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Integration

NEWSLETTER

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Editors:

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REPORT ON THE 1985 CONFERENCE

Although the actual evaluation forms for our recent conference have not yet been tallied, the informal feedback we have received left little doubt that the meeting was a definite success. Indeed, a frequent comment made by those attending was: "It was the best conference I've ever attended."

The enthusiasm and energy at the meeting was evident. It was as if the conference officially brought the idea of psychotherapy integration to life. The participants conveyed a sincere desire to listen to and learn from one another. In contrast to other meetings we have attended, the efforts seemed to reflect more of a spirit of collaboration than the adversarial stance that has characterized such dialogues in the past.

On the basis of the presentations we attended, as well as the tapes of the others we listened to, we were impressed by the thoughtful and sophisticated level of discourse that typified most of the sessions--not only by the panelists, but by the audience as well. We shall do what we can to allow for even more informal and spontaneous interaction in the future.

We were also taken by the fact that clinicians and researchers were dialoguing with each other in ways that we all too infrequently have encountered in the past. This confirmed for us the importance of having an organization such as ours that can provide a context in which researchers and clinicians can have the opportunity to engage in discussions of meaningful issues.

The conference clearly could not have been as successful as it was without the efforts of Barry Wolfe and his Conference Committee--Diane Arnkoff, Carol Glass, Clara Hill, and Phil Kendall. We thank each of you for your time and energy. We would also like to take this opportunity to thank the participants--presenters and audience alike--for what turned out to be an extraordinarily stimulating conference.

As we noted above, each of the sessions were audiotaped. The tapes, quite a number of which were purchased at the conference itself, continue to be available. If you would like to buy tapes of one or more of the sessions, you can do so with the order form that has been inserted in the newsletter. So as to give you a better idea of the content of the sessions, we asked each moderator/chairperson/primary presenter to send us an abstract to be included in this issue of the newsletter. Because this request was made over the summer, we were not able to obtain an abstract for all presentations. The program and tape numbers for each session, together with the available abstracts, are reproduced below:

TAPE 1: Plenary Session - Dialogue on Psychotherapy Integration (Participants: Marvin R. Goldfried and Paul L. Wachtel; Moderator: Clara Hill)

As the lead-off session, this dialogue revolved around the following questions put to the two participants:

1. How does integration differ from eclecticism?
2. Does theory really guide practice, or do therapists do what they do and come up with theory later to explain what they've done?
3. Some people have said that you can't integrate theories because there are philosophical differences underlying them that make it impossible for them to be integrated. For example, psycho-analytic theory and behavioral theory are dramatically opposite on issues such as free will, human nature, and the unconscious. Would you like to comment on that?
4. Can you talk a little about what the role of awareness would be in an integrated theory?
5. Would you comment on the systems perspective on awareness that suggests that it is not the particular awareness that makes any difference, but rather any rationale that clients or patients can accept?

These questions served as a starting-off point that helped to facilitate a direct discussion on these and other issues, as well as interaction with the audience during a question and answer period.

TAPE 2: Plenary Session - Panel on the Integration of Individual and Family Therapy (Chair: Lee Birk; Participants: Larry B. Feldman, Harold I. Lief)

The second plenary session was devoted to a panel on clinical integration of "non-individual" psychotherapies, therapies carried out within or partly within natural social systems (mated couples, families), or artificial social systems (therapy groups), or combinations of the two.

Harold Lief spoke about both couple psychotherapy and family therapy, but also with historical perspective spoke of the development of "integration", and offered the notion that despite decades of progress we still seem only barely ready for "desegregation", a much more modest goal than true integration! His first-person account of the strong tide of resistance against couple therapy within psychoanalytic circles had the audience riveted to their chairs. Larry Feldman talked about integrating "intrapsychic" and "interpersonal" approaches in work with families and couples, and his own careful work in combining individual psychotherapy and family therapies. Many fears, concerns and questions about "secrets" were brought up during the discussion. In response, Larry summarized his own experience as predominantly non-problematic, but made the point that his favorable experience was made possible by the very careful and explicit initial contracts he makes with his patients. Lee Birk spoke about his experience (20 years) combining group and family approaches, and the reasons why the combination could be more powerful than either alone. He also strongly underscored the enormous advantage presented by working within social systems, both epistemologically, for precise behavioral diagnosis, and therapeutically, because working within social systems opens the way ethically and practically to using operant behavioral shaping as a major change mechanism.

