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 Readers

SEPI is on the move! With the Denver conference barely behind us, there is new excitement on the theme of unifying theories of psychotherapy, a subject close to my heart and featured this year in The Integrative Therapist, SEPI’s academic journal, under the leadership of Jennifer Callahan, now lists unification (meta-theoretical approaches that place theories, techniques, and principles into holistic frameworks), as a fifth major pathway associated with psychotherapy integration. At the same time, Jeff Harris has established a new listserv for those interested in unifying theories, which is already buzzing with discussion. Contact Jeff at jharris18@twu.edu to join.

That's not all. Jennifer Davidtz, Associate Editor, has been appointed Director of Internship Training at Nova Southeastern University along with multiple other responsibilities and will be leaving us following this issue. She has served faithfully with editing, interviews, soliciting contributions, and spotting errors before we go to press. Marvin Goldfried, Continued on page 4

President’s Column

Dear SEPI Members and those yet to become!

Flies fly, time flies and here I am writing my last presidential message. Right now that I finally feel more ready to become a president it is almost time to go. Three more months of privilege! It has been 9 months full of challenges, personally and professionally, a blend not uncommon to those who like to integrate in-between these two realms of existence.

Lately I have grown particularly more concerned with the fact that many truly integrative thinkers and practitioners and researchers are somehow not yet connected to SEPI and it is our challenge to reach out for these or let them know we are here and ready to include them too! If we consider part of SEPI’s main aims to be to provide professional and public knowledge and education, to support communication and cooperation among clinicians and researchers, as well as to stimulate truly collaborative national and international projects, all of them related to Psychotherapy Integration, then it is obvious we still have a lot to do as an organization on top of everything already done.

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So You Want to Be Integrative?

Alexandre Vaz

Use what language you will, you can never say anything but what you are.

Ralph Waldo Emerson, in “Worship” (1860)

I’m delighted to take on Jeffery Smith’s invitation to expand on themes emerging from the “Psychotherapy Expert Talks” I’ve been conducting over this past year. As of today, this series consists of 37, usually hour-long interviews. Most guests are directly connected to the psychotherapy integration movement, and all have in some way contributed to the puzzle maze that is our field. In these talks, I usually feel myself as an investigative journalist mixed with a kid in his favorite candy store. I’ve had the pleasure of interviewing who could arguably be the four main people behind the development of SEPI: Marvin Goldfried, Paul Wachtel, George Stricker and Barry Wolfe. As the old legend goes, they would meet once every six weeks or so at Marv’s apartment in New York and commit professional heresy—namely, discuss the possible convergence and common change principles amongst different schools of therapy. In our talk, George Stricker describes the whole thing as “closet integrationists coming out”, trying to create a safe space for all fellow heretics. Paul, George, Barry and Marv—let’s call them the Beatles of psychotherapy integration. Revealing what went on in their consulting room at the time would amount to a one-way ticket to persona non grata land. Paul Wachtel remembers it thus: “When I first began exploring behavior therapy, I actually met with a quite negative response [from fellow psychoanalysts]. Even people who had thought well of me up to that point, began to think differently. I hadn’t realized they felt “this guy is really off the wall!”.” On the other side of the trenches, Marv Goldfried dealt with the royal opposition coming from the behavior therapy associations of the time, with one particular president at the time summing up this whole integration business as “a bad idea.”

I really don’t want to take these struggles of the past for granted. Things have indeed changed for out-of-the-box therapists, and in part thanks to our beloved SEPI Beatles. At a SEPI meeting, I could go over to a megaphone and proudly state that I’m a Rational Emotive Reichian Short-Term Desensitization and Reprocessing Therapist. (Disclosure: I’m not). We could even make an acronym out of that: RERSTDRT. Now all we need are some RCT’s! But I digress. What I think is really important is what SEPI would care about: how does this add to what’s already been done? What value could it produce? This, to me, is the real beauty of psychotherapy integration. The question is not really where you come from, but where we could go with what you’ve brought along for the ride.

I’ve always found it truly boring when people argue that intellectual honesty should imply a choosing of sides, as if doing otherwise is the equivalent to being a cop-out. If I’ve learned anything from these interviews, it’s that being intellectually honest, more often than not, forces you to consider the other side. Barry Wolfe describes in our talk how Carl Rogers was an epistemological lifesaver for him—if he could, he would’ve empathically I-and-Thou’ed clients for the rest of his life. But, alas, the famous “necessary conditions” proved insufficient for him. So he integrated. And isn’t that the basic story of integration? You try things, things prove insufficient, you try new things. Or, as Beckett wrote: “Ever tried. Ever failed. No matter. Try Again. Fail again. Fail better.” At a certain point, it’s just a matter of how ambitious you are in your failures.

This also doesn’t mean that we shouldn’t strive to excel on specific areas of inquiry. Quoting again from George’s interview, “if you don’t know one or more areas well, you have nothing to integrate.” Being highly invested in a particular field, therapy school or anything else is not against the integrative spirit—it’s actually the very lifeblood of integration. But I must say I’m particularly happy with the recent resurgence of the person of the therapist as an important variable to study and discuss. Because just as our clients are not their diagnoses, therapists are not their theoretical allegiances. To hear their life stories, challenges and doubts, has made me think that the biggest integrative undertaking...
the integration of themselves. In his characteristic humbleness, Wachtel remarks by the end of our talk: “Probably during a third of my sessions, I’m thinking that maybe I should have been a shoemaker.” I’m sure he would have made some beautiful handcrafted shoes, but I’m glad he didn’t.

SEPI’s Beatles spearheaded the types of integration that were and still are badly needed: integrating schools of thought and research and practice. Continuing their work, and following Gordon Paul’s quote, we must now find what integrations are most needed for this particular era, and how can we go about doing them. For example, the advent of new technologies brings with it exciting new possibilities for clinical practice, research, training and supervision. Regardless to say that, if we don’t take the plunge and make good use of these tools, someone else will.

The Portuguese poet Mário de Sá-Carneiro once wrote: “I am not myself nor am I another, / I am something in between.” If rigorous and intelligent responsiveness is to be one of our integrative hallmarks, let’s start with ourselves. Maybe integrating our field of psychotherapy is a lot like what we do in session: inviting all parts, provided they are willing to give and receive.

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How can we better connect within the organization itself and how to reach out for others out there also interested in Psychotherapy Integration, in general and in joining SEPI as a social movement, has been in the top of my concerns as a president. It is true many of us are over committed and hold already several other significant connections, however, I believe if we do our job, connected enough as a group, with visible, palpable, appealing outputs, that state of affairs will in itself be an object of curiosity and willingness to belong, to join. One of our current priorities is about modernizing our website, our home platform for it to be adapted to the demands of our time.

We do not want to increase membership necessarily but if we increase our value to the community and if we connect and communicate effectively, then we might earn members... Let’s be behaviourist and attachment oriented! I love organic fruit and I believe it does not grow to make profit; it grows to give biological and psychological nutrients to us. As an organization, we are to learn from our failed opportunities for growth as well as from the potential foci of growth and investment. Almost like investing in crypto-currencies a whole new dimension out-there.

