

sepi

Society for the
Exploration
of
Psychotherapy
Integration

NEWSLETTER

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CONFERENCE ISSUE

Each issue of the SEPI newsletter seems to contain another landmark in the development of our organization. The first issue announced the formation of SEPI itself and contained a roster of interested professionals. The second newsletter described our membership policy and included an extensive bibliography on psychotherapy integration. In this issue, we are most pleased to highlight our forthcoming First Annual Conference.

CONFERENCE

SEPI is holding its first conference on June 7-9, 1985 in beautiful, historic Annapolis, Maryland. The aim of this first conference is to promote discussion by having some of the most active clinicians and researchers in the area of psychotherapy integration present their current work. Ample opportunity will be provided for discussion and exchange of ideas.

The conference will consist of plenary sessions, symposia, and workshops. The four plenary sessions are programs which all conferees will attend. In addition, those who attend will have the opportunity to choose from among several concurrent symposia or workshops.

The deadline for preregistration is May 15, 1985, and the registration fee for full conference participation is \$40. This fee covers all instructional sessions and materials. Registration is personal and nontransferable.

A block of sleeping rooms is being held for registrants at Historic Inns of Annapolis, a cluster of historic buildings situated in downtown Annapolis, within walking distance of Calvert House, the conference site. Reservations should be made by May 15 by writing directly to Historic Inns of Annapolis, 16 Church Circle, Annapolis, Maryland 21401. A special conference package of \$160 single or \$105 double (per person rate) includes two nights lodging and two continental breakfasts.

Arrangements have been made with Eastern Airlines to serve conference participants. Eastern is the principal carrier serving the Washington, D.C. area and offering the most frequent daily flights to and from Washington, D.C. Eastern will guarantee a group discount of approximately 30% off the full day coach fares for individuals travelling roundtrip on Eastern from many cities within the continental United States. To qualify, reservations must be booked through Eastern's CONVENTION DESK at 1-800-327-1295, extension EZ6AP10 (Florida residents call 1-800-432-1217, extension EZ6AP10). In certain instances, even greater discounts may be obtained with restricted availability.

Limousine service is available from Baltimore-Washington International Airport to Historic Inns of Annapolis. The cost is \$9.00 one-way.

The symposia, workshops, and plenary sessions are varied and exciting, and involve the following:

Welcome and Introduction: Barry Wolfe

Dialogue on Psychotherapy Integration: Marvin R. Goldfried and Paul L. Wachtel

Panel on the Integration of Individual and Family Therapy: Lee Birk, Larry B. Feldman, Harry I. Leif, and Henry Grunebaum

An Integrative Model of Affect, Cognition, and Action in Psychotherapy Process: Jeremy D. Safran and Leslie S. Greenberg

Moral Values and Psychotherapy Integration: Perry London and Others to be determined

Points of Contact: Psychoanalytic Therapy and Behavior Therapy: Stanley B. Messer and Paul L. Wachtel

Gestalt Experiential Therapy: An Object Relations, Behavioral Phenomenology: Leslie S. Greenberg, Rudolph Bauer, and Hal Arkowitz

Training Integrative/Eclectic Psychotherapists: John Norcross, Larry E. Beutler, Carlo C. DiClemente, Richard P. Halgin, James O. Prochaska, and Malcome H. Robertson

Integrative Psychotherapy Research: Conceptual and Methodological Issues: William M. Pinsof, Clara Hill, Irene Elkin, and Jay LeBow

Dialogue on Psychotherapy Integration: Past, Present, and Future: Barry E. Wolfe (Moderator), Morris B. Parloff, and Jerome Frank

Integrated Treatment of Depression: Hal Arkowitz, Arthur Freeman, and Others to be determined

Integrated Treatment of Agoraphobia: Dianne Chambless, Alan Goldstein, Steven Friedman, Katherine Shear, and Bruce Arnow

Self-Consciousness Techniques in Psychotherapy: Michael Mahoney and Thomas B. Pruzinski

A Generic Theory of Psychotherapy: Kenneth I. Howard and David E. Orlinsky

X-Rated Topics in Psychotherapy Integration: Dean Schuyler, Stanley B. Messer, Marvin Goldfried, and Alan Leventhal

The Positive Use of Paradoxical Effects Associated With Behavioral Therapy: Douglas H. Powell and Fred Heide

Integrative Dimensions in Psychotherapy: James O. Prochaska, Carlo C. DiClemente, Eileen McConaughy, John C. Norcross, Nancy Wilcox, Don O'Connell, and John Stevenson

Expanding the Boundaries of Therapeutic Work Through the Synthesis of Alternative Treatment Models: Mary Fitzpatrick, John Rhoads, Lloyd Silverman, and Herbert Fensterheim

Integration of Clinical Techniques: Larry E. Beutler, Lee Birk, Alphons Richert, and Hal Arkowitz

Major Issues in Psychotherapy Integration: Perry London

For further information, write or call:

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MEMBERSHIP AND DUES

In a few weeks you will be receiving a new dues statement for 1985. We have exercised considerable frugality in the operations of SEPI thus far and intend to continue to do so. But such basics as postage and printing to get the newsletter out to the membership and costs associated with organizing the Annual Meeting are unavoidable. We hope that when all the accounting is completed the Meeting will have turned out to be self-supporting, but there are likely to be expenses to be met along the way and it would be very helpful if you could get your dues payment in promptly when you receive your dues form.

