Mission Statement
The Society for the Exploration of Psychotherapy Integration (SEPI) is an international, interdisciplinary organization whose aim is to promote the exploration and development of approaches to psychotherapy that integrate across theoretical orientations, clinical practices, and diverse methodological inquiry.

President's Column
As I write this, there is lively discussion taking place on the SEPI listserv around what we can agree on in the field of psychotherapy. Can we and should we move toward greater consensus, and if so, how?

As Marv Goldfried notes in a recent article in the American Psychologist, there are points of disagreement across different theoretical orientations, a longstanding gap between researchers and practitioners, and a lack of a core of common knowledge built on past contributions to psychotherapy (Goldfried, 2019). A desire to change this state of affairs was part of the inspiration to create SEPI, and clearly is still of interest to many SEPI members, as can be seen from the engagement on the listserv as well as the recent formation of a Special Interest Group focused on identifying points of convergence.

The theme of our recent SEPI conference was Building Alliances, and I am using this theme as my guide for my term as SEPI president. Identifying points of agreement is part of building alliances in therapy. Agreement on therapy goals and consensual collaboration on therapy tasks are core components of one of the most commonly cited conceptualizations of the alliance (Bordin, 1979) and central to the Working Alliance Inventory (Horvath & Greenberg, 1989), the measure most often used to operationalize the alliance in research.

My colleagues Chris Muran and the late Jeremy Safran have proposed that it is useful to draw on the often-cited concepts of agency and communion as fundamental motivations of interpersonal behavior to further our thinking about how alliances in therapy are negotiated (Safran & Muran, 2000). Both patients and therapists have implicit needs to define and assert themselves (agency) and to be in relation to others (communion). Prioritizing agency over communion can lead to confrontation ruptures in the alliance, where patients and/or therapists assert their needs in a way that hinders their collaboration. Privileging communion over agency can contribute to withdrawal ruptures,
"Can we honor our needs for both agency and communion in a way that fosters progress toward a deeper understanding of psychotherapy theory, research, practice, and training, and, most importantly, an enhanced ability to help our patients?"

where patients and/or therapists avoid clearly asserting their needs and thereby compromise active collaboration because they fear damaging the relationship.

The tension between the needs for agency and communion has long been present in psychotherapy integration. The desire to come together and build bridges across orientations, disciplines, cultures, and the research-practice gap, speaks to communion. At the same time, there is an emphasis on respecting differences and appreciating diversity—on validating agency. I think this is built into our very name: we are not the Society for Psychotherapy Integration, but rather the Society for the Exploration of Psychotherapy Integration. This exploration creates space for diverse perspectives and resists a premature consensus. This is important, as I hate to think where our field would be had everyone agreed on the most effective forms of mental health care in, say, the middle ages, in a way that brooked no dissent and stifled efforts to deviate from the state-of-the-art protocols of that period. At the same time, if we are always exploring, are we ever arriving anywhere?

So what should we do? Can we honor our needs for both agency and communion in a way that fosters progress toward a deeper understanding of psychotherapy theory, research, practice, and training, and, most importantly, an enhanced ability to help our patients? I am not sure of the best way to do this, but I am sure of something that is essential to this process: we need diverse voices in the conversation. When we are on a panel, a committee, an editorial board, or a conference, and we look around and see that everyone looks like us or sounds like us or thinks like us, we need to pause and ask ourselves, whose voices are missing? What are we doing—intentionally or unintentionally—that excludes or marginalizes certain points of view? How can we invite and engage those voices in this conversation, and how can we really hear what they have to say?

This is not about being politically correct; this is about being smart. This is about bringing the maximum amount of knowledge and wisdom to bear on our most important questions. This is, obviously, easier said than done. But it’s crucial that we try.

Catherine F. Eubanks

"This year 14 coordinators or representatives from 11 countries (there are 24 RNs from 21 countries) attended the SEPI Conference in Lisbon, Portugal."

The committee discussed several topics, both ongoing and new. An important “work in progress” is translation services for conferences and publications. We are aware that some SEPI members and students avoid the annual conferences because of language barriers. The committee, with help from other SEPI members, will proceed on a needs assessment for which languages are most in need of translation. We are also researching types of translation services, the crucial issue of costs, and the possibility of finding funding through grants. We will be grateful for any information about these issues, including technologies such as remote translation via internet video links, selected hard-copy translations of slides, and on-site simultaneous translation. We are already aware that translation services would enable more people to attend from Turkey and Latin America. Additionally, Chinese and Japanese will prove to be important.

