

Methods of Unified Psychotherapy: **Introduction to Integrative Treatment Planning**

Training in Unified Psychotherapy
TUP Level One / Part Six
November 2023

Jeff E. Harris, Ph.D. & James Mandala, Ph.D.



Disclosure



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TUP Level One Webinars

Working Interactively with Cognition, Emotion, & Behavior

- ▶ TUP 1-1. **Unified Framework** - June 9, 2023
- ▶ TUP 1-2. **Cognitive Focus** - July 21, 2023
- ▶ TUP 1-3. **Experiential & Emotional Focus** - August 4, 2023
- ▶ TUP 1-4. **Behavioral Focus** - September 8, 2023
- ▶ TUP 1-5. **Developmental Focus** - October 6, 2023
- ▶ TUP 1-6. **Unified Treatment Planning** - November 3, 2023

TUP Level Two will be offered in 2024:

Working Contextually with External & Internal Influences



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TUP Discussion Groups

- ▶ There will be a free discussion group after each live webinar
- ▶ TUP 1-6. **Unified Treatment Planning** – 11/17/23, 11am EST
- ▶ Discussion groups will encourage *application of skills* and concepts with clients
- ▶ Discussions starting in **January 2024** will focus on application to specific clients and deliberative practice of skills
- ▶ Email Jeff to receive a Zoom invite:
dr.jeff.e.harris@gmail.com



Training in Unified Psychotherapy

TUP is an *interactive learning community* of psychotherapists who want to support one another as we learn to put integration into practice.

- ▶ Webinars are offered through **TZK Seminars**.
- ▶ **StratPsych** offers an online learning platform and TUP certification.
- ▶ **TUPdates** is a google group through which information will be shared.
- ▶ Additional learning resources will be available through **DropBox**.



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Training in Unified Psychotherapy

If you'd like to become a part of this *interactive learning community*, please send an email to:

dr.jeff.e.harris@gmail.com

and ask to be added to the **TUPdates** google group.

If you'd like to seek **TUP Level One Certification**, please contact Jeff for more details.



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Treatment Planning Webinar Outline

- ❖ **Holistic Model of Psychological Functioning**
- ❖ **Unified Framework for Individual Psychotherapy**
- ❖ **Unified Treatment Planning**
 - Description
 - Case Example
 - Video Demonstrations / Deliberative Practice
 - Personal Practice



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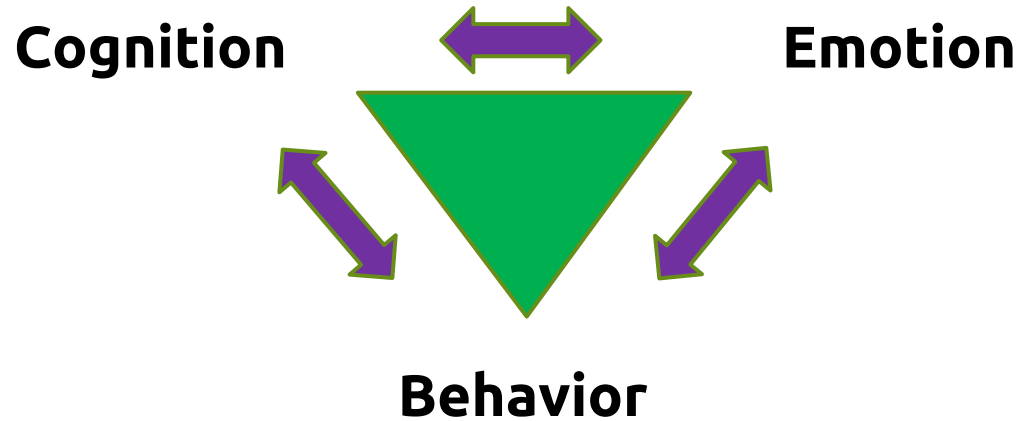
Handouts and Worksheets

- ▶ Revised PowerPoint presentation (105 slides)
- ▶ Daily Record of Thoughts, Feelings, and Actions (worksheet)
- ▶ Describing an Unhealthy Psychological Pattern (worksheet)
- ▶ Multidimensional Survey (worksheet)



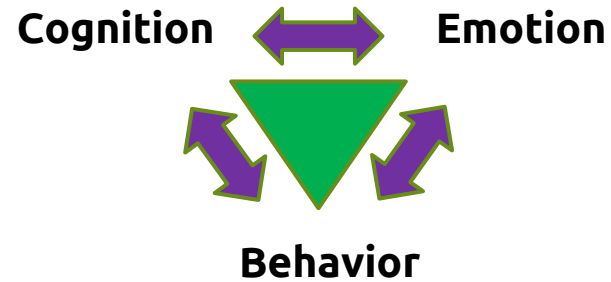
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A. Immediate Psychological Experience



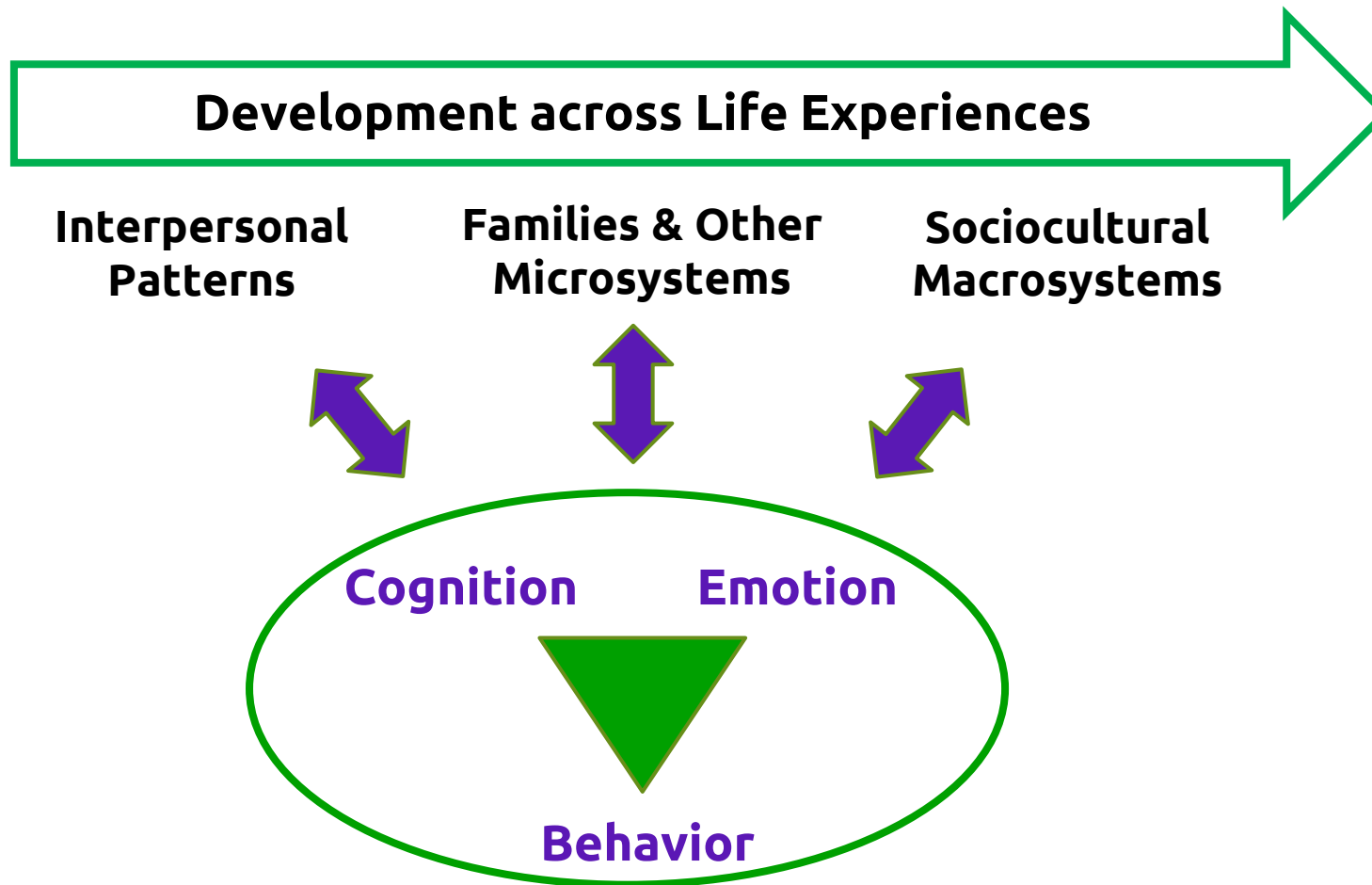
- Humans are always thinking, feeling, and acting.
- These three dimensions are highly interactive.
- Cognition, emotion, and behavior can be adaptive or maladaptive.

