

DAY: Friday, April 22, 1988
TIME: 8:45-10:15 a.m.
LOCATION: Lowell/Wadsworth A&B

Plenary Session

PROBLEMS ENCOUNTERED ON THE ROAD TO SUCCESSFUL
COORDINATE TREATMENT: THERAPISTS'
AND PATIENT PERSPECTIVES

Douglas H. Powell, Harvard University Health Services
Stanley H. King, Harvard University Health Services
John H. Rhoads, Duke University
Patient: "Greg B.:"

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Lowell

FI

THE FAMILY HOLON: AN INTEGRATIONIST'S VIEW
OF ASSESSMENT

Sam Kirschner, Institute for Comprehensive Family Therapy

William Blake once wrote: "To see the world in a grain of sand." Blake's view, shared by some integrationists, is that macroscopic and microscopic realities reflect and mirror each other. In psychology, this position leads to the conclusion that human interactional patterns reflect and shape the underlying individual psychologies and that these intrapsychic phenomenon, in turn, are mirrored in and influence the behavioral transactions of family life. In Comprehensive Family Therapy (CFT), the intrapsychic and transactional subsystems comprise the family holon.

In this workshop, videotaped segments of individual, couple and family sessions of the same client family will be used to illustrate how psyche and system interact and influence each other. In this way, assessment of spouses' individual strengths and deficits can be sharpened and at the same time, family interactional patterns can be viewed in the context of the family holon.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Rarities

F2

A MODEL FOR UNDERSTANDING THE EFFECT OF POSITIVE
THERAPEUTIC CHANGE ON RELATIONSHIPS

Gwendolyn L. Gerber, John Jay College of Criminal Justice; The
City University of New York, NY

Therapeutic change in a person who is in individual or couples therapy frequently leads to problems in the relationship with the spouse. This is because therapeutic change affects the way a person functions within the marital relationship. The Relationship Balance model can be used to help conceptualize the impact that changes in one partner, as a result of therapy, have on the other partner and on the relationship as a whole. It provides a conceptual framework for integrating individual personality traits with dimensions of the relationship.

The model describes characteristics of opposite-sex relationships that are based on the traits found to be stereotypic for women and men. It specifies the ways in which three dimensions of the relationship are based on the husband's and wife's agentic and communal traits. These gender stereotype traits determine the relative social desirability of the wife's and husband's personalities, the satisfaction within the relationship as a whole, and the relative power of husband and wife. Case examples illustrating the use of the model in individual and couples therapy will be presented.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Rarities

F2

SUPPORT VERSUS INTERPRETATION: PSYCHOANALYTIC STRUCTURAL
CONSIDERATIONS FOR RESEARCH AND PSYCHOTHERAPY

Zenos M. Linnell, Attending Psychiatrist, McLean Hospital,
Belmont, MA; Harvard Medical School, Boston Psychoanalytic
Society and Institute; New York Psycho-analytic Institute
and Society; American Psychoanalytic Association

Research studies in psychotherapy with primitive mental conditions, such as schizophrenia, require sufficient modeling of what is being studied. The concept: mental representation must be basic to all model forming within the mind. The Menninger and Boston studies of psychotherapy are compared and contrasted. The basic problem is to study effective intervention to influence developmental character structure. For this we need a new light on the concepts of interpretation and support in psychotherapy of primitive conditions. Support of what becomes a new type of research and therapeutic inquiry when it is linked with the mental representation concept. That is because psychoanalysis has never formed a developmental and mental representation model that will include learning of the perceptual process itself. At what levels the patient can learn to see will define support of new representations.

Experience of authenticity will define for the patient, therapist, and researcher the important levels of mental representation to be addressed by interpretation and support. For primitive conditions, support of genuine self elements will also be interpretive. While support of environmental manipulations, because it must always be disauthentic, will eventually support narcissistic entitlement. Outcome studies at both Boston and Menninger should have focused more on support as developmental interpretation to see whether and when character changes are linked to the psychotherapeutic process.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Wadsworth A

F3

ON THE RELEVANCE OF INDIVIDUAL DIFFERENCES
TO PSYCHOTHERAPY INTEGRATION

Carol Yoken, Loyola University, Chicago, IL

Attention to the study of individual differences in such fields as trait psychology and behavior genetics may help integrate psychotherapy with biological perspectives in mental health and with basic developmental and personality research. Individual differences have three main applications in psychotherapy: understanding clients' development of personality and psychopathology; therapy process, particularly the match between client personality and therapist personality and techniques; and therapy outcome, including the use of goals that are realistic for the particular individual and that accurately reflect the breadth of the normal range in human functioning. Consideration of individual differences may also lead to more care in attributions of directions of effect in development, more problem-focused therapies, tailoring therapy to the individual, and -- for clients and therapists -- more tolerance and respect for oneself and others.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Wadsworth A

F3

COMPARING DYNAMIC THERAPY AND COGNITIVE THERAPY PROCESS MODELS

Paul Crits-Christoph, University of Pennsylvania
Katherine Beebe, University of Pennsylvania