Recently, was reminded by a dear Canadian patient that the expression jack-of-all-trades, master of none, was negatively connoted, but after googling it, I found with some relief that it might not always be the case. It depends. Our pressuring world calls for masters and for specialists and sometimes, perhaps more often than not, that is associated with a single brand, even an integrative brand. Is that a reason why those gazillions out there did not come out and did not yet join SEPI? What would make one of those persons so connected to a specific approach, even an integrative one, still be interested in connecting to us, SEPI. And what about being a specialist about not being a specialist, or what is our more generic yet specific actual expertise? What takes a young student to join and stay connected to SEPI.

With my utmost curiosity for diversity for co-creation, I again invite your participation with your ideas and plans and concrete deeds. I confess as a president I do not let go of expecting more connection and sometimes I even experience some ambivalence or even resistance to change and adapt to new realities from some of us, me included, be it cultural, generational or characterological. Yet it is my conviction that restructuring will go on, sometimes slowly sometimes faster, as it organically unfolds and as long as we stay connected around shared value. Eduardo Lourenço, a Portuguese essayist, professor, critic, philosopher, and writer, reminds us, one changes little, but life changes for us.

We are definitely trying to approach Psychotherapy Integration as a phenomenon happening on planet Earth. This gives therapists, younger and older, larger identification which is not excluding other theoretical approaches, cultures and races. Narrow education builds therapists so rooted in their culture, where they risk becoming blind to see value elsewhere. Not only what is currently visible or measurable is existent. Let’s invite freedom and entertain ourselves in organizing it as a society and let’s not forget we do require more Psychotherapy Integration related research and practice advocacy.

One significant danger of human civilization is constant production of psychological tensions, which are built on the basis of too narrow identification, which novice therapists gain in the process of education. The solution can be the
President’s Column, continued from page 3

introduction of elements in the worldwide education which enlarge therapists’ identification and allow their professional, psychological and spiritual flowering, where choice is possible, challenging and vitalizing.

We will go on striving to employ more and more organizational resources that will integrate consciousness raising in worldwide education about varieties of integration paths. And it is also time to celebrate the fact that getting trained in Psychotherapy Integration from the get go is already a reality. We can also go on learning how to learn from our clients or patients how we are being more and less helpful. Let us not forget when the patient does the integrating too.

Farewell SEPI members and those yet to be. As Frida Khalo advised “Where you can not love, do not delay” and you are welcome in revising your SEPI stay. Here I leave this dear presidential writing corner before reappearing in some other! Thank you!!

Jeffery Smith

A Word From the Editor, continued from page 1

Chair of the Communications Committee, having lost no time in posting an announcement on the SEPI listserv (Be sure you are on it!), is actively reviewing applications for a new associate editor to help me in making The Integrative Therapist even more dynamic and responsive.

And it’s already fall, time for our annual Training Issue. To whet your appetite, Alexandre Vaz gives us delightful reminiscences from his interviews with SEPI’s founders. Then, following an Integrative Therapist Tradition, Jack Anchin and I have collaborated to develop a Structured Interview on Training, inviting leaders in the field to share their views. Tahir Ozakkas, George Stricker, John Norcross, Michael Constantino and Hector Fernandez-Alvarez have each contributed. Next Jeff Harris addresses the issue of simplicity versus complexity in training. Finally, seeking interaction with our readership, we publish highlights from the 31 responses to our qualitative questionnaire on training. Respondents are from every era and, together, cover enough important issues in training to keep us all thinking and evaluating for the rest of the year. Everyone involved in training should read the full transcript of the responses, uploaded to the Archives on the SEPI website, http://www.sepiweb.org.

Jeffery Smith

“...too narrow identification, which novice therapists gain in the process of education.”
Structured Interview on Training

1. When training students to be integrative therapists, which of the following do you see as the best training model, and why?

   a. train students in one specific approach first (for example, CBT or psychodynamic or experiential), and once they’ve got a handle on this single-school approach, expand training into learning and assimilating the theory and practice of other therapeutic approaches

   b. from the very outset, train students to think in integrative ways by exposing them to multiple approaches early in their training (so that psychotherapy integration is thus the mindset imparted from the very inception of training)

   c. train students in the application of what is known about common factors

   d. train students in one or more specific integrative and/or unifying frameworks (e.g., Wachtel’s Cyclical Psychodynamics; Barlow’s Unified Protocol; Wolfe’s integrative approach to treating anxiety disorders; Hill’s emphasis on teaching general therapy skills; Magnavita’s unifying Component Systems Model; etc.)

   e. other?

Among these five options, I would say B + E. Our main approach is to train our students to think and practice integratively from the start. Additionally, we seek a more objective basis underlying all psychotherapy theories from the early months of training. What does it mean? Firstly we focus on the biological and psychological parameters of human beings. The biological perspective involves neurobiological structure and developmental psychology. Our training looks at development from neurobiological, cognitive, behavioral, and dynamic perspectives. All the psychotherapy theories taught in our training are built on a basis of neurobiology and developmental psychology. This is an original aspect of our training model. In the four-year integrative psychotherapy training, the first months corresponding to 15 days or 150 hours are spent on the background of integrative psychotherapy theories, including neurobiological developmental models, psychic apparatus, neurobiological development from the point of developmental psychology, maturation of the brain, Margaret Mahler’s developmental psychology model, Jean Piaget’s cognitive developmental model, Daniel Stern’s intersubjective developmental model, Bowlby’s attachment theory, and Freud’s psychic apparatus. They are followed by classes on id, ego, superego, conscious, pre-conscious, unconscious, and psychosexual and psychosocial stages of development. The first five months of training aims at preparing students to develop a wide perspective to view all theories and models. As of the sixth month, specific approaches, sometimes single-school theories are taught (e.g. cognitive, behavioral, drive theory, self psychology, object relations, intersubjectivity) as well as integrative approaches including common factors, Paul Wachtel’s cyclical psychodynamics, Magnavita’s unified psychotherapy, etc. in a manner that connects these models with the earlier training material. In the second year of case formulation, case materials are addressed and criticized from the point of these 28 different perspectives. The case materials in the formulation year belong to former patients whose therapy may have been conducted with a single-school approach like cognitive-behavioral, or with an integrative perspective. It allows trainees to make case formulations in a wide range.

2. What methods (e.g., classroom/didactic teaching, assigning readings, direct clinical supervision, workshops, role plays, use of videos, etc.) have you found to be of particular benefit when it comes to cultivating students’ knowledge about and clinical skills in integrating therapeutic approaches, and why?

“I use reading lists every month from a list of 400 basic books in total.”

“All the psychotherapy theories taught in our training are built on a basis of neurobiology and developmental psychology.”
I use reading lists every month from a list of 400 basic books in total. Secondly, we have power point presentations that can be accessed online that include key points from the books in the reading list for those who did not have the chance or time to read the books. Trainees can download the relevant month’s power point files from a password-protected website. The actual teaching is carried out in a spontaneous and interactive manner with frequent use of role-plays, rather than verbatim presentation of the course material. Although we make references to the readings and pp slides, the lectures are enriched and enlivened by frequent citing of case examples that suit the atmosphere in the classroom and flow of the course.

