and initiatives. After the Presidential letter, the issue goes right into “Secret SEPI.” We prepared a shared document to be edited “in the cloud,” and asked SEPI’s officers and chairpersons to share their best SEPI secrets. Next, Jennifer Davidtz has curated a series of reflections by attendees on what stood out at the Conference. More reflections follow, volunteered by two graduate students who experienced their first SEPI conference, Carly Schwartzman and Brittany Iles from SUNY, Albany.

Finally, I take the next step in the Theoretical Convergence project started in the last issue. Following the publication of

President’s Column

Dear SEPI members and friends,

Adding my most formal visual look for this more informal volume, I am writing my third presidential message, after having completed my role as program chair of our 2017th annual meeting in Denver, Colorado – Clinical Decisions That Work: Navigating the Psychotherapy Integration Maze. There we got an appreciation of how complex the maze is that we’re in.

For me, it was great to chair the program for this event, 16 years after I gave my first talk on a SEPI meeting and 10 years after being part of the local arrangements committee when it was held in Lisbon. Despite a slightly lower attendance than usual, many of the attendants were complimenting the program and the overall experience. Due to the lovely work by the local hosts during the conference together with our amazing administrative officer, I even allowed myself to experience the conference as a participant with significant enthusiasm taking a few notes to bring home, although my home is still in renovation since last October. And how thrilling it was the older generation so sharp and clear conveying their keynotes! And the younger ones so actively involved! I wish to thank all of those who contributed and participated at our joint event in Denver!

Now seriously, we wished our program reflected even more integration of attention to patients’ social and cultural context and concrete life circumstances, but at least we made it clear this is a dimension of integration that represents an
Secret SEPI: Notes From SEPI Leaders

Following the Denver meeting, The Integrative Therapist asked SEPI’s leadership and committee chairs to share with the membership a collection of lesser known features, thoughts and plans for SEPI’s future. We hope you enjoy and benefit from this trove of SEPI nuggets.

President: Nuno Conceicao

As the president of SEPI I hope to have us all working together in the pursuit of the objectives that help advance SEPI. Together connected, pleonasm purposely included, we can be stronger. Officers/volunteers need to have a bigger role in the state of affairs in SEPI, and only then SEPI should have a greater impact. Therefore we still need more communication within committees and between committees and from these to the EC and President and vice-versa. We need committees to be populated by SEPIANS, active, generous, communicative people who mobilize or ask for mobilization or denounce lack of it. Otherwise integration stalls with lack of communication and mobilization.

The Integrative Therapist noticed under the “Links” tab on the website a list of “linking and collaborating organizations?” We asked what was behind it.

This LINKING was my initiative when president-elect and I still add models or approaches to it occasionally. I had just had a few years of experience at the Regional Networks Committee, realizing many members were participating more in tune with their closest in-group approach, while keeping connected to SEPI. It was also initially meant by me as a mere service to our members to increase awareness of several relevant* approaches, with their own books, papers, trainings and communities. Then the EC decided to make it a more regulated initiative obliging the linked entity to also link with SEPI. I was against this, but accepted the challenge to negotiate these deals only to then realize how time consuming it was and how hard it was to obtain results, as many institutes and societies are quite closed still and do not have a policy or a space to link back. Some seemed even afraid of loosing their members or at least acted avoidantly or dismissively.

So we left it open, with slightly bigger emphasis for those who link back to us already. I believe part of the future of SEPI implies some way for us to aggregate the best of what these groups create and to go on promoting dialogues between the new emerging creations, be it a clinical approach or a research tool of some kind. Of course, better negotiations can occasionally take place in the future. Criteria still need to be established as to precisely what *relevant approaches* should mean, but even if an approach or tool does not yet have much evidence supporting it, as long as there are a few books, papers, trainings and communities reflecting movement and energy around it then it might be worth highlighting.

Members should alert SEPI whenever they are aware of some approach that should be listed there, and then we (the EC) can assess its eligibility. Members wanting some training or research (reading or conducting) on this or that approach can also search via the links provided. Members can think of how to make better use of SEPI's strong muscles, those of dialogue and curiosity towards similarities and differences among approaches.

President Elect: Stanley Messer

What “secret” plans are in store for next year?

There will be a special emphasis in next year’s SEPI conference in NYC on systematic case studies of psychotherapy, especially those combining qualitative and quantitative data and methods. These can include emphasis on process and/or outcome. This focus relates to one aspect of the renewed SEPI theme of integrating research and practice. I encourage SEPI members to start planning now for their presentations next year.

I would like to see more diversity in ethnic and racial background in SEPI membership as well as at the conference. In addition, we should strive for SEPI to have more variety in theoretical orientation (e.g., more CBT adherents), in professional background (e.g., more social workers, psychiatrists, child/family therapists) and more members/participants from abroad. For this to happen, I hope that SEPI members will invite their friends and colleagues who come from...
these and other backgrounds and locations to join SEPI and attend the New York City Conference on May 31-June 2, 2018.

The Integrative Therapist would like to add that members should feel free to share the link to this Newsletter and previous issues with any colleagues, list-serves or organizations that might find it interesting. The Integrative Therapist is one more vehicle for spreading the word about SEPI to a wider audience and expanding membership.

Past President: Beatriz Gómez

SEPI has a great potential based on the coexistence of the sustained work of the pioneers and experts in psychotherapy integration and novice therapists and students from all over the world, strongly promoting the dialogue between the different generations. It has been very stimulating to see the growing enthusiasm of young people. For me the “secret plan” is to encourage young people’s innovative ideas and participation, to help expand psychotherapy integration.

SEPI is committed to another exciting challenge, which is to strengthen the links between practice and research.

Advisory Board: Marvin Goldfried & Paul Wachtel

With our change in governance, Goldfried and Wachtel are most pleased with the dedication and hard work of the Executive Council (E.C.).

Membership Committee: Paul Wachtel

The membership had declined for a while, now we are back to an increasing membership again. We are especially concentrating at this point on increasing membership among three groups whose numbers are smaller than we wish—psychiatrists, social workers, and members of ethnic and racial minority groups. We are making efforts to increase initiatives to recruit members from those groups, though of course from all groups as well.

SEPI’s Website: Marvin Goldfried & Tracey Martin

The Integrative Therapist wants members to be aware of the rich collection of interviews of leaders and innovators in psychotherapy, done by Alexandre Vaz, as well as the excellent research reviews for clinicians by Constantino and Goldfried’s, mentioned below.

The interviews are on the website, and periodic announcements are made on the listserv about them. We regularly post and announce JPI articles in the series co-edited by Constantino and Goldfried, reviewing basic research findings for the practicing clinician.

The Integrative Therapist: At present these treasures can be found on the right-hand column of the website under “Featured News.” The interviews are labeled as “Personal Reflections on Psychotherapy Integration” and the rich and important research findings are unassumingly listed under “Journal.”