Another continuing issue concerned the possibility that SEPI might give some kind of international accreditation certificate in psychotherapy integration. A larger issue here is the skepticism faced by psychotherapists in some countries about psychotherapy integration. Some form of official recognition by SEPI is seen as a way to demonstrate the credibility and acceptance of psychotherapy integration throughout the world.

Two impressive regional accomplishments discussed in the meeting were international integrative psychotherapy congress in Turkey in September, and the formation of a unified German-speaking RN by Swiss, Austrian, and German SEPI members. The German-speaking RNs have organized a joint conference. We look forward to hearing from their experiences soon.

There is also a great interest for the RNs to work together and be able to know about each other experience, we are looking for the best way to communicate better.

Finally, we look forward to keep on adding countries to the RNs, in order to share and learn from integration in other countries.

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List of countries that attended this year's SEPI Conference in Lisbon, Portugal

Argentina
Australia
Belgium
Canada
Chile
China
Cyprus – Greek
Cyprus – Turkish
Czech Republic
Ecuador
Greece
Ireland
Israel
Italy
Japan
Korea
Netherlands
Norway
Pakistan
Poland
Portugal
Romania
Spain
Sweden
Switzerland
Turkey
UK
Uruguay
USA
Dear colleagues and SEPI members,

Every year it is traditional for SEPI to award its top early researchers and dissertation candidates which foster research in psychotherapy integration. This year was no exception and the SEPI Research Committee selected the best integrative research applicants with substantial contributions to the field of integrative psychotherapy research. As a result, two excellent integrative researchers were awarded with the Marvin R. Goldfried SEPI New Researcher Award and the SEPI Dissertation Award. The award ceremony took place on the last day of the SEPI XXXV Annual Conference held in Lisbon, Portugal.

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The Marvin R. Goldfried SEPI New Researcher Award

This year’s Marvin R. Goldfried SEPI New Researcher Award, supporting excellent early-career researchers, was awarded to Dr. David Kealy. Dr. Kealy is an Assistant Professor in the Department of Psychiatry from the University of British Columbia, Canada. His psychotherapy research focuses on factors that influence therapy processes and outcomes, particularly those involved in the treatment of individuals with personality disorders, multiple clinical and social difficulties or histories of traumatic experience. The ultimate aim of his work is to support integrative and personalized approaches to treatment, as well as preventive and accessible interventions. Dr. Kealy has a background in social work and public mental health services, previously holding a clinical leadership position at one of the largest community outpatient psychotherapy programs in British Columbia.

The SEPI Dissertation Award

The 2019 winner of the SEPI dissertation award was Orrin-Porter Morisson. Orrin is currently a Ph.D. candidate under the supervision of Dr. Antonio Pascual Leone from the University of Windsor, Canada. His most recent research focuses on examining treatment session processes that seem to precipitate a sudden gain in therapy as reported by patients. Notably, Orrin is examining in a large naturalistic data set whether the critical change processes of one treatment approach are also described by clients in other treatment approaches.

Therefore, on behalf of the SEPI research committee and my own, I congratulate the 2019’s SEPI award winners for their outstanding research achievements!

Ioana R. Podina, SEPI Research Chair
"It was great to coordinate the local arrangements for this event held at the faculty I where I teach and transpire integration, 25 years after I first entered the building as a freshman and about 20 years after being first exposed to integration there."

"Climate and other ecological crises highlight the fact that local and individual actions and attitudes have far-reaching, long-lasting implications."

SEPI 2019 Conference: Reflection as Local Chair

Nuno Conceição, University of Lisbon

After having completed my role as local chair of our annual meeting in Lisbon, what is there worth sharing? Overall numbers were beautifully satisfying and tender memories now stay with us. It was great to coordinate the local arrangements for this event held at the faculty I where I teach and transpire integration, 25 years after I first entered the building as a freshman and about 20 years after being first exposed to integration there. It was constant work in progress and I only felt I learned something about my role as local committee chair and member, when conference people were knocking at the door. I thank all my colleagues at the committee for all these learning opportunities. A double thank you to Catarina Vaz Velho, previous co-chair of the regional Networks Committee, and his partner Manuel, to Joana Ferreira, one of the first integration seeds nourished back in 2009 as student, and currently Practice Advocacy Committee Member, and a triple thank you to my partner Beatriz Rebelo. Due to the contributions by these local hosts and the wonderful volunteers, coordinated by amazing last minute apparition of André Ferreira, together with our administrative officer, Tracey Martin, and some responsive faculty staff, the conference overall got approved with a good grade.

