INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Training and Supervision in Multitheoretical Psychotherapy

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CHAPTER OVERVIEW

Chapters Three and Eleven of this book described *Multitheoretical Psychotherapy* (MTP) as a way to understand clients, plan for treatment, and help resolve specific problems. In addition to serving as a method of treatment planning, MTP can also be used to guide psychotherapy training and supervision. The five principles for psychotherapy integration, described in Chapter Two, will be applied to both training and supervision in this chapter. Multitheoretical training involves two distinct features. First, *key strategies training* is used to help psychotherapists acquire a repertoire of skills from diverse theoretical approaches. Second, *integration in action* allows trainees to use MTP concepts to understand current clients and combine strategies in clinical practice. Integrative supervision can include using MTP tools to focus on conceptualization and intervention skills using teacher, counselor, and consultant roles (Bernard, 1997). Specific strategies that allow supervisors and trainees to discuss current clients and plan for integrative treatment will also be described.

INTRODUCTION TO MULTITHEORETICAL TRAINING

Process and Content

It is important to recognize that training in psychotherapy integration should include both the *content* of psychotherapy and the *process* of integration. Psychotherapy content refers to the diverse intervention strategies that a trainee will learn to use when providing therapy. Integrative process refers to the way trainees learn to make intentional decisions about what perspectives to take and what skills to utilize. MTP provides a balanced emphasis on both

content and process. The integrative treatment planning steps described in Chapter Three provide a practical method that can help trainees learn the process of integration (see Table 3.2). The way this process can be applied to clients with different diagnoses was illustrated in Chapter Eleven. Both of these chapters described the process of integration based on the pluralistic principles of multidimensional and multitheoretical integration that were introduced in Chapter Two. Later in this chapter, training in integrative process will be highlighted in the section on integration in action. The content of psychotherapy that trainees can learn to integrate was the subject of Part Two of this book. Chapters Four through Ten described a broad catalog of key strategies from seven theoretical traditions that trainees can learn, practice, and implement with clients. The description of these intervention skills was based on the pragmatic principle of strategy-based integration, which was described in Chapter Two. Later in this chapter, training in psychotherapy content will be highlighted in the section on key strategies training. The dynamic interplay between the pluralistic process of integration and the pragmatic content of intervention skills is important for trainees to recognize as they learn to practice integrative psychotherapy.

When Should Integrative Training Occur?

Some authors have argued that training in integration should occur at the end of graduate school after different systems of psychotherapy have been learned in pure, isolated forms. For example, Norcross and Halgin (2005) described the following five-step integrative training sequence: (1) Relationship and communication skills training; (2) Exploration of various systems of human behavior; (3) A course on systems of psychotherapy; (4) A series of practica that encourage competence in at least two different systems; and (5) Integration of disparate models and methods. During the third step, while taking a theories class, "students would be encouraged to tentatively adopt a theoretical orientation that is most harmonious with their personal values and clinical preferences" (Norcross & Halgin, 2005, p. 442). Although all five of these steps have merit in the preparation of integrative psychotherapists, an integrative training approach based on MTP would differ from this model in three important ways.

First, instead of describing integration as an elusive aspiration that occurs only at the end of graduate training, integration would be introduced from the very beginning as a tangible long-term goal that trainees can begin pursuing from the beginning of graduate school. If integration is not infused into training from the beginning, then training in isolated forms of therapy may reinforce the idea that trainees should discern which form of psychotherapy is the most effective or to choose an approach that best fits their own worldview.

Later in this chapter, a plan for infusing the idea of multitheoretical integration throughout the graduate curriculum will be described in Table 12.3.

Second, instructors using a multitheoretical approach would not encourage students in theories courses to select a single theoretical orientation based on personal preferences. There are some problems with the traditional notion that trainees should choose a theoretical orientation that matches their own worldview. To begin with, this encourages psychotherapists to make treatment decisions based on their own personal preferences rather than on the individual needs of clients and the results of psychological research. Additionally, once trainees have chosen a dominant theory and have become comfortable with this orientation, it may be harder for them to embrace the idea of integration and leave the comfort of their favorite approach to explore new ideas and strategies. In an educational context where trainees are encouraged to accept one best theory or to choose their own theoretical orientation, trainees may prematurely embrace one approach and close themselves from learning other theories. Instead, graduate students could be encouraged to view psychotherapy theories as complementary tools and to build a repertoire of diverse skills so they can base their choice of interventions on clients' needs rather than on their own personal values. While MTP recognizes that it is easier for students to embrace *assimilative integration* with a foundation in a single theory (Messer, 1992; Norcross, 2005), this may be seen as a developmental precursor to a more fully integrated approach to psychotherapy. It will be natural for trainees to recognize that some theories are personally more attractive than others. However, this should be seen as a personal preference that may not correspond to clients' needs. A metaphor that can be used to illustrate this idea is asking someone to identify their favorite flavor of ice cream. Many people have a favorite ice cream flavor, but few believe that this chosen taste is superior to others in an absolute sense. Although you may prefer chocolate ice cream, you might know that some friends prefer vanilla. Most people would be willing to serve a flavor that meets their guests' needs rather than always serving their own favorite. In a similar way, a psychotherapist who enjoys psychodynamic theory may be willing to use cognitive strategies when it is in the best interest of a particular client.

Third, MTP views practicum training as an ideal context to encourage multidimensional thinking and multitheoretical practice. If integration is recognized as a long-term goal, it may not be helpful for each practicum to be organized around the acquisition of skills from a single approach based upon treatment manuals, as suggested by Norcross and Halgin (2005). If students practice pure forms of psychotherapy for the first few years of graduate school, they may be shortchanging their clients by using only the theory in

which they are currently being trained. For example, if a student takes a cognitive psychotherapy class during her first practicum, she might conclude that she should only focus on thoughts as a point of clinical leverage. However, if this counselor were trained within the context of multidimensional integration, then she would view thoughts as one of several valid focal dimensions. She would see the skills she is acquiring in her cognitive psychotherapy class as part of a broad repertoire of skills that she can use to help clients. Strategies for encouraging integration in action during a practicum or internship will be described later in this chapter.