The Listservs: Tracey Martin

Under the direction of the Communications and Publications Committee, Ms. Martin actually monitors two listserves. One is a voluntary opt-in list of a subset of members. Members are urged to join this list and can use it for announcements of trainings, publications, requests for clinical referrals, etc. To post an announcement, or join, send an email to SEPI@lists.apa.org. The other list is a full membership list, maintained for official communications from SEPI. Tracey is also the go-to person for this list.

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SEPI's Facebook Page: Nuno Conceicao

The Facebook page is not controlled by any one person, but bears the stamp of Giancarlo Dimaggio from Italy and Joana Fojo Ferreira from Portugal, but it seems not to be as effective in fulfilling the need for a discussion forum as hoped. Perhaps the best approach would be to let it grow organically with more short content to our members. We actually need a new initiative on Communication/Press/News… to reach out for people interested in psychotherapy integration.

The Finance Committee: Steven Sobelman

Finances: SEPI is in pretty good financial shape as we maintain as checking, savings, and Morgan Stanley financial portfolio. We have 3 income streams — Dues, Journal, and Conference. After the Dublin Conference last year, which was a big financial winner for SEPI, I told the EC that we were in “great shape” from a financial perspective. We added more money to our financial portfolio with Morgan Stanley from the profits. However, the Denver Conference did not go as well, financially, with lower attendance than planned plus some added expenses. We hope to recover in NYC, which is a risky Conference (financially), since it is expensive to run a Conference in NYC. We will need to have a “Dublin-Like” attendance for NYC. I’m planning on 340 people!! However, the “profit” from NYC will be lower than Dublin due to increased expenses in NYC. Tracey and I have met with the NYC host committee and also met with the Hotel staff and NYC has the potential to be a terrific Conference!!!

The SEPI membership is growing each year and we’re seeing an increase in student membership, too.

The Journal is doing well and supports SEPI’s financial growth.

Dues: The Dues has been $59 forever!!! I suggested a $10 increase for Fellow status, which we implemented and then it was changed back about 2 years ago. …not sure why as I was not on that conference call. It is risky to increase dues since other trade associations are looking to many of the same people for their $$$.

New Initiatives: We’re looking for larger increases in membership. Please note that we’ve earmarked more money for travel grants and research. SEPI “gives back” to the membership, too, but our financial position, at this point in time, doesn’t warrant any increases….unfortunately.

The Education and Training Committee: Jack Anchin

The Integrative Therapist asks: What materials on training are available on the website? What are the Committee’s future plans?

To facilitate the work of those engaged in teaching and training psychotherapy integration, the Education and Training Committee has thus far assembled and posted 20 syllabi that various members of SEPI have developed for formal courses on psychotherapy integration, integratively oriented practica, and formal courses on the integration of science and practice. In addition to detailing the striking multiplicity of ways in which educators—whether in a classroom or practicum setting—can design formal and applied education in psychotherapy integration, reading through these syllabi as a collectivity can in and of itself be remarkably educative! In addition, taken together these syllabi identify a vast array of topically organized readings (i.e., articles, chapters, and books) on psychotherapy integration. To access these syllabi, one need only place their cursor on the item “Training” in the menu at the top of SEPI’s homepage. A drop down menu will then appear with the two items “Training Programs” and “Teaching and Training Materials;” clicking the latter will bring up a listing of all syllabi, each identified by course title and instructor, and in turn clicking any given syllabus will bring this up on one’s screen as a PDF.

The E&T Committee envisions this as a continuously growing list, with the plan being to put out a call for other members of SEPI to submit their syllabi for potential posting on this “Teaching and Training Materials” website page. Current planning entails a given syllabus submission undergoing a peer review procedure, for quality-control purposes, akin to

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that used by APA Division 2 (see Project Syllabus Description: http://www.teachpsych.org/otrp/syllabi/index.php).

Complementing this pool of “formal” syllabi, the Committee plans also include development of an ongoing collection of pedagogical methods (e.g., role plays, etc.) that educators have found useful in fostering experiential understanding of psychotherapy integration. It is anticipated that these write-ups will follow a to-be-articulated structured format, submissions will be reviewed for their fidelity to the latter (with revisions requested if warranted), and accepted, finalized submissions will be posted.

As noted above, the drop down menu under “Training” also indicates the item “Training Programs,” which will point to an extensive pdf document identifying and describing key features of specific programs around the world that provide training in psychotherapy integration. Assembled in 2016 by the SEPI governance, this project is now under the charge of the E&T Committee, and, as such, an additional E&T initiative to be undertaken entails updating this document.

Among additional plans necessitating the E&T Committee’s attention are (a) developing a process with the potential to lead to regular periodic inclusion of invited high-quality education-and-training articles in JPI; (b) conducting and/or cosponsoring (e.g., with APA Division 29) a webinar focusing on the specific topic of education and training in integrative treatment; (c) developing ways for students and trainees to become more involved in E&T Committee activities; (d) encouraging, to the extent feasible depending on the topic at hand, inclusion of attention to training-related implications of material being presented in papers, symposia, and structured discussions at SEPI’s Annual Meeting; (e) contributing to development of a “structured interview” focusing on education for the Fall, 2017 issue of The Integrative Therapist.

Research Consultations: James Boswell

Research Consultations. With the assistance of the Conference Program Committee, the Research Committee organizes and moderates the Research Consultation Program that takes place during the annual SEPI Conference. The Research Consultations are open to any conference attendee. It is an opportunity for students, early career researchers, and clinicians to consult with leading researchers in psychotherapy integration. Three to four expert research consultants participate each year on a volunteer basis and have been extremely generous with their time. Each year, the Research Committee attempts to recruit a team of consultants representing diverse methodological approaches (e.g., experimental and correlational designs; single case designs; observational coding; quantitative and qualitative), in order to be maximally responsive to potential consultee interests. The Research Consultations have become rather popular events. We had twelve participants in 2016 (Dublin) and seven participants in 2017 (Denver). The program will continue in New York in 2018.

Awards: The Research Committee administers the core of SEPI’s Awards Program, which includes the annual Dissertation and Marvin R. Goldfried New Researcher Awards. Depending on the year, the Research Committee is comprised of seven members. In recent years, due to the number of submissions/nominations, we have divided the Dissertation and New Research awards reviews among subgroups of 3-4 raters. Committee members will recuse themselves if there is a potential conflict of interest. Furthermore, current members of the Research Committee are not eligible to receive an award. The review process is a relatively intensive task. In the case of the Dissertation Award, committee members review the nominee’s full dissertation proposal, CV, and at least one letter of recommendation from the primary nominator. For the Marvin R. Goldfried New Researcher Award, committee members review the nominee’s CV, multiple representative published empirical articles, and at least one letter of recommendation from the primary nominator. In both cases, reviewers provide quantitative ratings pertaining to (a) the quality of the work (proposed project in the case of the Dissertation Award, or body of work in the case of the Marvin R. Goldfried New Research Award); and (b) the closeness of fit with the mission of SEPI. These ratings are then combined into a total score and nominees are subsequently ranked based on this total score. Although the Chair of the Research Committee does not participate in the formal review/rating process, the Chair reviews all submitted nominee materials and provides additional input as necessary (e.g., when there is no clear winner or a significant lack of agreement among raters). Subsequent to this, the Chair submits a brief report to the SEPI Executive Committee, which must approve the tentative Research Committee recommendation, and can also weigh in with specific suggestions for resolving a stalemate if necessary. In addition, the Research Committee oversees the student travel award program. The review/rating process is similar with regard to the dimensions of quality and fit. The primary differences are that a total of three awards are typically given each year, and the review process is “blind” for all intents and purposes. That is, letters of recommendation and CVs, etc., are part of the review process for the other awards; for the student travel awards, nominee names and affiliations are removed by the Chair prior to the review.