An ongoing research projecting testing two theories of the effective ingredients of Dynamic Therapy and Cognitive Therapy will be presented. The application of measures from the psychodynamic perspective and the cognitive perspective will allow us to test and compare two major models of the effective ingredients of change. In dynamic therapy it is proposed that the accuracy of therapists' interpretations is the central variable, and in cognitive therapy it is proposed that the amount and quality of cognitive therapy provided leads to changes in causal explanations which leads to better outcome. Measures of these concepts will be applied to three early-in-treatment sessions and three late-in-treatment sessions from the treatments of 59 opiate addicts who participated in an investigation of the usefulness of the addition of Supportive-Expression Dynamic psychotherapy and Cognitive Therapy to treatment-as-usual. The study will examine the predictive value of each variable in the content of variables from the other model and also controlling for established predictor variables (e.g., the therapeutic alliance).

Although the full data will not yet be available for this paper, we will present background for this research in terms of previous studies using these variables. We will also illustrate the research methods being employed and the potential findings through the presentation of clinical material from transcripts. Implications of this approach for integrating different psychotherapeutic orientations will be discussed.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45
LOCATION: Regatta Bar

F4

WILL THE PURE FORMS PLEASE STAND UP?

Robert N. Sollo, The Cleveland State University, Cleveland, OH

The seeming dichotomy between pure psychotherapeutic forms and integrated forms is examined. The apparent unity of those approaches traditionally seen as pure forms is scrutinized. Freudian psychoanalysis, as well as Rogers' client-centered approach, both represent an integration of disparate elements drawn from many sources. Current clinical behavior therapy may also be viewed as an integrated approach which has diverse theoretical and methodological origins.

Implications of this view for the psychotherapy integration movement are considered. Perhaps the movement is responsible for creating a climate in which new therapeutic forms may be created and critically evaluated. These forms, as they mature, may be seen in the future as new pure forms in which the unity of their integrated elements is emphasized. Another possible function of the movement is to reduce the perceived necessity for both extant and novel therapeutic forms to be presented as ideological monoliths.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Regatta Bar

F4

SHIFTING PERSPECTIVES: DECENTERING AS AN INTEGRATIVE CONCEPT

George J. Steinfeld, Greater Bridgeport Children's Services, CT

Piaget's concept of decentering forms the basis for an integrative systems model of therapy. This paper discusses decentering as it applies to the cognitive restructuring of interpersonal and interpersonal events. It then describes how decentering can be employed in working with individuals, couples, and families. Finally, decentering can be used to help therapists "let go" of their attachment to dysfunctional beliefs, thereby allowing therapeutic options to emerge.

A handout will describe the model and time will be allowed for open discussion.

DAY: Friday, April 22, 1988
TIME: 10:45-11:45 a.m.
LOCATION: Wadsworth B

F5

FROM CONFLICT TO RESOLUTION

Susan Heitler, Rose Medical Center, Denver
Bernard Beitman, Univ. of Missouri School of Medicine
Donald Freedheim, Case Western Reserve

From Conflict to Resolution presents a single conceptual framework that can describe healthy functioning, psychopathology, and psychotherapy. By focusing on conflict as the central element of therapy, a conflict-resolution theoretical framework can guide and unify psychodynamic, cognitive, behavioral and systemic interventions, and is applicable to work with individuals, couples and families.

Part I: Healthy conflict resolution travels a predictable pathway. Dr. Heitler will clarify the steps along the pathway of optimal conflict-solving by asking audience volunteers to role-play the resolution of a simple everyday conflict involving two people and a dog.

Part II: Each form of psychopathology has a characteristic pattern of conflict resolution. Drs. Beitman and Freedheim will illustrate depressive, anxious, paranoid, hysterical, borderline, and addiction variations on the theme of two people and a dog.

These same patterns can characterize intrapsychic, as well as interpersonal, patterns of conflict resolution. One of the parties to the dog conflict will think aloud about his dilemma in depressive, anxious, paranoid, hysterical, and addictive fashion.

Part III: A focus on conflicts and their resolution can offer a conceptual map for therapy. Dr. Heitler will briefly summarize two basic therapy routes that emerge from this orientation.

Part IV: Drs. Beitman and Freedheim will offer concluding comments and invite audience reactions and discussion.

DAY: Friday, April 22, 1988
TIME: 12:30-2:30 p.m.
LOCATION: Lowell and Wadsworth A & B

Lunch Panel

PSYCHOTHERAPY, VALUES, AND THE REAL WORLD

Perry London, Harvard University, Cambridge, MA
Paul Machel, City University of New York
Barry Wolfe, National Institute of Mental Health
Discussant: Ester Shapiro, Boston, MA

Psychotherapy is frequently pursued as if patients' or clients' difficulties had little to do with the world and the society in which they live. Systems oriented therapists usually include the patient's family (indeed, question whether the single individual should be called a "patient" at all). But they still tend to pay little attention to the larger social world in which the individual and the family are embedded. A key task which the movement toward psychotherapy integration has scarcely begun is the integration of the larger social context into our thinking and understanding. This symposium aims to make a beginning at that task.