Rather than seeing integration as a training goal that should occur at the end of graduate school, MTP suggests that the idea of integration and the eventual goal of multitheoretical practice can be introduced from the very beginning of graduate school. Starting in both pre-practicum skills classes and theory survey classes, MTP can provide a conceptual foundation on which psychotherapy integration training can be built. Seminars in specific theories can provide depth that will help build multitheoretical competence. Practicum classes and internship seminars can provide the ideal context for reflecting on actual clients from different theoretical perspectives and learning to integrate skills from different approaches. The ways that MTP can be used throughout graduate training in psychotherapy will be described next in the context of applying five principles for psychotherapy integration to the domain of training. Table 12.1 provides a summary of how multitheoretical integration can be infused throughout the graduate curriculum using concepts and tools drawn from MTP.

FIVE PRINCIPLES FOR TRAINING MULTITHEORETICAL PSYCHOTHERAPISTS

Training in MTP can be guided by the five principles described in Chapter Two. This section of the chapter will highlight ways that these principles are already featured in many graduate programs as well as ways in which training can be enhanced by using MTP as a training approach.

Training for Intentional Integration

Psychotherapists should be trained to make intentional choices about theories and strategies. Intentionality is an alternative to a one-size-fits-all approach where all clients with the same diagnosis receive the same manualized treatment. It is also an alternative to an intuitive approach in which trainees receive no guidance in how to make informed decisions about treatment. MTP assumes that clients come to counseling with complex problems that need customized treatment. Trainees should be taught how to recognize the types of approaches and strategies that are most likely to benefit

**TABLE 12.1   Multitheoretical Training Infused Throughout
                the Graduate Curriculum**

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1. Pre-Practicum Skills Training

The catalog of key strategies provides advanced strategies to complement basic skills. Skills classes often emphasize training in intentional, strategy-based, and relational integration.

2. Theory Survey Class

The multitheoretical framework demonstrates how theories can be used in combination based on complementary emphases. Theory survey classes can be used to encourage multitheoretical integration.

3. Seminars on Individual Approaches

Key strategies training provides a way to translate theory into practice. When key strategies training occurs in different seminars describing distinct theories, students can prepare for strategy-based integration.

4. Practicum or Internship

MTP provides a framework for reflecting on practice, expanding knowledge and skills, and integrating theories in practice. Practicum or internship provides an ideal context for multidimensional and multitheoretical integration.

5. Psychotherapy Integration Class

This *Integrative Multitheoretical Psychotherapy* text provides content to complement integrative processes described in Norcross and Goldfried's (2005) *Handbook of Psychotherapy Integration*. An integration class supports multitheoretical integration.

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particular clients and to work with their clients to make collaborative decisions about treatment.

Intentionality is a feature of some basic skills training that graduate students receive in pre-practicum classes. In defining intentionality, Chapter Two quoted two basic skills texts used in many pre-practicum classes. Ivey and Ivey's (2003) basic skills text is organized around the theme of intentionality, which they describe as the ability to decide what to do after considering a range of alternative actions. Similarly, Hill (2004) introduced the idea of using intentions to guide the helper's choice of verbal and nonverbal interventions. Although intentionality is highlighted in these basic-skills texts, this principle could be used to enhance more advanced training in psychotherapy theories as well. Instructors can help graduate students recognize when a particular theoretical approach is most useful. For example, the process of integrative treatment planning described in Chapter Three provides a structured way for trainees to learn how to use intentionality as they choose theoretical approaches based on the dimensions on which they have chosen to focus.

Training for Multidimensional Integration

Psychotherapy trainees should learn to think about and work within the complexity of clients' lives. The idea of multidimensional integration was first introduced to graduate training through Lazarus's (1981; 2005) *Multimodal Therapy* that has been featured as an integrative alternative in some theories texts (e.g., Corsini & Wedding, 2000, Ch. 11; Prochaska & Norcross, 1999, Ch. 14). MTP's *multidimensional model* (introduced in Chapter Two and detailed in Chapter Three) updates Lazarus by putting more emphasis on systemic and cultural contexts. The multidimensional model (see Figures 2.2, 3.1 & 3.2) provides a way to think about clients in a holistic manner while managing the complexity of human life by identifying seven important dimensions. Trainees who learn to think about multidimensional adaptation will learn to recognize the way psychological functioning (the interaction between thoughts, actions, and feelings) is shaped by overlapping environments (biological, interpersonal, social, and cultural contexts). These trainees will learn that promoting adaptation in one area is likely to result in adaptation in other areas as well. When trainees are taught to think and act in a multidimensional manner, they will recognize that different dimensions provide multiple points of clinical leverage to activate the process of change. For example, using actions as a point of leverage to encourage clients to choose more effective behavior is likely to result in more adaptive feelings and thoughts as well.

Multidimensional thinking is a developmental precursor to multitheoretical practice. Trainees who have been trained in one theoretical approach with which they feel comfortable may be able to embrace the idea of multidimensional integration before they are ready to commit to the idea of multitheoretical practice. For example, a graduate student trained in cognitive psychotherapy may feel comfortable conducting a multidimensional survey and attending to the interaction between different dimensions. However, this trainee may prefer to focus on thoughts as a point of intervention. This type of multidimensional cognitive psychotherapy may be considered a form of assimilative integration (Messer, 1992; Castonguay et al., 2005). Historically, this was the origin of Lazarus's approach to integration, which was originally called "Multimodal Behavior Therapy" (Lazarus, 1976) and went beyond a strict focus on behavior to focus on other modes of functioning.