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Research Committee “Secret”: In addition to the standing Graduate Student member position, a special “Early Career” committee member designation/representative was added to the committee in 2016.

Secretary: Kenneth Critchfield

What should members know about the role of the Secretary?

The Secretary is elected for a term of three (3) years. The role involves working closely with the EC, and Tracey Martin, to safeguard our records, keep and validate the official minutes of our meetings, and so on. The biggest “secret” of interest to the membership is that my 3 year term ends as of the end of 2017. We’ll soon be sending out a call for a new SEPI secretary.

SEPI’s Awards: James Boswell and Catherine Eubanks

The Integrative Therapist: Be sure to check the “Awards” tab on the website for clearly explained awards. We asked the chairs, “Are there any new initiatives or changes on the horizon?”

The Executive committee will revise the Wachtel Travel grant criteria and application process to make them clearer for 2018.

At the Denver conference, SEPI presented the first Arnkoff & Glass Award for Regional Network of the Year, named for Diane Arnkoff and Carol Glass. The award went to Tahir Özakka and his Psychotherapy Institute of Turkey. Tahir founded the Institute and has provided a thorough and innovative training specifically in integrative psychotherapy. The Institute uses lectures and readings, analysis of video, an innovative group supervision format, among other teaching techniques. Tahir and his colleagues gave us many impressive programs during the conference.

Student Conference Travel Awards: Typically 3 awards of $300 each to student attendees with a first author presentation that is of high quality and related to psychotherapy integration.

The Journal of Psychotherapy Integration: Jennifer Callahan

A science-practice dialogue will be featured in the 3rd issue of the 2017 volume. It opens with an article by Nancy McWilliams that closely aligns with her plenary address at the 2015 Baltimore SEPI conference and is followed by invited commentary from diverse perspectives (some new to SEPI, others familiar).

We’ve begun clustering accepted submissions into related groupings and publishing them in organized special sections.

We have increased diversity within the editorial board and have added a role for students to contribute as translators. Translated (Chinese, Spanish) titles, abstracts, and keywords are now published and also indexed for searching within databases.

We have an upcoming special section on treatment of sleep; a common symptom across a range of disorders and a symptom for which psychotherapy is the primary treatment recommendation (i.e., not medications).

We continue the quest for an impact factor. Our application was “lost” when Thomson Ruteurs sold the Journal Citation Report database to Clarivate Analytics in late 2016. We were not the only journal impacted; this occurred with several APA-published journals who had applications pending. The APA business development team has set up a meeting with a representative from Clarivate later this month to discuss the situation and get (hopefully) some updates regarding timelines for review and decision of our application for an impact factor.

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**Newletter: Jeffery Smith & Jennifer Davidtz**

Jack Anchin will collaborate on developing a new “structured interview” focused on training for the fall issue. We want to focus on critical issues in integrative therapy training seen from the points of view of leaders in the field. After that, who knows. Maybe a reader will suggest a great theme for the January Issue.

We also want to recognize that the single most consistent theme that has come up in relation to the Newsletter is a desire to have better pathways for reader feedback. We are thinking about how to solve that. So far we have tried Survey Monkey and Letters to the Editor as well as the structured interview. The Facebook page is another move in that direction. Any thoughts are welcome.

“...the single most consistent theme that has come up in relation to the Newsletter is a desire to have better pathways for reader feedback.”

**Regional Networks: Tom Holman**

Many people join SEPI for the integrative approaches, the journal, and the conferences. SEPI’s broad international membership is something of a hidden secret. Imagine that you spent your life learning only one theory, and then you discovered a group of people who are comfortable with, thrive on, a multitude of theories. That is like discovering SEPI. Now imagine that you spent your life knowing the views of only one country in only one language, and you not only discovered SEPI, but also discovered its Regional Networks and international membership. Our current and past Presidents are from Portugal and Argentina, respectively. The web site shows the Regional Networks (RN) in four continents and over 15 countries. There are 4 RNs in the US. At the Denver conference the RNs were well represented in a large variety of presentations. It was exciting to see many people coming from thousands of miles away to share their interests. They gave us many insights, and took insights back with them. We see how much international members contribute to our understanding in ways that aren’t often found in other professional groups. A large group from the Turkish Institute for Psychotherapy presented several programs, and their director, Tahir Özakka, received the RN of the Year Award. We had other substantial contributions from Portugal, Egypt, and Switzerland presented. Japan, Finland, the Turkish Cypriot RN, Canada, Argentina, and the Czech Republic were represented as well. The RN Committee including RN Coordinators who could attend the conference held its annual meeting. Much of the committee’s discussion involved the need to develop certification in integrative therapy for individuals and/or for RNs internationally and in the US. The “secret” of establishing a RN is to be a SEPI member, and ask Tom Holman, RN Committee Chair, for the application form. The completed form is reviewed by the RN coordinators, then by the President and the Executive Committee.

**Coordinators of the SEPI Regional Networks:**

**Argentine Network of Integrative Psychotherapies (Buenos Aires): Beatriz Gomez**

Argentine Network of Integrative Psychotherapies. Aiglé Foundation celebrates its 40th Anniversary and has organized activities throughout a year. Paul Wachtel participated in the first activity and Louis Castonguay will participate in the last one this year. A number of renowned psychotherapists in the world will also participate in an activity in August entitled “40 years of training in psychotherapy.” Attendees are professionals and students from Argentina and Latin America, with Larry Beutler, Andrés Consoli, Melissa Morgan Consoli and Sergi Corbella are among the invited speakers.

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Turkish Cypriot SEPI Regional Network (Nicosia-Lefkosa): Erdem Akgun

Dear SEPI RN members,
I am working as an integrative psychotherapist in Turkey and Cyprus. I am also the coordinator of the Turkish Cypriot SEPI RN. There are a 16 universities in Turkish Cyprus and I have presented at all of them to introduce SEPI and discuss the topic, “What is integration?”

Italian SEPI Regional Network (Bergamo-Milano): Angelo Compare

In Italy, we have the following initiatives:

**Workshop on Integrative Psychotherapy with Paul Wachtel** on Oct 13-14, 2017 (Milan) in collaboration with the University of Milano-Bicocca and Scuola di Psicoterapia Integrata e di Comunità (SPIC-ACOF).