The vast majority of the membership has paid the first dues assessment (for 1984) and for this we are very appreciative. Inevitably, in our transition from an informal mailing list to an actual membership organization, there was some lag in responding to the initial dues requests. Dues for 1984 came in in several waves as communications from us reminded individuals on the mailing list that they were now members of an organization that needed dues to sustain itself. During this transition period we have carried as members those relatively few individuals on the original mailing list who have not yet paid their dues, in anticipation of receiving their payments shortly. We can no longer do so. If you have not sent in any dues payments, please be aware that you will not be able to continue as a member and will not receive any further communications from SEPI. The people on the original list are all individuals who have a real interest in the area of psychotherapy integration and we would hate to lose any of you. But as SEPI is maturing and becoming a more fully functioning organization it becomes a necessity that those who wish to be a part of the SEPI network help to pay its way.

New Members

Many of you on the original list of SEPI members have been approached by individuals who have learned about SEPI and wish to become members. Others of you know of individuals who would make a real contribution to the organization and would like to approach them about membership. The appropriate channel for pursuing this process of expanding the SEPI network is to ask the prospective member to get in touch with Lee Birk, who is the chairperson of the membership committee. His address is:

Dr. Lee Birk
398 Walnut Street
Newton, MA 02160, U.S.A.

Please note that there is also a category of student membership. If you have any students who you would like to propose for membership, they too can write to Lee Birk at the above address. A supporting statement from a present SEPI member indicating the student's seriousness and interest would be useful.

RECENT EVENTS

At the most recent convention of the American Psychological Association held in August 1984, John C. Norcross chaired a symposium entitled "Systematic Eclectic Psychotherapy." Presentations were made by Larry E. Beutler, James O. Prochaska and Carlo C. DiClemente, and Arnold A. Lazarus, with Marvin R. Goldfried as discussant.

Philip C. Kendall reports that he encountered a warm and receptive audience when he spoke about rapprochement at a course in child psychiatry in which he participated at the NIMH of Lima, Peru late in 1984. According to Kendall, their institute is made up of mental health workers coming from different professional backgrounds and from dynamic, behavioral, and biological orientations, who have been working together successfully for the past two years.

Marvin R. Goldfried delivered a colloquium on April 24 entitled "The Challenge of Psychotherapy Integration" to the Psychology Department at the University of Toronto.

In an article appearing in the Clinical Psychology Review (1984, 4, 5-14), Lester Luborsky and Robert J. DeRubeis have characterized the recent appearance of psychotherapy treatment manuals as contributing to the "small revolution" in psychotherapy research. By providing more objective criteria for what constitutes different approaches to therapy, these manuals may offer us a closer look at the similarities and differences among the psychotherapies. Included among the manuals described in their review are: Beck, A. T., Rush, A. J., Shaw, B. F., and Emery, G. D. (1979). Cognitive therapy of depression: A treatment manual. New York: Guilford Press; Klerman, G. L., Weissman, M. M., Rounsaville, B. J., and Chevron, E. (1984). Interpersonal psychotherapy of depression. New York: Basic Books; Luborsky, L. (1984). Principles of psychoanalytic psychotherapy: A manual for supportive-expressive treatment. New York: Basic Books; Strupp, H., and Binder, J. (1984). Psychotherapy in a new key: A guide to time-limited dynamic psychotherapy. New York: Basic Books.

THINGS TO COME

At the forthcoming meeting of the Society for Psychotherapy Research to be held in Evanston, Illinois from June 18-22, there will be several roundtable discussion panels dealing with such topics as subject selection, interventions, research methods, and significance and utilization. The participants in these discussion groups will reflect different therapeutic orientations. There will also be a workshop moderated by Leslie Greenberg on "Task analysis of change events," in which participants will present and discuss edited transcripts reflecting therapeutic change as it typically occurs within client centered, cognitive-behavioral, and gestalt orientations. Laura Rice, Jeremy D. Safran, and Hadassah Weissman will be presenting, and Marvin R. Goldfried will serve as discussant. For further information about the conference, write: Dr. Charles R. Marmar, Langley Porter Psychiatric Institute, University of California, San Francisco, 401 Parnassus Ave., Box 37A, San Francisco, CA 94143.

