SEPI SURVEY ON INTEGRATIVE TRAINING – RESULTS

Newsletter Volume 4, Issue 4, October 2018

Number of respondents = 74

1) Learning therapy should start with universal skills and common factors.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
74.32% 55	8.11% 6	10.81% 8	1.35% 1	2.70% 2	2.70% 2	0.00% 0

2) Identifying specific clinical situations (e.g. alliance rupture, self-denigration, social isolation) is more important than making a DSM diagnosis.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
32.43% 24	13.51% 10	21.62% 16	17.57% 13	6.76% 5	5.41% 4	2.70% 2

3) Learning multiple options for intervention in a specific situation is better than learning thoroughly the techniques of one school of therapy.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
46.58% 34	12.33% 9	15.07% 11	12.33% 9	8.22% 6	2.74% 2	2.74% 2

4) Learning to formulate or conceptualize why a client is acting in a dysfunctional way is very important for the trainee.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
72.97% 54	14.86% 11	5.41% 4	2.70% 2	2.70% 2	0.00% 0	1.35% 1

5) I believe it is essential to be consciously aware of my conceptual rationale for therapeutic interventions.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
52.70% 39	18.92% 14	13.51% 10	9.46% 7	2.70% 2	1.35% 1	1.35% 1

6) Most theories are tied to specific therapies. I find it helpful to learn meta-theories, umbrella theories that bring different therapies under one overall set of concepts.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
45.95% 34	29.73% 22	10.81% 8	8.11% 6	1.35% 1	1.35% 1	2.70% 2

7) If there were a simple, non-aligned, explanation of pathology applicable to all orientations, it would help in learning psychotherapy.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
47.89% 34	12.68% 9	15.49% 11	9.86% 7	4.23% 3	1.41% 1	8.45% 6

8) If there were a simple, non-aligned, explanation of mechanisms of change applicable to all orientations, it would help in learning psychotherapy.

Totally Agree	Strongly Agree	Moderately Agree	Neutral / Mixed	Moderately Disagree	Strongly Disagree	Totally Disagree
53.52% 38	19.72% 14	4.23% 3	8.45% 6	2.82% 2	2.82% 2	8.45% 6

SEPI SURVEY ON INTEGRATIVE TRAINING – COMMENTS

1) Learning therapy should start with universal skills and common factors.

- While I can see an argument for learning *about* psychotherapy from a historical/chronological perspective, I think learning how to sit in the room with another person starts with basic interpersonal facilitative skills (e.g., Tim Anderson's work)
- Encourage and help learners to attend to process.
- illustrated as they appear in selected popular approaches
- But, these skills are embedded in one or another approach to therapy (eg CBT, PD, etc). There are basic ways in which different models structure the therapists' approach
- It should start with a theoretical and practical understanding of psychology and its relationship with brain function, so the budding therapist knows what he's trying to fix and how that might be accomplished.
- A universal starting point would provide a baseline
- This is essential in order for the learner to develop a solid foundation in what is most important.

- That is the way to become a technician rather than a therapist. No person can be more than they are.
- Learning principles of change right from the beginning is the way to go.
- Caring, Listening