Training for Multitheoretical Integration

Over time, trainees can learn to think in a multitheoretical manner, using different theories to understand clients in complementary ways. For example, a single client's struggle can be described as either the result of inaccurate thoughts (cognitive perspective) that result in maladaptive feelings (experiential perspective), or as an interpersonal pattern (psychodynamic perspective)

based on roles learned in the family of origin (systemic perspective). However, trainees cannot become multitheoretical psychotherapists overnight. Compared to viewing clients in a multidimensional manner, a multitheoretical perspective takes much longer to acquire. Trainees can embrace the importance of looking at several dimensions of a problem or to conduct a multidimensional survey in a single seminar, class, or workshop. However, the ability to conceptualize and choose strategies from several different theories is more likely to take months or years of training and practice.

Multitheoretical training is already encouraged in many graduate programs. This type of training often begins with a theory survey class that provides an overview of several different theories using a text like Corsini and Wedding's (2000) *Current Psychotherapies*; Bongar and Beutler's (1995) *Comprehensive Textbook of Psychotherapy*; Corey's (2000) *Theory and Practice of Counseling and Psychotherapy*; or Ivey, D'Andrea, Ivey, and Simek-Morgan's (2001) *Theories of Counseling and Psychotherapy: A Multicultural Perspective*. Instructors in a theory survey class can teach trainees to think of different theories as complementary systems that can be used in combination. *Systems of Psychotherapy: A Transtheoretical Analysis* by Prochaska and Norcross (1999) is particularly helpful in encouraging trainees to think about theories from an integrated perspective. These authors analyze each theory based on which processes of change are emphasized and provide guidelines for theory selection based on levels and stages of change. The current text can augment these traditional theory survey texts in two important ways. First, MTP provides a user-friendly method of describing how different theories complement one another by focusing on different focal dimensions as points of clinical leverage. Second, MTP's catalog of key strategies offers a practical method for translating theory into action by describing practical skills that can be combined.

A one-semester theory survey course can begin the development of multitheoretical integration, but this process is more likely to evolve gradually over the span of graduate school and beyond. Many graduate programs offer seminars in specific theoretical approaches such as psychodynamic psychotherapy, client-centered therapy, or multicultural counseling. These classes allow trainees to deepen their ability to think in a multitheoretical manner. Currently, some graduate students view these courses as an opportunity for "comparison shopping" in their search for a single theoretical orientation that best suits their personal worldview or is most compatible with their professional goals. From an integrative perspective, faculty can encourage students to embrace the development of a multitheoretical orientation as a long-term goal. In the context of such a goal, seminars focusing on single theories would be seen as in-depth training in models of conceptualization and intervention that could be combined with models learned in other classes.

Although students may take classes that describe different theories, most are not trained in practical methods for combining skills from different approaches. There are a number of barriers to training psychotherapists to combine ideas and strategies from different theoretical approaches. First, many professors and supervisors have chosen a single theoretical orientation and may overtly or subtly encourage graduate students to do the same. Second, recent research using standardized treatment manuals to demonstrate the efficacy of single-theory approaches may lead trainees to believe that psychotherapy should always involve following a set protocol that has been empirically supported.

After students have had the chance to take seminars focusing on different theories, it may be helpful for advanced students to take a psychotherapy integration class using Norcross and Goldfried (2005). This handbook provides chapters describing several different approaches to integration as well as ways to apply integrative methods to specific populations or problems. Norcross and Goldfried's (2005) handbook surveys the state of the art in psychotherapy integration and may serve as a guide to trainees who do not want to limit their clinical expertise to a single theory. One weakness of such a handbook, however, is that it provides breadth rather than depth. Many of the chapters in the handbook focus more on the process of integration and less on the content of the psychotherapy approaches that are described. The current MTP text could be used in a psychotherapy integration class alongside Norcross and Goldfried's (2005) handbook to describe one integrative approach in more depth and to provide a balanced focus on both content and process.

Training for Strategy-Based Integration

Many graduate programs offer a strategy-based training component. Most of these programs start with a pre-practicum skills class using a textbook by authors like Ivey and Ivey (2003), Egan (1998), or Hill (2004). These basic skills texts divide the process of helping into its core components. The microskills approach to training was originally developed by Allen Ivey (1971; Ivey & Authier, 1978) over three decades ago and has been used widely to teach basic helping skills that are utilized across theories. Until now, a microskills approach has not been extended to more advanced skills associated with specific theoretical orientations. MTP's pragmatic emphasis on strategy-based integration and the use of the key strategies training method represents an application of the microskills training method to a new context. In fact, these key strategies were originally conceived as "advanced microskills" (Brooks-Harris & Gavetti, 2001). Upon further development, it was realized that the strategies described were more complex than microskills. These key strategies are comprised of sequences of microskills such as open questions,

paraphrasing, interpretation, and summarization. MTP's catalog of key strategies allows for a time-honored and evidence-based training method to be extended to a new educational arena. Strategy-based training can be offered in advanced seminars that focus on specific psychotherapy theories. Students can begin to translate theories into practice by learning, practicing, and implementing key strategies. A series of training videos published by Microtraining Associates (www.emicrotraining.com) can be used to provide examples of what these strategies look like in clinical practice (Brooks-Harris & Oliveira-Berry, 2001a, 2001b, 2002, 2004). By learning skills associated with different theories, trainees will be prepared for the more complex task of integration. It may be easier for graduate students to gradually acquire a repertoire of diverse skills that can be used in combination than to attempt to reconcile underlying assumptions associated with different theories. Therefore, integration based on interventions may be more practical than integration based on a single unified theory that has yet to be developed. Suggestions for implementing key strategies training will be highlighted later in this chapter.