One could wish our program had more time for discussion and for rest, but the schedule was tight for such diversity, which also characterizes SEPI and its dialogues, and I know the drama a program chair also faces and the waves (s)he has to surf. A good reframing can be that a SEPI conference is more like a tasting menu, rather than a deep and profound immersion on a specific topic. Occasionally when the theme is more specific one can savor some deepening but that is not the rule, or at least it was not since 2001 when I started coming. Nonetheless, the feedback collected from about half of the participants was both impressively good and still opens up possibilities for SEPI conference experiences to improve!

As local chairs we made it clear there was yet another dimension of integration that represents an important frontier in psychotherapy integration currently being further developed around the world - that of environment and social impact. I had hinted at the topic at the SEPI 2016 conference closing panel in Dublin, with a surprised reaction by John Norcross back then, and several related developments just went on emerging. We and our students and our clients live in a seamlessly interconnected world. Climate and other ecological crises highlight the fact that local and individual actions and attitudes have far-reaching, long-lasting implications. This interconnectedness can also be experienced “from within”, as part of the subjective meaning of what we each do. All behaviors can be conceptualized as interconnected (with everything else) and all have ecological impacts and implications. So why not paying attention to the behaviour of organizing a meeting that in itself can have so much carbon footprint and not so big social impact. Could we try to invest on reducing the first and increasing the second? After all, Psychotherapy Integration is a phenomena happening on planet Earth. And if a bunch of professionals were going to meet, we had an opportunity to reflect on the several needs our meeting could, also, meet.
"The funny part is that some of these decisions ended up being less expensive and with more social impact, in the sense that more local people where involved in its preparation."

"After some clarification and connection, finally received with joy and a sense of interconnection to higher values."

Putting it simply, we tried to bring an ecological dimension to some of our activities as local hosts in the hope of subliminally stimulating that same dimension in our colleagues. How so? By talking about it. Simply talking about it. In the negotiations, we thus took more time in making sure our values embraced, whenever possible, environmental concerns and awareness of interconnection and less materialistic values. The funny part is that some of these decisions ended up being less expensive and with more social impact, in the sense that more local people were involved in its preparation. As a result we had more local products, sometimes also more organic and tastier, less plastic, less waste, manufactured badges, engaged refugees, local providers where most of the time we could interact with the concrete persons we dared to influence or simply share our agenda, of meeting in a more interconnected responsible way.

The communication of these values was at first received with apprehension, doubt and confusion, but after some clarification and connection, finally received with joy and a sense of interconnection to higher values. Simply put, we took time to include this extra aspect in our conversations. All this, in a context of work that sustains and maintains. Naturally there were some errors too (e.g. we printed a set of extra programs, because a set of them had mysteriously disappeared for a while), but even noticing them brought another challenge as to what to do with them so as to minimize the harm, to the wallet but above all to the environment.
Several times there was the option to just give up, and opt for the faster routes in terms of assimilation and execution by (frequently being the screen) providers, but as long as we reconnected a few of us, energy came to persist on the endeavor to pollute less, taking the slower route. One of the lessons for the future, is that a bit more planning and a bit more anticipation, with theses values in mind, can bring even more possibilities with larger impacts, as some of our choices were no longer possible due to unexpected last minute obstacles. And sharing the struggles experienced while doing it, while embracing such values, where the majority still does not do it, can also keep such a commitment to protect itself. And it can be fun.

Let be share one of the funniest, “Come on Pedro, you are not going to serve American almonds to our participants when we have loads of almonds in the north as well as in the south of Portugal,… these you have here are tasteless and we know not so happy stories about the bees and almond trees – I have some local ones at my room and will bring you so you check what I mean” One hour later, I passed at the bar handed in a couple of almonds and when tasting them he shared with delight “Hmm, these are really good, they taste like almonds.” To arrive here it took me a one hour meeting. Two weeks later Pedro was really proud to share with me the Portuguese almonds he had bought for our participants. My heart melted seeing his willingness to join the movement. To my dismay, he went on to share other dried nuts, which, to my surprise, where all foreign when we could have them all locally provided and better and not necessarily more expensive. This is just a simple example where people take time to connect and interconnect to higher values. I could be sad for the second part, but since the first part was already a first time for Pedro and he was truly engaged in meeting our needs, it was more a time to celebrate.