TAPE 3: Symposium 1 - An Integrative Model of Affect, Cognition, and Action in Psychotherapy Process (Jeremy D. Safran and Leslie S. Greenberg)

Recent theoretical and empirical developments have stimulated a considerable amount of interest in the nature of affective processes and their role in human functioning, and the role that various affective phenomena play in the psychotherapy change process. The purpose of this symposium was to sketch the outlines of an integrative model of affect, cognition, and action and to demonstrate the fashion in which this model can orient our thinking about the process of change in psychotherapy regardless of the particular therapeutic tradition from which a specific intervention derives. Consistent with previous suggestions about developing a therapeutically neutral language, the model is framed in the language of experimental cognitive psychology. In the course of the symposium we examined some of the important metapsychological assumptions that underlie different approaches to cognitive psychology. In light of this examination we argued that the information processing metatheory which has dominated experimental cognitive psychology does not in and of itself provide an adequate metatheory for conceptualizing the relationship between affect, cognition, and action in a clinically relevant fashion. Instead, we proposed a combined metatheory which integrates some of the more important metatheoretical assumptions of the information processing and ecological approaches to cognitive psychology. We then considered some specific clinical examples in which affective, cognitive, and behavioral change processes occurring in the client could be clarified using the model that had been advanced.

TAPE 4: Symposium 2 - Moral Values and Psychotherapy Integration (Chair: Perry London; Participants: Barry E. Wolfe, David M. Magder and Paul Cameron)

TAPE 5: Symposium 3 - Points of Contact: Psychoanalytic Therapy and Behavior Therapy (Presenter: Stanley B. Messer; Discussant: Paul L. Wachtel)

Differences and emerging similarities in the conception and practice of psychoanalytic therapy and behavior therapy were clarified during my supervision of a behavior therapist conducting psychoanalytic therapy. This paper juxtaposed possible behavioral and psychoanalytic interventions

at therapeutic choice points and discussed the rationale for each along with newly proposed directions under the following headings: (a) Goal setting: Client or therapist determined?; (b) Challenging vs. understanding irrational cognitions: The role of reality; (c) Affect: Dissipating vs. releasing emotions; (d) The therapeutic relationship: Actual or projected? Based on this analysis, suggestions were made for psychoanalytic therapists and behavior therapists inclined to incorporate perspectives or attitudes of the other.

As discussant, Paul Wachtel raised the following questions to which I then responded: Does psychoanalysis redefine goals without the patient's permission? Which therapy is the most truly democratic? Why not challenge the patient's irrationality more directly if psychoanalytic exploration has not led to change? What is the relative importance of the patient's current world vs. his or her past? (He then compared the Freudian developmental metaphor to his notion of "cyclical psychodynamics".) How useful is therapist neutrality ("You can't go far in neutral")?

TAPE 6: Workshop 1 - Gestalt Experiential Therapy: An Object Relations, Behavioral Phenomenology
(Moderator: Leslie S. Greenberg; Participants: Rudolph Bauer and Hal Arkowitz)

The participants focused on the possible contributions of the Gestalt approach to an integrative attempt. Gestalt, as a representative of the humanistic approaches, adds awareness and choice to the focus on underlying dynamics and stimulus control as determiners of behavior and thereby rounds out an integrative perspective. Gestalt, in addition, combines certain behavioral and dynamic perspectives in its own practice and thus lends itself to integration. It incorporates a focus on anxiety and avoidance as central to its practice and is compatible in many ways with learning approaches to the treatment of avoidance. The focus on different parts of the personality and dialogues between these parts provides an active means of intervention within object relations and psychodynamic perspectives. Using case material, participants in the workshop demonstrated the integration of object relations and Gestalt approaches to treating a patient's contact disturbances, and the use of the Gestalt approach in the integrative treatment of agoraphobia by working with the phobic's underlying feelings. The issues requiring further attention and the possible future influence of the Gestalt perspective on integration were discussed.