Training in Relational Integration

Most graduate students are taught that developing a therapeutic relationship is a key element of successful psychotherapy. A strong therapeutic alliance is often considered a common factor emphasized across theories (e.g., Frank & Frank, 1991; Garfield, 1995; Wampold, 2001). Some researchers estimate that common factors, like the therapeutic relationship, contribute to improvement in psychotherapy at a higher rate than specific techniques that are associated with a particular theory (e.g., Lambert, 1992). Therefore, it is important that training in psychotherapy integration be based on building a strong alliance with each client rather than choosing strategies in a technical or impersonal manner that does not honor the interpersonal relationship between a psychotherapist and client.

Relational training often begins in basic skills classes. Many of the foundational skills taught in a pre-practicum class are organized around the concept of active listening that is designed to build a strong alliance between counselor and client. Later, in seminars focusing on single theories, students may learn that different theories advocate different sorts of relationships. For example, *Cognitive Therapy* emphasizes a relationship based on collaborative empiricism (A. T. Beck & Weishaar, 2000), whereas *Person-Centered Therapy* stresses the value of empathy, warmth, and congruence (Raskin & Rogers, 2000). MTP suggests that these different relationship styles can be learned and applied based on the individual needs and preferences of the client (see Table 2.4). More advanced training in relational integration can be organized around Norcross's (2003) work on customizing the therapeutic relationship based on individual characteristics of clients. Although MTP training focuses on theories

and strategies, this approach recognizes that formulating conceptualizations and choosing strategies should always be based on a phenomenological understanding of a particular client and an interpersonal relationship between two individuals. The appropriate choice of focal dimensions and intervention strategies should be used to strengthen the therapeutic alliance.

TWO DISTINCT FEATURES OF MULTITHEORETICAL TRAINING

MTP training involves two distinct features. The first component is called *key strategies training* in which trainees learn specific skills that they can use with clients. The second feature of MTP training is called *integration in action,* through which trainees learn to think about current clients in a multidimensional manner, formulate multitheoretical conceptualizations, and learn to practice integrative psychotherapy combining skills drawn from different theoretical approaches. These two components will be described separately with practical suggestions for implementation.

Key Strategies Training

MTP's catalog of key strategies describes almost 100 different interventions that are frequently used by psychotherapists. The process of learning some or all of these skills is called key strategies training, which involves learning, practicing, and implementing psychotherapy interventions based on knowledge of strategy markers and expected consequences. It is important to note that key strategies training can be used as part of integrative training or in the context of instruction in a single theoretical approach. Learning one set of key strategies does not obligate a trainee to acquire skills from any other theory. However, key strategies training does offer a pragmatic approach to integration based on therapeutic actions rather than the synthesis of abstract theories. In fact, it may be most effective for trainees to learn separate sets of skills in different classes at different times with the eventual goal of multitheoretical practice. This type of focused training will be described first. Then, in the section on integration in action, applied training involving more than one set of skills will be illustrated.

Key-strategies training can be conducted in six sequential steps: (1) Theory review; (2) Strategy introduction; (3) Demonstration; (4) Discussion; (5) Written practice; and (6) Role-play practice. These six steps are detailed in Table 12.2. This type of training can occur as part of academic classes, practicum or internship seminars, or stand-alone workshops. In an academic class, assigned chapters from a theory-oriented textbook can be paired with groups of strategies to strengthen the link between theory and practice. Throughout the course of an academic class, students can have the opportunity to learn one set of skills in-depth, with the expectation that other classes

TABLE 12.2   Key Strategies Training

1. Theory Review

Review theoretical constructs that support intervention strategies. This may involve reading chapters from a traditional text.

2. Strategy Introduction

Introduce a specific strategy by having students read the strategy marker, suggestions for use, and expected consequences.

3. Demonstration

The instructor can demonstrate the strategy in role play or show a video demonstration.

4. Discussion

Students may ask questions about the strategy or the way it was implemented in the demonstration.

5. Written Practice

After a demonstration, students can write down something they might say to enact a particular strategy with a client.

6. Role-Play Practice

Key-strategies training can conclude by asking students to practice a specific skill or a group of interventions.

  (a)   *In Class.* Role-plays can begin in class with feedback from the instructor and fellow students.

  (b)   *After Class.* Afterward, trainees can practice role-plays outside of class. If students videotape their role-plays, they can reflect on their practice by reviewing the tape and identifying what they said and did to enact specific strategies. Role-play practice can focus on a single strategy or on a group of related skills.

will provide opportunities to acquire different sets of skills. In a stand-alone workshop, the focus is more likely to be on the acquisition of skills. Training videos have been developed that demonstrate cognitive, behavioral, experiential, and psychodynamic strategies (Brooks-Harris & Oliveira-Berry, 2002a, 2002b, 2003, 2004; www.emicrotraining.com).

Integration in Action

Practica and internships offer an ideal context for trainees to learn to practice multitheoretical psychotherapy. Practicum or internship seminars often focus on counselor's current work with real clients, offering a great opportunity to encourage multidimensional thinking and multitheoretical action. MTP can be used in at least three different ways in these sorts of seminars. First, MTP might be introduced in a single seminar as one method of integration. If MTP is presented in a single session, the most useful place to start is to introduce

the multidimensional model (Figure 2.2) and multitheoretical framework (Tables 1.1 & 2.2) and then to focus on integrative treatment planning as described in Chapter Three (summarized in Table 3.2).

Second, MTP can also be used as the foundation for a semester or year-long seminar that embraces multitheoretical skill building as its goal. In this type of seminar, one or two sessions can be dedicated to building skills in each of seven theoretical approaches, after a conceptual overview and an introduction to integrative treatment planning are provided. Table 12.3 describes how MTP can be used to organize a practicum or intern seminar.