Of particular concern will be the role of values and the effects of the culture's common assumptions and practices upon people's difficulties. Do we, for example, sufficiently address the value conflicts of a society that simultaneously stresses the Judeo-Christian values of compassion and mercy and the capitalist view that in the pursuit of selfishness and in competitive striving lies the path to a better life for all? How do we include in our formulations the worries people have about money and job security, the effects of racism, sexism, and the realities of class? A truly integrative psychotherapeutic approach needs to include consideration of these factors as well as those that are more typically addressed by the various therapeutic schools we are trying to integrate.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Wadsworth A

F6

MULTIMODAL APPROACHES TO TRAINING IN GRADUATE SCHOOL

Arnold A. Lazarus, Rutgers University, NJ
Susan Edwards, The University of New England, ME
Daniel Merriam, Portland, ME

An overview will be provided of two different approaches to training psychology graduate students in models of conceptual diversity. The content and format of teaching multimodal assessment and therapy to Rutgers University Ph.D. and Psy.D. students differs from the small, interdisciplinary health-care oriented University of New England that operates within a wellness orientation. It will be shown how the multimodal model provides a base for synthesizing materials from integrated resources which include a college of osteopathic medicine, school of nursing, physical and occupational therapy, and human services. This presentation will emphasize components that are conceptual as well as applied.

Part of the application will include the presentation of a Portland artist. Daniel Merriam will review his own work to show how he augments the ability of graduate students to understand visual thinking processes related to the effective utilization of imagery.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Rogers/Stratton

F7

CLIENT DESCRIPTIONS OF AND EXPLANATIONS FOR CHANGE ACROSS FOUR TYPES OF GROUP THERAPY

Carol R. Glass, Catholic University of America, Washington, DC
Diane B. Arnkoff, Catholic University of America, Washington, DC

The question of how clients view the process and outcome of psychotherapy was investigated across four group therapies for shyness and social anxiety: social skills training, cognitive restructuring, problem-solving training, and unstructured group therapy. A content analysis of therapy sessions was also performed, which indicated that the impact of therapy and clients' attributions of change were consistent with the therapy content as rated by external observers. Although the primary changes perceived by subjects in the three structured conditions were specific to the intervention they received, reported therapy change extended to areas beyond the explicit focus of the importance of group factors. Subjects in the unstructured group frequently reported both cognitive and behavioral changes, yet overwhelmingly attributed their change to the benefits of taking part in a group. Thus, the therapeutic process in all conditions was found to contain both common and specific elements.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Rogers/Stratton

F7

ORIENTATION BIASES AND ESTIMATES OF
INTER-RATER RELIABILITY

Adele M. Hayes, State University of New York/Stony Brook, NY
Marvin R. Goldfried, State University of New York

Attempts to conduct process research across therapies have been plagued with the use of different language systems to describe the therapeutic phenomena observed. In a recent NIMH workshop on the future directions of research on integration, the development of a common metric with which to conduct process research was deemed an important research endeavor. To this end, our research group has developed a coding system which is worded in the vernacular, thus providing a "second language" for therapy researchers to use in studying other therapy orientations.

As an initial examination of the status of our code as a common research tool, a pair of cognitive-behavioral raters and a pair of psychodynamic raters were trained to use the system to code therapy sessions representing both therapy orientations. The contributions of coder orientation and session orientation on estimates of inter-rater reliability will be discussed. Any orientation biases revealed will be presented as considerations for other researchers developing transtheoretical coding systems and as leads for future research.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Rogers/Stratton

F7

THE ASSESSMENT OF OBJECT RELATIONS IN YOUNG CHILDREN:
PROJECTIVE TESTING IN A NEW LIGHT

Steven B. Tuber, City College & Graduate Center of NY

During the past twenty-five years, psychological theory and research has increasingly addressed the important role of interpersonal relationships in personality development and psychopathology. In this vein has come a greater focus on individuals' conceptions of themselves and of others and how they represent interpersonal interactions. From a number of different orientations (e.g., cognitive, developmental, behavioral, social and psychoanalytic), recent theoretical and research literature is filled with studies of self concept, person perception and the assessment of interpersonal relationships. Consistent with this recent theoretical emphasis, advances in psychological assessment have resulted in new procedures for evaluating aspects of "object relations" including the manner in which individuals experience and represent interpersonal relationships and how they come to know and think about themselves and others. In "projective" testing, for example, new conceptual models have led to the development of procedures for utilizing Rorschach responses to evaluate the concept of the object (including the self) and the representation of interpersonal relationships. Urist, as part of a research group directed by Mayman at the University of Michigan, developed a procedure for systematically evaluating Rorschach responses that express interactions between people, animals, and/or objects. Prior research with adults suggests that this method of Rorschach analysis has important potential for understanding aspects of personality organization and psychopathology.