The second year, i.e. formulation year, utilizes video demonstrations and transcripts of real cases. The primary technique of formulation is sentence analysis, which resembles puzzle-solving. Full session transcripts covering 2 to 5 years of treatment are examined by trainees to find 30 sentences and 10 memories to discuss differential diagnosis from 28 different perspectives. It allows trainees to practice their theoretical learning and gain skills of diagnosis, selective attention and focusing.

Role-plays are utilized to experience the application of different theories here and now in a lively manner. Session videos are also used to demonstrate the differences of various approaches in application step by step.

3. What aspects of our knowledge about psychotherapy derived from research do you see as underrepresented and as needing to be more fully assimilated into integrative training?

There is a relational matrix in human systems based on mutual interactions. Therefore, I do not believe that psychotherapy researches can be conducted in a mathematical way like other sciences. I think that relational psychoanalytic structures as well as chaos theories and systems theories should be examined for their impact on the theories of psychotherapy and on the subjective world of the theoretician, and should be assimilated into all psychotherapy theories more efficiently and thoroughly. We need to address specific theories and integrative perspectives at the same time interactively. I think research should also involve the specific nature of theories as well as their place in the integrative spectrum.

4. In your experience, as students are learning how to think and work integratively, what are some of the biggest challenges they face and how can students and/or trainers constructively handle and otherwise work with these challenges?

There is a tension line here. Because formal training follows a linear and deterministic line, trainees appear to be more inclined to concrete and clear-cut knowledge. They have difficulty adapting mentally where the knowledge is not clearly defined and causal relationships are blurred. They find it more comfortable to stay within the boundaries of specific perspectives, but need to learn to look from a larger integrative perspective to see the interrelations of theories and move towards the common factors. An interactive training model is needed to deal with these conflicting needs to constantly seek alternatives like role-playing, puzzle-solving, or other interactive tools. It helps to overcome these challenges so that trainees look at the post-modern phenomena without clearly defined causal relationships to reveal the interacting causalities in line with the chaos theory or systems theory perspective.

5. When you reflect on your work in teaching and training novice psychotherapists how to think and practice in integrative ways, what are two-to-three particular “takeaways” that you especially like your trainees to come away with based on their time in training with you?

I would like integrative psychotherapy students to know that there is no absolute truth, secondly to explore the context before reaching an opinion about any event, and thirdly to be aware of the consequences of an event and its contribution to the formation of a cyclical system.
Structured Interview on Training

1. When training students to be integrative therapists, which of the following do you see as the best training model, and why?

   a. train students in one specific approach first (for example, CBT or psychodynamic or experiential), and once they’ve got a handle on this single-school approach, expand training into learning and assimilating the theory and practice of other therapeutic approaches

   b. from the very outset, train students to think in integrative ways by exposing them to multiple approaches early in their training (so that psychotherapy integration is thus the mindset imparted from the very inception of training)

   c. train students in the application of what is known about common factors

   d. train students in one or more specific integrative and/or unifying frameworks (e.g., Wachtel’s Cyclical Psychodynamics; Barlow’s Unified Protocol; Wolfe’s integrative approach to treating anxiety disorders; Hill’s emphasis on teaching general therapy skills; Magnavita’s unifying Component Systems Model; etc.)

   e. other?

My approach is predicated on the belief that Psychotherapy Integration is an ongoing process rather than a wish to reach a final product. It follows, then, that an integrative attitude must be established at the beginning of training, and that the attitude of the student is more important than the specific theoretical approach that is adopted.

Now, as to the specific alternatives laid out, and I do not believe they are mutually exclusive, I would tend to steer away from option d, a specific integrative and/or unifying framework, although I respect the creativity and value of these approaches. Each represents a product, and it is too easy for students to believe that they are learning the “right” way to do psychotherapy, a belief that also helps them to avoid much of the anxiety brought about by uncertainty early in the training process. I am comfortable with either a or b, a specific approach or multiple approaches, but probably would lean more towards teaching multiple approaches, again as a way of avoiding the illusion of correctness and encouraging an open and questioning attitude. Whichever of the three options chosen, I think it is essential to incorporate c, the common factors. Research has made it clear that the common factors contribute more to outcome than any specific approach, such as theoretical orientation, and a needed emphasis on them should be part of early training for all students.

2. What methods (e.g., classroom/didactic teaching, assigning readings, direct clinical supervision, workshops, role plays, use of videos, etc.) have you found to be of particular benefit when it comes to cultivating students’ knowledge about and clinical skills in integrating therapeutic approaches, and why?

Although I have spent my entire career as a classroom teacher, I have always been struck, by my experiences both as a student and as a teacher, that the most powerful learning experiences occur in situations where therapy is directly involved, such as supervision and personal therapy (which is often underemphasized by training programs). To the extent that the other approaches mentioned can approximate these (role plays, videos, demonstrations), they also can be quite useful. I also was struck by the failure to mention research specifically as a source of learning, although it is questioned separately, and I think that also reflects the attitudes of many students. That is unfortunate because I think...
that there are several programs of research that should be particularly valuable in the training of new therapists (and the conduct of more experienced ones). I will elaborate further on these in response to the next question.

3. What aspects of our knowledge about psychotherapy derived from research do you see as underrepresented and as needing to be more fully assimilated into integrative training?

The first of these is the aforementioned work on common factors, and I think that emphases on these is often developed without specific reference to the underlying research. The second is the work on outcome assessment, which is often overlooked, and yet provides a very clear and evidence-based direction for all therapists. Thirdly, the research on the common factors makes clear the importance of patient characteristics and the relationship between the therapist and the patient (the source of many common factors), over and above any question of theoretical orientation or specific intervention. Finally, the thrust of much research, including that on common factors, is that there is no single superior approach, so that the overemphasis on so-called empirically supported techniques (which is quite different than the valuable need for evidence-based practice) is not a useful one. Similarly, the disparagement of other approaches, such as the psychodynamic and the experiential, simply is not supported by the literature.

4. In your experience, as students are learning how to think and work integratively, what are some of the biggest challenges they face and how can students and/or trainers constructively handle and otherwise work with these challenges?

The biggest challenge, as already alluded to, is the students’ wish to learn how to do it correctly, and the accompanying discomfort that comes from ambiguity. Often, as students are in supervision, a critical learning experience, they are placed with supervisors who are all too willing to teach them a single right way, which the students then are all too willing to adopt. Given the power and authority of the supervisor, there also is a fear of contradicting them, which is a deterrent to the active inquiry required by Psychotherapy Integration. We need to be careful in our selection of supervisors, but this is often compromised by the need for a program to find enough adequate placements for the students. It is easy to encourage students to speak up and express themselves, but it is not at all easy for them to take this advice, even if they recognize its value. The supervisor, then, has to encourage such behavior and reinforce it when it occurs. Of course, the entire burden does not fall on the supervisor, and the classroom teacher also has to model and reinforce a questioning attitude rather than certainty that is not supported by the data, as that is integral to Psychotherapy Integration.