The third way of using MTP in a training seminar is to engage in collaborative case consultation or to use MTP concepts to organize case presentations. An instructor can encourage trainees to discuss specific clients, using MTP concepts as a structured way of understanding clients and planning for application. Trainees can be asked to describe clients using the multidimensional model, identify focal dimensions, formulate a multitheoretical conceptualization, and plan interventions. At first, case consultation is more likely to focus on multidimensional surveys and the selection of focal dimensions. This encourages trainees to think about clients in a complex manner and to appreciate the way these dimensions interact in real life. Later, case consultation is more likely to focus on multitheoretical conceptualization and selection of intervention strategies. In order to facilitate mastery in the area of conceptualization, trainees can work together to apply conceptual ideas from different theoretical models to describe current clients. Conceptual models were described at the beginning of each of the chapters in Part Two of this text (Chapters 4–10) and are summarized in Appendix A. Because some trainees may be more familiar with a particular theory compared to other trainees, this provides a great opportunity for collaborative learning. This type of case consultation often concludes with the identification of specific interventions from the catalog of key strategies that might be useful with a particular client. Once specific skills have been identified, discussion can focus on ways that strategies can be customized to meet the needs of this particular client. The same structure can be used for formal case presentations. Table 12.4 summarizes this method of using MTP concepts to organize case consultation or case presentations.

Future Research

These training methods were developed by the authors and their colleagues to educate practicum counselors and psychology interns at a university counseling center. The goal is to help trainees acquire a repertoire of skills from different psychotherapy theories and to implement these intervention strategies in an intentional manner, based on a holistic understanding of individual clients. This approach to training has not been tested using formal research methods. Now that MTP training methods—including key strategies training

TABLE 12.3   Using MTP to Organize a Practicum or Intern Seminar

1. Introduction to Psychotherapy Integration (Week One)

Four different routes to psychotherapy integration are described: (a) common factors, (b) technical eclecticism, (c) theoretical integration, and (d) assimilative integration.

2. Multitheoretical Psychotherapy (Week Two)

- MTP is described as a combination of technical eclecticism and theoretical integration.
- Multidimensional Model guides thinking about clients (Figure 2.2).
- Multitheoretical Framework guides implementation (Table 1.1 and 2.2).
- Trainees identify their preferences, background knowledge, and learning goals.

3. Integrative Treatment Planning (Week Three)

- Integrative Treatment Planning is presented as a practical method to prepare for integrative practice with an individual client (Table 3.2).
- Multidimensional Survey is demonstrated and practiced in role-play.
- Focal Dimensions are chosen for the purpose of concentrating on interactions between dimensions and guiding the choice of conceptual models and intervention strategies.

4. Skills Training for Seven Theoretical Approaches (Fourteen Weeks Total)

- Skills training can be provided during a 2-semester seminar that meets 2 hours per week
- 2 weeks for each theoretical approach
  - a. Week 1:
    - Review of theoretical concepts
    - Conceptualization applied to current clients
    - Introduction of key strategies
  - b. Between Seminars:
    - Conceptualize current clients
    - Self-reflection for use of strategies with current clients
    - Read written descriptions of skills
    - View demonstration videos
  - c. Week 2:
    - Rate skills as strengths or areas for growth
    - Role-play practice focusing on growth areas
    - Treatment planning for specific clients:
      - With whom would you like to use this approach?
      - Which particular strategies would be helpful for this client?

TABLE 12.4   Using MTP to Organize Case Consultation or Case Presentations

1. Client Description, Presenting Concern, and Relevant History

- Describe the client and their presenting concern.
- What background information is most important for understanding the current situation and the client's current goals for psychotherapy?

2. Multidimensional Survey

- How is the presenting concern related to the client's thoughts, actions, and feelings (TAF)?
- How is the presenting concern shaped by the contexts of biology, interpersonal patterns, social systems, and cultural contexts (BISC)?

3. Focal Dimensions

- Which two or three dimensions are most salient and have formed the focus of psychotherapy so far?
- Are these dimensions still relevant and helpful in guiding treatment?
- Should other focal dimensions be considered?

4. Formulating a Multitheoretical Conceptualization

- Using two or three psychotherapy theories that correspond to focal dimensions, what is your current understanding of this client?
- What hypotheses have you formulated?
- What questions remain regarding conceptualization?

5. Intervention Strategies

- Using the catalog of key strategies as a reference point, what interventions have you used so far?
- Which skills have been most helpful?
- Are there other strategies that should be considered?
- How would these strategies be used with this particular individual?

and integration in action—have been described here, it is hoped that qualitative and quantitative research will be used to explore the following questions: Is MTP an effective way to train counselors to integrate ideas and strategies from different psychotherapy theories? Can these training methods be applied to a variety of academic settings as well as applied social service training sites? Can graduate-level trainees learn to translate theories into practice using the key strategies method? Can trainees learn to think about their clients in a multidimensional manner and make intentional multitheoretical choices? How will MTP training impact the way psychotherapists practice in the future?

INTRODUCTION TO MULTITHEORETICAL SUPERVISION

Five Principles for Integrative Supervision

Supervision in MTP can be guided by the five principles for psychotherapy integration (see Chapter 2) in the same way that multitheoretical training was described earlier in this chapter. This section will briefly review how supervision can be used to promote understanding of psychotherapy integration principles.

Supervision for Intentional Integration

Supervisors should encourage trainees to make intentional choices when conducting psychotherapy. More specifically, supervisors can encourage trainees to be intentional in choosing focal dimensions, formulating multitheoretical conceptualizations, selecting intervention strategies, and choosing relational stances. For example, a supervisor might ask, "What intervention strategies are you currently using?" and "Why?" in order to facilitate a trainee's purposeful choice of interventions based on the client's presenting concerns. The principle of intentionality guides the remaining four principles, in that supervisors can help trainees recognize the rationale for focal dimensions, theoretical conceptualizations, intervention strategies, and the types of relationships they develop with clients.