The present paper will describe a number of attempts to explore aspects of this procedure in the clinical and normative assessment of young children. Research describing the predictive utility of the method, its usefulness in discriminating between pathological and normal subgroups, its effectiveness in depicting the effects of impending trauma in children, and its ability to help elucidate the motivation behind the development of imaginary companions in very young children will be presented. The impact of this mode of assessment on psychotherapeutic interventions with children will also be addressed.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Lowell

F8

SCHEMA-FOCUSED COGNITIVE THERAPY FOR
PERSONALITY DISORDERS

Jeffrey Young, Columbia University, NY

The workshop will present a new approach to cognitive therapy developed specifically for patients with personality disorders. This schema-focused model involves several features designed to overcome some of the limitations of standard cognitive therapy, including: greater use of the therapeutic relationship as a vehicle for change; more emphasis on affective experience; and more extensive discussion of early life experiences.

According to the theory proposed, eighteen early maladaptive schemas are at the core of personality disorders. A developmental model is proposed to explain the childhood origins of each of the eighteen schemas. Treatment procedures revolve around the identification and activation of the particular schemas that are most relevant for each patient and the application of systematic change techniques to modify them. Techniques for activating and modifying early schemas include the use of: imagery and dreams, analysis of the therapeutic relationship, flash cards, environmental changes, involvement of significant others, "dialogues" and related gestalt techniques, as well as conventional cognitive therapy strategies. The treatment model also suggests ways of overcoming schema maintenance, schema avoidance, and schema coping processes.

The format of the workshop will include lectures, discussion, role-playing of actual cases, audiotapes of patient sessions, and case presentations.

DAY: Friday, April 22, 1988
TIME: 3:30-5:30 p.m.
LOCATION: Madsworth B

F9

ANALYSIS OF THREE APPROACHES TO PSYCHOTHERAPY I,
II AND III IN TERMS OF THE "FACET" THEORY

Everett L. Shostrom, Private Practice, Newport Beach, CA

I have attempted to verify the existence of generally accepted eclectic factors (G factors) in filmed therapy demonstrations with eight distinguished therapists from differing therapeutic orientations — namely, Rogers, Perls, Ellis, Shostrom, Lazarus, Strupp, Meichenbaum, and Beck — who represent eight of the major therapy systems of the past three decades. An analysis of the films and verbatim transcripts suggests that at least two of the G factors, which I call FACETS (Feeling, Action, Corporal, Empathic Interpersonal and Thinking) exist in each of their demonstrations.

The presentation will include brief excerpts from the films wherein the therapists define their therapeutic orientations and demonstrate their theories with their clients. The excerpts are selected to demonstrate that no matter what the stated orientation, therapists tend to use integrative factors when doing therapy. The selections also demonstrate how the therapists use G Factors or FACETS in their work — some expected and some, perhaps, surprises.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 2)
LOCATION: Regatta Bar

B2

SPREADING THE WORD: PUBLICATION STRATEGIES AND
OUTLETS IN INTEGRATIVE PSYCHOTHERAPY

John C. Norcross, University of Scranton, PA
Richard P. Halgin, University of Massachusetts, Amherst, MA

This informal session will address the opportunities and decisions in publishing in the field of integrative psychotherapy via newsletters, journals, and books. The discussion will center around several key decisions: publishing in large, general audience outlets vs. small specialty journals; preaching to the converted vs. reaching the indifferent or uninformed; attracting research collaborators vs. presenting a finished product; creating an integrative therapy system vs. advancing an integrative treatment of specific disorders. The remaining time will focus on participants' individual concerns, e.g., locating a publisher, submitting book material as articles.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 3)
LOCATION: Regatta Bar

B3

INTEGRATING TRADITIONAL HEALING APPROACHES
INTO PSYCHOTHERAPY

Robert N. Solland, The Cleveland State University, Cleveland, OH

Common elements among a variety of traditional shamanic, spiritual and psychic healing approaches are reviewed. Implicit parallels between these approaches and some current psychotherapeutic forms, particularly psychoanalysis and client-centered therapy, are considered. It is suggested that the more explicit integration of these approaches into psychotherapy should be explored.

Some of the commonalities in traditional healing approaches include a lack of separation between the processes of the healer and of the person desiring healing, the attunement of the healer to the person wanting healing, an emphasis on the healer's reliance upon states of consciousness other than normal waking consciousness, the utilization of intuitive knowledge and understanding, and the importance of the healer's perception or view of the person seeking healing. Some areas of divergence in traditional healing approaches are also reviewed.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 4)
LOCATION: Regatta Bar

B4

MULTI-LEVEL INTERVENTIONS WITH THE ELDERLY

Susan Krauss Whitbourne, University of Massachusetts, Amherst, MA
Bruce D. Rapkin, New York University, NY

Psychological treatment of the elderly requires a flexible approach. Elderly people in need of mental health services are reluctant to initiate requests for help. Younger family members are often the ones who identify the need of their elderly relative for intervention. Many aged in need of mental health services also have physical problems that require attention. Older people who have been relatively well-adjusted when younger may find, for the first time in their lives, that they are unable to cope with the adaptational challenges of the aging process. Finally, special assessment and diagnostic skills are required because of the complicating interactions between depressive and dementing disorders. Aging presents numerous opportunities for an integrative theoretical analysis because of the many ways in which it impacts upon the individual. The interactions among biological, cognitive, intrapsychic, and social changes, as well as their individual impact on the aging person, all present challenges for current theories of personality and psychopathology.