The Second European Conference of the Society for Psychotherapy Research will be held at the Universite Catholique de Louvain in Louvain-la-Neuve, Belgium from September 3 to 7, 1985, and will contain a presentation on psychotherapy integration on the program. For further information, contact: Professor Winfred Huber, Faculte de Psychologie, Voe due roman Pays 20, B-1348 Louvain-la-Neuve, Belgium.

Michael Rosenbaum, of the Department of Psychology at Tel-Aviv University in Israel will be organizing the First International Conference on Integration of Psychotherapeutic Approaches, to be held in Jerusalem in June 1987. The conference will host professionals from different parts of the world who are interested in promoting unity and integration among the psychotherapies. We shall keep you informed of further developments in future newsletters.

BOOK REVIEWS

We are pleased to announce that forthcoming issues of the newsletter will include reviews of recently published books that deal directly with the topic of psychotherapy integration. If you have recently published such a book, or expect to have one appear in the near future, please have your publisher send either Paul Wachtel or Marvin Goldfried two (2) copies for review. It will not be possible to review all books that potentially bear on questions of therapy integration, so we will also continue to list (without either evaluation or endorsement) all books that we are informed by the membership are relevant as well as books received from publishers for review.

For now, we would like to announce some recently published and forthcoming books about which we have become aware since the publication of the last newsletter. These include:

- Beitman, B. D. (in press). The structure of individual psychotherapy. New York: Guilford Press.
- Beitman, B. D., and Klerman, G. L. (Eds.). (1984). Combining psychotherapy and drug therapy in clinical practice. Jamaica, New York: Spectrum Publications.
- Bornhardt, M., Rüdell, R., Schobert, K., Textor, M. (Eds.). (1983). Integrative psychotherapie. München: Kurt Schobert Verlag & Schreibbüro.
- Dryden, W. (Ed.). (1984). Individual psychotherapy in Britain. London: Harper and Row.
- Dryden, W. (Ed.). (in press). Therapists' dilemmas. London: Harper and Row.
- Johnson, S. M. (in press). Characterological transformations. New York: Norton.
- Lecomte, C., and Castonguay, L. G. (Eds.). (in press). Psychanalyse, behaviorisme et humanisme: Rapprochement et integration en psychotherapie. Gaeton Morin, Chicoutim.
- Marlatt, G. A., and Gordon, J. R. (Eds.). (1985). Relapse prevention: Maintenance strategies in the treatment of addictive behaviors. New York: Guilford Press.
- Myers, J. M. (Ed.). (1984). Cures by psychotherapy: What effects change? New York: Praeger.
- Norcross, J. C. (Ed.). (in press). Handbook of eclectic psychotherapy. New York: Brunner/Mazel.
- Norcross, J. C. (Ed.). (in press). Casebook of eclectic psychotherapy. New York: Brunner/Mazel.

REGIONAL AND TOPICAL REPORTS

With this issue we begin a series of solicited reports from SEPI members of work that the membership might wish to be informed about. We have basically sought two kinds of reports--those organized by geographical area and those organized by particular subject areas. Thus in the present issue we have reports by Richard Halgin on the Northeast U.S.; by Arthur Houts on the Southern U.S.; by Hugh Koch on the United Kingdom; by Louis Castonguay on Quebec, Canada; and Edward Murray on the Florida area. We also include reports by Alan Marlatt on addictions; Diane Chambless on anxiety disorders; and Dolores Gallagher and Larry Thompson on gerontology.

Scheduled for future issues are reports on developments in the German speaking countries by R. Bastine; a report on developments in the Southwest U.S. by Hal Arkowitz; by Irving Wiener on the Rocky Mountain Region; Julian Hafner on Australia; and Noboru Takaishi on Japan. Among topical reports we have thus far scheduled is a report by David Ricks on work on life span developmental psychology as it bears on integrative approaches to intervention and by John Rush on depression. If you have items relevant to these areas please write directly to these individuals as soon as possible.

We will keep you informed of still further reports as they are completed and scheduled.

REGIONAL REPORTS

Northeastern U.S. (Richard Halgin, Dept. of Psychology, University of Massachusetts, Amherst, MA 01003)

When Paul Wachtel asked me to summarize psychotherapy integration efforts in the northeast for the SEPI newsletter, I sent out a letter to a sample of 50 individuals whose names appeared on a SEPI address list. In this letter I asked respondents to jot down a few sentences about their current integrative endeavors. Below are summaries or quotations from each of the 18 individuals who responded to this mailing.

Marianne Anderson (60 W. 57th St., NYC) is co-director of a NYC organization, The Melbourne Group, which was created for the purpose of teaching clinical hypnosis from an integrative viewpoint to mental health professionals at the post-doctoral level.

Diane B. Arnkoff (Catholic University) along with her associate Carol Glass and some students are interested in the question of how eclectic therapists make decisions on which techniques to employ at different stages of therapy. They hypothesize that they informally assess their clients' "predispositions" to respond to different approaches...and choose techniques in the initial stages of therapy that will be consistent with these predispositions, moving on to approaches that are less familiar to the client later in the therapy, when the client has seen some success.