Somehow related, in terms of social impact, I confess I did not expect the surprising effect of having the same walls where so many Portuguese psychologists have studied, now invaded with some of the authors they read as students. There is a already a difference in making a conference at an hotel as compared to a faculty as conference venue, advantages and disadvantages for both. However, doing it in a faculty building whose walls have heard so many discussions on psychotherapy integration, was an expansion of consciousness to use an expression I learned back in 1998 from António Vasco, when I was his student there. Emails of gratitude from current students abounded too, a gratitude brought to such a level I had not imagine it could be possible. And this surprised me as what could be a broader or longer-term effect of our organization’s work (i.e. the difference we make) with such a simple conference at home, one of the several integration homes distributed around the world.

That was quite touching! And back to sustainability issues, for those who worry about carbon footprint for traveling so far for so little or so big as SEPI meeting, with an add-on of holidays in one of the most hyped countries, nowadays, rest assured the social impact on our people, old and new, was for the most part, quite significant. Within an intense multicultural context, mixings several generations of students and professionals, taking a selfie with X, speaking with and even touching Y or sharing a snack or even sharing the bathroom with Z was memorable for many of our people, specially the young ones who where having their first exposure to the SEPI tasting menu. Thank you SEPI!

Nuno Conceição,
SEPI Past President & Local Committee Chair
Some data from the SEPI 2019 Conference Evaluation Survey (N = 149)

1. What overall rating would you give the meeting and how it met your expectations?

2. How well did the meeting support its main theme "Building Alliances"?

3. How was your general attendance?
Reflections on Practice from the Practice Advocacy Committee

Jeffrey Magnavita

This year’s 2019 SEPI conference in Lisbon was truly a professional highlight for those of us who were fortunate enough to attend. Portugal is a beautiful country with warm and friendly people who never seem to be in a rush. It was a delight to see so many new members, many of whom had the opportunity to present their clinical and research work in panels, workshops, and posters. The range of topics presented with international representation was amazingly diverse and exciting. Part of the mission of the Practice Advocacy Committee is to provide support and resources for our members who are primarily practitioners. SEPI is a unique organization that blends practice and research, affording practitioners the opportunity to collaborate and launch research projects that are practice-based. Through SEPI, many members have found colleagues interested in collaborating to write papers and books and develop innovative projects, as well as platforms to advance psychotherapy. Since the inception of the Practice Advocacy Committee, each year at the SEPI conference consultation is offered to those practitioners who want to meet with experienced clinicians whose primary role is treating behavioral and mental health disorders in a variety of settings. This year we were pleased to have two highly experienced practitioners, Giancarlo DiMaggio, MD, from Italy, and Tahir Ozakhas, Ph.D., MD, from Turkey, both of whom have decades of experience conducting psychotherapy, teaching, training, and supervising other psychotherapists.

This year we were able to engage in interesting and open discussions that primarily focused on the challenges of practicing psychotherapy in various settings while managing our personal and family lives. One of the most remarkable parts of this meeting was the openness of our colleagues. Being a full-time or part-time psychotherapist is an enormously challenging endeavor. We sit for hours with people who are suffering from unbearable trauma and need our attention and compassion, as well as a safe place to tell their story and find a path to healing. The demand for our services is relentless, as there do not seem to be enough psychotherapists to provide care to all those who seek it. This puts a strain on many psychotherapists, and often there is little institutional or societal support for our work. In many countries, resources are limited and in others, insurance does not adequately reimburse our services. There are many challenges that must be faced including the strain on our personal and family relationships. Many of us struggle with work and personal life balance and self-care. It is often hard for us to set limits when people who are in need are requesting our services. Do we miss going to the gym for our workout in the morning, or going for a walk, or meeting with a friend when someone calls and says they desperately need our help? There was agreement that clinical practice, even within an institutional setting, can be extremely isolating with little time for supportive, collegial relationships. We sometimes wish that a patient would not show up for a session so we could have some breathing room and time to gather ourselves. We also discussed the struggle that private practitioners wrestle with having to make sure we are generating sufficient income to pay for insurance, disability coverage, overhead expenses, and supporting our family members. Even those who work in clinics and institutes may depend on additional hours in private practice to support themselves. We often may feel misunderstood and judged by our peers, when we hear that our results are not always perfect. As Nancy McWilliams described in her deeply moving talk at our Baltimore conference, we are often the only person to keep a patient hanging on to life or their sanity or find a way to walk the thin line.
What was evident as I sat with this group of psychotherapists was their amazing passion and commitment to the work they do and the time and resources that they put into their training and professional development.