**International Workshop on Meta-Analysis in clinical psychology**, on Dec 14-15, 2017 (Bergamo, University of Bergamo). Research psychotherapy as drive for psychotherapy integration in collaboration with Italian Post doc - **Master degree in “Multidimensional Psychological Assessment and Psychological Therapeutic Techniques**”, at University of Bergamo in collaboration with Hogrefe. Students will be trained, within a paradigm of psychotherapy integration, to combine therapeutic techniques on the base of multidimensional psychological assessment during intervention with patients.

Portuguese Group for Psychotherapy Integration (Lisbon): António Branco Vasco, Joana Fojo Ferreira

Members of the Group are soon publishing two chapters on psychotherapy integration and the first book on psychotherapy integration, ever, in Portugal.

Psychotherapy Institute of Turkey (Darıca): Tahir Özkakş

In Turkey, we are organizing the **1st National Integrative Psychotherapy Congress** on Sept 29-30 and Oct 1, 2017. Over 40 panel sessions planned in 3 days, with more than 400 participants expected. Integration may be quite common in daily practice, but theoretical discussions are quite young in Turkey. So the first year’s theme is *Integrating Psychotherapies*. . .
Secret SEPI: Take-Home Notes From Denver
Curated by Jennifer Davidtz

Alexandre Vaz
In her mini-workshop “Beyond the Words” Kristin Osborn beautifully tapped into two crucial and underresearched topics: the coding of paraverbal communication in videotaped sessions, and paying special attention to the therapist’s own contribution and internal processes. Her passionate, relational stance in therapy is something all of us should joyfully steal for our own benefit! Having been trained through watching tons of videotaped sessions, I admit some jealousy and lack of surprise (and total enthusiasm!) towards her high perceptual skills, making the co-constructed therapy dance a lot more understandable to an outside observer. Well, not everyone has the luck of having Leigh McCullough as a mentor! Anyway, it would be wonderful to see more systematic process research on the impact of therapist’s nonverbals on the quality of the therapeutic relationship and, ultimately, therapy outcomes. Could the deliberate practice of accurate paraverbal communication be on the menu of future integrationists? One can hope!

Sapna Patel
In reflecting on what struck me from the SEPI Conference in Denver, I walked away thinking about what Jerrold Lee Shapiro had said regarding personal reactivity and errors in an existential case. I had not considered the idea of getting too close to a client and the danger in becoming too intimate including increased fantasies for clients. I am a doctoral student and am often taught to increase contact and closeness through the relationship. I have often reflected on exactly this issue of whether there is a limit on the level of closeness, attachment and intimacy, including the dangers in becoming too close. Hearing Dr. Shapiro speak of the challenges he faced in becoming more a part of the room was fascinating to me, including the ways in which he found himself reacting as he became the focus of conversation. I enjoyed the way he shared his pitfalls, and shared his reactions, as well as the way in which he chose to handle the situation and return it to the work at hand. I enjoyed his honesty, and humility, in speaking about his mistakes and valued his insights in what he would have done differently.

Jay Einhorn
The opening keynote address was by Marvin R. Goldfried, PhD, of Stony Brook University, on “Integrative Themes in Psychotherapy: Searching for Universal Principles to Guide our Clinical Work.” Goldfried is a founder of SEPI, & he touched on important themes in his address.

He observed that psychotherapy was an “infant science,” and noted 3 themes:
1. Lack of integration of new information with past contributions. We seem to have amnesia as a profession and field about developments in the past.
2. We have different schools of thought, sometimes moving on parallel paths with little incentive to integrate or talk to one another. Even in CBT, which is Marvin’s field, there is a lot of this kind of fragmentation.
3. There is a lack of integration of research and practice, which should not just be about research telling practitioners what they should do—as is typically the case—but also practitioners informing researchers about what needs to be studied so that research can be more relevant to practice. (My thought: there are critically important dynamics in therapy that the infant science doesn’t know how to study yet. For example, trust; the client’s trust in the therapist, the therapist’s trust in the client, the interaction of their trust.)

There are similarities and differences between physical and social sciences, Goldfried observed. At the cutting edge of

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both, there is just as much disagreement about what is relevant. But the physical sciences have a core and agree on certain phenomena, even with disagreement on the cutting edge. In our field, there is no core of agreement. So the system is built in such a way that we aren’t going nowhere, and we’ll have a very old infant in the future. Why is this happening? What are the obstacles that exist in coming up with an agreed-on core?

One obstacle is the gap between researchers and clinicians, which appears to be structural.

Language barriers are another issue, when members of one school of therapy are too uncomfortable with language of another. Paul Wachtel spoke about “X-rated concepts” in therapy schools years ago. When Hans Strupp, having been invited to speak to a behavioral group, used words like “ego” and “warded off,” people fidgeted and walked out. When Goldfried edited “In Session,” he wouldn’t allow writers to use jargon.

Changing research methodology is the next issue. In the 1980s, NIMH changed its research priority from looking at problems-in-living to focusing on DSM criteria. Recently that’s changed again to look at the biological/genetic/chemical components associated with different psychological disorders. (My thought: I wonder what all that research has produced? What if there was a book entitled, “NIMH Over the Years: What Have We Really Learned?”)

The next issue Goldfried considered is the tendency to forget & devalue the learning of the past & overvalue the importance of what’s new. There are structural reinforcers for both clinicians and researchers to do that. (My thought: this gives the impression of progress while actually undermining it.)

The next issue Goldfried considered is that of the norms of science. Reference groups within science compete with each other and selectively choose or exclude citations. You don’t get research money to study commonalities. Scientists are often doing all they can do to advance their own careers and reputations, even at the expense of advancing the field. Taking a concept and changing the concept’s name and calling it new concept is one example of a problem. (My thought: this happens in the clinical field all the time.) “Careers are made by making history, not knowing history.”

Three integrative themes Goldfried emphasized in psychotherapy are the integration of new information with past contributions, an integrative perspective across orientations, and integration of research and practice. “If we think about therapy theoretically we won’t get consensus, nor will we if we think about the hundreds of different techniques.” Referring to a conversation between Albert Einstein and Neils Bohr, Einstein said, “Alas, our theory is too poor for experience.” Neils Bohr said, “No, no! Experience is too rich for our theory!”

Goldfried next considered the challenge of “Depicting Levels of Abstraction for Conceptualizing Psychotherapy.” At the highest level of abstraction, this would be psychodynamic, experiential, and behavioral. But at an observable clinical level, there are interpretation, reflection and self-monitoring, across these three approaches. Somewhere between the upper and lower levels of abstraction there is the general principle, which is increasing awareness: all three approaches try to increase awareness, in different ways, and that is a unifying principle, said Goldfried.