2) **Identifying specific clinical situations (e.g. alliance rupture, self-denigration, social isolation) is more important than making a DSM diagnosis.**
   - Diagnosis- although not only DSM diagnosis, since advances in psychotherapy integration have put forth taxonomies that are more clinically relevant and pertinent- are as relevant as identifying clinical situations to train in treatment planning
   - I'm not sure what is meant by "clinical" situations (are these occurrences between therapist and patient or in the patient's every day life?) but I do believe diagnosis (not necessarily DSM), or at the very least *case conceptualization* goes above and beyond focusing on specific life experiences/issues on the part of the client, and treating the latter solely runs the risk of eclecticism, rather than integration. Understanding how everything fits together for a given individual is important, even if the DSM is not the optimal way to do so.
   - it depends on what you mean by "important." Clinically, yes, it's often more relevant, though there are diagnostic features that students need to know about (e.g., indicators of psychosis, mania, etc). And in the real world, our students have to know the DSM in order to be licensed, bill insurance, work in hospitals, etc.
   - Not an either/or proposition
   - I believe that each is highly important. One is not more important than the other.
   - sypmtoms do mark a problem... as Freud said
   - This isn't really either-or. A DSM diagnosis of a personality, anxiety, or mild mood disorder gives the therapist a starting place, and they can revise their hypotheses about the patient as more information comes in. A DSM dx also tells them when therapy would be a waste of time, like with a severe melancholic depression.
   - Treatment is not confined to a DSM code
   - It depends - for therapy, yes; for situations requiring differential diagnosis for effective treatment (e.g., delirium or psychosis), no.
   - depends upon the circumstances
   - Both are important in their own way.
   - Equal importance One needs to be able to use terminology of DSM or ICD to communicate with colleagues and understand evidence
   - I agree; however, when an accurate diagnosis is given one might anticipate and be better able to navigate through specific clinical situations. This is obviously contingent on the accurate diagnosis
   - I have never found dx to be helpful for psychotherapy.
   - It encourages looking at the whole person

3) **Learning multiple options for intervention in a specific situation is better than learning thoroughly the techniques of one school of therapy.**
   - An integrative approach relies on the use of multiple resources, suitable to the complexity of each clinical situation

- Agreed, with the caveat that interventions are not chosen at random but have a rationale that spans therapy sessions with a given client (e.g., not "exposure this week, exploration the next", unless considered as part of a larger treatment goal/model/plan).
- Cannot learn everything at once
- Exposure and practice implementing different types of interventions for specific situations is important. It is also important to develop depth of understanding and depth of practice.
- I struggle to think that there may be multiple options for intervention, I think we need to understand which intervention is the appropriate one for that patient in the given situation
- the student should be able to master one schoolof therapy well and then fill his / her skills in other. Learning multiple directions at the same time is a lot burdensome for the student, he loses his insight, and often combines himself absurdly - in the end he is neither a cat nor a dog
- Every patient responds somewhat differently to any intervention; what works with one may backfire in a superficially similar other.
- Agreed - a clinician's tool kit is enhanced by an interdisciplainary approach as no one technique has been proven as effective.
- So long as intervention is grounded in solid conceptualization.
- depends upon the level of training
- For a beginning therapist it is most useful to learn one comprehensive theory well and then add constructs from other theories.
- I think we need both.

4) **Learning to formulate or conceptualize why a client is acting in a dysfunctional way is very important for the trainee.**
   - From my integrative person-centered point of view this is not important at all. However thinking more broadly I can imagine it may be important for those whose home bases are elsewhere. Therefore I've put my score in the middle.
   - Empathy and mirroring and understanding why are priorities on formulating or conceptualising (in some cases conceptualsing can even be detrimental)
   - An accurate case formulation is vital to be able to activate mechanisms of change during treatment
   - With a child for example, if you think their problems are all in their head and not due to family dysfunction, you would approach them very differently. And if you are wrong, you might do some real damage.
   - Absolutely. It then becomes relational therapy.
   - The most important aspect to my mind, along with using a hypothesis-testing approach to the conceptualization (versus the formulation being fixed).
   - Most definite. Theory guides conceptualization and treatment.
   - One of the most important!
   - I think the why is less important than having a framework that explains the what and how of change
   - Yes... we need theory to guide our practice