Arthur H. Auerbach (U. of Pennsylvania) is doing research to learn patients' opinions about what was most helpful in their therapy sessions, with particular attention to the importance they assign to common or non-specific factors. He has arranged symposia at the annual meetings of the Society for Psychotherapy Research the past two years.

Bernard Baars (SUNY-Stony Brook) is a psycholinguist and cognitive scientist who has been doing experimental work with experimentally elicited slips of the tongue. Currently he is using slips of the tongue to assess depression. For the next year he will be working with Mardi Horowitz at Langley Porter attempting to use slips and other psycholinguistic techniques to assess unconscious, or at least disavowed, emotional conflicts.

Henry H. Babcock (71 Rutledge Rd., Belmont, MA) states that he is "looking for a few cases that worked for a long time in analytical therapy but who, even with considerable insight, persist in the same old behavior patterns--and try some behavior modification approaches with them." He asserts that "one trouble is that therapists don't want either to admit failure or to have somebody else come along and walk off with the credit for all the work and time that had been put into the case!"

Herbert Fensterheim (Payne Whitney Clinic, NY Hospital) holds a weekly postdoctoral case conference (Fridays, 8-9:30 AM) which explores integrative approaches with individual patients. Primarily behavioral in orientation, the emphasis is on the selection of key target behaviors. SEPI members are invited to attend, and can phone 212-889-7290 if interested.

Arnold P. Goldstein (Syracuse U.) has just completed, on a sample of 54 incarcerated juvenile delinquents, a first evaluation of a treatment package termed Aggression Replacement Training. It consists of parallel 10 week courses of a Structured Learning Training, Anger Control Training, and Kohlbergian Moral Reasoning. Significant between groups results have emerged on the criteria: (1) prosocial skills learning and transfer, (2) rated reductions in impulsiveness, and (3) reduced in-facility behavioral incidents.

Howard F. Hunt (Langdon Ave., Irvington, NY), though recently retired, continues to consult at New York Hospital-Westchester Div. on difficult cases. "As the institution is psychodynamically oriented, these consultations necessarily inject and integrate behavioral/cognitive systems views with psychodynamic approaches, usually producing some synthesis which gets the system out of its impasse."

Alexandra G. Kaplan (Stone Center, Wellesley College) states that the Center devotes much of its efforts toward integrating their model of women's psychological development with their practice of short-term therapy with college women. "This includes a number of features, the most prominent of which are an ongoing exploration of women's psychology as well as a focus on how the therapy relationship in general, and empathy in particular, foster positive change."

Philip G. Levensky (McLean Hospital, Belmont, MA) has run McLean's Behavior Therapy Unit for 10 years, during which time the efforts toward integration have been necessary and successful. A number of methods have been used, including the use of treatment teams made up of both multi-

disciplinary and multi-theoretical members, using senior consultants of different theoretical orientations to comment on the behavioral treatment programs, and fostering an integration of a variety of supervisors in the psychology internship program.

Carol Lindemann (Phobia Center, 245 E. 87th, NYC) states that work with phobic patients at the Center successfully integrates psychoanalytic theory and treatment with behavioral techniques.

Michael J. Mahoney (Penn State) has been recently collaborating with Drs. Guidano & Reda of Italy exploring techniques for studying and describing "process-oriented" psychotherapy from a developmental cognitive perspective. He has also been studying developmental progressions in the cognitive skills of collegiate and world class athletes. Thirdly, he is nearing completion of a book titled Personal Change Processes: Notes on the Facilitation of Human Development. He states that although the book draws primarily on the clinical, cognitive, and developmental literatures, it also illustrates some of the "shared wisdom" of diverse therapeutic perspectives, and concludes with a discussion of practical implications and possible clinical innovations.

Stanley Messer (Rutgers) is currently involved in two conceptual efforts related to the issue of integration. The first is a paper which describes his supervision of a behavior therapist doing a psychoanalytic psychotherapy. The second is a chapter for John Norcross' Handbook of Eclectic Psychotherapy, in which some of the underlying premises of psychotherapeutic integration are spelled out and evaluated.

John P. Brady (Psychiatry Dept., U. of Penn.) currently teaches a Systems of Psychotherapy course to psychiatry residents. He states, "I interview a new patient without prejudice as to what psychotherapeutic procedures may prove to be useful. The treatment program for a particular patient might entail some combination of pharmacotherapy, behavioral/cognitive intervention, supportive psychotherapy, expressive psychotherapeutic interventions, etc."

James O. Prochaska (U. of Rhode Island) recently published with DiClemente The Transtheoretical Boundaries of Therapy. His current research includes applying the transtheoretical model to identify similarities and differences in self-changers and therapy changers struggling with such problems as psychological distress, alcohol abuse, smoking, and over-eating. He is also beginning a series of naturalistic studies of therapy which will examine how the processes, stages and levels of change shift as a function of the phase of therapy clients are in.