Goldfried then considered common principles for therapeutic change, across therapeutic methods, including:

1. Expectation that therapy will help, motivation.
2. Presence of an optimal therapeutic alliance. (Goldfried commented that although many CBT people think that techniques, not relationship, are important, he uses the analogy of anesthetic and surgery, with the relationship in the role of anesthetic. (My thought: This is the only comment I would disagree with, since the relationship itself is a therapeutic dynamic, unlike anesthetic in surgery.)
3. Helping patients become better aware of themselves and their world. Sullivan wrote about selective inattention, the inability to learn from experience because experience isn’t recognized. Goldfried sees this as a part of executive function. Reflective function, de-centering, mindfulness, self-understanding, witnessing, getting the client to step back and observe oneself plays itself out in so many different schools of thought. Getting the person to do this self-observation sometimes produces change in itself.
4. Encouraging corrective experiences. CBT people call this exposure. In psychodynamic therapy, the corrective experience is in the relationship with the therapist. In CBT it is expected to take place between sessions, but it could be happening in the session if the CBT therapist is paying attention.
5. Facilitating ongoing reality testing. First patients start thinking, acting, feeling differently, and then become aware

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that they are. Because these changes may be inconsistent with the self-schema (which may be excessively and unrealistically self-critical), the new behaviors may be not perceived, or minimized ("It's just luck," "It's just because you're helping me").

Goldfried then told a joke to illustrate how we may not be aware of what is right in front of us. A man is leaving a highly secure construction site with a wheelbarrow full of sawdust. The guard is suspicious and searches the sawdust to see what the man is stealing, but finds nothing, and lets the man go. This is repeated several times, and eventually the guard asks the man, promising not to tell, what he is stealing—since the guard knows that the man is stealing something—and the man says that he is stealing wheelbarrows. (This has exactly the same structure as a Mulla Nasrudin joke, except the Mulla was stealing donkeys.)

Goldfried referred to his Rorschach training as a student, in which there was no evidence for the assertions about what Rorschach responses meant. Our schools of thought keep us from thinking things that we should be thinking, as therapists.

Goldfried is concerned about how people in each camp—clinicians, researchers—denigrate and dismiss the other. Research has tended to be a one-way street, from research to practitioner. Goldfried thinks this should be reciprocal. Good clinical research depends on the researcher needing to know something about the clinical phenomenon. There is a website at Stonybrook about building a “two way bridge” between research and practice: http://www.stonybrook.edu/comcms/two-way-bridge/ Goldfried said this site has surveys published to date on panic disorder, social anxiety, general anxiety disorder, and OCD, showing that protocols that are evidence-based in research don’t work in the clinical setting.

A key issue not looked at in research is duration of the symptoms or problem (prior to treatment). Severity is looked at, duration is not, but duration is a key factor to outcome of treatment.

Now here is Jay Einhorn’s own secret SEPI:

Below is the title slide from my presentation, “Inclusive Psychodynamic and Cognitive-Behavioral Consultation: Overview and Demonstration.” I think it’s cute, with the Gustav Klimt painting for psychodynamic therapy, and the cognitive-behavioral diagram for CBT.
Here's a slide from that presentation, “Freudian and Skinnerian Silos”:

Scott Browning, Chestnut Hill College

While I found many of the talks wonderful, the most influential moment was from Paul Wachtel’s plenary. When he said that, push come to shove, he would identify himself as an Integrationist, rather than psychodynamic, I found that be both timely and needed to propel the mission of SEPI.

Douglas Henning

A SEPI 1st timer’s take-home points from opening and closing plenaries by Goldfried & Wachtel, respectively, and Utilizing Genograms... Psychodynamic Thinking, by Scott Browning & Rachel Hull.

1. Changing perception is often key to individual’s mental health. Different theoretical perspectives on psychological issues helps us see a more complete picture:
   a. Better equipped in assisting client(s) adjustment to ‘new normal’ as in PTSD, vs trying to ‘return to previous’ stages.
   b. Likely to see things not seen before, to discover new avenues to improvement
   c. Promotes humility, which is essential to the therapeutic relationship.

2. Understanding historical development of beliefs/assumptions lead to more sophisticated views and understand that current thinking is part of a developmental process. Standing on the shoulders of past explorers, makes sense of how we arrived, and encourages us to remain open to new thinking. Others will refine our thinking, keeping some things, discarding others.

Integration allows each entity to maintain its distinctiveness while contributing to the richness of the whole.

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Ahmed Rady

It’s a great pleasure to share my experience of the last SEPI conference in Denver. The program was scientifically very rich and inspiring, with highlights shed on new trends in integrative therapeutic models, and an inspiring atmosphere. Though I really enjoyed all attended sessions, I would like to share themes from two particularly interesting workshops that inspired critical and constructive thinking. In the pre-conference workshop titled “Interpersonal Reconstructive Therapy IRT: help to decide what to do for whom, when and how,” Lorna Benjamin, PhD presented an innovative approach to resistant cases. She suggested redefining the role the symptom serves, and emphasized the need to understand resistance in a way that allows us to validate it as a reaction that makes sense within the contextual model of the primitive brain in fight or flight mode, that blocks the higher cortical logic reasoning. She discussed the value of structural analysis of symptoms to overcome resistance before getting back to CBT or DBT.

I also attended two consecutive workshops tackling two of the most difficult personality disorders to treat in clinical practice “Phenomenology, Diagnosis and treatment of Borderline personality disorder” & “Diagnosis and treatment of Narcissistic personality disorder” presented by wonderful presenters from the Masterson Institute of Psychotherapy, highlighting challenging points in diagnosis and treatment from a practical perspective, and offering a simplified and clear model to approach those personality disorders starting with the ego repair stage focusing on ways to confront maladaptive defense mechanisms, followed by the work through stage. I liked so much that the model was explained first, then followed by a magnificent case presentation that translated the model into practice and helped a lot in bringing theory into clinical practice understanding.

I was happy to be among SEPI colleagues in an inspiring and friendly atmosphere, schedule timing was strict and organization just great. Attending SEPI conferences is an amazing experience that I do recommend for colleagues in the psychotherapy field. Thanks to the scientific committee and the organizing committee for their great effort to keep the high level of content in a friendly collegial atmosphere. See you in New York. –

President’s Column, continued from page 1

important frontier in psychotherapy integration to be further developed in future programs. We wished our program had more time for discussion and for rest, but the schedule was tight for such diversity, which also characterizes SEPI and its dialogues.

We also wished our program had been even more thematic than it was, but in some sessions it was already quite exciting to sense the atmosphere where decisions and choice points figured tentatively, as functionally relevant objects, as explanatorily relevant entities in the field of psychotherapy integration. **A therapist’s decision is not only the locus of operations and processes guided by approaches or frameworks. A therapist’s decision also operates as an integrated whole and engages its environment causally in ways that require that it be treated as an object of inquiry!**

After the usual break following such an event, I will remain curious to see what work will build up with such a fine-grained focus on Clinical Decisions that Work. If our steady progress over the last three decades can rest for a little while, it is however not meant to stop. **Every semester we are getting a bit better organized and we are taking advantage of making things happen with the involvement of three generations.** Now more than ever we are in a good position to go on cultivating both the unity and diversity in psychotherapy practice, research and training—ranging from diversity of topics worked on/researched/taught to diversity of people doing the clinical work/research/teaching and what connects these parties or roles together. All this, in a context of work that sustains and maintains. We inhabit a culture that privileges productivity and efficiency as novelty and growth over the cyclical and the regenerative, but we do see maintenance and care as productive and efficient in the same way.