Supervision for Multidimensional Integration

Supervisors can use the multidimensional model of human functioning (Figure 2.2) to promote clinical discussions in supervision. Use of this model helps trainees view clients in a holistic manner. Part of this comprehensive understanding is recognizing how current functioning is shaped by different contexts and how some interventions focus on directly changing clients' thoughts, actions, or feelings, whereas other interventions are based on exploring the influence of contextual variables like biology, interpersonal patterns, social systems, and culture. Additionally, the multidimensional model can be used as a tool when trainees are unsure how to proceed. When a trainee feels stuck, it may mean that the current focal dimension(s) may need to be reexamined or changed. If this is the case, a supervisor can review the client's dimensions of functioning with the trainee and can encourage consideration of other focal dimensions. For example, if a client is having a hard time describing his feelings, it may be helpful to look more closely at thoughts or actions.

Supervisors can also use the multidimensional model to reinforce the value of combining theoretical approaches that focus on different dimensions. This serves to move a trainee away from a focal comfort zone and to provide the opportunity to learn to understand clients looking at diverse

dimensions of functioning. Multidimensional integration provides trainees with a systematic but flexible way to consider clients' individual treatment needs and prepares trainees to formulate multitheoretical conceptualizations (described in the next section). Supervisors can encourage multidimensional integration by asking questions like these that focus on the interaction between thoughts and culture:

- What thoughts are contributing to the client's presenting concern?

- What cultural variables are relevant to this client's current struggle?

- How does this cultural context shape the way the client is thinking?

Supervision for Multitheoretical Integration

Supervisors can help trainees move toward multitheoretical practice by encouraging them to think about clients using different theories as multiple vantage points. Specifically, supervisors can help trainees choose which theories to use to conceptualize particular clients. For example, a supervisor might start by asking a trainee to recognize how a client's presenting concern can be understood from the perspective of a single theory related to a focal dimension or to the client's presenting concern. This supervisor could then proceed to encourage multitheoretical conceptualization by asking the trainee to describe the same client from one or more complementary theoretical perspectives. Here are some questions that could be used to promote multitheoretical conceptualization:

- How could you understand this client from a cognitive perspective? Have you noticed any dysfunctional thinking in your client's description of his presenting concern?

- What would this client's presenting concern look like from a behavioral point of view? What elements in the environment might be reinforcing this unwanted behavior?

- Let's look at this client from an experiential perspective. Which of these feelings seems to be most central to her experience? Does this emotion serve an adaptive function?

- How could you understand this client using a biopsychosocial perspective? How do you see his health and his psychological functioning interacting? What are some of the socio-cultural influences on his health behaviors?

- What would this problem look like from a psychodynamic point of view? Could the current relationship problem be related to a pattern that the client learned in a formative relationship with one of her parents?

- Let's look at the problem from a systemic perspective. I wonder if the client may be acting out an old family role as an attempt to deal with the stressful situation at work. Can you tell me more about the client's family?
- How could you understand this client using multicultural concepts? As you think about the client's cultural identity, are there important values that might be related to the client's presenting problem?

When supervisors encourage multitheoretical conceptualization, they are preparing trainees to select strategies from different approaches as part of multitheoretical practice. Multitheoretical conceptualization is summarized in Appendix A.

Supervision for Strategy-Based Integration

Supervisors can help trainees implement the principle of strategy-based integration by identifying specific strategies that can be used in psychotherapy. These strategies, which are drawn from seven theoretical orientations, are designed to give trainees clear points of intervention. At times, trainees may already know how to implement useful strategies but, at other times, a teaching role can be used to introduce new clinical strategies and interventions. For example, reviewing the catalog of key strategies (Chapters 4–10; Appendix B) enables a supervisory dyad to discuss interventions that have been implemented already and skills that might be useful when enacted with a particular client.

Supervision for Relational Integration

Supervisors can encourage relational integration by helping trainees consider the type of relationship that might be most comfortable and helpful for a particular client (see Table 2.4). A supervisor should discuss with trainees the importance of collaborating with clients in psychotherapy and the degree of collaboration that each client is capable of. Indeed, a common factors approach or contextual model emphasizes the importance of a shared worldview or allegiance to a particular treatment approach as an important factor in psychotherapy (e.g., Frank & Frank, 1991; Wampold, 2001). A supervisor should address any reservations a trainee may have about talking openly with clients about treatment decisions. Also using a common factors approach, relational training emphasizes the importance of teaching a trainee the value of building a strong therapeutic alliance with clients (e.g., Miller, Duncan & Hubble, 2005). Specifically, helping trainees customize the relationship stance to a particular client (for instance, whether they use collaborative empiricism or participant observation) will enable them to build a stronger therapeutic alliance with each client. A supervisor may also help a trainee process any negative reactions to a client that may be adversely impacting therapy. For example, a supervisory dyad may process a trainee's feelings of disgust toward a client who admits to a history of abusing animals.

USING MTP TO ENACT EXISTING MODELS FROM THE SUPERVISION LITERATURE

MTP can be used in supervision to guide conceptualization and treatment planning as well as enacting supervision approaches that have been described in the existing psychological literature (e.g., Bernard, 1997; Neufeldt, 1999; Stoltenberg & McNeil, 1997). This section describes supervision strategies that support integrative psychotherapy based on a multidimensional understanding of clients and a multitheoretical approach to treatment.

Bernard's Discrimination Model of Supervision

Janine Bernard (1979, 1997) described three roles that a supervisor can play during the process of clinical supervision: (1) Teacher, (2) Counselor, and (3) Consultant. First, the teacher role refers to the supervisor's responsibility to teach the trainee clinical skills during the supervision session. Second, the counselor role refers to the supervisor's facilitation of the trainee's internal process during the trainee's contact with both clients and the supervisor. Third, the consultant role refers to the supervisor's work as a sounding board for trainees' working hypotheses about clients.