Glenn E. Snelbecker (Temple U.) states that his professional activities focus on means and processes by which we can relate psychological research findings and theory to practical situations, with particular interest in how theories come into existence and are changed. He observes that his anecdotal reports and research have "informed" him about some differences between how practitioners and academicians choose theory, asserting that "practitioners indeed do select from various theories for the simple reason that no single theory will be adequate to handle the diverse problems and situations faced by practitioners."

George Stricker (Adelphi U.) will be presenting a paper on the theme of integration at the April meeting of the New York State Psychological Association concerning psychotherapy in the year 2000.

Michael Westerman (New York Univ.) has been doing both empirical and theoretical work on psychotherapy integration. His research investigates questions about the match between treatment approach and the characteristics of a particular case, with specific attention to the differential treatment implications of patient interpersonal behavior. His theoretical work has attempted to show how fundamental philosophical perspectives can constrain clinical practice.

It is evident from the comments of these 18 respondents that there is much activity in the integration arena. Particularly interesting is the fact that the topic of psychotherapy integration is seen to cover such a broad range of activities, including such endeavors as research projects on unconscious processes or cognitive skills, development of various types of new theory, and the establishment of innovative clinical approaches.

I was hoping that more activity would be reported in the area of clinical training and supervision. My own current work involves the development of a model of clinical supervision which facilitates the blending of different psychotherapy models. In addition, I am attempting to develop a multi-theoretical assessment course for the clinical psychology curriculum. Any sharing of ideas on these topics would be welcomed.

I regret that my limited mailing probably missed a number of people. If you would like your work shared, please drop me a line, and perhaps it can be mentioned in an upcoming SEPI newsletter.

United Kingdom (Hugh C. H. Koch, Department of Psychology, Severalls Hospital, Colchester Essex, UK)

The Division of Clinical Psychology of the British Psychological Association has a psychotherapy interest group that has been running for three years and comprises 150 members throughout the United Kingdom who have a special interest in discussing and developing ideas on assessment, different types of psychology therapy, integration of therapies, training and clinical research. This group has Regional Convenors who are developing local links between interested psychologists and holds a yearly national conference which acts as a forum for the membership. Particular interests over the past years have been developing information on post-qualification training courses, locally organized supervision, decision making in Out Patient clinics and clinical evaluation.

A fuller report of integrative efforts in the UK will appear in a later issue.

Southern U.S. (Arthur Houts, Department of Psychology, Memphis State University, Memphis, TN 38152)

North Carolina. Michael Stratil (Pembroke State U.) has been constructing his "psychosystem theory" to integrate the motivational functions of expectations, attributions, self-esteem, and emotions into a general theory of human behavior. Stratil has begun to apply this global causal theory to psychotherapy as detailed in his Stratil Counseling Inventory. Steven Hayes (UNC Greensboro) is currently working on "A Contextual Approach to Therapeutic Change" (chapter to appear in Cognitive and behavior therapies in clinical practice, N. Jacobson [Ed.]). Hayes explicates a contextual model in terms of radical behaviorism, a view he regards as highly contextual when applied to the challenges of therapeutic change. Hayes presents an analysis of rule governed behavior and then shows with examples from therapy cases how therapists can help clients to change their habitual ways of conceptualizing problems through a strategy called "comprehensive distancing."

South Carolina. Kevin Thompson (Clemson) has been incorporating Rogerian interpersonal skills with cognitive-behavioral approaches to anorexia. He has also been applying Kelly's social psychological concepts of interdependence to analyze client resistance.

Tennessee. Richard Driscoll (Private Practice) presented a workshop in therapeutic integration in Knoxville on April 26. Bob Neimeyer (Memphis State) has been applying personal construct theory to integration of different therapies. His forthcoming chapter in Advances in cognitive-behavioral research and therapy, P. Kendall (Ed.) outlines the relationship of personal construct theory and therapy to other cognitive approaches. Art Houts (Memphis State) has explored the possibilities of rapprochement between behavioral and systems approaches to child problems in a forthcoming chapter in Advances in Clinical Child Psychology, A. Kazdin & B. Lahey (Eds.). Hans Strupp (Vanderbilt) has launched The Vanderbilt Psychotherapy Project II with a treatment manual for Time Limited Dynamic Psychotherapy, a combination of psychodynamic and interpersonal principles with object relations theory and systems theory. The five year project will be an intensive study of process and outcome.

Texas. James Maddux and Cal Stoltenberg (Texas Tech) have formed the "Society for the Interface of Social, Clinical, and Counseling Psychology" in Lubbock. Carlo DiClemente (Texas Department of Mental Health) continues to develop a transtheoretical framework in collaboration with Jim Prochaska. Their recent book The Transtheoretical Approach is available from Dow Jones-Irwin. Jeff Berman (UT at Austin) continues to do important work on therapy process and outcome using the tools of metaanalysis. He has argued, for example, that long term follow-up evaluations may not add much information about outcome that is not already available post-treatment (Psychological Bulletin, 1983, 93, 261-278).