5) **I believe it is essential to be consciously aware of my conceptual rationale for therapeutic interventions.**
   - Years ago I co-led a discussion at SEPI on "Should a therapist think?" i remember Marv Goldfried attending and having thoughts on this. The consensus was that really skilled therapists often don't "think." Nonetheless, I think that when students are being trained it is probably a good thing for them to "think."
   - With the caveat that sometimes we're wrong in why things work and need open-mindedness, so as not to get stuck when a client disagrees with our point of view/theoretical framework.
   - Do you mean at the moment I implement something? Or if asked, can I articulate a rationale afterward? And I think it depends on what the intervention is.
   - as far as this takes into account that we are emotional creatures and in a continuous process of thinking, feeling and understanding
   - Re beginning therapists, I totally agree. However, with increased experience, it sometimes becomes automatic.
   - we do have a discipline and need to know what we are doing and why
   - Ideal, but not essential in the moment; it is essential to reflect on the rationale for the intervention afterwards, and to pay attention to its impact.
   - Not in the moment, but I believe that refection and understanding after the fact is important for training and growth as a therapist

6) **Most theories are tied to specific therapies. I find it helpful to learn meta-theories, umbrella theories that bring different therapies under one overall set of concepts.**
   - yes, although these meta-theories should be treated as conceptual tools. It concerns me that some, when I read them, seem to think they have "the truth."
   - Human behavior and personality is not segregated into different orientations...
   - I expected the item to read "most therapies are tied to specific theories" // I wonder which one is more true.
   - Depends on which meta-theory you are talking about--some add something, some are not helpful.
   - Have to start somewhere
   - the student should be able to master one school of therapy well and then fill his / her skills in other.
   - Any single theory to explain all is limited, despite what the theorist may think!
   - Interpersonal Reconstructive Therapy is an example, Grounded in natural biology
   - I don't know what umbrella theories you are referring to. Does such exist?
   - Integrating ideas from each school with something helpful to say, and throwing out wrong ideas is how science should work.
   - Most overdue and the focus of my own research, a meta theory and container expanding on current theory and concepts.
   - Only if the umbrella theory becomes an integrated theory otherwise we have splintering

- The most helpful thing I learned in grad school was schema therapy. Taking big picture ideas from there allowed me to develop an integrative understanding. Almost any modern theory or technique can be understood and used from that meta-theory.

7) **If there were a simple, non-aligned, explanation of pathology applicable to all orientations, it would help in learning psychotherapy.**
   - I hope we get to one!
   - At the integrative level, yes. I believe learning a single model if one never wants to integrate others, is viable, although limits one's eventual potential as a therapist across different patient presentations.
   - Again, it depends. Is the explanation accurate? It could be simple, make learning easier, but leave us all worse off if it's wrong.
   - A lot of the differences among orientations are simply linguistic in nature.
   - This is a political not a scientific question!
   - I believe the Darwinian perspective in Natural Biology in Interpersonal Reconstructive Therapy does this. Trainees and experienced therapists appreciate the "grounding."
   - Good luck finding it or getting agreementt
   - doesn't exist
   - There's nothing simple about it.
   - Again the focus of my research
   - Perhaps, but it would also reduce the richness of understanding that different orientations offer on particular pathologies.
   - False premise (if...) leads to spurious conclusions
   - Does pathology exist? Rather, it represents a person's way of dealing with life issues and it is important to find out why the person has taken this course.
   - I don't know how realistic this is, however.
   - Impossible!

8) **If there were a simple, non-aligned, explanation of mechanisms of change applicable to all orientations, it would help in learning psychotherapy.**
   - See my answer to 4. this is not important to me at all but may be to those from other orientations. Hence my "middle" answer.
   - Again, it depends on whether the explanation is really accurate and really applicable to all patients everywhere--a very tall order.
   - Why "simple"
   - Interpersonal Reconstructive therapy uses natural biology to explain why specific internalized representations of attachment figures are "affect regulators" and why changing relationship with them (differentiation) is the key to change. Once that is accomplished modern techniques are very effective.
   - Doesn't exist
   - The Monitoring Mechanism (the focus of my research) is a feedback mechanism of behavior and applicable to all orientations.
   - Not confident of this.
   - Mechanisms of change are directly linked to conceptualization and to theory - they are determined by the goals of therapy.
   - Impossible!