Working Interactively



- Integrative psychotherapists can work *interactively* with clients' thoughts, feelings, and actions.
- Each of these dimensions can be *explored* in depth and can be used to initiate the process of multidimensional *change*.
- Different phases of treatment may involve a shift in focus.
- Working interactively with cognition, emotion, and behavior is ideal for most clients.

B. External Contexts



Working Contextually

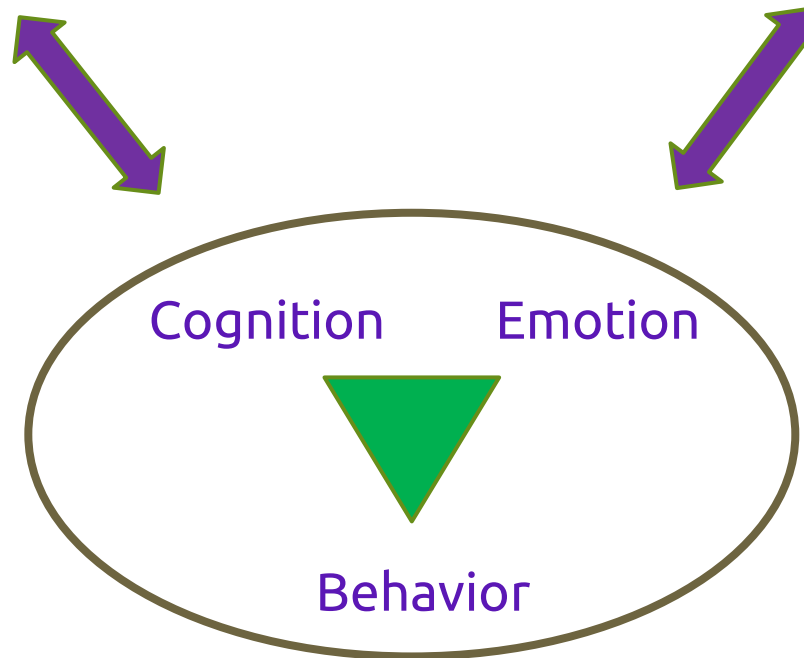
- An integrative psychotherapist can focus on different *external contexts*, based on the unique experience of each client.
- In most cases, our clients cannot directly change external contexts but we can help them to find more adaptive ways to...
 - think about
 - feel, and
 - act toward...their experiences and external environments.



C. Internal Influences

**Intrapsychic Processes,
Conflicts, & Defenses**

**Biology &
Physical Health**



Working Contextually

- An integrative psychotherapist can focus on internal influences when one of them is closely related to a client's presenting concern.
- When defenses mechanisms or other *intrapsychic processes* appear in psychotherapy, they can become a focal dimension.
- When *biological health* is related to psychological well-being, this can become a focus of exploration or change.



Development across Life Experiences

Interpersonal
Patterns

Families & Other
Microsystems

Sociocultural
Macrosystems



Cognition

Emotion

Behavior



Intrapyschic Processes,
Conflicts, & Defenses

Biology &
Physical Health

Holistic Model
of Psychological
Functioning



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Holistic Model of Psychological Functioning

Two primary applications:

- ▶ Understanding clients in a comprehensive manner
- ▶ Organizing psychotherapy into a unified framework



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A Unified Framework for Individual Psychotherapy

	Practice Domains	Dimensions of Functioning
A. Immediate Psychological Experience	1. Cognitive	Thoughts & the Cognitive System
	2. Experiential	Emotions & the Experiential-Affective System
	3. Behavioral	Actions & the Behavioral System
B. External Influences	4. Developmental	Development across Life Experiences
	5. Interpersonal	Interpersonal Patterns
	6. Systemic	Families and Other Microsystems
	7. Cultural	Sociocultural Macrosystems
C. Internal Influences	8. Psychodynamic	Intrapsychic Processes, Conflicts, & Defenses
	9. Biological	Biology, Physical Health, & Maturation



Questions or Comments?

Do you have any questions
or comments about the
Holistic Model or
Unified Framework ?



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Unified Treatment Planning

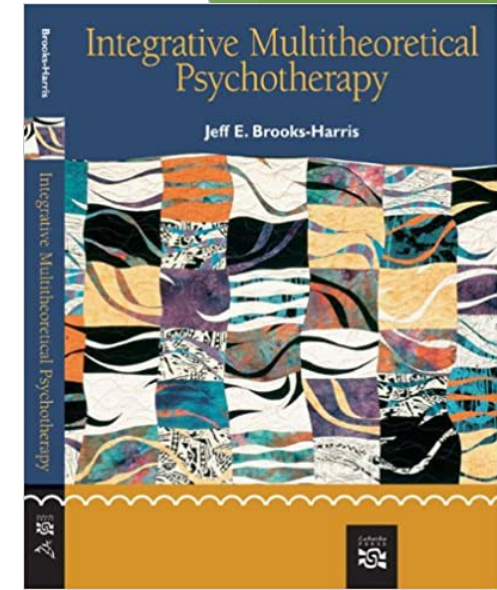
- Many psychotherapists try to *adapt* treatment to the unique needs of each individual client.
- Most therapists do this in an *intuitive* or informal manner.
- **Unified Treatment Planning** describes a more *systematic* method for making *intentional* choices about focal dimensions, conceptualization, and the choice of intervention strategies.



Unified Treatment Planning

- ▶ 1. Conducting a Multidimensional Survey
- ▶ 2. Establishing Focal Dimensions
- ▶ 3. Formulating a Multitheoretical Conceptualization
- ▶ 4. Choosing Intervention Strategies

(Brooks-Harris, 2008, p. 95)



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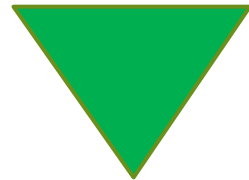
1. Multidimensional Survey

A. Immediate Psychological Functioning

A helpful way to start exploring a client's problem is to conduct a survey of thoughts, feelings, and actions in order to identify a maladaptive pattern.

**Dysfunctional
Thoughts**

**Maladaptive
Emotions**



**Ineffective
Actions**



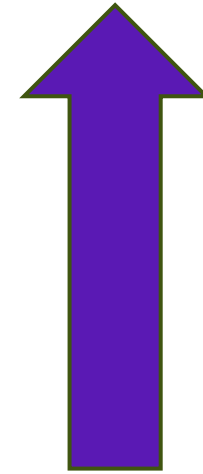
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1. Multidimensional Survey

Firing Order

(Arnold Lazarus)

How do these thoughts, feelings, and actions interact?



Case Example - Introduction

Client Pseudonym: Chandrika

Setting: University Counseling Center

Presenting Concerns: Conflicted romantic relationships including recent breakup of 10-month, heterosexual relationship. Client indicated that “she had not even had time to cry yet.”

Client noted in first session that she had been emotionally and physically abused as a child, primarily by her mother.



Case Example - Identifiers

- 20 Year-old, cis-gender female
- University honors student with academic scholarship
- Computer Science major
- Living in residence hall
- Sri Lankan/American
- Bi-sexual



Multidimensional Survey:

1. Feelings

- ▶ **Sense of being bad**
- ▶ **Fear**
- ▶ **Shame**
- ▶ **Guilt (Survivor)**



Multidimensional Survey:

2. Thoughts

- ▶ I deserve to be mistreated.
- ▶ Parents can / will harm me.
- ▶ South Asians are inferior, especially if they have darker skin.
- ▶ Defectiveness / shame schema.