What was evident as I sat with this group of psychotherapists was their amazing passion and commitment to the work they do and the time and resources that they put into their training and professional development. Coming to a SEPI conference means not only that you have to pay for travel, room, meals, and conference expenses but you are losing revenue by not being in your office. We also know that it is of benefit to practitioners to make the effort to improve their practice. In spite of the challenges practitioners face, it is clear that there is a shared conviction that our role as healer is a privileged one that we value and take delight in.

Our Resolutions

While our time together was limited, we were all able to experience the support of the group. One of the most important aspects was that, in spite of not knowing one another, it was clear that there was a shared bond that connected us. One of our participants was able to articulate how she needed a safe place to say things that might feel shameful, such as hoping someone will cancel or no show, so she might have a break in her day. Here are some of the resolutions we made and believe are worth sharing with those of you who could not attend:

• Self-care is an essential part of the practice of psychotherapy. If you are not taking care of yourself, not only are you not modeling what we want our patients to learn, but you are not optimally effective.
• Set limits with the amount of clinical work that you can reasonably and comfortably carry out. We all have different emotional capacities.
• As the famous family therapist, Carl Whitaker, used to say—“Find a professional cuddle group”—a group of colleagues where you can share time, coffee, a meal, and case discussion with.
• Take time to have someone observe or videotape your session so that you can pay attention to what goes on and what you are doing.
• Ask for help when you need it.
• Engage in regular exercise and maintain a healthy diet.
• Read outside the field, go to museums, plays, concerts and sports events that show us a different perspective and replenish us.
• Get sufficient sleep.
• Attend to your spiritual needs.
• Make sure you attend to your finances and are able to support yourself and your dependents.
• Spend time working on your business model and brand so that your practice is sustainable, and you work with the populations you prefer.
• Incorporate other activities into your professional life, such as a research project, developing a niche area, teaching or consulting.

Our Organizational Goals

The Practice Advocacy Committee is committed to advancing the practice of psychotherapy by supporting our members. We are looking to expand our committee and increase the diversity of our members. All practitioners are welcome! We are also interested in developing more resources for practitioners so that you can do the important work of psychotherapy. We discussed the idea of starting a practitioner listserve to share practice issues. Please contact me with ideas and feedback about what you would like us to develop. We would like to build a supportive framework for all practitioners who see SEPI as a vital professional home. Please email me or other committee members with your suggestions and if you are interested in joining our committee, we welcome you!

Jeffrey J. Magnavita, Ph.D., ABPP, Committee Chair, Practice Advocacy Committee magnapsych@gmail.com
"Adapting western psychotherapy to the Asian worldview and lifestyle has been one of the central themes of integrative attempts in Asian countries."

"Clients are emotionally injured by the old cultural ways of relating, and they need a new way of relating to heal from it. Some cultural incongruence, therefore, might be helpful in the process of change."

At the 35th SEPI Annual Meeting, the Structured Discussion "Highlights of psychotherapy integration around the world" gathered the contributors to the chapter International Themes in Psychotherapy Integration of the Handbook of Psychotherapy Integration (3rd edition) edited by Norcross and Goldfried. Shigeru Iwakabe, Alexandre Vaz and Beatriz Gómez presented the main features in Asia, Europe and Latin America, and Catherine Eubanks contributed as the distinguished discussant followed by a vivid interaction with the audience.

In Asian countries, psychotherapy has increasingly been gaining recognition in facilitating mental health where biological psychiatry is considered to be the main provider of treatment of mental illness, and strong stigma is attached to mental illness. Integrative approaches have been introduced and captured the interest of psychotherapists in countries such as Japan, where over 70% of psychotherapists are integrative or eclectic with psychodynamic and humanistic influences. In other countries, short-term problem-solving approaches are preferred.

Adapting western psychotherapy to the Asian worldview and lifestyle has been one of the central themes of integrative attempts in Asian countries. They tend to adjust their understanding of a psychotherapy model to their own population and clinical settings. Major approaches such as psychodynamic, client-centered, and cognitive therapies are integrated with indigenous healing practices from Buddhist meditation, shamanism, religious rituals, and traditional medicine. These are creative attempts of cultural integration or adaptation of psychotherapy.