In addition to these three roles, Bernard (1979, 1997) also identified three possible foci for supervision: (1) Intervention, (2) Conceptualization, and (3) Personalization. First, a focus on intervention skills refers to counselors' behaviors that are intended to facilitate therapeutic change. Second, a focus on conceptualization refers to the counselor's ability to selectively attend to important information and broad themes that are presented in psychotherapy. Third, a focus on personalization refers to counselors' unique constellations of personal qualities that play into the dynamics of psychotherapy (such as personality and multicultural competence). MTP is best suited for focusing on intervention and conceptualization, and all three roles can be used with these foci. Although MTP does not provide specific tools for focusing on personalization, supervisors are encouraged to address trainees' needs in this area throughout the supervisory relationship. Bernard arranges the intersection between a supervisor's roles and the foci for supervision in a matrix. Table 12.5 describes ways that MTP concepts and tools can be used to enact six combinations of role and focus in Bernard's matrix.

Neufeldt's Supervision Strategies

Susan Neufeldt (1999) described specific strategies that enact each of Bernard's three supervisory roles as well as a group of more advanced strategies. MTP provides specific tools that can enhance many of these strategies. MTP can be used to enact four of the teaching skills described by Neufeldt (1999).

TABLE 12.5   Examples of Using MTP to Enact Six Combinations of Supervision Role and Focus

<div style="writing-mode: vertical-lr;">Focus of Supervision</div>

| | Supervisor Roles | | |
	Teacher	Counselor	Consultant
Intervention Skills	Modeling a biopsychosocial intervention from the catalog of key strategies.	Reflecting a trainee's discomfort with using an empty chair experiment as an experiential strategy.	Discussing possible behavioral interventions to use with a client, using the catalog of key strategies as a point of reference.
Conceptualization Skills	Teaching the difference between a psychodynamic and a systemic conceptualization.	Helping a trainee to process her discomfort with multicultural conceptualizations.	Discussing a client's presenting concern from both a cognitive and a biopsychosocial perspective.

First, Neufeldt (1999) suggested that supervisors can evaluate observed counseling session interactions. MTP's catalog of key strategies (Appendix B) allows supervisors and trainees to identify specific interventions that were used in a given session and locate them within one of seven theoretical approaches. Second, Neufeldt (1999) described the way a supervisor can ask a counselor to provide a hypothesis about the client. MTP's approach to multitheoretical conceptualization describes specific models drawn from seven theories that can be used to generate hypotheses about clients (Appendix A). Third, Neufeldt (1999) advised that supervisors can teach, demonstrate, or model intervention techniques. MTP's catalog of key strategies describes twelve to sixteen strategies from each of seven theoretical approaches that can be taught or demonstrated in supervision. Fourth, Neufeldt (1999) described how supervisors can explain the rationale behind specific strategies and interventions. MTP describes strategy markers and expected consequences for each strategy that provide a rationale for the use of the skill (Chapters 4–10).

MTP can also be used to enact two of the counseling skills described by Neufeldt. First, Neufeldt (1999) suggested that a supervisor explore trainee feelings concerning specific strategies and interventions. MTP's catalog of key strategies (Appendix B) encourages specificity in identifying specific interventions that a trainee might be considering and may want to discuss with a supervisor. Second, Neufeldt (1999) advised that a supervisor can help a trainee define personal competencies and areas for growth. MTP's multitheoretical

framework (Tables 1.1 and 2.2) and catalog of key strategies (Appendix B) provide concrete ways to identify areas of strength and areas for future growth related to theories and specific intervention strategies.

Next, MTP can be used to enact two of the consulting skills described by Neufeldt. First, Neufeldt (1999) suggested that supervisors provide alternative interventions or conceptualizations for trainee use. MTP emphasizes the importance of identifying focal dimensions and suggests that a shift in focus will indicate the use of different conceptualization models and intervention strategies. Second, Neufeldt (1999) described the way that supervisors should encourage trainee brainstorming of strategies and interventions. MTP's catalog of key strategies (Appendix B) provides a list of specific interventions that can supplement the strategies with which the trainee is already familiar.

Finally, MTP can also be used to enact five of the advanced skills described by Neufeldt. First, Neufeldt (1999) suggested that supervisors can help the trainee conceptualize a case. MTP's description of multitheoretical conceptualization (Appendix A) provides seven specific models to help conceptualize a case. Second, Neufeldt (1999) advised supervisors to encourage the trainee's identification and use of cues in the client's and therapist's behavior. The strategy markers identified in Chapters Four through Ten describe specific cues for the use of different strategies. Third, Neufeldt (1999) described how supervisors can explore the trainee's intentions in the session. The expected consequences identified in Chapters Four through Ten describe predicted outcomes that should match trainee's intentions. Fourth, Neufeldt (1999) advised supervisors to help the trainee assess compatibility between in-session behavior and theory of change. MTP's multidimensional focus markers (Table 3.3) allow counselors to choose focal dimensions based on client behavior. Focal dimensions suggest the use of different approaches that represent different theories of change based on different points of clinical leverage. Fifth, Neufeldt (1999) suggested that supervisors present developmental challenges to trainees. MTP's multitheoretical framework (Tables 1.1 and 2.2) allows a supervisor and trainee to identify broad areas of development that may represent new challenges for a trainee's learning. Within each theoretical approach, the catalog of key strategies (Appendix B) provides specific strategies that may be identified as developmental challenges.