5. When you reflect on your work in teaching and training novice psychotherapists how to think and practice in integrative ways, what are two-to-three particular “takeaways” that you especially like your trainees to come away with based on their time in training with you?

This is particularly interesting to me because I always ask my students, at the end of a semester, to make a bullet point list of what they learned during the semester. On the one hand, I’m always surprised at how many things I thought I taught that they didn’t seem to learn (or at least didn’t make much of an impression on them). On the other hand, I also am surprised by how many things they learned that I wasn’t aware that I was teaching. This is a parallel experience to psychotherapy, where I always, in the last session, ask patients what they found helpful, and they rarely cite factors I valued, but often cite other factors that I was not aware were very important. Both of these experiences support the overall value of common factors rather than any specific intervention, whether in the classroom or the consulting room.

I wish all of my students would recognize that:

1. Mistakes are opportunities to learn rather than signs of inadequacy
2. There is no single right way to do psychotherapy
3. The therapist has to change in order to meet the needs of the patient, rather than expecting the patient to change to meet the needs of the therapist

And finally, perhaps most importantly, relax. It will get better, and so will you. 😊
Structured Interview on Integrative Training

1. When training students to be integrative therapists, which of the following do you see as the best training model, and why?

My resounding answers are all of the above and it depends.

All of the above means that these training paths prove complementary. All psychotherapy students should be trained from the outset in an integrative mindset. That is the inevitable route of “normal” science and mature healthcare. The integrative perspective should begin in the introductory course on psychotherapy system or counseling theories, in which theoretical paradigms are taught as tentative explanatory notions, varying in goals and methodology. Integrative frameworks and informed pluralism are introduced at the beginning of training, but a formal course on integration would occur later in the sequence.

The introductory course immediately follows trainees learning the most powerful “common factors”—the fundamental relational skills. Students should be trained until they attain a modicum of competence in empathy, support, goal consensus, alliance repairs, and others identified by the research (Norcross & Lambert, 2018, Psychotherapy Relationships That Work, third edition, Oxford University Press, 2018). Acquisition of these foundational interpersonal skills can follow one of the systematic modules that have demonstrated significant training effects compared to controls or less specified modules.

The “it depends” answer refers to the length and coordination of the training program. In lengthier doctoral programs, it has certainly proven possible to train students simultaneously in multiple therapy systems using research-supported, principle-based training such as the stages of change or Systematic Treatment Selection. We have been doing so for decades.

However, in master’s (and equivalent) programs in which training is shorter and less coordinated, the evidence supports training in one psychotherapy system first and then gradual assimilation of other therapeutic approaches. There is no evidence in the literature that training students to competence in several psychotherapy systems proves possible in two years of clinical training. There’s simply too much to learn and master. But students’ integrative mindsets will prepare them to learn and assimilate throughout their professional careers.

2. What methods (e.g., classroom/didactic teaching, assigning readings, direct clinical supervision, workshops, role plays, use of videos, etc.) have you found to be of particular benefit when it comes to cultivating students’ knowledge about and clinical skills in integrating therapeutic approaches, and why?

For cultivating students’ knowledge, we rely on didactic teaching, assigned readings, case reports, and videotapes of psychotherapy sessions.

For cultivating clinical skills, by contrast, the most effective way is to structure their acquisition. The standard sequence involves instruction, demonstration (modeling), practice (in role plays or in sessions), evaluation (feedback), and more practice. For decades, the training research been directing our attention to the superiority of active and experiential learning.

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That learning typically entails lots of clinical experience with diverse populations, individual and group supervision, training groups, and personal therapy experiences. The research attests that clinical experience and personal therapy exert the largest impacts, certainly more so than coursework or readings.

I am particularly fond of integrative supervision; that is, supervision that integrates methods, modalities, and mechanisms associated with diverse theoretical orientations, and supervision of psychotherapy conducted from an integrative approach. The deliberate double meaning can prove confusing, but we believe it serves the higher purpose of underscoring the inherent parallel processes of integrative supervision. The supervisor remains theoretically flexible in systematically tailoring supervision to the individual trainee, just as that trainee simultaneously adapts psychotherapy to the individual client and singular context (Norcross & Pople, *Supervision Essentials for Integrative Psychotherapy*, APA Books, 2017).

3. What aspects of our knowledge about psychotherapy derived from research do you see as underrepresented and as needing to be more fully assimilated into integrative training?

Four immediately spring to mind: Cultural competence, harvesting research evidence, treatment responsiveness, and personal therapy.

Integration courts cultural irrelevance unless we explicitly incorporate the cultural dimension into psychotherapy and multicultural competence into our training. Much of the field (and SEPI, unfortunately) continues to be dominated by "pale males" preoccupied with compounding theoretical systems instead of honoring cultural identities.

Several of my psychotherapy mentors have abandoned integration in general, and SEPI in particular, because the movement has not sufficiently attended to research evidence and patient outcome. I am flabbergasted by the amount of clinical training in integrative approaches that have no controlled research evidence! Why bother training in integrative therapies that do not prove more effective, efficient or applicable than single-system treatments?

Harvesting the outcome research is sorely underrepresented in integrative training. We have been at psychotherapy integration for 50 years now; if you can’t vouch that your favored integration fosters improvement, then why are you teaching it? We need to teach our students to intelligibly consume and adopt the results of psychotherapy research.

That’s a natural segue into treatment responsiveness. I occupy a privileged position in which I read and review a lot of research and clinical evidence. The only consistent pattern in differential treatment outcomes that I can discern are those related to using certain relationship behaviors and tailoring therapy to patient transdiagnostic features, such as reactance level, stages of change, culture, attachment style, and so on. (Norcross & Wampold, *Treatment Responsiveness That Works*, Oxford University Press, 2018). Those require far more attention in training and supervision. In fact, to my knowledge, the only integrative supervision that has demonstrated better patient outcomes of supervisees is Systematic Treatment Selection, which in controlled research performed better than supervision as usual.

Finally, colleagues and I have been reporting for years on the obvious value of the professional’s personal treatment (Geller, Norcross, & Orlinsky, *The Psychotherapist’s Own Psychotherapy*, Oxford University Press, 2005). That’s where many trainees experience, in tangible ways, the inevitability and power of integration. Personal therapy is of invaluable assistance in the preparation of skilled practitioners that, surprisingly, is infrequently addressed in integrative training.

4. In your experience, as students are learning how to think and work integratively, what are some of the biggest challenges they face and how can students and/or trainers constructively handle and otherwise work with these challenges?

Psychotherapy integration occurs in two steps. The first is to open our theoretical horizons, to embrace effective treatment methods and healing relationships from dissonant therapy systems. The second step is to know how, what, and when to integrate in order to improve outcomes. So many clinicians become enamored with the freedom of integration that they fail to specify and demonstrate how such integration actually benefits patients.

A systematic model determines in large part whether integrative training is experienced as intelligible or bewildering. Supervision within a coherent framework is associated with a higher quality experience; conversely, less valued integrative supervisors fail to ground clinical interventions within larger conceptual, prescriptive perspectives.

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“Both integrative supervision and integrative practice entail shifts within a single session, across many sessions with the same person, or between sessions with different people.”