TAPE 7: Symposium 4 - Training Integrative/Eclectic Psychotherapists (Chair: John Norcross; Participants: Carlo C. di Clemente, Richard P. Halgin, James O. Prochaska and Malcome H. Robertson)

Systematic training in eclectic psychotherapy has lagged far beyond both theory and practice. Thus, most self-appointed eclectics practice without benefit of formal training or supervised experience in integrative approaches. And yet, the future of the movement depends largely on our abilities to liberate rigid clinicians and to instill the integrationist spirit in neophyte psychotherapists.

This panel was designed to share our collective wisdom and follies in training integrative/eclectic psychotherapists. Six clinicians--John Clarkin, Carlo di Clemente, Rich Halgin, Jim Prochaska, Malcome Robertson, and in absentia, Larry Beutler--presented their integrative training experiences, problems, and fantasies. These panelists were purposely selected to represent a diversity of training sites and therapy modalities.

The two-hour symposium was roughly divided into three portions: Current Training Practices (e.g., training objectives, curriculum organization, didactic materials; Training Obstacles (e.g., problematic issues with students, common resistances among faculty, "true believers" and dualistic thinkers); and Ideal Programs (e.g., ideal instructional sequence, desirability of prior competence in a specific therapy system, role of personal therapy, pressing future issues). Ensuing audience participation produced lively exchanges and innovative pedagogical techniques. It was generally held that we should "Let a hundred (psychotherapy) flowers bloom," but should first organize and prioritize the garden.

TAPE 8: Workshop 2 - Integrative Psychotherapy Research: Conceptual and Methodological Issues
(Chair: William M. Pinsof; Participants: Clara Hill, Irene Elkin and Jay LeBow)

TAPE 9: Plenary Session - Dialogue on Psychotherapy Integration: Past, Present and Future
(Participants: Morris B. Parloff and Jerome Frank; Moderator: Barry E. Wolfe)

The following questions were put to Parloff and Frank, two most distinguished researchers and clinicians who have long had an interest in therapy integration:

1. I would like to begin by having you reflect on your careers both as psychotherapy practitioners and researchers and share with us your experience with--and perspective on--the question of psychotherapy integration.
2. Do you have any cautionary concerns you wish to share with us regarding the integration movement?
3. When Dr. Frank published his landmark description of the common nonspecific elements of psychotherapy, it was considered to be pretty radical. Times apparently have changed. Why do you think integration is of great interest now?
4. In your long experience with psychotherapy and psychotherapy research, what--if any--have been the limitations produced by adherence to a single orientation, the blind alleys and errors that might have been remedied by an integrative perspective?
5. What is your perspective on doing research on therapy from an integrated perspective? What initial questions require research?
6. What role should an integrative perspective play in the training of therapists?
7. Now that we have explored the history of your thinking about integration, I would now like to ask you both to consult your crystal ball and tell us what you think the field of psychotherapy and psychotherapy research will be like 35 years from now. Will we have, for example, a DSM-VIII influencing our treatment decisions? Will we have a new school of therapy called integrative therapy?

TAPE 10: Workshop 3 - Integrated Treatment of Depression (Chair: Hal Arkowitz; Participants: Jeanne Phillips and Dean Schuyler)

This workshop examined a number of different issues relating to the development of integrated therapies for depression. In his opening comments, Arkowitz emphasized the need to specify more precisely what various integrated approaches would look like at the clinical level with different disorders. With this clinical refinement, the discussion about integration can move from the meta-theoretical level into the clinical arena. In addition, it would allow us to empirically evaluate integrated approaches.

The paper by Phillips favored integration in psychotherapy in general, and integrated approaches to depression in particular. Phillips made the point that depression was uniquely suited to the development of integrated therapies and discussed the reasons for this. In addition, a number of possible points of contact among different approaches to the therapy of depression were discussed. These included commonalities in therapy techniques, theory, constructs, selection of targets for change, and the training of therapists.

The paper by Arkowitz proposed an integration between behavioral and psychodynamic approaches to depression. An integrated model of depression was presented, emphasizing the importance of dependency and hostility. An integrated approach to the therapy of depression was also proposed, emphasizing behavioral assignments, skills training, and interpretation of transference and resistance. The interplay between insight and behavior change was stressed.