Quebec, Canada (Louis Georges Castonguay, Department of Psychology, University of Montreal, C.P. 6128, Succ. A, Montreal, Quebec, Canada, H3C 3J7)

From a clinical as well as a theoretical and empirical point of view, the themes of convergence and complementarity have been a major point of interest for many therapists in Quebec. For the most part, the responsibility for this growing interest can be attributed to the conceptual contributions, the research, and the establishment of training programs that have been undertaken in the laboratory of Psychotherapy and Counselling of the University of Montreal (Department of Psychology).

Under the direction of Conrad Lecomte, this laboratory has been studying, for more than 10 years now, the active components of the therapeutic process and the variables responsible for the

impact of the different methods of intervention. Lecomte and his colleagues (Alain, Bernstein, Bouchard, Boucher, Castonguay, Cyr, Desharnais, Lorange, Trembley) have been interested in the theoretical identification and the empirical study of the common factors in psychotherapy, the specification of the nature and the impact of expectancy and inferential process of the therapist, as well as theoretical and practical models to facilitate the application of eclectic method in therapy.

It is from this scientific and professional framework that I have had the pleasure to organize for the past three years a colloquium on "Rapprochement and Integration in Psychotherapy." The first colloquium, which was held in April 1983, gave us the opportunity to invite Sol Garfield (Washington University). Garfield's conference (as well as those of other invited guests) addressed eclecticism in psychotherapy. From this first colloquium a series of articles was edited. Held in May 1984, the theme of the second colloquium was the study of the points of convergence and complementarity between the psychoanalytic, behavioral and humanistic orientations. Marvin R. Goldfried (State University of New York at Stony Brook) was our principal guest, as well as three Canadian therapists (each representing a particular school of therapy). These speakers were: Yves St-Arnaud (Universite de Sherbrooke), John Wright and Wilfrid Reid (Universite de Montreal). This second colloquium resulted in the publication of a book with chapters by each speaker as well as contributions from respected Canadian authors in this field.

This year, a third colloquium was held at the Universite of Montreal on May 10th. The invited guests were Hans H. Strupp (Vanderbilt University), Paul L. Wachtel (City University of New York), Laura N. Rice (York University), Leslie L. Greenberg (University of British Columbia), Lee Birk (Learning Therapies Center), and Marvin R. Goldfried (State University of New York, at Stony Brook). As one of its major consequences, this colloquium will allow the formation of a Quebec Association for Rapprochement in Psychotherapy and thus the formation of a network of individuals interested in a better integration of psychotherapy in Quebec.

Those interested in learning more about the research and writings described above can write to me for further information.

Florida Area (Edward J. Murray, Department of Psychology, University of Miami, Coral Gables, FL 33124)

My sense is that although there is a good deal of interest in psychotherapeutic integration in the Florida area, there is little in a formal way that is going on. The only exception that I am aware of is a pilot study that I've recently been involved in myself.

The study was based on Messer and Winokur's argument (American Psychologist, 1980, 35, 818-827) that the integration of therapy was limited by profound philosophical differences between theoretical orientations, such as contrasting visions of reality. Psychodynamic therapy was said to incorporate tragic, ironic, romantic, and comic visions of reality, while behavioral therapy was said to have a primarily comic view. I have expressed some doubts about the necessary connections between these visions of reality and therapeutic approaches (British Journal of Clinical Psychology, 1983, 22, 127-128).

In teaching a course on Psychotherapy and Behavior Modification to graduate students in clinical and health psychology, I became aware that the class was about evenly divided between those with psychodynamic and those with behavioral orientations. Out of curiosity, I decided to question them about their visions of reality. I composed three questions to capture the comic vision and three to represent the tragic vision, which I judged to be the two key visions. The students, seven of whom identified themselves as having a psychodynamic orientation and seven a behavioral one, rated each question as to their degree of agreement and disagreement.

It turned out that the two groups were essentially similar in their ratings. The only difference was on a "tragic" item, which the psychodynamic group disagreed with more than the behavioral group ("A successful psychotherapy patient realizes that we are all caught up in a tragic situation by being alive, growing up in civilization, and trying to make our way in it"). As a whole, all students agreed more with the comic vision and disagreed with the tragic vision, regardless of therapeutic orientation.

Naturally, these findings do not preclude the possibility that students at institutions with a stronger bias one way or the other might show differences. So, too, clinicians with more training and experience in a given orientation might be expected to have different visions of reality. Personally, I scored in a more tragic direction than any of the students, but I attribute this to age rather than theoretical orientation. My impression is that the students did differ in other

expected ways, such as the tough-minded versus tender-minded dimension, but that they were basically optimistic and idealistic at this stage of their development.