Although Asian psychologists creatively attempted to modify western psychotherapy theories by assimilating worldviews that are more in accordance with Asian value systems, it is important to recognize that the therapeutic relationship that is transformative for Asian clients may not necessarily coincide with the culturally 'normative' or 'ideal' relationship within their cultural group as theorized in these culturally integrative therapies.

In order for the therapeutic relationship to be healing, it requires elements of newness that augment what was missing in the clients’ personal life and also needs to undo the social oppression that the client might have experienced. The therapeutic relationship also represents new ways of relating that are based on the scientific understanding of a good life and well-being instead of superstition and unfounded folk beliefs. Clients are emotionally injured by the old cultural ways of relating, and they need a new way of relating to heal from it. Some cultural incongruence, therefore, might be helpful in the process of change.

Cultural adaptation and integration add something new and may bring some creative new essence to the original model. It may also run the risk of unwittingly reducing the effect of presumed therapeutic factors. Most of these Asian models of psychotherapy have not been empirically studied and they have not been developed into a comprehensive theoretical system consisting of theory of personality, psychopathology, change process, and therapy interventions.
Psychotherapy integration in Europe has a rich and complex history, with many different countries and cultures influencing how different theories and practices come together. Early European integrative scholars such as Anthony Ryle in the United Kingdom and António Branco Vasco in Portugal paved the way for generations of clinical psychology students interested in integrative themes. These early influences can be felt today in some clinical training programs open to promoting dialogue across treatment models, and in ongoing integrative research projects. Having said this, Europe’s history as the birthplace of psychoanalysis has meant that, for decades, most therapy trainings were exclusively or mostly psychodynamic in nature. This influence can still be felt strongly in some countries, such as France, even if other models have gradually gained ground — exemplified in this case by the creation of a French Association of Behavior and Cognitive Therapy in 1990.

While it is impossible to comprehensively review here all that we learned from the various countries we communicated with, some general ideas can be shared. Like in many other international surveys, a good number — sometimes the majority — of European psychotherapists identify today as either eclectic or integrative. Yet, many differences exist across countries regarding how psychotherapy is delivered and what models are most prominent. Culture and historical background do seem to shape the reigning therapeutic approaches, with some traditions being much more prominent in some countries than others (e.g. gestalt therapy in the Czech Republic). Moreover, the role of governmental guidelines and insurance care are increasingly becoming more salient in influencing which therapies are most predominant in a given country.

What is most clear from the people we interviewed regarding psychotherapy integration in Europe, is that integrative endeavors usually spring from the somewhat courageous scholar or team of scholars who are unusually open and curious about different clinical and research traditions. Each country seems to have an initial influencer from which generations of students are influenced: António Vasco in Portugal, Guillem Feixas in Spain, Klaus Grawe and Franz Caspar in Switzerland, Bengt Eriksson and Lars-Gunnar Lundh in Sweden, Tahir Özakçaş in Turkey, and the list goes on. While these influences continue today, it is probably also truer now than ever that the influence of globalization has led to a much more ample array of scholarly collaborations, trainings and research projects, therefore significantly breaking national borders.

One last difficulty with investigating the current state of psychotherapy integration in Europe was the very definition of integration. It seems that many treatments or approaches should be rightfully considered integrative if, for example, they incorporate traditional, spiritual or folk practices from that given country — and even if they do not owe a specific tie to academia in general or SEPI in particular. Yet this complicates the issue somewhat, as you may imagine.

In Latin America, the number of therapists is proportionally high in relation to other regions of the world.
"Ultimately, we found the SEPI Regional Networks, with their associated teachers and psychology students, to be probably the main source of inspiration and important beacons of integrative projects across nations."

centers for the practice of psychoanalysis. Later, that influence spread throughout Latin America. Since the nineties, psychotherapy integration began steadily growing, and the movement flourished in the new century giving rise to a diversity of integrative models.

Latin American pioneers in psychotherapy integration, Héctor Fernández-Alvarez (Argentina), Roberto Opazo (Chile), Lucio Balarezo (Ecuador), and Margarita Dubordieu (Uruguay), developed organizations in their countries and established training programs based on integrative models. These mentors and their clinical centers provide well-built graduate training programs, which have helped develop an extended network of therapists trained in integrative approaches in their respective countries and foreign therapists abroad, thereby disseminating their models. Developments are expanding in different countries, including Bolivia, Colombia, Guatemala, El Salvador, Mexico, and Paraguay, promoting diverse forms of exchange.