The number of qualified mental health personnel trained in gerontology has not kept pace with the growing size of the elderly population. Until this gap is bridged, non-specialists find themselves having to attend to the needs of the elderly as part of their practice. Some strategies for helping clinicians to accomplish this include re-integration of the elderly in community roles, advocacy, the use of paraprofessionals, and self-help along with psychotherapeutic treatments.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 5)
LOCATION: Regatta Bar

B5

PERSONALITY TRAITS IN FAMILIES: TOWARDS AN EMPIRICAL BASIS FOR INTERVENTIONS IN FAMILIES WITH A PSYCHOTIC MEMBER

J. Tyler Carpenter, Harvard University, Cambridge, MA

Family studies of schizophrenics have typically focused on interpersonal/interactional variables, such as communication deviance or expressed emotion, and not on personality dimensions (Jacob, 1975; Litem, 1980). Personality traits, measured by a reliable and valid instrument have the advantage of not only linking psychological interventions to a wealth of empirical research, but also providing a sound basis for formulating pragmatic treatment interventions and testable theoretical frameworks. A pilot project gathering personality trait data on families with a psychotic member will be described and its rationale explained.

Participants will be encouraged to think about the implications of such a database for theory testing and as a starting point for the formulation of strategies and interventions to help the patient and his/her family members adjust to/resolve/work through the experience of a psychotic breakdown. The meeting will attempt to get participants to think how such data might affect their own treatment approaches, guide the use of existing techniques, and possibly fit with existing theories.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 6)
LOCATION: Regatta Bar

B6

INTERVENTION STYLE ASSESSMENT AS A TOOL FOR INTEGRATION

John D.W. Andrews, University of California, San Diego, CA

The research to be presented here is based on the self-confirmation model, which assumes that personality patterns are perpetuated because the individual functions in ways that confirm his or her self-concept. These self-confirmation strategies can be organized in the form of a person-environment feedback loop. Therapeutic interventions differ as to which strategies they "target," and can be integrated in terms of their common impact on the feedback loop as a whole. This session discusses the Intervention Styles Inventory (ISI), which operationalizes the self-confirmation model in the form of a self-report inventory for psychotherapists. Respondents indicate how they would deal with a set of clinical vignettes, using both structured and open-ended format. This procedure yields an intervention style profile.

An interactive psychotherapy simulation game based on the ISI will introduce the session. This game enables participants to identify and discuss their own interventive preferences, thus stimulating interaction concerning comparative/integrative issues. The game will pave the way for presentation of data regarding the ISI, including differences among individuals holding various theoretical allegiances and correspondences between self-report and psychotherapy content analysis. The ISI can help therapists to identify their intervention styles and broaden their options by reference to the self-confirmation model as an integrating framework.

DAY: Saturday, April 23, 1988
TIME: 8:00-9:00 a.m. (Breakfast 7)
LOCATION: Regatta Bar

B7

THE BASIC RULE REVISITED: AN INTEGRATIVE FRAMEWORK FOR EXPLORATORY PSYCHOTHERAPY WITH COUPLES

Stephen J. Schultz, Private Practice, San Leandro, CA

The current move toward psychotherapy integration grew in part from dissatisfaction with the traditional belief in one psychotherapeutic truth for all patients. Our critics, however, like to brand us "eclectic" which, in extreme, might be characterized as all psychotherapies for one (each) patient. This workshop explores a middle course by addressing the question: Which psychotherapies for which patients? An answer requires a diagnostic system capable of discriminating specific treatment populations and matching them appropriately to psychotherapeutic approaches. The diagnostic system proposed here classifies patients into broad categories ranging from psychotic through borderline and on up the scale to neurotic. With this scheme in mind, the field's first 100 years is instructive. The history of psychotherapy has been amazingly repetitive: A charismatic figure starts with a specific population, develops theories and techniques for understanding and treating this population, and then becomes more grandiose, forgets that these ideas were developed with some particular problems in mind, and lays claim to a general psychology and treatment approach applicable to all. For example, Freud started with neurotics in Vienna in the 1880's and ever since psychoanalysts have attempted to expand the scope of analytic treatment downward toward psychosis. Family systems therapy, in contrast, began with schizophrenia in the 1950's and since then family therapists have shifted their focus to less-disturbed populations.

This workshop develops the idea that the borderline offers a fertile meeting ground for psychodynamic and family systems therapies and thus provides a unique arena for psychotherapeutic integration. In particular, two "character analytic" treatment models are presented: The developmental object relations approach of James Masterson and Konut's self psychology. These two models are juxtaposed with Minuchin's structural family therapy. Finally, a framework for integrating these three models into a coherent exploratory psychotherapy with couples is presented, based upon Freud's "basic rule".