I would like to invite other members of SEPI to administer this questionnaire to various groups of students and clinicians. Feel free to write to me for a copy of the questionnaire; I would be very interested to learn about, and report on, the results you get.

TOPICAL REPORTS

Addictions (G. Alan Marlatt, Department of Psychology, University of Washington, Seattle, WA 98195)

Addiction problems are much in the news lately. Almost daily we see headlines dramatizing problems of drunk driving, the epidemic of cocaine addiction, smoking as the single most preventable cause of cancer, substance abuse among the young, heroin addiction among the disadvantaged, victims of fetal alcoholism syndrome, and the raging controversy over controlled drinking. We also hear the term addiction applied to non-drug behaviors such as compulsive gambling, some sexual disorders (e.g., pedophilia, exhibitionism, fetishism), and even long-distance running (the "hooked" jogger). Although critics argue that extending the umbrella of addiction to include non-drug behaviors belies the classic definition of the disorder (based on the criteria of physical dependence and withdrawal), an increasing number of "addictionologists," including many psychologists, are beginning to conceptualize addiction as a lifestyle problem. From this emerging perspective, addictive behaviors are characterized as maladaptive habits, acquired in an attempt to cope with stress--both the stressors of life (from major life stress events to the daily hassles of everyday living), and the residual stress associated with an addictive lifestyle.

The reconceptualization of addiction as a lifestyle problem offers an alternative to the predominant medical model that views alcoholism and other addictions as genetically determined biomedical disease states. The crux of the controversy revolves around whether the addictive behavior itself (e.g., loss of control drinking) should be considered a disease (or disease symptom) or as a destructive habit pattern that increases the probability of physical disease. Although there is agreement that smoking may lead to increased disease (lung cancer, emphysema, cardiovascular disease, etc.), few people refer to smoking itself as a disease. The same argument can be applied to excessive drinking and other addictive behaviors.

The addictive behavior model has been advanced by social-learning theorists and clinicians with a cognitive-behavioral approach to treatment. Two recent edited books summarize much of this work (Shiffman and Will's Coping Behavior and Drug Use, Academic Press, in press; and Marlatt and Gordon's Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors, Guilford Press, 1985). These authors focus on such issues as commonalities among addiction problems (e.g., determinants of relapse), stages of habit change, the effectiveness of "self-cure" vs. treatment-aided change, early intervention and prevention of substance abuse, the role of cognitive processes in addiction (e.g., self-efficacy, outcome expectancies, and causal attributions), and the development of "positive addictions" (exercise, relaxation) as an alternative to drugs.

Psychologists interested in the addiction field are urged to become members of the Society of Psychologists in Addictive Behaviors (SPAB), a new organization that sponsors presentations at the American Psychological Association annual meeting and publishes its own Bulletin (for information, contact Curtis Barrett, PhD, PO Box 35070-Psychiatry, Louisville, KY 40232). Plans are in the work for an SPAB conference some time in 1986 or 1987. Addiction treatment and research is also featured at the annual meetings of the Association for the Advancement of Behavior Therapy (next meets in November, 1985). A key journal in the field is Addictive Behaviors published by Pergamon Press.

Anxiety Disorders (Dianne Chambless, Department of Psychology, The American University, Washington, DC 20016)

The demonstrated effectiveness of behavioral treatments for the anxiety disorders seems to have prompted considerable interest in integrative treatment approaches among psychodynamic practitioners and those of other nonbehavioral clinicians. In workshops I've given over the past 10 years, I find a growing number of nonbehavioral clinicians accepting the necessity of active, directive treatment in addition to their practice of more insight-oriented psychotherapy. In the past few years there has also been a growing number of behaviorists who, disenchanted with the limited effectiveness of the present behavioral treatments, are looking for additional ways of approaching difficult, resistant clients. Interpersonal relationships such as couples and family systems are earning increased attention as a possible source of the variable response to treatment.

Bridging the camps is facilitated by the similarity of some of the techniques which go under different labels in the hands of therapists of various orientations. Thus flooding in imagination for a Vietnam veteran suffering from post traumatic stress is similar to abreaction and to guided fantasy in gestalt work. Social skills training roleplays for a socially phobic client wherein the negative internal dialogue is examined is reminiscent of psychodrama and gestalt dialogue. Stress management programs in which clients are trained to identify stressors in order to better cope with them promote a type of insight which may be generalized to historical antecedents of excessive reactions to stressors. The cognitive trend in behavior therapy facilitates a merger with insight-oriented therapy.