That's the central challenge, exemplified in student complaints that there's "too much to know" and "which of the many paths do I take now?" Both integrative supervision and integrative practice entail shifts within a single session, across many sessions with the same person, or between sessions with different people. The result can be anxiety and perplexity. These concerns diminish in a few weeks once trainees understand that there is a systematic, research-informed structure to psychotherapy integration.

5. When you reflect on your work in teaching and training novice psychotherapists how to think and practice in integrative ways, what are two-to-three particular “takeaways” that you especially like your trainees to come away with based on their time in training with you?

Takeaway #1: Adopt a research-supported integrative approach, one that will prove demonstrably more effective, efficient, or applicable than single-school approaches. That is the integrative mandate.

Takeaway #2: Psychotherapy is at heart a responsive relationship: Cultivating a strong therapeutic relationship and adapting psychotherapy to the individual patient account for far more success than the particular treatment method.

Takeaway #3: Integrative psychotherapy is a grand adventure. Fascinating, challenging, rewarding, constantly evolving. ‘Nuff said. 😊
Structured Interview on Training

1. When training students to be integrative therapists, which of the following do you see as the best training model, and why?
   a. train students in one specific approach first (for example, CBT or psychodynamic or experiential), and once they’ve got a handle on this single-school approach, expand training into learning and assimilating the theory and practice of other therapeutic approaches
   b. from the very outset, train students to think in integrative ways by exposing them to multiple approaches early in their training (so that psychotherapy integration is thus the mindset imparted from the very inception of training)
   c. train students in the application of what is known about common factors
   d. train students in one or more specific integrative and/or unifying frameworks (e.g., Wachtel’s Cyclical Psychodynamics; Barlow’s Unified Protocol; Wolfe’s integrative approach to treating anxiety disorders; Hill’s emphasis on teaching general therapy skills; Magnavita’s unifying Component Systems Model; etc.)
   e. other?

I would say that an integration (see what I did there?) of (b) and (c) largely fits my preferred training approach, which I refer to as context-responsive psychotherapy integration (CRPI). According to CRPI, common factors are paramount, though their operationalization is extended and reframed.

Regarding (b), trainees need to gain a working knowledge of theoretically-derived treatments, though predominantly in the service of presenting an illness and plan conceptualization that patients find credible and hope-inspiring. As different patients will be compelled by different conceptualizations, therapists need to access flexibly multiple theories. Put differently, learning various theory-based models allows clinicians to influence and capitalize on the evidence-based common factors of credibility belief and outcome expectation; hence, the extension of common factors to include the influence of specific theory/intervention.

Regarding (c), instead of being conceptualized as variables that cut across theoretical orientations, CRPI reframes common factors more practically as common clinical situations that therapists will encounter and to which they need to be responsive in some way beyond just continuing to do what they are doing. Specifically, CRPI proposes an if-then structure for therapists to respond to important clinical markers with principle-driven and evidence-based strategies. This marker presents itself (e.g., patient resistance), then try this evidence-based response (e.g., support for patient autonomy) to address it.

2. What methods (e.g., classroom/didactic teaching, assigning readings, direct clinical supervision, workshops, role plays, use of videos, etc.) have you found to be of particular benefit when it comes to cultivating students’ knowledge about and clinical skills in integrating therapeutic approaches, and why?

To gain facility in theory-based treatments models, I find that classroom didactics, foundational readings, and pointed presentations from knowledgeable theorists to be most beneficial. In tandem with accumulating such knowledge, CRPI suggests efficient modular trainings on the aforementioned if-then marker/responsive sequences.

In my current practicum, I spend one semester lecturing to, reading with, and discussing with my trainees a specific in-

Continued on page 13
“Unfortunately, our predominant training molds are dated, misaligned with psychotherapy evidence, and in need of disruptive innovation.”

“...it is a substantial challenge for students that the “guru” model of psychotherapy training is largely still in place.”

The Integrative Therapist

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  Integrative model that is amenable to adaptation to fit patient credibility belief—interpersonal reconstructive therapy (IRT; Benjamin, 2003). I then spend two semesters sequentially delivering brief modular trainings on current evidence-supported marker-response sequences, such as:
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<table>
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<tr>
<th>Integration (IRT)</th>
<th>motivational interviewing strategies/stance/spirit</th>
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<tr>
<td>Alliance rupture</td>
<td>humanistic/interpersonal rupture-repair strategies</td>
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<tr>
<td>Low expectation for change</td>
<td>expectancy persuasion strategies</td>
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<tr>
<td>Alarm signals from routine outcome monitoring</td>
<td>clinical support tools</td>
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</table>

These modules capitalize on dissemination appeal. As research uncovers frequently occurring contexts, it seems more reasonable for therapists to engage in these modular responsiveness trainings vs. spending most of their time learning hundreds of treatment packages to deliver with strict fidelity. The modular trainings also capitalize on learning science, which shows that when plans are formed with an if-then structure, less cognitive control is required to implement them efficiently. For these trainings, I have found that the discuss it (didactics), see it (video demonstrations), and try it (role plays) method is particular beneficial.

3. What aspects of our knowledge about psychotherapy derived from research do you see as underrepresented and as needing to be more fully assimilated into integrative training?

Unfortunately, our predominant training molds are dated, misaligned with psychotherapy evidence, and in need of disruptive innovation. To me, the idea of context-responsivity is significantly underrepresented in training, yet the evidence supports this notion, especially vis-à-vis training approaches that privilege the dissemination of top-down, empirically-supported treatments (ESTs). Briefly, research demonstrates that global therapist adherence to an EST tends to be unrelated to outcome; in fact, within case variability in therapist adherence relates to better outcomes. Thus, just because an EST has been established to some degree does not mean that delivering the protocol to all patients in a uniform manner will represent effective clinical care. Further, perseverative protocol adherence in the face of patient-therapist disagreement or alliance rupture has been shown to relate negatively to improvement, and treatments that integrate components that temporarily depart from model adherence when such disruptive clinical processes emerge, tend to outperform the standard treatment without such departure modules. In short, constantly trying to fit patients into models is ineffective at best, and potentially harmful at worst, whereas flexibly adjusting models to patients (and their contextualized pathology, non-diagnostic characteristics, momentary interactions with the provider, etc.) would represent a different, more nuanced, and well-supported form of integrative, evidence-based practice (EBP).

4. In your experience, as students are learning how to think and work integratively, what are some of the biggest challenges they face and how can students and/or trainers constructively handle and otherwise work with these challenges?

At the individual level, one major challenge is that within any given training program, there are likely still one or more supervisors who believe that EBP is synonymous with faithful EST delivery. This is underscored when watching an ostensibly case presentation, which ends up being a description of a model vs. a conceptualization of a person. This is problematic on many levels, as it neglects the fundamental tenets of integration.

At the system level, despite training directors knowing that research on common factors exists (e.g., the clinical importance of patient-therapist alliance quality), alarmingly few program incorporate systematic training methods for teaching neophyte clinicians how to foster and maintain good alliances, or repair ruptured ones. This research-training chasm is troubling, especially when program leaders cite barriers like an unwillingness of supervisors to change their (sometimes rather antiquated) beliefs about training.