DAY: Saturday, April 23, 1988
TIME: 9:00-11:15 a.m.
LOCATION: Lowell/Wadsworth A&B

Plenary Session

ARE WE READY TO MAKE PRESCRIPTIVE AND INTEGRATIVE
TREATMENTS?: SOME CONTENTENDERS REPLY

Herbert Fensertheim, Cornell University Medical College
Arnold Lazarus, Rutgers University
John Clarkin, Cornell University Medical School
Marvin Goldfried, SUNY, Stony Brook, NY
John Norcross, University of Scranton

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION: Conant

SI

AFFECT AND INTEGRATION

Drew Westen, University of Michigan, Ann Arbor, MI
Leslie Greenberg, York University, Toronto, Canada

Optimal psychotherapy integration requires theoretical integration at the level of basic personality processes. Without theoretical integration, eclectic psychotherapists are left to use unsystematic, and often only minimally articulated principles, for integrating particular techniques into their usual treatment approach. The two papers in this symposium argue that affect may provide a critical link between various approaches to personality and psychotherapy, with implications for integrated and integrative treatment strategies.

The first paper discusses the role of affect in integration from the perspective of personality theory, and outlines an approach to affect that bridges aspects of psychoanalytic, behavioral, and cognitive theory and research. The activation and regulation of affect are examined in terms of automatic information processing mechanisms (perceptual and schema-triggered affective arousal) as well as motivational processes, (affective selection of behavioral and mental processes, defenses, and compromise-formations). Loci of cognitive-affective pathology are delineated, which suggest corresponding loci for therapeutic intervention. The second paper explores the relation between affect and motivation, and offers an integrative perspective. It examines both the theoretical understanding and the treatment of affective processes in various approaches and explores the implications of theoretical integration for therapeutic practice. The paper argues that a particular kind of therapeutic relationship is required for effective clinical work with affective-motivational processes.

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION: Wadsworth A & B

S2

AN INTEGRATION OF COGNITIVE, AFFECTIVE, AND INTERPERSONAL
THERAPIES IN THE TREATMENT OF CERTAIN
PERSONALITY DISORDERS

Richard L. Wessler, Pace University, Pleasantville, NY
Sheelah Hankin-Wessler, Cognitive Psychotherapy Associates, NY

An example of the integration of several approaches to psychotherapy with certain personality disorders (dependent, avoidant, passive-aggressive, narcissistic, borderline) will be presented. This integration draws upon cognitive oriented therapy (Beck, Ellis), affective-experiential counseling, interpersonal therapy, and cognitive social psychology. The multidimensional assessment of personality patterns is followed by treatment plans aimed at dysfunctional cognitive, affective, and interpersonal styles, as well as self-image and defensive maneuvers. Therapeutic interventions will be illustrated.

Theoretical synthesis provides the rationale for technical integration. In addition to the sources mentioned above, this example of integration draws upon the work of psychoanalyst Helen Block Lewis (role of shame), attachment theory, self-confirmation theory, and cognitive psychology's recent attention to nonconscious processes. The resultant approach employs three conceptual elements: 1) nonconscious algorithms [stored routines for processing social information], 2) the self-concept as motivation for interpersonal behavior, and 3) the role of affective states, especially shame, in the maintenance of emotional and personality disorders.

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION:

S2

PROLEGOMENON TO AN EMPIRICAL INVESTIGATION OF A
GENERAL THEORY OF PSYCHOTHERAPY

Mona Weissmark, Harvard University, Cambridge, MA
Daniel Giacomo, Harvard Medical School, Cambridge, MA

One of the challenges in psychotherapy research is to find adequate measures that can specify what actually occurs during treatment. A major difficulty for meeting this challenge has been that of specifying criteria which cut across the various systems of psychotherapy. Yet, this appears to be a first step in taking an objective look at the operations of therapists differing in theoretical orientation, level of experience, and the like. This challenge to researchers is becoming imperative as clinicians and researchers alike have recognized that few studies attempt to link psychotherapeutic process with outcome so that findings will be practical to the training of clinicians for the purpose of providing efficient and safe mental health care practices. Before the effects of two drugs can be evaluated, it is indispensable to specify their respective ingredients. Similarly, before the merits of two forms of psychotherapy can be assessed, it will be necessary to specify the "ingredients". There is a need to understand in precise ways what the essential aspects of psychotherapy are and also to define more precisely the different and overlapping operations of psychotherapy.

It is believed that a program of research focusing on the common denominators may help to bring some order to the complexity of data in the treatment situation and be potentially productive for advancing our knowledge of psychotherapy. This research attempts to answer the questions: (a) What are the common factors common to most systems of psychotherapy?; (b) How do psychotherapeutic interventions accomplish their effects? For this purpose we developed a methodological tool for abstracting and measuring selected aspects of therapeutic operations, aspects which are considered relevant to any psychotherapeutic procedures. The uses to which the resulting modus operandi are put will be dictated by future research objectives, which, in turn, will help to determine the value of the proposed methodology.