The discussion by Schuyler raised the question of what to integrate when we discuss psychotherapy integration. He suggested that cognitive therapy is an already integrated therapy. His discussion went beyond cognitive therapy to consider the possible active ingredients that cut across most forms of therapy for depression including patient, therapist, technique, and process variables that can serve as converging points of integration in the treatment of depression.

TAPE 11: Workshop 4 - Integrated Treatment of Agoraphobia (Chair: Dianne Chambless; Participants: Alan Goldstein, Steven Friedman, Katherine Shear and Bruce Arnow)

Four papers were presented, the first three on agoraphobia: Alan Goldstein on integrating Gestalt, marital, psychodynamic, and behavioral treatment; Bruce Arnow on combining in vivo exposure and marital therapy; and Steven Friedman on considering the implications of object relations theory for behavioral treatment of agoraphobia. In the final paper, Katherine Shear discussed the contribution of a psychodynamic perspective to behavioral treatment of panic disorder.

Whether originally behavioral or psychodynamic in perspective, all presenters concurred that psychosocial treatment of anxiety disorders should be based on education and behavior therapy: exposure in the case of agoraphobia and relaxation, assertion training, etc., with panic disorder. Patients not improving satisfactorily in this fashion, it was hypothesized, would benefit from either handling their resistances in a manner guided by other theoretical systems or expanding the scope of the therapy. Goldstein argued for using combined modalities from the outset of treatment, while Arnow suggested the more parsimonious course is to first offer behavior therapy such as exposure, reserving an expanded approach for clients not showing a good treatment response.

Based on program evaluation, Goldstein and Shear reported that their programs for agoraphobia and panic disorder, respectively, were effective in reducing avoidance and panic without medication. Arnow presented the results of a controlled trial showing exposure plus marital therapy to be significantly more effective than exposure plus placebo in treatment of severe agoraphobia. Thus the reports in this symposium were encouraging as to the power of the integrative approach.

Tape 12: Symposium 5 - Self-Consciousness Techniques in Psychotherapy (Michael Mahoney and Thomas B. Pruzinsky)

The presentation focused on the use of clients' report of their stream of consciousness and client confrontation and interaction with self in front of a mirror as separate components of an integrative "cognitive-developmental" approach to psychotherapy. The two techniques are hypothesized to facilitate the client's development of a new perspective on the self, leading to a deepening of self-exploration, especially with respect to issues of self-identity. The methodology of the stream of consciousness was described and discussed in terms of its relationship to free association and certain "core ingredients" of all psychotherapies. The methodology of mirror time was also described as was the ongoing empirical exploration of this technique. Clinical examples were extensively employed to illustrate the use of both techniques.

TAPE 13: Symposium 6 - A Generic Theory of Psychotherapy (Kenneth I. Howard and David E. Orlinsky)

Based on several extensive reviews of psychotherapy research, a "generic" model is offered that comprehends the common features of various schools of therapeutic practice. Five components of process active in any therapy are: the therapeutic contract, which defines the goals and terms of treatment; therapeutic interventions, including the therapist's recognition of patient "problems," and the "techniques" used to deal with them; the therapeutic bond of reciprocal role-investment, empathic resonance and mutual affirmation that develops between patient and therapist; the patient's and the therapist's states of self-relatedness, which determine their respective availability for therapeutic influence; and the attainment of immediate goals, or therapeutic realization. Clinical and research implications of the relationships among process variables are discussed; the social, cultural and psychological determinants of process components, and their consequences (e.g., outcome), are also considered.

TAPE 14: Symposium 7 - X-Rated Topics in Psychotherapy Integration (Chair: Dean Schuyler; Participants: Stanley B. Messer, Marvin R. Goldfried and Alan Leventhal)

Whether it was the title, the allure of the cast of characters or perhaps that the organizers were onto something important, there was a mob scene attending this symposium.