Finally, at the broad field level, it is a substantial challenge for students that the “guru” model of psychotherapy training is largely still in place. This despite the fact that we know that experience does not correlate with expertise, and that despite trainers believing that they are at the top of their profession, the statistical reality is that some trainers will be ef-
The Integrative Therapist

Volume 3, Issue 4 • October 2017

Society for the Exploration of Psychotherapy Integration

“The biggest-bang for your integrative clinical practice comes in the ability to metacommunicate with your patients.”

 efective in treating their average patient, others relatively ineffective, and others even harmful. Unless trainers’ empirical outcome track records are known, it would be unknown whether beneficial skill and wisdom are being transmitted to apprentices. Statistically, some would be training apprentices to do ineffectual or harmful therapy, though reputation or name recognition might mask this problem.

5. When you reflect on your work in teaching and training novice psychotherapists how to think and practice in integrative ways, what are two-to-three particular “takeaways” that you especially like your trainees to come away with based on their time in training with you?

EST adherence does not equate to EBP. Rather, CRPI represents a further coming-of-age of evidence-based practice in which integrative flexibility no longer has to be the diffuse opposite of inflexibility; rather, it can be a fully formed evidence-based strategy that is applied based on theory, and evaluated based on reliable statistical inference.

The biggest-bang for your integrative clinical practice comes in the ability to metacommunicate with your patients. Discussing the process, sharing the bind, and acknowledging the necessity of ongoing relational negotiation is always available to clinicians as a means to temporarily depart from an approach that is not working. Be an attuned participant-observer, not a stiff model-deliverer.

Understand interpersonal theory; no matter what treatment models inspire you, psychotherapy is fundamentally a relationship that involves relationship dynamics, histories, new experiences, and goals. You cannot remove this relational piece, so instead embrace it in all of its complex glory!

SEPI Announces:
UPD ATED 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
Structured Interview on Training

1. When training students to be integrative therapists, which of the following do you see as the best training model, and why?

   a. train students in one specific approach first (for example, CBT or psychodynamic or experiential), and once they’ve got a handle on this single-school approach, expand training into learning and assimilating the theory and practice of other therapeutic approaches

   b. from the very outset, train students to think in integrative ways by exposing them to multiple approaches early in their training (so that psychotherapy integration is thus the mindset imparted from the very inception of training)

Students do not need to be experts on all models. The experts agree that the discipline is basically based on four models: psychodynamic, cognitive-behavioral, humanistic-existential and systemic. The therapist will not need to have a thorough knowledge of any particular model, but rather learn the principles and basic conceptual formulations of each of the four main approaches in order to have a general conceptual structure. This is currently provided by various elements such as common and generic principles, inter-theory transfer from interventions and access to state-of-the-art practices in the discipline. This allows them to incorporate knowledge without prevalence of one over another. In organizing their work, they will give preeminence to one or other depending on the applications.

   e. train students in the application of what is known about common factors

   d. train students in one or more specific integrative and/or unifying frameworks (e.g., Wachtel's Cyclical Psychodynamics; Barlow's Unified Protocol; Wolfe's integrative approach to treating anxiety disorders; Hill's emphasis on teaching general therapy skills; Magnavita's unifying Component Systems Model; etc.)

   e. other?

2. What methods (e.g., classroom/didactic teaching, assigning readings, direct clinical supervision, workshops, role plays, use of videos, etc.) have you found to be of particular benefit when it comes to cultivating students’ knowledge about and clinical skills in integrating therapeutic approaches, and why?

Specific methods are secondary to two major pillars in psychotherapy training:

- Theoretical-critical education
- Observation and self-reflection work and supervised practices with feedback on how they perform

3. What aspects of our knowledge about psychotherapy derived from research do you see as underrepresented and as needing to be more fully assimilated into integrative training?

More translational research developments, i.e. studies that are useful for the needs of clinical work, seeking a closer relationship between research and clinical practice

Continued on page 16
4. In your experience, as students are learning how to think and work integratively, what are some of the biggest challenges they face and how can students and/or trainers constructively handle and otherwise work with these challenges?

The greatest challenge that students have to face in integrative psychotherapy training is not to become new dogmatic therapists of an integrative model. To maintain an open mind, critical spirit and constantly review the model they use.

5. When you reflect on your work in teaching and training novice psychotherapists how to think and practice in integrative ways, what are two-to-three particular “takeaways” that you especially like your trainees to come away with based on their time in training with you?

1) Psychotherapy requires both a scientific training and a permanent interest in issues related to the human condition at an individual and group level.

2) Psychotherapy is a discipline in permanent construction, a knowledge open to new discoveries. The integrative therapist has to be open minded and tolerant and realize that there is no “one true way” to observe the facts and it is advisable to have a broad mind to be able to incorporate different perspectives in understanding other people’s suffering.

3) Therapists must always keep in mind that the fundamental thing about their work is the care of people who ask for help and their personal care.

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.”
Integrative Psychotherapy Training: Simplicity versus Complexity

Jeff E. Harris

I have spent almost 20 years trying to figure out how to teach psychology interns and graduate students to begin to enact the ambitious process of psychotherapy integration. One major challenge is to balance complexity and simplicity. If I begin integrative training with too much complexity, trainees get overwhelmed. Without enough complexity, however, the power of integration is lost. My compromise is to begin with a three dimensional view of psychopathology and therapeutic change. I teach my students that psychological problems can be seen as an interaction between maladaptive cognitions, emotions, and behaviors:

If we describe psychopathology as dysfunction across these three dimensions, then we can also conclude that psychological well-being consists of functional thoughts, adaptive feelings, and effective actions. Within this framework, I teach trainees to acquire a repertoire of intervention strategies drawn from cognitive, experiential, and behavioral psychotherapy. Psychologists are trained to think and work interactively, focusing on different dimensions at different times, based on the individual needs of each client.

Key Strategies Training

The approach that my colleagues and I have developed and refined over the years is called Key Strategies Training (KST; Harris, Kelley, Campbell, & Hammond, 2014). In the graduate program where I teach KST as an intermediate skills lab, trainees have already completed a basic counseling skills lab where they are taught to create a therapeutic alliance that is seen as foundational for these and other change-based approaches. Within the KST framework, trainees are taught that they can use cognitive strategies to explore dysfunctional thoughts and to encourage functional thinking. Cognitive interventions are designed to have a primary impact on thoughts and a secondary impact on feelings and actions:

Next, experiential interventions can be used to explore maladaptive feelings and to help clients embrace adaptive emotions.

Continued on page 18
Finally, trainees are taught to use behavioral strategies to explore ineffective behaviors and choose more effective actions. Behavioral interventions are designed to have a primary impact on actions and a secondary impact on thoughts and feelings:

![Behavioral Strategies](image)

### Behavioral Strategies

**Effective Actions**

**Functional Thoughts**

**Adaptive Feelings**

### Exploration and Transformation

KST organizes skills from these three approaches into a parallel structure and divides them into two phases of treatment: (A) Exploration and (B) Transformation. Key strategies used during the exploration phase include: (1) Focusing on a specific dimension (thoughts, feelings, or actions), (2) Exploring context and impact, (3) Analyzing function and adaptive value, and (4) Discovering patterns outside awareness. Skills used to help clients transform their thoughts, feelings, or actions include: (5) Experimenting, (6) Modifying, (7) Generalizing and consolidating, and (8) Assessing change and impact. When these eight strategies are used to organize cognitive, experiential, and behavioral approaches, the result is the 24 key strategies presented in Table 1. This table highlights the parallel structure and the distinction between exploration and transformation.