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION: Rogers/Stratton

S3

ISSUES OF THEORETICAL INTEGRATION IN THE DESIGN OF
A RESEARCH DATABASE IN A PLURALISTIC CLINIC

David Todd, University of Massachusetts, Amherst, MA
Stuart Golann, same
Richard Halgin, same
Morton G. Harmatz, same
Harold Jarmon, same

The design of psychotherapy research is shaped by many theoretical considerations. What kinds of information are important to gather about clients, therapists, supervision, and clinical process? What considerations are important in conducting research in a way that is congruent with, and not disruptive of, the clinical process? How should outcome be defined and assessed? For the past year and a half, a theoretically diverse group of us have been working to design a general research database in the training clinic. We are a consciously pluralistic program, with emphases in behavioral, psychodynamic and family systems approaches, as well as faculty who are interested in integrating these approaches in various combinations. We are giving attention not only to substantive issues (what information should be gathered and stored), but also to questions of process: How can research be integrated into the clinical (and training) process in an appropriate and constructive manner? On both content and process levels we have worked to develop approaches which include information that is relevant to a variety of theoretical positions, and a process that is disruptive to none of them. Finally, a computerized database is being implemented in a way that supports both quantitative and qualitative research methodologies.

The symposium will be introduced with a brief overview of the design of the Clinical Research Database Project. Participants will then address the questions of the content and process of the research database from psychodynamic (Jarmon), behavioral (Harmatz), and family systems (Golann) perspectives, and from two integrative positions: behavioral-psychodynamic (Halgin) and psychodynamic-family systems (Todd). Discussion will focus on points of commonality or synthesis, areas of compromise, and areas of unresolved difference, and also on the kind of process that may allow constructive dialogue to continue.

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION: Lowell

S4

INTEGRATED PERSPECTIVE ON PHOBIAS

Barry E. Wolfe, National Institute of Mental Health,
Rockville, MD

Four major perspectives currently exist on the etiology and treatment of phobias: the psychoanalytic, behavioral, cognitive and biological perspectives. Each perspective contributes significantly to our understanding of the formation and amelioration of phobias, but none suffices by itself in explaining the diverse phenomena associated with phobias nor in deriving comprehensively effective treatments. A brief review of each perspective is presented with the aim of abstracting the best elements and ideas from each to include in an integrated perspective.

In the author's integrated view, most phobias come about because of an internal danger, an unbearably painful or threatening thought or conflict beyond the person's awareness. By a complex process of symbolic or semantic conditioning, this internal conflict has become associated with an object or situation in the external environment during a traumatic experience or a series of traumatic experiences. Some element in the traumatic context with symbolic meaning to the individual comes to represent the internal danger.

To treat both the symptoms and the generative sources of phobias, the author has developed a synergistic combination of treatments that include imaginal and in vivo exposure and more traditional exploratory therapy. Both the model and the integrative treatment will be described and exemplified.

DAY: Saturday, April 23, 1988
TIME: 2:00-3:30 p.m.
LOCATION: Lovell

S4

REEXAMINATION OF TREATMENT OF AGORAPHOBIA FROM A
COGNITIVE-STRUCTURAL PERSPECTIVE

Alan Hill, Miami University, OH
Ma Biran, Miami University, OH

In this paper, a cognitive-structural theory of psychopathology is presented and applied to the understanding of the agoraphobia outcome research findings. Cognitive-structural theory postulates that behavior is mediated by what we acknowledge (or do not acknowledge). Effective treatments encourage acknowledgement of and acceptance of contradictory evidence as disconfirming absolutistic beliefs that center rigid deep and surface organizations of knowledge. Disconfirmation of deep absolutistic beliefs increases the likelihood of enduring and generalized change.

The favorable results in treating agoraphobics with exposure in vivo and paradoxical intention is explained by the cognitive-structural perspective on the basis of these methods' power in directly disputing and disconfirming consequential/evaluative beliefs which support the main phobic behavior. Cognitive-behavioral methods (e.g., self-statement training) are directed toward the modification of internal dialogue and are, therefore, a weaker form of behavioral disputation. While the exposure and paradoxical intention methods are limited in their effectiveness, an integrative treatment approach based on the cognitive-structural perspective is likely to produce more comprehensive and stable change. Such an approach requires supplementing exposure with treatments that address deep cognitive structures.

DAY: Saturday, April 23, 1988
TIME: 4:00-5:30 p.m.
LOCATION: Wadsworth A

S5

THE BUDDHA MEETS THE WEST: INTEGRATING EASTERN
PSYCHOLOGY AND WESTERN PSYCHOTHERAPY

Marsha M. Linehan, University of Washington, WA
Mark G. Fenn, Cornell Medical College, NY
Mark Epstein, Cornell Medical College, NY
Eastern Meditation Teacher, TBA

Presentations will focus on the application of Eastern meditation practices and psychology to current Western modes of psychotherapy. Specifically, the presenters will discuss Buddhist mindfulness meditation as it relates to both psychodynamic and behavioral therapies. Mindfulness is a process of "taking hold of one's consciousness", where one practices moment-to-moment awareness of one's body, one's breath, each thought and feeling, indeed everything which has any relation to one's self. How such a practice and its attendant spiritual context relates psychological development and change is the focus of this symposium. Participants will discuss both what the psychotherapeutic mechanism of mindfulness practice might be, and from the opposite perspective how the intentional practice of mindfulness might actually be a core process cutting across all modes of psychotherapy. Finally, we hope to promote a dialectical perspective, where the spiritual is seen as emergent from the psychological, as is the psychological from the spiritual, neither reduced to the other since they are not essentially separable.