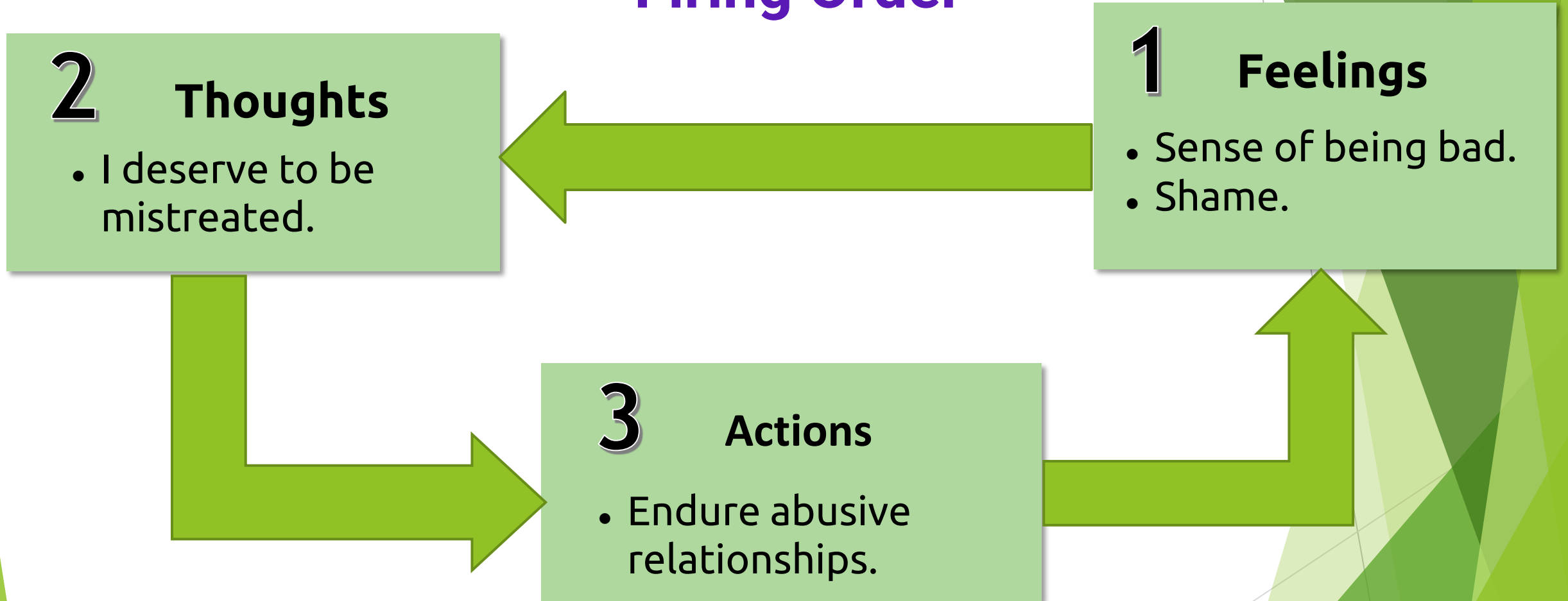
Multidimensional Survey:

3. Actions

- ▶ Endure abusive relationships.
- ▶ Intoxicant (ab)use.
- ▶ Poor academic effort.
- ▶ Unsafe sex.



Multidimensional Survey: Firing Order



1. Conducting a Multidimensional Survey

B. External Contexts

Where did this maladaptive pattern come from?

Where did the client learn to think, feel, and act this way?

- Development across Life Experiences
- Interpersonal Patterns
- Families and Other Microsystems
- Sociocultural Macrosystems



1. Conducting a Multidimensional Survey

Informal ↔ Formal

- ▶ With some clients, you may look at external contexts and internal influences in an *informal* manner using a general question like...

Where did this pattern come from?

- ▶ With other clients, it may be helpful to conduct a more *formal* review of all four external contexts and both internal influences.



Multidimensional Survey:

4. Development across Life Experiences

► **Current Developmental Tasks**

- Identity vs. Role Confusion– confounded by internalized racism
- Intimacy vs. Isolation – confounded by abusive relations

► **Earlier Stage Tasks**

- Autonomy vs Shame/Doubt – punished for independence



Multidimensional Survey:

5. Interpersonal Patterns

- ▶ Always feeling like an outsider (US, India, Mexico)
- ▶ Extraverted Style – “Moving Toward People”
- ▶ Strong interpersonal skills



Multidimensional Survey:

6. Social Microsystems (Family)

- ▶ **Family scapegoat, belief she was born evil**
 - ▶ Mother-in-law is negative toward mother
 - ▶ Mother unhappy with father
- ▶ **Generational shame**
 - ▶ Paternal grandfather – violated village taboos
 - ▶ Maternal grandfather – abusive, alcoholic



Multidimensional Survey:

7. Cultural Macrosystems

- ▶ Not fitting in Sri Lanka, Mexico, or United States
- ▶ Internalized racism
 - ▶ South Asian
 - ▶ Darker skin
- ▶ Sensitivity to shame
- ▶ Strong need for belonging



1. Conducting a Multidimensional Survey

C. Internal Influences

Are there internal influences that are shaping this dysfunctional pattern?

- Intrapsychic Processes, Conflicts, & Defense Mechanisms
- Biology & Physical Health



Multidimensional Survey:

8. Intrapsychic Processes

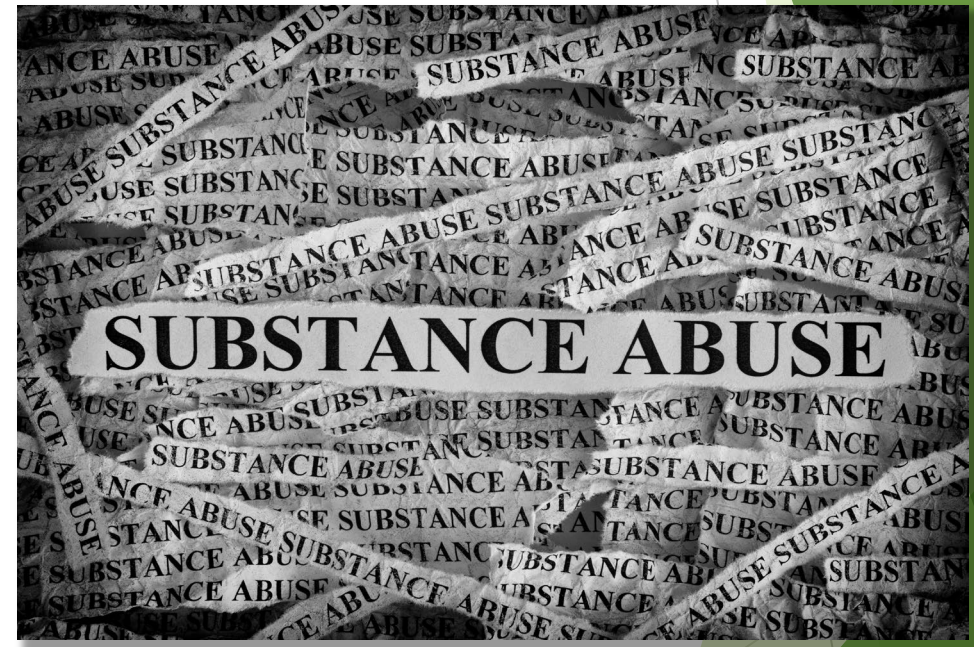
- ▶ Harsh, punitive superego (parental objects)
- ▶ Re-enactment of childhood abuse
- ▶ Permeable interpersonal processes
- ▶ Dissociative defenses using substances
- ▶ Repression of childhood abuse



Multidimensional Survey:

9. Biological Health

- ▶ **Substance abuse**
 - ▶ Alcohol
 - ▶ Cocaine
 - ▶ Hallucinogens



2. Establishing Focal Dimensions

After surveying different dimensions, a therapist and client can *collaboratively* identify salient dimensions that will form the focus of psychotherapy.

- Will you initially focus on (a) *cognition*, (b) *emotion*, or (c) *behavior* as a point of exploration and change?
- Which *external* influence(s) seems the most important to explore?
- Is there a salient *internal* influence that should be considered?