When I teach KST to graduate students, I divide the learning process into eight lessons:

- Introduction to Key Strategies Training: Thinking Interactively.
- Exploring Thoughts (strategies COG-1 through COG-4).
- Transforming Thoughts (strategies COG-5 through COG-8).
- Exploring Feelings (strategies EXP-1 through EXP-4).
- Transforming Feelings (strategies EXP-5 through EXP-8).
- Exploring Actions (strategies BHV-1 through BHV-4).
- Transforming Actions (strategies BHV-5 through BHV-8).
- Using a Multidimensional Survey to Decide Where to Focus.

Each lesson is grounded within its theoretical context in Cognitive Therapy, Emotion-Focused Therapy, or Behavioral Activation. Each key strategy is described using a strategy marker (when to use a particular skill), suggestions for use, and an expected outcome (what is the predicted result of using this intervention?). Key strategies are discussed within the context of current clients and demonstrated by the instructor. Trainees are encouraged to practice these strategies in class and afterwards in practice groups.

### Previewing Complexity

Although KST is designed to provide a three-dimensional introduction to psychotherapy, this training method acknowledges that thoughts, feelings, and actions do not occur in a vacuum. Maladaptive cognitions, emotions, and behaviors are shaped by external influences including life experience, interpersonal patterns, family systems, and cultural contexts. Internal influences include unconscious conflicts and defenses as well as biology and physical health. After receiving KST training grounded in cognitive, experiential, and behavioral psychotherapy, trainees are encouraged to gradually expand their repertoire of interventions to include those that focus on these external and internal influences. I believe that KST provides a firm foundation for ongoing learning that supports the long-term goal of becoming an integrative psychotherapist.

### Training Materials

KST training materials, including handouts and PowerPoint slides, are available on the following website: [www.unifiedpsychotherapy.net/training-models](http://www.unifiedpsychotherapy.net/training-models). A KST book is being prepared with the tentative title, *Becoming an Integrative Psychotherapist.*

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<th>Intervention Processes</th>
<th>Cognitive Strategies</th>
<th>Experiential Strategies</th>
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<tr>
<td><strong>- EXPLORATION PHASE -</strong></td>
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<tr>
<td>Focusing on a Specific Dimension</td>
<td>COG-1: Identifying Specific Thoughts</td>
<td>EXP-1: Identifying Specific Emotions</td>
<td>BHV-1: Identifying Specific Actions</td>
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<td>Discovering Patterns Outside Awareness</td>
<td>COG-4: Discovering Core Beliefs</td>
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<td><strong>- TRANSFORMATION PHASE -</strong></td>
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<tr>
<td>Experimenting</td>
<td>COG-5: Experimenting with Thoughts and Generating Alternatives</td>
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<td>Modifying</td>
<td>COG-6: Modifying Beliefs and Identifying More Functional Thoughts</td>
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<td>BHV-6: Improving Skills through Training and Practice</td>
</tr>
<tr>
<td>Generalizing and Consolidating</td>
<td>COG-7: Reinforcing Functional Thinking</td>
<td>EXP-7: Supporting Adaptive Emotional Expression</td>
<td>BHV-7: Practicing Effective Actions in New Environments</td>
</tr>
</tbody>
</table>

Table 1. Key Strategies for Psychotherapy organized by three dimensions of functioning and organized into two phases of treatment.

Author Contact Information
Jeff Harris teaches Counseling Psychology at Texas Woman’s University in Denton, Texas. His email address is jharris18@twu.edu.

Reference
SEPI Training Questionnaire

Jeffery Smith

The very best way to introduce our SEPI-Survey Monkey Training Questionnaire is to surprise you with the last entry received before we went to press. In the Archives, responses go from the last to the first received. No one liked rigidity in training, many wished for clear, personal, specific, and honest feedback, and many wanted more exposure to the work of skilled practitioners. But the only way really to appreciate this trove of important and relevant observations about training is to read the full set of responses. 

Please enjoy response #31:

Q1) What training experiences have been the richest or most memorable towards becoming an effective, integrative therapist?

Dozens of SEPI meetings, probably a hundred clinical workshops, single day, two or three days or whole weeks! more than 1000 hours of clinical supervision by three different integrative supervisors. About 12 years of three individual therapies, all of them integrative. Having a lovely tutor, as a master in integration and archeology, having a lovely partner with whom to discuss and experience the depths of existence. Having loads of personality disordered patients and a few D.I.D. Seeing about 15 clients a week for 15 years or more. Teaching students and young supervisees. Not easy to identify richest or most.... it is a path! and i am walking it cheerfully.

Q2) What has been or was missing or underrepresented in your training?

A collaborative team with active people really working collaboratively on projects leading to real outcomes or products...so it is still more lonely than I wish it to be. Financial funding or decent contracts at Portuguese Academia pretty scarce, still too!

Q3) What feedback can you give training directors about what would most improve the quality and effectiveness of training in integrative psychotherapy?

Offer students with maps and structuring lines, but let them organize freedom according to their innermost interests. Do not teach them there is a right way to practice therapy. Psychotherapy integration is mostly a process not a product, so lets create structuring tools, maps and organizing principles to tame chaos and help flexible, responsive and creative decision making. The core values of psychotherapy integration need to be laid down! Core faculties or skills or task like procedures like in cooking can still be taught. But in the end, you want to allow creativity as long as you check for outcome on the part of the clients, but remember come clients can only change slower or do actually change in some respects while not yet changing in others, so you have to train the falcon eye, perceptive acuity.

Q4) Should trainees first learn one brand of therapy thoroughly before assimilating others or should training start with more than one orientation? Why?

Neither! Forget orientations. Unless you consider the new acronyms also as orientations, like DBT, EFT, DBT... if that is the case, they can start with one of those...Or else, my favorite approach, it to teach about common factors, general strategies and principles of change, different ways to implement these, let them attach to decision making heuristics or maps of the change process, be it dialectical, sequential moment by moment or sequential phase by phase, and coach them on how to co-create and negotiate decisions with their clients and for their clients. Why? You won’t be able to have them tied to anywhere nowadays. Not even clients ask for that. It is counter nature and counter evidence.

Q5) Please identify yourself (Name [optional], degree sought, year of graduation) and add anything else about training you would like to share with The Integrative Therapist?

Nuno Conceicao, Phd. —

“Psychotherapy integration is mostly a process not a product, so lets create structuring tools, maps and organizing principles to tame chaos and help flexible, responsive and creative decision making.”
2018 SEPI Dissertation and Marvin R. Goldfried New Researcher Awards

The SEPI Research Committee is issuing a call for nominations for the 2018 SEPI Dissertation and Marvin R. Goldfried New Researcher Awards. Please nominate your students and junior colleagues! See below for details. The deadline for submissions is February 1, 2018.