A major challenge in the region is the socio-economic conditions, which shape both demand and supply. The harsh socioeconomic conditions in many countries have increased the demand for psychotherapy, but simultaneously reduced the resources available to meet this growing demand. In this sense, psychotherapy faces a powerful challenge to help clients broaden their horizons and resources. These conditions call for flexible approaches to give response to the variety and complexity of the consultations and have led to the creation of special clinical care programs.

Another way to get through these difficulties is fostering collaboration between organizations. National and international meetings, communication and information channels stand out as driving forces in providing socio-professional support and facilitating the expansion of the integrative psychotherapy movement.

In a highly stimulating discussion, Catherine Eubanks highlighted some of the perspectives and cultural features of the different regions which enrich the field of integration. She expressed appreciation for the contributions of education and training programs which are integrative in their origins and pointed to the challenge of overcoming cultural barriers to promote greater mutual exchange of ideas between North America and the rest of the world for the benefit of all.

The panelists highlighted the immense role of SEPI in promoting research, and building collaborative networks among psychotherapists of different approaches to learn from one another. Ultimately, we found the SEPI Regional Networks, with their associated teachers and psychology students, to be probably the main source of inspiration and important beacons of integrative projects across nations.

We were delighted with the discussion that arose with the audience about the contributions of the integrative movement in the world, and the challenges we can be certain to face working together.
Introducing SEPI’s New Convergence SIG

Jeffery Smith

In the May-June issue of The American Psychologist, Marvin Goldfried (2019) envisions an answer to psychotherapy’s lack of a common theoretical core in the form of a “college of like-minded colleagues to work toward obtaining a consensus within psychotherapy. This collaborative effort needs to be directed toward providing a coherent understanding of how psychotherapy works, integrating clinical observations and empirical research and having new contributions built on the past.” (p. 494)

As if in direct response to this call from one of our founders, SEPI’s President and Executive Committee have just approved the formation of SEPI’s first Special Interest Group (SIG), the SEPI Convergence Group, aimed at doing exactly what Marvin envisions. So far, 41 SEPI members have joined the group and, in the time since our initial formative meeting in Lisbon, we are moving rapidly to consolidate our structure, processes, and initial focus in seeking consensus.

In his article, Goldfried addresses reasons for the lack of core understanding in psychotherapy. He begins by urging us to move from debating theories or methods to focusing on principles of change. First on his list is promoting “expectation and motivation that therapy can help.” (p. 488) Actually, expectation of a positive outcome is exactly what our SIG needed in order to take off. We needed a measure of hope that arriving at a consensus was possible and within reach. In this article, I will articulate three factors that contribute to our belief that, at last, the time has come for convergence on common core principles and that success is within reach.

1. Rethinking what theory should be. As I have articulated in communications within the SIG, our field has suffered because theories of psychotherapy are largely self-referential. They explain how therapy works by invoking concepts specific to the particular school, but not held in common. The Oxford English Dictionary definition of theory gives a hint about why this is problematic. Theory is defined as “a supposition or a system of ideas intended to explain something, especially one based on general principles independent of the thing to be explained. [my italics]” What is missing in our field is explanation based on independent principles and solid streams of science from outside our field.

This idea is what spawned our logo, a tree, complete with trunk and roots. The branches and foliage represent existing theories of the various therapies. The roots represent basic science about how maladaptive patterns of response can be modified and new ones learned, and the trunk represents commonly accepted constructs such as the corrective emotional experience that serve to bind the two together. By focusing on the trunk and roots, the SIG seeks not to replace existing theories but to find consensus regarding the infrastructure that undergirds all therapies.
"Is change in psychotherapy mediated by a single low-level mechanism, or two (or more), and under what circumstances?"

"As a clinician, I, and I presume most of my thoughtful colleagues, are constantly formulating working hypotheses to make sense of what we see and how our interventions will be of help."

2. A little noticed but exciting question in psychotherapy. An important debate has arisen, sharpened by convergence with neurobiological research. Basic science on learned fear reactions shows two distinct change mechanisms. Reconsolidation does not require repetition and results in permanent change. It acts to disconnect recognition of a conditioned stimulus from the limbic fear circuits that trigger a reaction. Extinction, on the other hand, does require repetitive learning trials and is not permanent. Here, cortical learning causes inhibition of the response, while recognition of the conditioned stimulus and core emotional activation remain unchanged. Are these two, distinct mechanisms responsible for the fact that some examples of psychotherapeutic change are thought of as rapid and “transformational,” while others are built up gradually over time?