Establishing Focal Dimensions:

Case Example

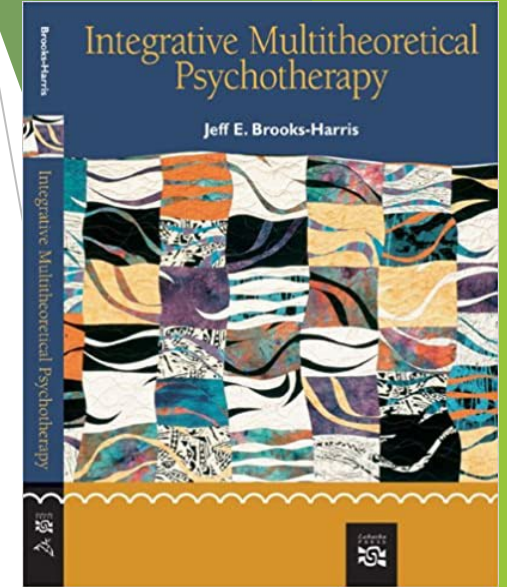
Based on ***collaborative dialogue***, Chandrika and Jim agreed to focus on the interaction between:

- ❖ **Feelings**
- ❖ **Thoughts**
- ❖ **Social Microsystems**
- ❖ **Cultural Macrosystems**



3. Formulating a Multitheoretical Conceptualization

- ❖ Psychotherapists can use psychotherapy theories that **correspond to focal dimensions** to formulate a description of the clients.
- ❖ The use of more than one theory allows for **complementary** conceptual descriptions of what is going on.
- ❖ Seven distinct conceptual models are described in Brooks-Harris' (2008) book on **Multitheoretical Psychotherapy**.



Multitheoretical Conceptualization:

Case Example

Based on the focal dimensions identified with Chandrika, a multitheoretical conceptualization would involve concepts from the following theories:

- ❖ Cognitive
- ❖ Experiential
- ❖ Systemic
- ❖ Cultural



Multitheoretical Conceptualization:

A. Cognitive

▶ Cognitive Distortions

- ▶ I was not/am not being abused.
- ▶ I was not sexually assaulted.

▶ Core Beliefs

- ▶ I don't deserve love.
- ▶ I deserve to be mistreated.
- ▶ I don't really belong anywhere.
- ▶ I am bad.

▶ Schema

- ▶ **Subjugation** - Excessive surrendering of control to others because one feels coerced - - usually to avoid anger, retaliation, or abandonment.



Multitheoretical Conceptualization:

B. Experiential

- ▶ Uncomfortable expressing or experiencing anger
- ▶ Dissociative defenses using substances
- ▶ Compressed horizon of time without depression (histrionic style)
- ▶ Fawning behavior when frightened



Multitheoretical Conceptualization:

C. Systemic

Role in Family: *Scapegoat*. Belief she was born evil.

Tension in Family:

- ▶ Mother-in-law is negative toward mother.
- ▶ Mother disappointed in father, no romance

Intergenerational Patterns:

- ▶ Maternal grandfather was an abusive alcoholic, shame and trauma.
- ▶ Paternal grandfather violated village taboos, shame.
- ▶ Father as people pleaser, response to shame in childhood.



Multitheoretical Conceptualization:

D. Cultural

Internalized Racism

Idealized

- Cosmopolitan
- American
- Modern
- Secular/Rational
- White skin

Denigrated

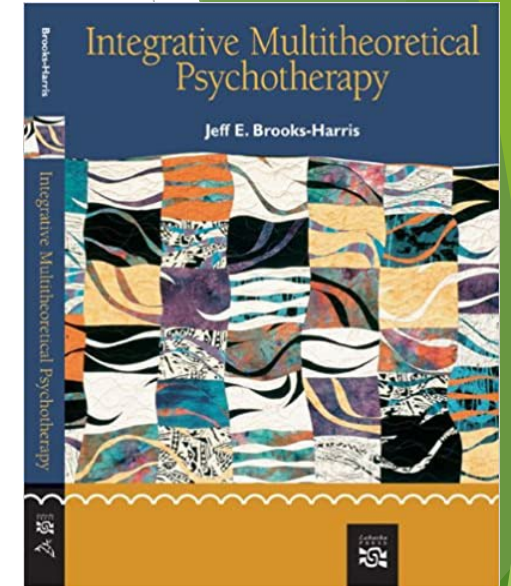
- South-Asian
- Sri Lankan
- Tamil
- Hindu
- Brown Skin



Ganesh (Pillaiyar/Ganadevi) in my office

4. Choosing Intervention Strategies

- Unified treatment planning concludes with choosing intervention strategies.
- Interventions strategies will correspond to focal dimensions.
- Multitheoretical conceptualization will help guide the selection of strategies.
- A catalog of key strategies is provided in Brooks-Harris' (2008) book on **Multitheoretical Psychotherapy**.



Choosing Intervention Strategies:

Case Example

- ❖ Based on focal dimensions and guided by multitheoretical conceptualization, Jim emphasized the use of the intervention strategies from the following theories:
 - ❖ Cognitive
 - ❖ Experiential
 - ❖ Systemic
 - ❖ Cultural



Choosing Intervention Strategies: Cognitive

COG-1	Identifying Thoughts
COG-2	Clarifying the Impact of Thoughts
COG-3	Challenging Irrational Thoughts
COG-4	Illuminating Core Beliefs
COG-5	Evaluating Evidence
COG-6	Testing Hypotheses
COG-7	Modifying Beliefs
COG-8	Reinforcing Adaptive Cognitions
COG-9	Encouraging Accurate Perceptions
COG-10	Supporting Dialectical Thinking
COG-11	Fostering Mindful Awareness
COG-12	Working with Imagery
COG-13	Brainstorming Solutions
COG-14	Providing Psychoeducation
COG-15	Supporting Bibliotherapy



Choosing Intervention Strategies: Cognitive

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COG-15	Supporting Bibliotherapy



Choosing Intervention Strategies:

Cognitive

COG-3	Challenging Irrational Thoughts
COG-4	Illuminating Core Beliefs
COG-5	Evaluating Evidence
COG-9	Encouraging Accurate Perceptions
COG-14	Providing Psychoeducation



Choosing Intervention Strategies: Cognitive

❖ Psychoeducation and Evaluating Evidence

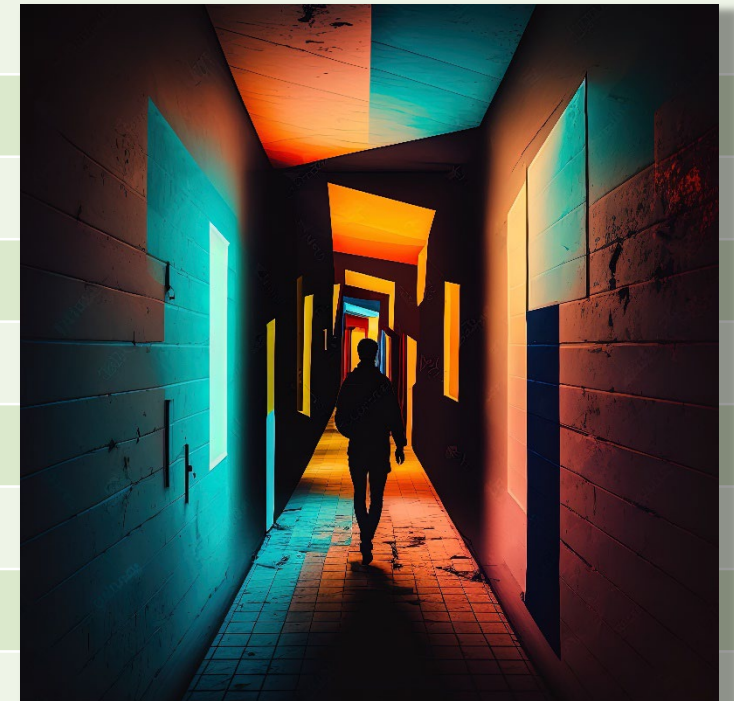
- ❖ Child Abuse
- ❖ Sexual Abuse/Assault
- ❖ Emotional and physical partner abuse



Choosing Intervention Strategies:

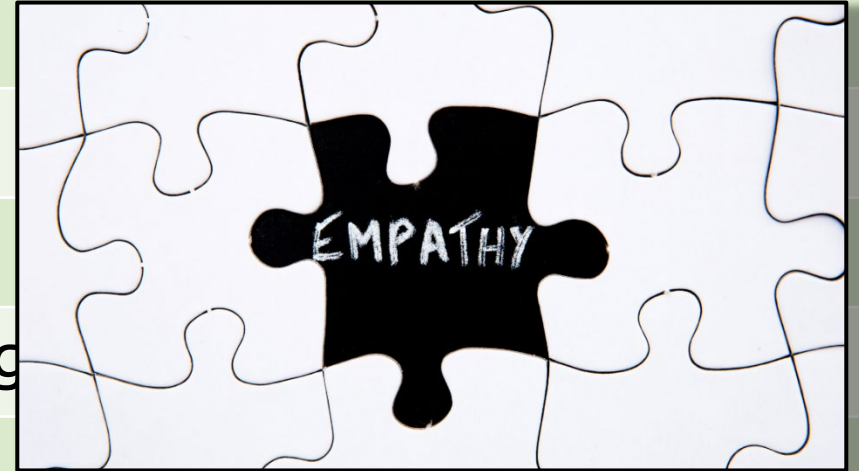
Experiential

EXP-1	Identifying Feelings
EXP-2	Clarifying the Impact of Feelings
EXP-3	Encouraging Expression of Feelings
EXP-4	Fostering Self-Actualization
EXP-5	Communicating Empathy and Positive Regard
EXP-6	Supporting Authenticity
EXP-7	Integrating Parts of Self
EXP-8	Focusing Attention
EXP-9	Fostering Here-and-Now Awareness
EXP-10	Creating Experiments
EXP-11	Accepting Freedom and Responsibility
EXP-12	Recognizing Existential Limitations



Choosing Intervention Strategies: Experiential

EXP-1	Identifying Feelings
EXP-2	Clarifying the Impact of Feelings
EXP-3	Encouraging Expression of Feelings
EXP-5	Communicating Empathy and Positive Reg
EXP-7	Integrating Parts of Self



Choosing Intervention Strategies: Experiential

- ❖ Encouraging expression of feelings
 - ❖ Processing memories in the present tense
 - ❖ Somatic focusing on emotional phenomena
 - ❖ Allowing tears and anger in the session
 - ❖ Appreciation for negative emotions

Creating a corrective emotional experience



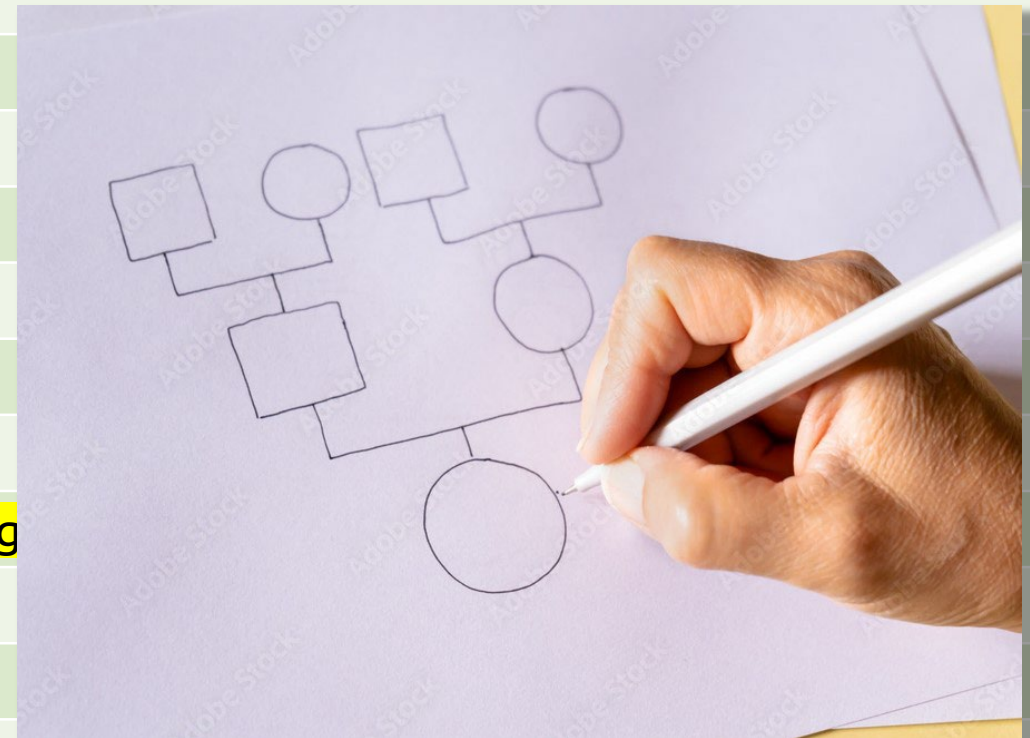
Choosing Intervention Strategies: Systemic-Constructivist

SYS-1	Understanding Problems within their Social Context
SYS-2	Viewing Families as Systems
SYS-3	Detecting Repetitive Interaction Patterns
SYS-4	Describing the Structure of the Family
SYS-5	Identifying Family Roles
SYS-6	Searching for Multigenerational Patterns
SYS-7	Clarifying Family Belief Systems
SYS-8	Giving Directives for Strategic Change
SYS-9	Exploring the Social Construction of Meaning
SYS-10	Externalizing Problems
SYS-11	Encouraging Adaptive Narratives
SYS-12	Utilizing Clients' Resources
SYS-13	Constructing Solutions
SYS-14	Orienting Toward the Future



Choosing Intervention Strategies: Systemic-Constructivist

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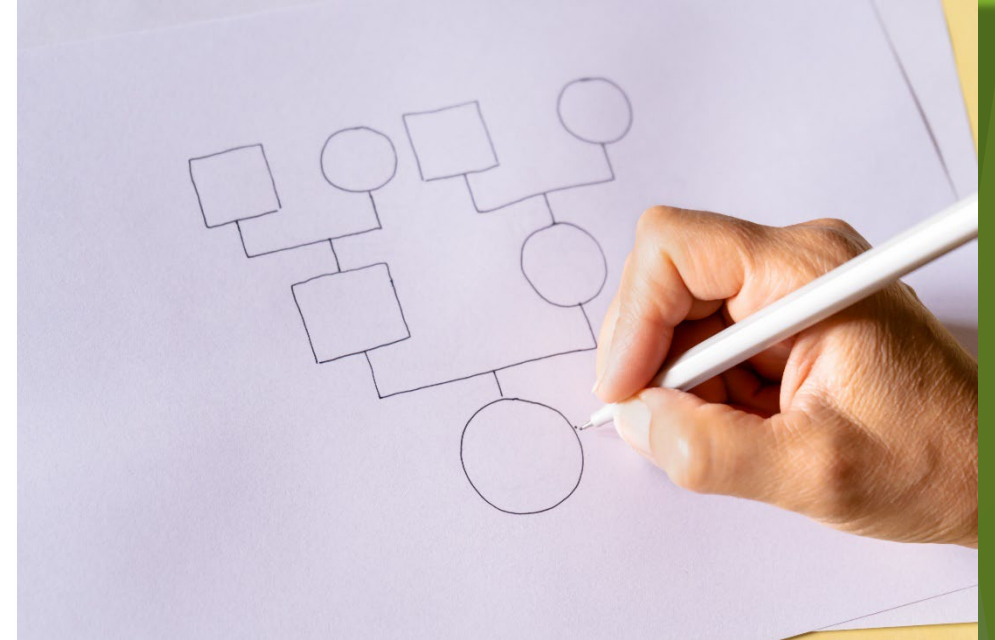
Choosing Intervention Strategies: Systemic-Constructivist

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SYS-4	Describing the Structure of the Family
SYS-6	Searching for Multigenerational Patterns
SYS-7	Clarifying Family Belief Systems
SYS-9	Exploring the Social Construction of Meaning



Choosing Intervention Strategies: Systemic

- ❖ Explored family structure using a genogram.
- ❖ Examined intergenerational, repetitive affective patterns.
- ❖ Identified irrational family beliefs.
- ❖ Explored client's role/function in the family.
- ❖ Using group therapy to create an alternative, healing family.