SEPI Dissertation Award
Graduate students who are (a) SEPI student members, (b) not members of the SEPI research committee, and (c) had a dissertation proposal approved by their university, but have not yet completed the project at the time of submission, are eligible. The topic of the dissertation must be related to psychotherapy integration—the integration of different theoretical orientations and/or the integration of research and practice. This $1,000 monetary award can be used for any purpose related to the dissertation, such as materials, instruction, or conference participation. Doctoral students can nominate themselves or can be nominated by any SEPI member.

Marvin R. Goldfried SEPI New Researcher Award
SEPI members who are (a) researchers with 10 or fewer years post-terminal degree (e.g., PhD, MD) and (b) are not currently members of the SEPI research committee are eligible. Early career researchers who are more than 10 years post-training but have taken time off within their first 10 years (e.g., parental leave) will also be considered on a case-by-case basis. This $1,000 monetary award will be based on a body of work that is impressive with regard to quality, quantity, and connection to psychotherapy integration. At least one relevant empirical paper that is in press or has been published within the last 2 years must be submitted as part of the nomination. This award can be used as the awardee decides, although it is encouraged that it be used for SEPI conference attendance. Candidates must be nominated by a SEPI member and cannot nominate themselves.

SEPI's Research Committee will choose recipients for both awards. Awardees will receive their awards at the annual SEPI Conference.

***The deadline for submissions is February 1, 2018***

Electronic submissions are preferred. If there is material that cannot be sent by email/attachment, please send these pieces by regular mail and indicate this in your electronic submission. Please include the following in your submission:

(1) Nomination form (attached)
(2) A copy of the nominee's curriculum vitae
(3) For the dissertation award, a copy of the dissertation proposal. For the new researcher award, a copy of an in press or published empirical paper (within the past two years).
(4) At least one letter of recommendation, preferably from a SEPI member

Submit to:
Dr. James F. Boswell
jboswell@albany.edu

Mailing address:
James F. Boswell
University at Albany
Social Science 399
1400 Washington Avenue
Albany, NY 12222
USA

Additional information can be found at: http://www.sepiweb.org/?page=awards
CALL FOR SUBMISSIONS

The Society for the Exploration of Psychotherapy Integration (SEPI) invites submissions for the 34th Annual Conference to be held in New York City, New York, USA (with preconference workshops on the morning of May 31st). The conference site will be the New York Marriott Downtown (Battery Park). Please view the Marriott’s website at: 2018 SEPI Marriott Reservations for more information about the hotel or to make room reservations. We have secured a room rate of $219 US for single or double rooms. Note that we expect these rooms to fill up fast!

SEPI is an international, interdisciplinary organization of practitioners and scholars exploring the benefits of integrating ideas from multiple perspectives 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 22, 2017. Submit online through the SEPI Conference submission portal at http://www.mymeetingsavvy.com/SEPI. Submission guidelines can also be found there. The program committee will send notices of acceptance by February 17, 2018. Simultaneous translation will not be available at this conference; the conference language is English.

CONFERENCE THEME

Drawing on Multiple Theories and Methods to Enhance the Integration of Psychotherapy Practice and Research

The conference theme is reflected in a variety of topics for structuring submissions. These include:

- Integrating clinical interventions from different theoretical models
- Case studies of psychotherapy, with qualitative and/or quantitative data
- Integrating across different theories of psychotherapy in research, practice and training
- Qualitative and/or quantitative studies of psychotherapy process and outcome
- Focusing on clinical complexity in assessment, case formulation and treatment planning
- Integration in the course of therapy and in considering outcome evaluation
- Philosophical issues in psychotherapy integration.

Continued on page 23
Although submissions can be on any topic related to psychotherapy integration, there will be a special emphasis 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.

We welcome diversity in ethnic and racial background in SEPI membership as well as at the conference. In addition, we welcome those from a variety of theoretical orientations and professional backgrounds (e.g., social workers, psychiatrists, psychologists, child/family therapists, etc.) and more members/participants from abroad. For this to happen, we 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 SEPI Conference.

**PROGRAM FORMAT**

We encourage the participation of practitioners and scholars from all psychotherapy traditions and disciplines to attend our 2018 conference. While some may not necessarily identify themselves as integrative, we welcome the participation of all intrigued by the discussion of psychotherapy integration, pro or con.

The program will consist of symposia, discussion groups, mini-workshops, individual papers, and posters that address themes related to psychotherapy integration. There also will be a keynote speaker, plenary panel, and the SEPI president’s address.

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.)

**TYPES OF PRESENTATIONS**

**SYMPOSIA/DISCUSSION GROUPS (75 minutes)**

A panel/symposium is a formal presentation that ideally includes 3 presenters and 1 discussant, leaving time for audience participation. 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.

Alternatively, a discussion group may be scheduled. Please note that the chairperson of a discussion group is responsible for confirming at least two other individuals’ participation and for organizing all aspects of the presentation. Film, videotape, music, artwork, or other forms of media can also be used to stimulate discussion.

**MINI-WORKSHOPS (75 minutes)**

Mini-workshops are designed primarily for practitioner audiences and focus on skill development or experiential involvement. Preference will be given to workshops that include multiple presenters. 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.

**INDIVIDUAL PAPERS (15 minutes)**

In this category are research, theoretical, and clinical papers that are not part of a panel/symposium. If accepted, the program committee will form these papers into panels. However, we recommend and prefer that instead of submitting individual papers, you try to create a panel yourself by seeking out other people doing similar work and recruiting a discussant. For this purpose, you are encouraged to use the SEPI listserv or Facebook

**POSTERS**

Posters are graphic representations of the results of studies or tools to help in decision-making. 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.

*Continued on page 24*
CONTINUING EDUCATION
There will be continuing education for psychologists offered at the New York meeting through the Society for the Advancement of Psychotherapy (Division 29 of the American Psychological Association/APA). The Society for the Advancement of Psychotherapy is approved by the APA to offer continuing education for psychologists, but the Society maintains responsibility for the program.

We strongly encourage all presenters (except those submitting posters or individual papers) to apply for CE approval as it will increase your attendance and be a service to others. To make your session CE eligible, follow the APA CE guidelines: provide complete CVs for all first authors and provide learning objectives (at least one per 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 learning objectives, please visit here: http://www.sepiweb.org/?page=ConvCE.

CONFERENCE LANGUAGE
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 www.sepiweb.org.

REVIEW CRITERIA
All submissions are rated for importance, rigor (scientific, clinical or theoretical), scope of coverage, relevance to psychotherapy integration, and consistency with the meeting theme. Mini-workshops are additionally rated for presenter qualifications and usefulness of the training objectives. Proposals must be sufficiently detailed to allow evaluation of these criteria.

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@drstevesobelman.com. For membership information, go online or contact Membership Committee Chair Dr. Paul Wachtel, paul.wachtel@gmail.com

LIMITS ON FIRST AUTHORSHIPS
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. All presenters will be subject to the usual registration fee for the conference.

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