Schuyler, a cognitive therapist adrift in a sea of analysts, focused on the use of words to communicate with and facilitate change in our patients, but also to exclude colleagues of a differ-

ent cloth. He suggested that the use of X-Rated Terms may increase with increasing age. Goldfried devoted his integrative remarks to "resistance," and Messer, in counterpoint to Schuyler, sketched the picture of an analyst surrounded by behaviorists. Leventhal then elaborated a behavioral analysis of the problems inherent in the language we use clinically.

Goldfried set the agenda for the discussion by discussing the concept of resistance in some detail. Once the audience was invited to join in, a lively and rather extraordinary series of interchanges dominated the hour. Lief commented at the close on the unusual value of the discussion and noted that we might present a similar panel next meeting and discuss "transference." Schuyler concurred, but indicated that the "automatic thought" might be a more important focus.

TAPE 15: Workshop 5 - The Positive Use of Paradoxical Effects Associated With Behavioral Therapy
(Douglas H. Powell and Fred Heide)

This workshop addressed the issue of spontaneous, unintended effects resulting from behavior therapy. Research on non-symptomatic subjects treated with relaxation techniques found that between 31% and 54% of this population reacted with increased anxiety. A small number of clinical patients treated behaviorally for obesity, headaches, smoking cessation, Raynauds phenomena, and muscle cramping obtained sudden insight into affective and/or cognitive material associated with the symptom. This awareness had not surfaced during previous psychodynamic treatment.

The small numbers and lack of replication limit definitive conclusions. This evidence, however, does suggest that clinicians using behavior therapy need to maintain diagnostic vigilance and be prepared to integrate insight-oriented therapy into the overall treatment program.

TAPE 16: Symposium 8 - Integrative Dimensions in Psychotherapy (Chair: James O. Prochaska; Participants: Carlo C. di Clemente, Eileen McConaughy, John C. Norcross, Nancy Wilcox, Dan O'Connell and John Stevenson)

Carlo di Clemente presented 12 processes that have received the most empirical support as common principles of change. Theoretically, these change processes were derived from diverse therapeutic systems. Empirically, the processes have been found to be common to self-change and therapy-change approaches to psychological distress, smoking and weight control.

Eileen McConaughy examined four stages of change that were identified in two studies of outpatient psychotherapy. The stages are labeled precontemplation, contemplation, action and maintenance. Different therapy systems are theoretically more appropriate for clients in particular stages of change. Empirically, stage profiles of patients were related to symptoms, diagnosis, and progress in psychotherapy.

The diversity of content that clinicians confront can be ordered along a dimension of levels of change. John Norcross presented the most common levels clinicians and clients use to understand problems--the situational, cognitive, interpersonal, systems and intrapersonal levels. Therapy systems vary according to which level problems are attributed and interventions are made.

Jim Prochaska presented a theoretical integration of the processes, stages, and levels of change. Change processes are differentially applied at each stage of change according to the problem level being addressed. Integrating levels, stages, and processes of change provides a model for intervening hierarchically, and systematically across a broad range of therapeutic content.

Nancy Wilcox provided examples of how researchers can use the three-dimensional model for advancing an integrative approach to therapy. Measures for each of the dimensions are being or will be used in retrospective, cross-sectional, longitudinal and comparative studies of psychotherapy.

TAPE 17: Symposium 9 - Expanding the Boundaries of Therapeutic Work Through the Synthesis of Alternative Treatment Models (Chair: Mary FitzPatrick; Participants: John Rhoads, Lloyd Silverman; Discussant: Herbert Fensterheim)

Participants presented case material which illustrated the interrelationship of psychodynamic and behavioral theories and procedures. Mary FitzPatrick discussed treatment choices representing Paul Wachtel's concept of "cyclical psychodynamics." Two child therapy cases involving both individual and family intervention were used to illustrate the concept of "choice points" in therapy where the clinician accesses and applies different relevant models and procedures. John Rhoads discussed a treatment approach he has developed in working with obsessive-compulsive patients. Initially, behavioral techniques are used to help the patient gain control over symptoms. Next, there is a shift to a more dynamic therapy following symptom relief. Rhoads presented clinical material to illustrate his integrative approach. Lloyd Silverman discussed how implosive imagery can be used to facilitate the working through of unconscious conflict in psychoanalytic treatment. Clinical material was cited that demonstrated how the use of implosive imagery as a psychoanalytic treatment adjunct can lead to mastery of unconscious conflict, the emergence of new insights and the retrieval of repressed memories. In his summary and discussion, Herbert Fensterheim's comments focussed on the models: a behavioral method within psychoanalysis; behavioral and analytic methods used as needed; psychodynamics for target selection with behavioral treatment. Are there rules for knowing which approach to use? The suggested answer involved needs for a concept of psychological organization, a law of parsimony, and a need for distinguishing between the origin and the maintenance of behavior.