Choosing Intervention Strategies: Cultural

MCUL-1	Viewing Clients Culturally
MCUL-2	Clarifying the Impact of Culture
MCUL-3	Creating Culturally-Appropriate Relationships
MCUL-4	Celebrating Diversity
MCUL-5	Illuminating Similarities and Differences
MCUL-6	Recognizing the Impact of Identity
MCUL-7	Facilitating Identity Development
MCUL-8	Appreciating Multiple Identities
MCUL-9	Highlighting Oppression and Privilege
MCUL-10	Exploring Societal Expectations
MCUL-11	Supporting Social Action
MCUL-12	Integrating Spiritual Awareness
MCUL-13	Becoming Aware of the Therapist's Worldview
MCUL-14	Reducing Cultural Biases



Choosing Intervention Strategies: Cultural

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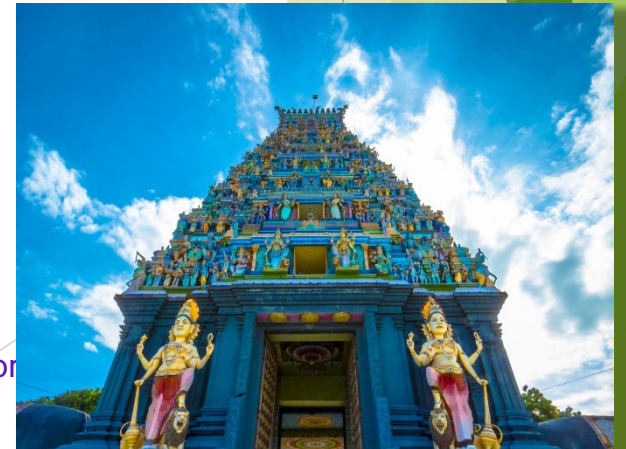
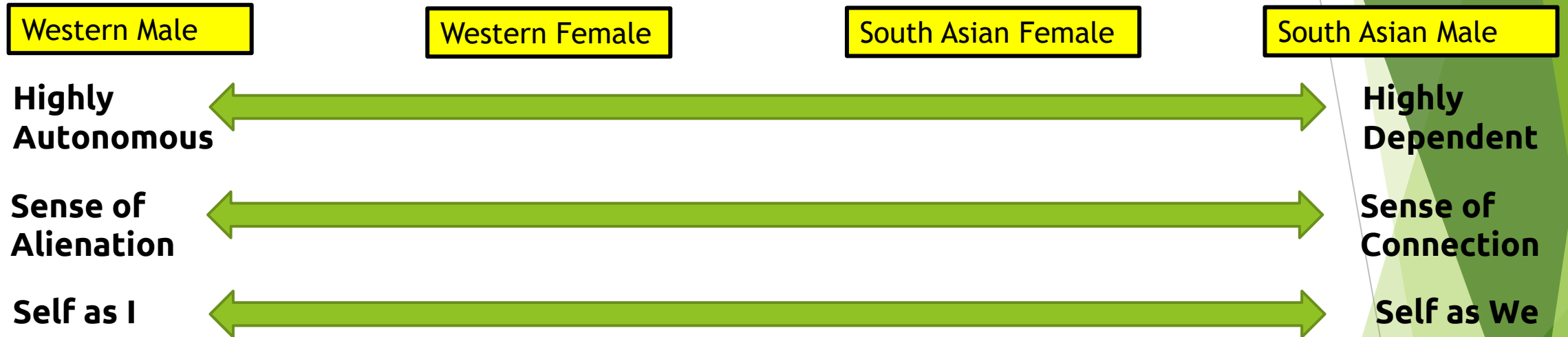
Choosing Intervention Strategies:

Cultural

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MCUL-9	Highlighting Oppression and Privilege



Viewing Clients Culturally



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Viewing Clients (Sub)Culturally

Campus Fraternity Culture



Extreme loyalty among fraternity brothers.

Contrasting values

“Partying, drinking, and pulling bitches...”

Structural Congruence

- Group “We” identity
- Externally mediated conduct
- Pseudo-family

Case Example Outcome

Overall

Healthier relationships and behaviors

External

Leaving/ending abusive relationships.

Restored academic performance.

Decrease substance abuse.

Internal

Weakened Punitive Parent schema modes (sadistic internal objects).

Less dependent on others for self-esteem.

Appreciation for bi-cultural identity.

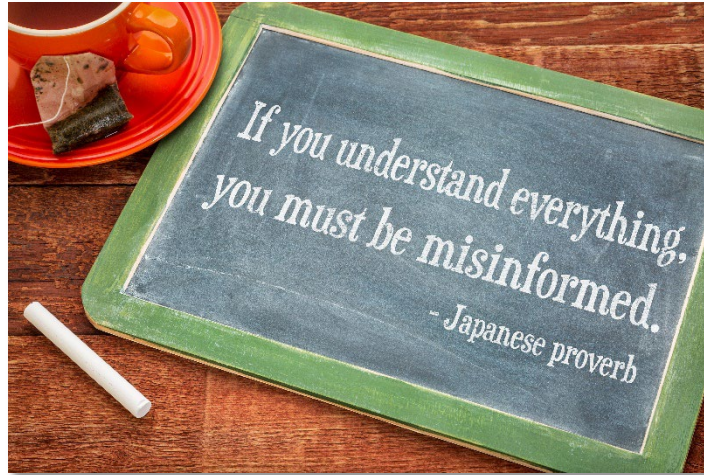


Case Example – Lessons Learned

Client Guides the Treatment



Therapist Humility



Questions or Comments?

Do you have any questions
or comments about the
Case Example ?



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7-Minute Break



Deliberative Practice

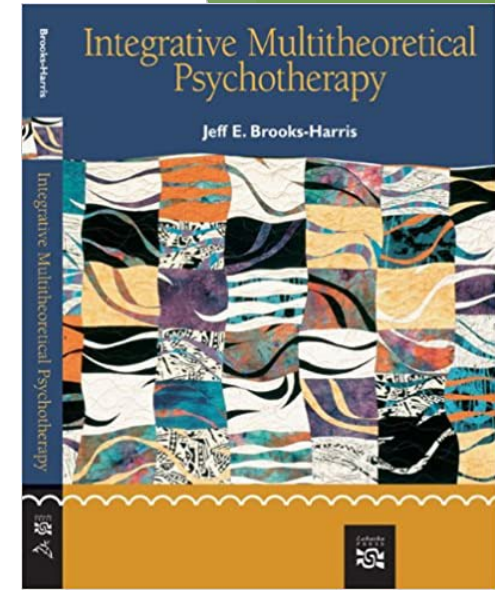
- ▶ Deliberative Practice (DP) is a structured method for improving effectiveness as a psychotherapist and achieving expertise over time.
- ▶ DP encourages therapists to practice intervention skills and to receive feedback in order to refine skills.
- ▶ DP involves “individualized training activities specially designed by a coach or teacher to improve specific aspects of an individual’s performance through repetition and successive refinement” (Ericsson & Lehmann, 1996, pp. 278–279).