Now more than ever, all continents need to stay united and committed to creatively challenge economic pressures, so that they do not constitute a serious impediment to clinical and scientific progress in psychotherapy in general and in psychotherapy integration in particular. Challenges related to scarcity of funding will probably also require us to pay attention to the activities we as an organization do to focus on our impact - the broad or longer-term effects of our organization’s work (i.e. the difference we make). This can include effects on our members who are direct users of SEPI's...
Reflections on SEPI’s Denver Conference

Carly M. Schwartzman & Brittany R. Iles
University at Albany, State University of New York

The 2017 Society for the Exploration of Psychotherapy Integration (SEPI) Conference was our first attendance at a SEPI conference. This was an incredibly eye-opening and thought-provoking experience, which inspired us to consider deeply the researchers and psychotherapists we both hope to be. Denver, Colorado was the perfect setting for the conference to take place—a stunning city with a view of the Rocky Mountains in the distance. The expansive sites and beauty of the surrounding nature encouraged open-minded thought and curiosity, and reminded us to appreciate the gestalt and perhaps disregard the minor details that serve to divide us. With hopes of learning more about integrative therapy and our own identities as psychotherapists, we entered the ballroom for opening remarks with excitement, wondering where the series of symposia and research would guide us over the next few days. Throughout the weekend, there were a number of notable themes and topics discussed that stood out.

A topic that seemed to be prevalent throughout the conference was that of training psychotherapists, which was fascinating to us as current students in a doctoral program. Specifically, during student Alexandre Vaz’s presentation, he discussed whether strength of perception and intuition in a psychotherapist can be taught, or if it is more of an inherent quality. After personal reflection, we feel that this is a skill that can be strengthened with effortful practice and experience, and is a tool we hope to improve in ourselves when we meet with our own clients this Fall. Additionally, we enjoyed the “Training Clinical Judgment” mini-workshop demonstrating the APA PsycTHERAPY video streaming service. The service allows trainees to view videos of therapists treating real clients using different theoretical approaches. These videos could be uniquely helpful in exhibiting to trainees various therapeutic techniques and the sequence of events that take place during an authentic therapy session, allowing the trainee to discern which approaches resonate with him/her.

Another topic of interest to us was routine outcome monitoring in conjunction with therapist effectiveness. During a symposium on the topic of Therapist Effects, presenters discussed the high variability in therapist effectiveness, as well as research that found that a majority of surveyed outpatients would like access to therapist effectiveness information to aid them in finding a clinician they are confident can be of help. This led us to wonder how we can increase our knowledge about our effectiveness in treatment, and consider if we as a field are engaging in the effort needed to ensure effective treatment for the populations we are so passionate about serving. This then led us to ask another question: if we do choose to engage in routine outcome monitoring to track and ensure effectiveness with clients, are we using a valid and reliable measurement tools to do so? In Dr. Jennifer Callahan’s panel on “New Directions in Psychotherapy Integration,” she stated that some of the existing routine outcome monitoring instruments do not measure the specific constructs we are actively targeting in therapy. Therefore, she proposed a new measure that includes those constructs, as well as incorporates the dimensions that the National Institute of Mental Health has declared important in the RDc. With the inclusion of these dimensions, this new instrument may be a more viable tool to use in research, with potential greater funding opportunity.

As first-year graduate students, we have learned of and practiced a number of different therapeutic techniques and skills, and have been taught to identify contexts in which such skills would be most appropriate. However, we have also learned that it is not always obvious when certain techniques would be most helpful, thus generating a strong sense of fear of making a mistake with a real client. As our second year approaches, during which we will begin therapy with our own patients, the anxiety has gradually increased. However, one (perhaps, strangely) comforting message that we took from this conference was that mistakes will happen in therapy, and even the best therapists regret certain decisions they have made in session. This message was particularly salient during the Friday morning panel, “To Err is Human; To learn from Mistakes... Therapeutic: Senior Psychotherapists Describe Therapeutic Errors and Recovery.” Dr. Jerrold

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Shapiro discussed how he personally reacted to a false personal accusation made by a client, and Dr. Rhonda Goldman, through a recorded video session, highlighted an error as minute as asking a question at a potentially inappropriate time. Fortunately, each presenter described the ways in which they attempted to correct the situation, and the lessons they each learned from their mistakes. After soliciting advice from a fellow therapist, Dr. Shapiro, for example, decided to alleviate the situation by setting aside his own reactions and asking the client about her negative reaction to the rumor, which then improved both the therapeutic alliance as well as his understanding of the client’s pathology. With these presentations, we not only saw that mistakes are inevitable for all therapists, but also that the consequences of such errors may not be as catastrophic as we think, and are often easily repairable. Although we may not realize that we have made mistakes until later in treatment, the important message is to attempt to fix them once they are realized, and to learn from them.

Finally, a theme that was apparent at both the open and conclusion of the conference weekend was that of self-identification with respect to therapeutic orientation. Dr. Marvin Goldfried began the conference with a keynote presentation about integrative decision-making, during which he identified himself as a CBT therapist. An audience member proceeded to ask why he identifies as cognitive-behaviorally oriented while practicing integratively—why not identify as an integrative therapist? This was an interesting and very salient question for us as we will soon begin therapy with our own patients. How do we want to label ourselves if, or when, we are asked by clients, peers, and future internship or job sites about our therapeutic approach? We believe that integrative therapy results in more individualized and successful therapy for clients and will most certainly practice in this way. However, will we do so in a more assimilative way in which we work from a base orientation, such as CBT, and occasionally utilize techniques typical of other orientations? If so, perhaps it makes sense to identify as a CBT therapist, and may also explain why Dr. Goldfried identified himself as such. Alternatively, will our approach be more technically eclectic? Ultimately, we want to use evidenced-based techniques that work for the problems our clients seek help for, which may not always coincide with a single, specific theoretical orientation. However, this presentation—and the entire conference weekend—motivated us to consider how we want to identify and present ourselves to others, especially in relation to how we plan to practice.

Our experience as first-time SEPI attendees was thought-provoking, informative, and encouraging. It was inspiring to participate in a conference that promotes cutting through tribes and steadfast loyalties to specific orientations, to instead come together with the united goal of providing the best treatment for our clients. We very much look forward to attending and presenting at future SEPI conferences!
Are We There, Yet? Theoretical Convergence, Part I

Jeffery Smith

Introduction

In the last issue of The Integrative Therapist, we published responses by leaders in the field to a structured interview focused on key issues related to a unified theory of psychotherapy, taking into account recent discoveries about biological mechanisms of change such as reconsolidation, and their relationship to different theories of psychotherapy. Based on those responses, The Integrative Therapist developed a set of principles forming the outline of a proposed theoretical framework. Following the publication of that issue, the principles were published on the web as an online survey, asking readers to rate each principle and offer comments and discussion. Today, we publish a revised version of the principles, based on comments and reservations expressed in the 22 responses received.