DAY: Saturday, April 23, 1988
TIME: 4:00-5:30 p.m.
LOCATION: Conant

S6

THE CORRECTIVE EMOTIONAL EXPERIENCE IN PSYCHOTHERAPY:
A NEW LOOK

Hal Arkowitz, University of Arizona, Tucson, AZ
Larry Beutler, University of Arizona Medical School, Tucson, AZ
James Coyne, University of Michigan, Ann Arbor, MI
Arthur Freeman, Center for Cognitive Therapy, Philadelphia, PA
Marvin Goldfried, (Tentative), SUNY at Stony Brook, NY

The concept of "corrective emotional experiences," first proposed in 1946 by Alexander and French, has continued to fascinate therapists of different orientations. The idea that providing patients with such new experiences may mediate change in very different approaches to psychotherapy remains of interest today, particularly to those who are striving toward an understanding of common factors in psychotherapy and psychotherapy integration. However, there are still many questions regarding how to conceptualize such experiences, how to implement them in psychotherapy, and whether the important corrective experiences occur within or outside of the therapy relationship. Given the current interest in psychotherapy integration, it seems timely and appropriate to take a new look at corrective emotional experiences and their role in psychotherapy. It was with this goal in mind that the present symposium was conceived.

The symposium will open with a brief historical review of the concept of corrective emotional experiences. Then, each of the presenters will examine the role of such experiences in therapy and discuss their views on how such experiences may mediate therapeutic change. The participants represent a variety of positions including cognitive, strategic, eclectic, and behavioral-psychodynamic. Both clinical and research implications will be discussed.

DAY: Saturday, April 23, 1988
TIME: 4:00-5:30 p.m.
LOCATION: Wadsworth A & B

S7

CODAS AND FINAL CURTAINS: ARTISTIC PERSPECTIVES
ON TERMINATION IN INTEGRATED PSYCHOTHERAPY

Robert Rosenbaum, Kaiser-Permanente, Hayward, CA
Frederick Heide, California School of Professional Psychology,
Berkeley, CA
Pamela Rudd, Private Practice, Lafayette, CA

All psychotherapies end, but there is no end of disagreements between therapists of different schools about how to terminate treatment. One of the reasons for disagreement between therapists is the absence of formal structures which organize the therapeutic process independent of its content. This symposium proposes to use formal qualities of various artistic disciplines to obtain a useful outlook on the termination process independent of the language of any one therapeutic school.

Musicians, playwrights, poets and novelists share the psychotherapist's dilemma: once having begun a work of creation, how can you end the work in a way which is consistent with what has gone previously and yet achieves the desired closing effect? Music deals with content-free sequences of material over time; drama contends with establishing and resolving conflicts before the final curtain. While both these arts occur in real time, literature's problem is to go from a first line to a final chapter in a line of development which will become apparent to a self-paced reader.

This symposium will explore how artistic forms and structures can guide therapists in organizing the temporal flow and eventual termination of therapies. Throughout the symposium, we will be offering examples from the arts whose formal qualities offer insights into the process of termination. We will attempt to employ some of these formal qualities in the structure of the symposium as a whole, so that the ending of the symposium will itself offer an artistic perspective on the creation of endings.

DAY: Saturday, April 23, 1988

58

TIME: 4:00-5:00 p.m.

LOCATION: Rogers/Stratton

THE STRUCTURE OF INDIVIDUAL PSYCHOTHERAPY

Bernard D. Beltman, University of Missouri, Columbia, MO

The process of psychotherapy may be arbitrarily divided into four stages: engagement, pattern search, change, and termination. The process of change may be divided into three substages: giving up the old pattern, initiating the new pattern, and practicing/maintaining the new pattern. The value of using stages in psychotherapy may be compared to the value of dividing the year into four seasons. Stages provide smaller units by which predictions of likely occurrences may be made. Their names and the specific points in time at which boundaries are drawn are somewhat arbitrary.

Participants in this workshop will be provided the opportunity to use the stages of individual psychotherapy as a means by which to compare and contrast similarities and differences across the various treatment approaches. Emphasis will be placed upon the problems of pattern search content and the need to distinguish between theories of personality and psychopathology on the one hand and practical content for psychotherapeutic change on the other hand. Other emphasis will concern the manner in which various approaches may be utilized during the stages of change [giving up the old pattern(s), initiating the new one(s), and maintaining the new one(s)].

Plenary Session

DAY: Sunday, April 23, 1988

TIME: 9:00-11:30 a.m.

LOCATION: Lowell/Wadsworth ABB

ALTERNATIVE MODELS AND TREATMENTS OF PATIENTS WITH BORDERLINE PERSONALITY DISORDER

John Gunderson, Harvard Medical School/McLean Hospital
Marsha Linehan, University of Washington
Lorna Benjamin, University of Utah
Theodore Millon, University of Miami
Allen Frances, Cornell University Medical College

S E P I IV - BANQUET

Allen Frances
Cornell University Medical Center

Sigmund Freud: The First Integrative
Psychotherapist

Saturday, April 23, 1988, 7:30 p.m.