Richard Lane (2015) and Bruce Ecker (2012) have championed the idea that memory reconsolidation (MR) is a fundamental change process in psychotherapy. At a 2017 conference, “The Neuroscience of Enduring Change,” organized by Lane, Edna Foa, a proponent of exposure therapy, insisted, as do many, that reconsolidation is of little significance in psychotherapy and that the basic change mechanism in our work is extinction. In his article, Goldfried takes a position similar to Foa: “Because one such exposure is unlikely to lead to long-lasting change, therapists need to encourage clients to have additional corrective experiences.” (p. 489)

Here is a central issue regarding therapeutic change, in which convergence with basic science sharpens the debate and, since the two mechanisms produce distinct results, can lead to testable hypotheses. Is change in psychotherapy mediated by a single low-level mechanism, or two (or more), and under what circumstances? The answer has important implications for how we conduct our sessions, and the SIG hopes to provide a forum for exploring whether we can arrive at a consensus, or at least broadly acceptable and useful working hypotheses, which could further inform research and lead to more definitive answers.

3. Bridging the research-clinical gap: Einstein was not a researcher but he was a scientist. He dreamed up hypotheses, which, much later, have been shown in experiments to be true (actually, not false). As a clinician, I, and I presume most of my thoughtful colleagues, are constantly formulating working hypotheses to make sense of what we see and how our interventions will be of help. We then test these in our own, uncontrolled experiments. We observe whether or not the outcome is consistent with our hypothesis. In this way, despite confirmation bias, hypotheses are tested daily and we strive to reduce the number that fail. Far from simple “clinical observation,” this involves sophisticated analysis of the possible explanations, a lively skepticism, and disciplined review of results to narrow down which ideas are clinically most productive. For most clinical decisions, we have no choice but to use this method because clinical situations tend to be unique. Controlled experiments are not feasible when n = 1. In contrast, when clinical cases are aggregated to the point where controlled experiments can be conducted, the number of variables must often be reduced to the point where conclusions are too general to be of great use in a specific circumstance.
Goldfried recognizes controlled experiments as the gold standard, but does point to the importance of clinical observation. “In a personal disclosure of how he has conducted research over the years, Neal Miller…, an award winning researcher, indicated that his most impactful research findings started with his initial informal observations.” (p. 490) Hypotheses like Einstein’s are often generated from a combination of observation and creative thinking. It may be (and the SIG will no doubt debate the question) that achieving a consensus will need to begin with the kinds of working hypotheses that clinicians use constantly, and may lead subsequently, as we hope in the case of reconsolidation vs. extinction, to future controlled experiments. Indeed, the impact of the SIG in reducing parochialism may depend more on providing students, clinicians, and researchers with well founded working hypotheses and clearly formulated questions than on the more conservative approach of identifying only those conclusions supported by previously conducted controlled and replicated experiments.

SEPI members interested in joining the SIG should contact Dr. Smith (jsmd@howtherapyworks.com). Since we are all busy, the minimum involvement required is keeping up with email communications and weighing in on online surveys and questions.

Jeffery Smith

References:
A view of the Faculty of Psychology's main Amphitheatre

Opening remarks with SEPI President Catherine Eubanks, Local Chair Nuno Conceição, and the Dean of the Faculty of Psychology Luís Curral

António Branco
Vasco's Keynote Address

Some pictures from the SEPI 2019 Conference in Lisbon, Portugal
António Branco Vasco's Keynote Address: "Varieties of the responsive experience in psychotherapy integration"

Coffee break

A view of the Faculty of Psychology's main Amphitheatre
Coffee break

Panel "Updates on memory reconsolidation work", with Goldman, Fredrick, Lane, & Angus

Pre-Conference Workshop "How to be a transformational therapist and integrate transformational work into your clinical practice" with Diana Fosha and Nuno Conceição
Pre-Conference Workshop "From same old storytelling to self-narrative change", with Angus, Macaulay, & Khattra

The incredible and tireless local student volunteers & a proud local chair

Structured discussion "Therapist's persuasiveness: A neglected common factor?", with Vaz, Wachtel, Anderson & Angus
Presidential Address by Catherine Eubanks: "The Integrative Therapist"

Fun at the gala dinner #1

Fun at the gala dinner #2
See you next year in Vancouver!

Society for the Exploration of Psychotherapy Integration