In many cases, objections were the result of assuming that terms like “information” and “avoidance” were being used in a narrow sense. In this version we have tried to improve clarity and respond to objections while remaining faithful to the goals of the exercise. The goals remain:

1. Build a theoretical framework within which the wisdom of all schools and orientations can be valued and accommodated.
2. Find the simplest set of constructs compatible with all schools and having the power to explain etiology, maintenance and cure of those psychological pathologies that are amenable to psychotherapy.
3. Make the science of psychotherapy upwardly compatible with the theoretical umbrella of biological science and evolution.
4. Incorporate more recent findings about the neurobiology of memory and change processes.
5. Use plain language and avoid terminology specific to any one school.

I am pleased to report some early positive responses from individuals particularly well qualified in the area of unifying theory:

Jack Anchin: “I think that collectively the 10 principles do succeed in meeting the challenge of achieving the five goals identified at the outset of the document.”

Gregg Henriques: “Psychotherapy is at a crossroads and the time for a more systematic, integrated approach is here. These 10 principles are an excellent start in building consensus toward a shared understanding of psychological problems and the enterprise of psychotherapy.”

Richard Lane: “One thing that I got out of the SEPI symposium that we did together was to come away with a clearer sense of what might be achieved here. I used the analogy of an automobile—it has a function and works a certain way. But there are a potentially infinite number of makes and models. I don’t think we want to have everyone drive the same car…. I think what you are trying to do is define the basics, but not everyone will say that the description captures exactly what they do or think, which I think is OK.”

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Ten Theoretical Principles:

P1: The human central nervous system evolved under the influence of natural selection. This history, favoring survival and procreation in a social context, is reflected in its organization and functioning as an organ of appraisal of opportunities and dangers and generation of adaptive responses. (See also, Henriques’ Behavioral Investment Theory, 2011) The majority of information processing takes place outside of consciousness.

Discussion:
In this principle, we lay the groundwork for placing a theory of psychotherapy within the overall scientific framework of biological science, built on the foundation of evolution. In addition, we acknowledge the importance of information processing taking place outside of consciousness, which is central in psychodynamic theory, but is also increasingly recognized in other theoretical orientations.

P2: Inputs to the human brain (from without and from within) are enormously varied and complex. Processing of information is nonlinear and is influenced by the history of the species, the individual, and, indirectly, the community. Outputs include thoughts, feelings, behaviors, and impulses to act, as well as physiological adjustments. (See also, Anchin, J.C., 2008)

Discussion:
We continue to build a basis for joining a biological, information processing perspective with the richness of content familiar to every therapist. In doing so, we introduce the idea that the mind/brain produces outputs, which will include those that turn out to be maladaptive.

P3: While the human mind can be described as processing and storing information in its broadest sense, the subtlety and individual uniqueness of human experience shared between humans defies reduction and makes psychotherapy an art as well as a science. Processing of information can be schematized as appraisalà emotionà motivationà response, however, in reality, this complex processing is simultaneous and nonlinear.

Discussion:
A number of respondents to the survey found the principles “reductionistic.” In no way was this intended. This revision reinforces that, even if we recognize biological principles incorporated into the organization and functioning of the mind, its contents have an inescapable uniqueness and complexity that make psychotherapy the exciting and challenging endeavor it is. We use this principle as a place to emphasize the nonlinear nature of the mind’s information processing.

P4: Currently, understanding of the emotional and motivational links mediating appraisal and the production of conscious and/or observable responses is in an early stage. A consensus exists that emotion and motivation are closely linked and can be seen schematically as standing between appraisal and response. Furthermore, emotion and motivation, tend to be organized around positive and negative valences associated with approach and avoidance behaviors. (for further discussion, see LeDoux, 2012, Panksepp, et al., 2016)

Discussion:
The importance of this item is that both healthy and maladaptive responses are motivated and that motivation is closely related to emotion.

P5: For now, a useful model is to consider the valence and intensity of emotions as the mind’s proxy for adaptive advantage. In this way, what the mind appraises as opportunity or danger (both in their broadest senses) is “tagged” or associated with positive or negative emotion, which promotes adaptive reaction and setting of goals. Success or failure in pursuing goals, in turn, generates additional positive or negative emotions.

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Discussion:
This item attempts to schematize how evolution has programmed the mind/brain to generate reactions, both adaptive and maladaptive, using emotion as a common currency that drives motivation and determines which goals take precedence.

P6: A major source of clinical pathology consists of reactions that can be viewed as originating from the mind’s natural avoidance of painful, uncomfortable, or overwhelming emotions, more than from pursuit of the positive. Maladaptive reactions in adulthood can be due to some combination of change in conditions since the time of their origin, immature development at the time of original stress, and exposure to unhealthy modeling. A second major source of problems and potential therapeutic gain is the absence of opportunities to learn from positive interaction during development.

Discussion:
Building on the previous two principles, this item brings into focus the problems that psychotherapy aims to resolve and looks at their causation. It identifies a common denominator as the mind's attempts to adapt, driven by emotion. In particular, it identifies the most entrenched maladaptive responses as motivated primarily to minimize negative emotions. The item also recognizes that not having learned more adaptive responses is another important source of trouble and gives the therapist opportunities to foster new learning and positive experiences.

P7: Those maladaptive patterns of appraisal and reaction that are resolvable in psychotherapy are held in memory structures known as neural networks. These include procedural, episodic and semantic memory. While Psychotherapy can and does affect biological parameters such as hormone production and gene expression, it is primarily directed at adding to or modifying information (in its broadest sense) stored in neural networks.

Discussion:
Here we lay the groundwork to join the latest science about memory and its modification together with what we already know about therapeutic action. Change in synapses is the final common pathway for psychotherapeutic action as described below:

P8: Studies of therapeutic change in those forms of stored information representing maladaptive responses have so far shown that two conditions must be met for change. First, the relevant memory structure must be in a state of activation, and second, corrective information (in its broadest sense) must simultaneously be presented. This finding applies, so far, to the known change mechanisms of reconsolidation and extinction. (See Lane, et al, 2015) Many examples of therapeutic change are too subtle and gradual for the mechanism to be identified, but may represent a quieter, more incremental version of the same processes. In humans, activation of emotion, allowing change to take place, is usually identified with the conscious, visceral experience of affect.

Discussion:
We have tried to bring to bear what is known, while acknowledging what is not known at present. The importance of conscious experience related to activation of neural networks is an important observation yet to be fully explored. It is, however, consistent with much of clinical wisdom about the importance of conscious awareness.

P9: Active maintenance of maladaptive patterns is often observed in psychotherapy. A frequent contributor to this tendency is the natural reaction of avoiding anticipated negative emotional experience in some way associated (consciously or unconsciously) with positive change. An additional source of maintenance of maladaptive patterns is the inertia of habit.

Discussion:
Here we address the persistence of maladaptive behaviors, sometimes referred to as “resistance,” meaning a non-conscious, non-willful reluctance to accept change. Habit is a term commonly recognized, and clinically distinct from active resistance, but not yet well understood or scientifically defined.