Despite the growing acceptance by clinicians of such mergers, relatively little empirical work has been done. This is in sharp contrast to the burgeoning literature on behavior therapy plus pharmacotherapy. Many of the papers appearing in the literature--write me for references--are theoretical in nature or pertain to the treatment of one or two cases. Most of the case studies would not meet the requirements for single case design research. In the area of agoraphobia research, however, this picture is changing. There are two empirical papers on the effectiveness of paradoxical intention, a logotherapeutic technique, when combined with instructions to enter phobic situations. Chambless, Goldstein, Gallagher, and Bright report the results of the outcome evaluation of an explicitly integrative treatment program, while Arnow, Taylor, Agras, and Telch find couples communications training therapy to add significantly to the effects of exposure treatment. The latter finding is particularly significant in showing that an integration is more effective than the established behavioral treatment alone. Many more controlled studies in the vein will be required to demonstrate the impact of the broader treatment approach many of us believe to be necessary and desirable in the treatment of the anxiety disorders. I once asked an eminent researcher in anxiety disorders what they did with the clients once they finished a strict brief behavioral research program. He replied, "Oh, that's when we start the real treatment." It is the real treatment we need to bring into the empirical realm.

Gerontology (Dolores Gallagher and Larry Thompson, GRECC/182B, V.A. Medical Center, 3801 Miranda Ave., Palo Alto, CA 94304)

In general, there is little psychotherapy research currently going on with persons over the age of 60 in this country. This probably reflects an attitude of "therapeutic pessimism" about the capacity of elders to participate in, and benefit from, psychotherapy as opposed to other less "participative" interventions (e.g., pharmacotherapy; a biweekly or monthly support group; or an educational series on, for example, Coping with Alzheimer's Disease). Major research centers such as UCLA and Yale have conducted some research on the use of psychotherapy for treatment of depression in elders; smaller facilities, such as Mt. Zion Hospital in San Francisco, and the Veterans Administration Medical Center in Palo Alto, California are currently conducting fairly large-scale controlled clinical trials of the comparative efficacy of different modes of psychotherapy for the treatment of depressive disorder in persons over 60. However, even in centers actively carrying on such research, relatively little attention is paid to the issue of therapeutic integration. Rather, modes of psychotherapy are usually pitted against one another (e.g., cognitive versus behavioral versus psychodynamic) in a "horse race" fashion, to determine which is "best." Only recently has interest developed in the exploration of therapeutic integration, as evidenced by the formation of SEPI and the fact that therapists of many different persuasions have joined the membership ranks; some of these are involved with psychotherapy research and/or practice with elders, and this seems to us to be a good sign for the future.

Our own work at the VA Medical Center in Palo Alto has indicated that elders derive greatest benefit from psychotherapies that focus on the acquisition of skills that are helpful for coping with depression, as long as this proceeds within the context of an active (and supportive) therapeutic relationship. In general, it does not seem to matter as much what "brand" of therapy was used if skills have been acquired and the patient's sense of self-efficacy enhanced. To study this more carefully, we have garnered a library of audio and video tapes of therapy sessions conducted in the cognitive, behavioral, and brief psychodynamic modes; we plan to conduct a series of ratings on these tapes, to ascertain what the critical ingredients of change were for each patient. From this, we hope to develop more specific recommendations as to what is needed for therapy to be efficacious with depressed elders. In an even more ambitious vein, we hope to begin to comment upon the interaction of patient and therapist characteristics that are related to "good outcome" in this particular kind of sample.

Besides conducting research on depression, we also train a number of pre-doctoral psychology interns and post-doctoral Fellows in psychology who wish to gain expertise in psychotherapy and aging. We have found it very useful to conduct weekly clinical case conferences where staff therapists representing the modes of therapy we use at the Center are present, to comment upon

trainee cases, and discuss them from the various theoretical perspectives represented. This has had a strong impact on the group as a whole, and has led to considerable dialogue about the concept of therapeutic integration, and how it might be implemented in a given case.

We plan to present several papers at the American Psychological Association annual meeting this August on the above topics, in order to communicate these ideas of fellow psychologists. We also will present at least one paper on the psychotherapy outcome research at the annual meeting of the Gerontological Society of America in November in New Orleans, to reach a more multi-disciplinary group. Over the years, we have found that more "program time" has been allocated for symposia and/or paper sessions on psychotherapy and aging, and expect this will increase as greater efforts are made to study these issues in the future.

BULLETIN BOARD

Marvin R. Goldfried, Cory Newman, and Duane Kemp are working on the development of a coding system to analyze the process of change as it occurs within both cognitive behavior therapy and psychodynamic therapy. The goal is to arrive at a system that will be theoretically neutral and thereby able to highlight points of similarity and difference. In carrying out the pilot phase of this research, they are in need of therapy transcripts or tapes that reflect "good sessions"--sessions that are likely to make an important impact on therapeutic change. If you have any such transcripts/tapes, or might be able to obtain any in the near future, please write to Dr. Marvin R. Goldfried, Department of Psychology, State University of New York, Stony Brook, NY 11794-2500.

Edward J. Murray has just completed some pilot work comparing psychodynamic and behavioral students on a questionnaire of comic and tragic views of reality, and invites SEPI members to obtain a copy of this questionnaire to administer to groups of students and clinicians. For more information, see his report on the Florida Area on page 9 of this newsletter.