Unified Treatment Planning

1. Conducting a Multidimensional Survey
2. Establishing Interactive Focal Dimensions
3. Formulating a Multitheoretical Conceptualization
4. Choosing Intervention Strategies

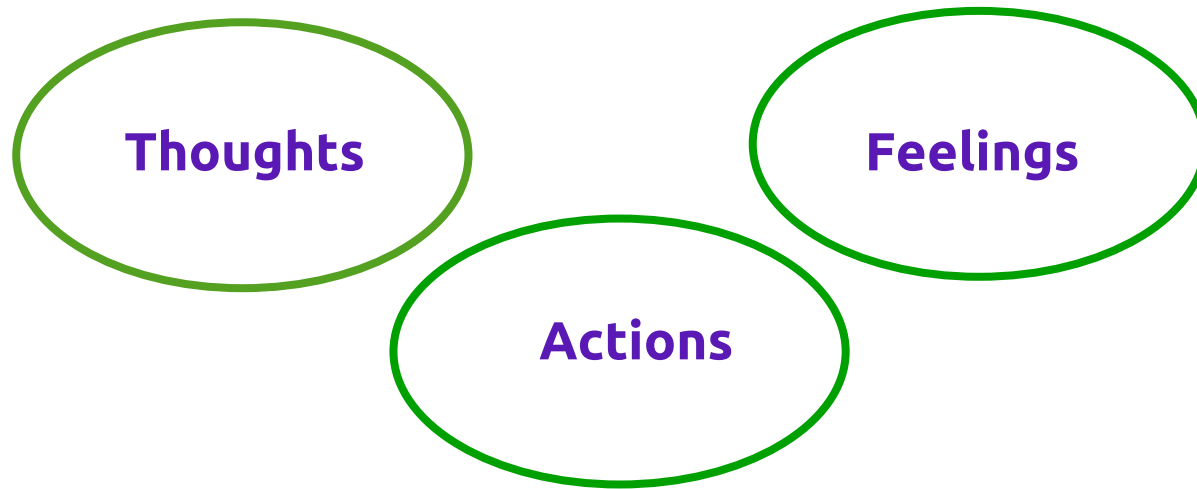
(Brooks-Harris, 2008, p. 95)



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Video Demonstration A with “Eileen”

Multidimensional Survey – TFA Specific Example



Jeff uses a ***Daily Record of Thoughts, Feelings, & Actions*** worksheet to help Eileen identify her reactions to a specific situation. Jeff also asks Eileen about ***firing order***.



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Video Demonstration A with “Eileen”

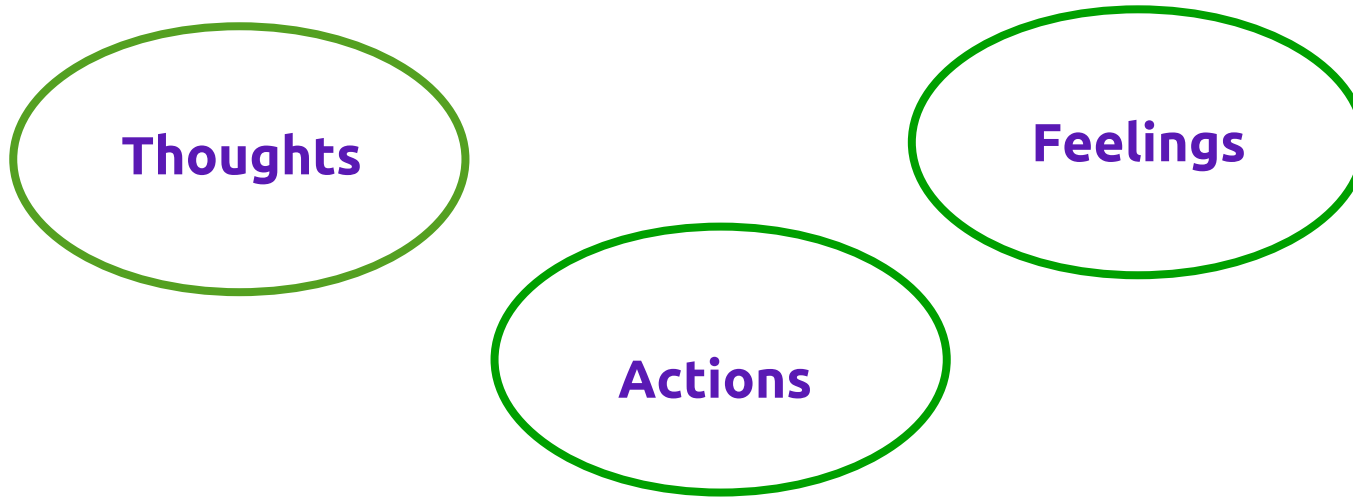
Multidimensional Survey – TFA Specific Example

- ▶ Reactions?
- ▶ Questions?
- ▶ Would you find this method useful in your own practice?
 - ▶ Why or why not?
- ▶ How would you modify this method to make it fit your own therapeutic style?



Video Demonstration B with “Eileen”

1.A. Multidimensional Survey – TFA General Pattern



Jeff uses a worksheet called ***Describing an Unhealthy Psychological Pattern*** to help Eileen describe a typical pattern that often results in anxiety. Jeff also asks Eileen about ***firing order***.



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1. Multidimensional Survey with Firing Order

Thoughts

- I need to be perfect all the time.
- I can't mess up.

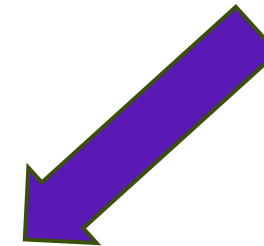


Feelings

- Fear
- Guilt
- Shame

Actions

- Self Criticism
- Isolation
- Drink Alcohol



Video Demonstration B with “Eileen”

1.A. Multidimensional Survey – TFA General Pattern

- ▶ Reactions?
- ▶ Questions?
- ▶ Would you find this method useful in your own practice?
 - ▶ Why or why not?
- ▶ How would you modify this method to make it fit your own therapeutic style?



Video Demonstration C with “Eileen”

1.B. Multidimensional Survey – External Contexts

- ▶ Jeff uses a worksheet called ***Describing an Unhealthy Psychological Pattern*** to help Eileen explore the sources of her anxious pattern.
- ▶ These sources are often related to four **External Contexts:**
 - ❖ Development across Life Experiences
 - ❖ Interpersonal Patterns
 - ❖ Families and Other Microsystems
 - ❖ Sociocultural Macrosystems



Video Demonstration C with “Eileen”

1.B. Multidimensional Survey – External Contexts

- ▶ Reactions?
- ▶ Questions?
- ▶ Would you find this method useful in your own practice?
 - ▶ Why or why not?
- ▶ How would you modify this method to make it fit your own therapeutic style?



Video Demonstration D with “Eileen”

1.C. Multidimensional Survey – Internal Influences

- ▶ Jeff uses a worksheet called ***Describing an Unhealthy Psychological Pattern*** to help Eileen explore the sources of her anxious pattern.
- ▶ These sources are sometimes related to two ***Internal Influences***:
 - Intrapsychic Processes, Conflicts, & Defense Mechanisms
 - Biology & Physical Health



Video Demonstration D with “Eileen”

1.C. Multidimensional Survey – Internal Influences

- ▶ Reactions?
- ▶ Questions?
- ▶ Would you find this method useful in your own practice?
 - ▶ Why or why not?
- ▶ How would you modify this method to make it fit your own therapeutic style?



Video Demonstration E with “Eileen”

2. Establishing Focal Dimensions

- ▶ Jeff reviews three parts of the Multidimensional Survey:
 - ▶ Immediate Psychological Functioning
 - ▶ External Contexts
 - ▶ Internal Influences
- ▶ Using ***Collaborative Dialogue***, Jeff will work with Eileen to establish an interactive focus on salient dimensions
- ▶ These focal dimensions will guide conceptualization and treatment planning



Questions or Comments?

Do you have any questions
or comments about the
Video Demonstrations
or the
Deliberative Practice
skills that were highlighted?



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7-Minute Break



2. Establishing Focal Dimensions:

Eileen

Based on ***collaborative dialogue***, Eileen and Jeff agreed to focus on the interaction between these dimensions:

- ❖ **Thoughts:** I need to be perfect all the time
- ❖ **Feelings:** Guilt & Shame
- ❖ **Interpersonal Pattern:** Relationship with critical mother
- ❖ **Biology:** Alcohol to self-medicate anxiety



3. Multitheoretical Conceptualization:

Eileen

Based on the focal dimensions identified with Eileen, a multitheoretical conceptualization would involve concepts from the following theories:

- ❖ Cognitive
- ❖ Experiential
- ❖ Interpersonal
- ❖ Biological



3. Multitheoretical Conceptualization:

A. Cognitive

- ❖ Eileen believes she needs to be perfect all the time.
- ❖ Using concepts from **Cognitive Therapy**, how would you formulate a cognitive conceptualization?
 - ❖ Cognitions may be functional or **dysfunctional**
 - ❖ What type of cognitive **distortions** do you see?
 - ❖ Automatic thoughts are often influenced by deeper **core beliefs** or schemas



3. Multitheoretical Conceptualization:

B. Experiential

- ❖ Eileen feels guilt and shame.
- ❖ Using concepts from **Emotion-Focused Therapy**, how would you formulate an experiential conceptualization?
 - ❖ Are these emotions primary, secondary, or instrumental?
 - ❖ Which emotions are *maladaptive*?
 - ❖ What would more *adaptive* emotions look like?