TAPE 18: Workshop 6 - Two Papers: Placebo and the Reinterpretation of the Therapeutic Phenomenon, and The Limits of Integration: Cultural Patterns (Augusto Perez Gomez)

TAPE 19: Plenary Session - Major Issues in Psychotherapy Integration (Perry London)

1986 CONFERENCE

Plans are being made for our next conference, which will be held in Toronto in early May of 1986. We will let you know of the exact date as soon as we check for available space and potential conflicts with other meetings.

The Program Committee has received suggestions about the timing of our future conferences, which have been most helpful. However, some of these suggestions have been in direct conflict with each other (e.g., have the next meeting immediately after the Society for Psychotherapy Research conference vs. pick a time when few other meetings are being held). As much as we try to keep this a grass roots organization, it is clear that not everyone will be able to have his or her ideal schedule fulfilled.

MEMBERSHIP AND DUES

As a result of our ever-growing network, our membership is starting to grow. We won't know our exact size until some time this Fall, at which time the dues payments should be in. If you have not already done so, send your dues (\$20 for full members and \$10 for student members) to George Stricker, Institute of Advanced Psychological Studies, Adelphi University, Garden City, NY 11530, U.S.A.)

Because of financial limitations, we will only be able to continue to send the newsletter to dues-paying members of SEPI.

If you know of anyone who would like to become a member of SEPI, they can write directly to Lee Birk, 398 Walnut Street, Newton, MA 02160, U.S.A.

CALL FOR INFORMATION FOR NEXT NEWSLETTER

Please send us information that you think would be relevant for the next newsletter. You can include any past or forthcoming presentations or symposia on the topic of integration, as well as references to articles, chapters and books. As many of you receiving this newsletter are fairly prolific, please include only those references that are directly relevant to psychotherapy integration. Also, if you have recently published a book on integration and would like to have it reviewed, ask your publisher to send us two copies. All this material can be sent to Marvin Goldfried (Psychology Department, S.U.N.Y., Stony Brook, NY 11794-2500, U.S.A.) or Paul Wachtel (Psychology Department, City College, C.U.N.Y., New York, NY 10031, U.S.A.)

BOOK REVIEW

Johnson, Stephen M. Characterological Transformation: The Hard Work Miracle. New York: Norton, 1985 (\$32.50)

Characterological transformation is an attempt to integrate psychoanalytic theory and transformational psychology. The latter draws heavily on the human potential movement. The emphasis on passive understanding by one approach, and on active intervention by the other, makes this a difficult task, but one which the author approaches with enthusiasm, clinical skillfulness, and a systematic attempt to make sense out of the integration.

The book is divided into eight chapters, but these represent four separate parts. The first part consists of parallel theoretical formulations of a number of different characterological syndromes. Each one is approached from the vantage point of object relations theory, an organismic approach to character, and ego psychology. As each separate view is presented, an attempt is made to integrate it with the other two. The next two parts consist of three chapters each. One deals with schizoid problems (the hated child) and the other with oral problems (the abandoned child). The three chapters present a theoretical exposition and a number of technical suggestions, with brief illustrative case material. In all cases, the techniques are related to the underlying theory, and the author communicates a nice feeling for the patients with whom he works. The last chapter consists of a number of technical approaches to supportive therapy, drawing on a variety of modalities, including psychoanalytic therapy, organismic therapies and cognitive-behavioral approaches. These are also accompanied by illustrative case material. It is made clear that this is the first in a series of planned volumes, so that we might expect the other character pathologies to be addressed in future volumes, following the same format.