P10: Among primary objectives of Psychotherapy are: 1) The activation of memory structures associated with maladaptive emotion, thought, and behavior, 2) The simultaneous provision of corrective

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information, and 3) The assimilation of new and healthier approaches to life. In practice, these objectives can range from explicit change to subtle, slow growth resulting from positive human interaction. Additional therapeutic objectives, which may derive from the primary ones listed above, include development of a new life narrative, encouragement of conscious awareness of emotions and other aspects of mental life, the use of the therapeutic relationship to create a corrective context, and the practicing of novel behaviors in a manner that simultaneously activates memory structures and provides new information.

Discussion:
Most respondents were comfortable with this broad formulation, based on a neurophysiological interpretation of the corrective emotional experience. We have attempted to leave room for modification of maladaptive patterns and new learning, as well as “detoxification” of negative affects. The additional objectives can be interpreted within the framework outlined in earlier principles, but room is left for them to turn out to have unique mechanisms or aspects.

Where to go from here?
Even without the modifications and clarifications of this third iteration, the overall score for the original survey was 68% positive, 14% neutral, and 18% negative. The changes in this third iteration are intended to address most of the negative responses, hopefully satisfactorily.

The question of where to go from here highlights an important unmet need within SEPI. Nuno and many others have expressed how important it would be for SEPI to develop a discussion forum for member comment. The Editor would like to invite readers to share their comments as well as suggestions about where to go from here in the form of “letters to the editor” via email at: jsmd@howtherapyworks.com. As much as possible, they will be included in the next issue of The Integrative Therapist.

References:

Are We There, Yet? Theoretical Convergence, Part II

Jeffery Smith

The one aspect of the Structured interview that gave respondents the most trouble was seeing “affect avoidance” as a universal aspect of the many forms of pathology that are the targets of psychotherapy. At the Denver conference, I argued for an Affect Avoidance Model, but found that the idea was still hard for many to accept as universal. Here I will briefly show why I believe that such a conceptualization is a logical extension of the ten principles above and offers advantages to clinicians and trainees.

This further step from the ten principles is based on the idea that maladaptive behaviors start out as the mind’s attempts to adapt or cope with life, and that, these reactions, at least the ones that become entrenched as maladaptive
patterns, are originally driven by a natural, evolution-based tendency to avoid painful, uncomfortable or overwhelming emotions.

Even in the many situations where new learning is the focus of therapy, the less adaptive patterns that patients learn to override still originate as natural, but more primitive and less successful adaptations, similarly driven by avoidance of negative emotion.

While some cognitive-behavioral therapists may not acknowledge affect avoidance as a driver of maladaptive cognition, even within that orientation there is increasing recognition of the importance of exposure. Where effort must be expended to achieve exposure of negative emotions, the mind has implicitly been at work avoiding those affects using a variety of mechanisms, including irrational ideas. More could be said about the role of affect avoidance (as opposed to the narrower experiential avoidance (EA), but it would be outside the scope of this brief article.

Such a broad and potentially unifying conceptualization of pathology offers advantages beyond explaining its causation. It also simplifies teaching and provides an aid to navigating the clinical space. How this can be done is demonstrated in a fully integrative teaching text, Psychotherapy: A Practical Guide (Smith, 2017). To put it succinctly, as therapists, most of what we do is use the therapeutic relationship and context to encourage and facilitate patients facing what is uncomfortable, whether this means accepting dreaded mental contents or changing dysfunctional but familiar behaviors. Our instincts are honed by the practice of spotting what patients are avoiding and helping them become open to acknowledging and experiencing just what they have instinctively, but not necessarily consciously, steered away from. As associated emotions are exposed in a safe context and “detoxified” (through reconsolidation or extinction), they lose their power to drive maladaptive avoidance and increase the likelihood that new, healthier patterns of reaction will become permanent.

As in Part I, above, readers are encouraged to comment in the form of “letters to the Editor.”

Reference:

SEPI Announces:
UPDATED LISTING OF INTEGRATIVE TRAINING PROGRAMS WORLDWIDE

The SEPI leadership has completed a survey to identify integrative training programs and gather pertinent data about each. The list, now covering over 60 programs is available on the SEPI website at the following address: www.sepiweb.org
"Now more than ever we are in a good position to go on cultivating both the unity and diversity in psychotherapy practice, research and training"

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work, effects on those who are not direct users, or effects on a wider field such as government policy or resource allocation by funders.

Since we don’t know where real future progress will come from, and since history tells us that it can and almost certainly will come from anywhere, we as a group of people interested in psychotherapy integration need to dwell on **what are the most pungent contemporary questions relevant to psychotherapy integration today**, around which shared purposes can flourish and prosper.

These questions reflecting SEPI values can connect us more. While many, already integrative, approaches are constituting their own societies, institutes and events, **SEPI needs to explore ways of communicating**, to professionals as well as to the public, **the values of psychotherapy integration effectively**, sharing what’s working well and potentially seeding new ideas and collaborations. We need to have a better understanding of what will engage people around SEPI values so that we have more people and organizations involved, and have people and organizations working together around SEPI values. Our dialogue muscles need to be in better shape if they are to make enhanced and sustainable contributions to psychotherapy integration research, training and practice, and for this we need to understand and to share our values and our questions.

Those who voluntarily serve SEPI on their committees, are bound by the necessity to pay our members back not in kind, but in knowledge and value, so that our members, take pride and well deserve ownership of our progress. I believe that this mutual investment and trust is what makes SEPI an organization to follow. **Let’s improve our communication and connection!** In this Summer issue, I am thus simply stressing a more widespread organizational involvement as it can inspire and motivate the ones already working and contribute to development of both our organization itself and our practices as well as our members and their practices. Any current or future member is highly welcomed to involve himself or herself more at SEPI. Understanding the demands of a new socially conscious generation, we do not want it to be a cost but an investment. **When you as a member give SEPI one idea or an action, SEPI gives back too!**

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The Integrative Therapist: Call for Content

The Integrative Therapist wants you to be an author. We are seeking brief, informal, interesting and actionable articles with a personal touch. Think of the way you would talk to a colleague over lunch. Please limit references to those that are absolutely essential. 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.

Each issue has a theme. The April 15 issue will focus on “Theoretical Convergence,” the issue of movement away from distinct, competing schools and towards a unified way of looking at our subject.

Contributors are invited to send articles, interviews, commentaries, letters to the editor, photos, and announcements to Jeffery Smith, MD, Editor, The Integrative Therapist.

**Submission Deadlines and Publication Dates**
- December 1 deadline for January 15 Issue
- March 1 deadline for May 15 Issue
- June 20 deadline for July 15 Issue
- September 15 deadline for October 15 Issue

**Specifications**

- The preferred length of submissions is 1,250 words or less
- Block style, single spaced with an extra space between paragraphs
- No paragraph indentations, page numbering, headers or footers
- Use subheadings and bullet points freely
- Bare Minimum references should be single spaced, in approved APA-style format
- Please include a photo of the author or authors, minimum 50K file size each.
- Photos should be submitted as separate JPEG, TIFF, GIF, or BITMAP files.

All submissions should be sent in the body of an email to jsmd@howtherapyworks.com with the subject line “Contribution to Integrative Therapist.”