3. Multitheoretical Conceptualization:

C. Interpersonal Patterns

- ❖ Eileen described her mother as critical and her mother expected her to perform academically.
- ❖ Using *interpersonal concepts*, how would you describe Eileen's relationship with her mother?
- ❖ How does this interpersonal relationship shape Eileen's current functioning?

3. Multitheoretical Conceptualization:

D. Biological Health

- ❖ Eileen reports that she drinks alcohol when she is anxious.
- ❖ How would you conceptualize Eileen's use of alcohol?
- ❖ How would you assess if Eileen's use of alcohol was adaptive or maladaptive?



4. Choosing Intervention Strategies

Eileen

Based on the focal dimensions identified with Eileen, a multitheoretical conceptualization would involve concepts from the following theories:

- ❖ **Cognitive**
- ❖ **Experiential**
- ❖ **Interpersonal**
- ❖ **Biological**



4. Choosing Intervention Strategies

A. Cognitive

- ❖ Based on a cognitive conceptualization, what ***cognitive strategies*** would you use with Eileen to encourage a more functional way of thinking?
- ❖ What functional cognitions would you try to encourage?



4. Choosing Intervention Strategies

B. Experiential

- ❖ Based on an emotion-focused conceptualization, what **experiential strategies** would you use with Eileen to encourage more adaptive emotions?
- ❖ What adaptive emotions would you try to encourage?



4. Choosing Intervention Strategies

C. Interpersonal

- ❖ Based on an interpersonal conceptualization, what psychotherapy strategies would you use with Eileen to encourage more *functional interpersonal perceptions and relationships*?
- ❖ What kind of more adaptive thoughts, feelings, and actions would you explore regarding the interpersonal pattern that Eileen enacted with her mother?



4. Choosing Intervention Strategies

D. Biological Health

- ❖ Based on an biological conceptualization, what psychotherapy strategies would you use with Eileen to *encourage more adaptive health practices*?
- ❖ What interventions would you use to explore the role of alcohol in Eileen's life or to help Eileen improve her biological health?



Questions or Comments?

Do you have any questions
or comments about
Multitheoretical Conceptualization
or
Choosing Intervention Strategies ?



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Let's Stretch Briefly



Practicing Treatment Planning Skills

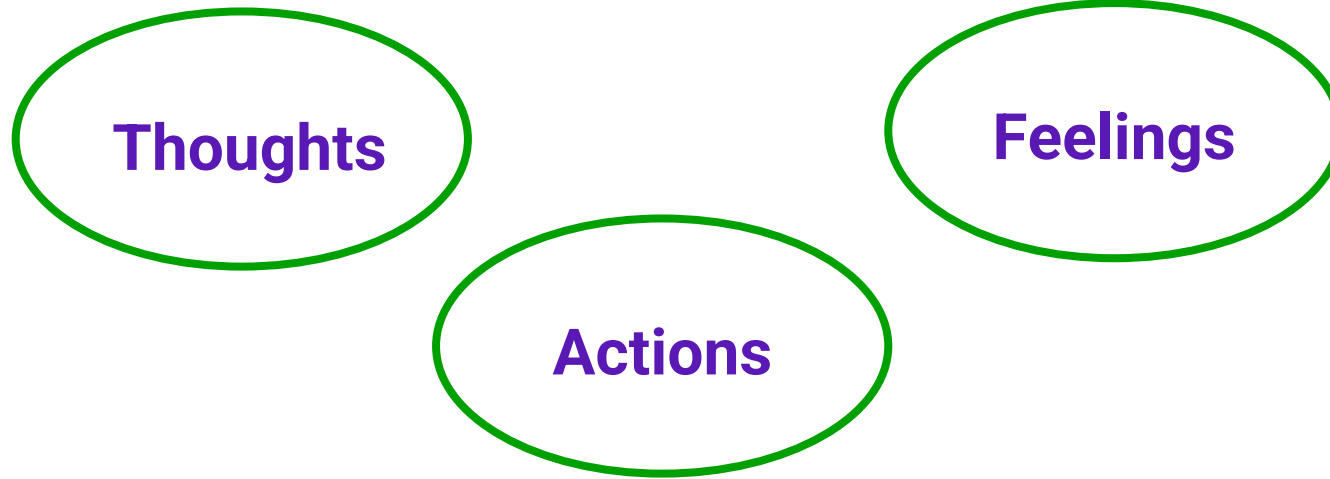
There are several ways to practice these treatment planning skills:

- ▶ **Personal Practice** – use the *daily record* and *unhealthy pattern* worksheets to reflect on your own functioning
- ▶ **Reflecting on Clients** (current or past) using these concepts
 - ▶ Fill out a worksheet the way you think a client would
- ▶ **Role-Play Practice** with a colleague or friend
- ▶ **Implement with Current Clients**



Personal Practice A

Please reflect on a personal concern and describe the general pattern using ***Multidimensional Survey Part A:***



Firing Order: How do these dimensions relate to one another?

Focal Dimension: Where would you like to begin exploration?



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Personal Practice B

Please reflect on a personal concern and describe the sources of the maladaptive pattern using **Multidimensional Survey Part B: External Contexts:**

- Development across Life Experiences
- Interpersonal Patterns
- Families and Other Microsystems
- Sociocultural Macrosystems

Focal Dimension: Which context(s) seem(s) particularly important?



Personal Practice C

Please describe the internal sources of the maladaptive pattern using **Multidimensional Survey Part C: Internal Influences:**

- Intrapsychic Processes, Conflicts, & Defense Mechanisms
- Biology & Physical Health

Focal Dimension: Is there an internal influence that seems important to explore and understand?



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Questions or Comments?

Do you have any questions
or comments about
Unified Treatment Planning?



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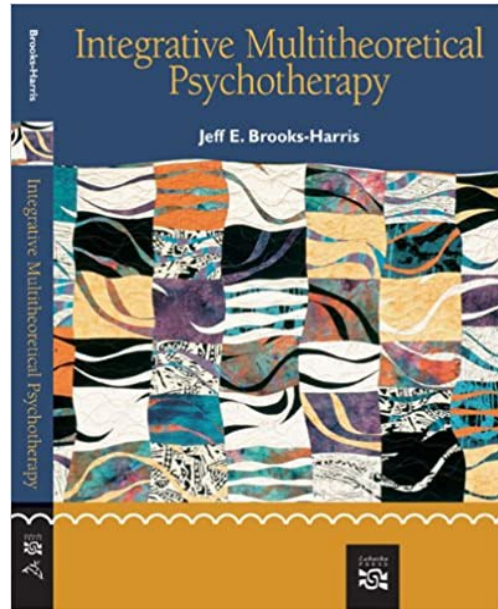
TUP Discussion Groups

- ▶ There will be a free discussion group after each live webinar
- ▶ TUP 1-6. **Unified Treatment Planning** – 11/17/23, 11am EST
- ▶ Discussion groups will encourage *application of skills* and concepts with clients
- ▶ Discussions starting in **January 2024** will focus on application to specific client and deliberative practice of skills
- ▶ Email Jeff to receive a Zoom invite:
dr.jeff.e.harris@gmail.com



Reference

Brooks-Harris, J. E. (2008). *Integrative Multitheoretical Psychotherapy*. Boston: Houghton Mifflin.



Multitheoretical Psychotherapy (MTP) is one of the earlier unified models that developed into the current version of Unified Psychotherapy (UP).

Email dr.jeff.e.harris@gmail.com if you would like pdf copies of this book.



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TUPdates

If you would like to receive TUPdates
(updates on Training in Unified Psychotherapy),
including information on webinars, resources, and
website revisions, please email Jeff Harris at:

dr.jeff.e.harris@gmail.com

tupdates@googlegroups.com



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Training in Unified Psychotherapy

If you'd like to become a part of this *interactive learning community*, please send an email to:

dr.jeff.e.harris@gmail.com

and ask to be added to the **TUPdates** google group.

If you'd like to seek **TUP Level One Certification**, please contact Jeff for more details.



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