There are two separable attempts at integration that are approached by this volume. The first, stated clearly in the introduction, is the integration of the theories and techniques of psychoanalysis with those of transformational psychology. This is accomplished with greater facility than might have been imagined, although there are some problems that are not addressed as carefully as might have been desired. The second integration involves a recognition that presenting problems have affective, behavioral and cognitive components, and it is clinically necessary to deal with all three if major changes are to be accomplished. This is a crucial point, since so many existing techniques focus on one to the exclusion of the others, giving integration the promise of more thoroughgoing changes than any of the more narrowly defined approaches.

An evaluation of the success of Johnson's attempt is a difficult one to undertake. Data are not presented, so that the only basis for judgment is the highly individual one of how clinically convincing the presentation is. Some aspects are quite good, and others leave this reader dissatisfied. Perhaps the best single point is that there is a consistent clinical theoretical framework that is held throughout, and each of the suggested techniques is derived from that framework and evaluated within it. Consistent with that approach, none of the techniques are presented as panaceas. There is clear recognition of individual differences, and the need for the clinician to understand patients, and draw upon a wide variety of available techniques in offering assistance to them. There are some problems which accompany the attempt. For example, I did not find all of the theoretical exposition convincing, and was particularly unhappy with some facile use of psychoanalytic terms, such as the near-equation of ego psychology and object relations, and the interchangeable use of false self with ego ideal. Concerning the technical recommendations, I am generally disturbed by attempts to incorporate bioenergetic techniques within a therapeutic relationship because of the way they define and distort the therapeutic relationship. I can anticipate that Johnson would disagree, but would have liked to see a more extensive consideration of the effect of the use

of active techniques on the relationship (some would call it transference), as viewed from within the theoretical framework that permeates the book.

On balance, I prefer to view this work from the standpoint of what it attempts as well as what it accomplishes. I am willing to be convinced about the accomplishment, but am clear that the attempt was a praiseworthy one, approached in a reasonable and professional manner.

George Stricker, Ph.D.
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TOPICAL REPORT

Integrating Individual and Family Therapy (Larry B. Feldman, Department of Psychiatry, Loyola University School of Medicine, 200 S. East Avenue, Oak Park, IL 60302)

Efforts to integrate individual and family therapy with children, adolescents, and adults are taking place at both the conceptual and practical levels. In the following paragraphs, I will briefly review the different types of integration that are being explored. A comprehensive reference list is available; if you are interested, drop me a note and I will be glad to send you a copy.

At the conceptual level, models for integrating intrapsychic concepts (e.g., signal anxiety, cognitive distortions) and interpersonal concepts (e.g., behavioral stimulation and reinforcement, family structure) are being developed and applied to the conceptualization of both individual and interactional dysfunction. The central hypothesis of all such integrative models is that both intrapsychic and interpersonal factors are of fundamental importance in the etiology and maintenance of individual and family dysfunction and that the two levels are intricately related in a cyclical fashion--i.e., events at each level influence and are influenced by events at the other level. By exploring the relationships between the intrapsychic and interpersonal levels, a truly comprehensive model for assessment and therapeutic intervention can be generated.

At the level of clinical practice, integration of individual and family interviews is being explored in relation to both assessment and therapeutic intervention. The structure of such an integration may take a variety of different forms: In an individually-oriented integration, the predominant format is the individual interview, with family interviews being utilized to enhance individual assessment and/or treatment. In a family-oriented integration, the predominant format is the conjoint family interview, with individual interviews being utilized to enhance family assessment and/or treatment. In a symmetrical integration, individual and family interviews occur with equal frequency, and each approach balances and enhances the effects of the other. In this structure, the two types of interviews may be conducted by the same therapist ("concurrent integration") or by two different therapists ("collaborative integration"). In a sequential integration, one approach follows the other--e.g., individual exposure treatment of agoraphobia followed by marital therapy for the agoraphobic and her/his spouse. Again, the individual and family interviews may be conducted either by the same therapist or by two different therapists.

Research evaluation of individual and family therapy integration is at a very early stage of development. However, there are already a substantial number of case reports and open clinical trials and a few controlled clinical trials that strongly support the efficacy of this approach. Future research needs to further explore the overall effectiveness of integrating individual and family therapy and to specify the relative indications and contraindications for the different types of integration structures.

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