Stoltenberg's Developmental Model of Supervision

Cal Stoltenberg (1981) and his colleagues (Stoltenberg & Delworth, 1987; Stoltenberg & McNeil, 1997) have described a supervision model that addresses supervisees' developmental needs. They identified three structures or domains on which trainees of diverse developmental levels will vary: (1) self and other awareness, (2) motivation, and (3) autonomy. First, self and other

awareness refers to the idea that trainees with less experience will be more self-focused than trainees with more experience. Second, motivation refers to the tendency for novice trainees to be somewhat anxious and thus very motivated to learn quickly. Third, autonomy refers to the fact that beginning trainees are more dependent on their supervisors for support and feedback than are more advanced trainees. Stoltenberg and McNeil (1997) described four levels of trainee development, Level 1, Level 2, Level 3, and Level 3i (integrated professional). Each level represents a progression away from self-focus, anxiety, and dependency—and movement toward balanced self- and other-awareness, increased insight, as well as stable motivation, and autonomy. Additionally, Stoltenberg and McNeil (1997) described eight domains of professional activity on which supervisees will increase their comfort and competence over time: (1) intervention skills, (2) assessment techniques, (3) interpersonal assessment, (4) client conceptualization, (5) individual differences, (6) theoretical orientation, (7) treatment goals and plans, and (8) professional ethics. MTP focuses most closely on intervention skills, client conceptualization, and theoretical orientation.

Trainees' development in the context of intervention skills often begins with trainees feeling as though they don't know what to do to help their clients. They may be dependent on supervisors for specific guidance about what to say or do with each client. MTP's catalog of key strategies (Appendix B) provides a rich array of intervention skills that trainees may want to learn and may consider using with specific clients. As trainees gain experience and confidence, they may begin to reflect on strategies they have learned about, or interventions that have worked well for similar clients in the past. They may also draw on supervisory guidance in order to develop and deliver appropriate interventions.

Similarly, trainees' development in the context of client conceptualization may begin with uneasy feelings, as trainees are unfamiliar with translating basic theoretical principles to the individual dynamics of the clients they are seeing. By describing seven practical conceptualization models (summarized in Appendix A), MTP can facilitate growth in this area as well. Coaching from supervisors can help trainees develop the ability to see how various theoretical overlays fit each client's unique presentation. With continued experience, trainees are likely to feel increased comfort with making these connections.

Finally, trainees' development in the context of theoretical orientation may begin with unfamiliarity with various psychotherapy theories. This dimension of development dovetails with trainees' conceptualization skills, and supervisors are wise to help novice trainees to learn about varied theories and to discern which theories are most useful to them in practice. Recognizing personal comfort with particular theories is often the first step in developing a theoretical orientation. Supervisors may be able to help trainees

decide whether they want to commit themselves to a single orientation or whether they hope to combine ideas and strategies from several approaches within a multitheoretical orientation. Even if trainees are most familiar with a single theory, supervisors can encourage assimilative integration (Messer, 1992; Norcross, 2005; see Table 1.2 for a definition) in which a trainee relies on one theory as a foundation but incorporates ideas and strategies from other approaches into this foundation. If trainees want to develop an integrative orientation, then supervisors can guide them as they expand their knowledge and skills related to different psychotherapy theories.

Semester-Long Developmental Sequence

The process of supervising a trainee who is learning MTP is rooted in encouraging the trainee's autonomy and motivation while providing support and facilitating self-other awareness. This section will describe how MTP concepts and tools can be used within Stoltenberg and McNeil's (1997) developmental supervision model with a novice, or "Level 1," supervisee in a semester-long supervision sequence that can facilitate movement to a higher developmental level. During the first or second session of supervision, the supervisor should make an effort to learn about the trainee's preexisting knowledge of intervention skills, conceptualization skills, and theoretical orientation. For example, a discussion of theoretical coursework and readings may help the supervisor to understand the trainee's knowledge of basic theory and ways in which the trainee is most comfortable conceptualizing clients. Additionally, a supervisor can learn about a trainee's areas of theoretical interest by discussing the theories with which the trainee is most comfortable. The supervisor should also learn about trainee's skills with respect to implementing theory-based interventions and conceptualizing from distinct theoretical orientations. For example, the supervisor may ask some of these questions:

- Which theories do you use the most in your work as a psychotherapist?
- How do you know when you're using a particular theory?
- Can you provide some examples of how you've implemented theory-based interventions?

During subsequent sessions of early-stage supervision (sessions 2–4), a supervisor can present the multidimensional model (Figure 2.2) to the trainee and explain the ways in which presenting concerns can be seen as the interaction between two or three dimensions of functioning. Next, a supervisor can help a trainee identify one or two theoretical areas on which to focus learning during the semester. Once the basic framework for supervision has been built (understanding the trainee's theoretical and practical background and increasing the trainee's self-awareness), supervision sessions may turn

toward integrative treatment planning for specific clients. Exploration follows a framework of conducting a multidimensional survey, conducting a more focused conceptualization, consulting the catalog of key strategies, and encouraging self-reflection and self-awareness regarding alternative ways of intervening and conceptualizing (these steps will be described in more detail in the next section). This type of discussion can be repeated for different clients on a trainee's caseload. Further, repetition of the framework enables the trainee to develop the developmental qualities of autonomy, motivation, and self-other awareness (e.g., Stoltenberg & McNeil, 1997).

Prior to termination, the supervisor and trainee should review the supervisory learning process. Specifically, the dyad may discuss which theoretical approaches and interventions were reinforced, which were new, which fit best with the trainee's prior training and personal worldview, which were uncomfortable, and which warrant further exploration in future practice. Upon conclusion of this review, the supervisor and trainee can discuss future training goals.

SINGLE-SESSION MTP SUPERVISION SEQUENCE

This section will describe one way that a supervisor and trainee can use MTP concepts to discuss a client in supervision and plan for treatment. A set of six supervision strategies that can be enacted within a single supervision meeting will be described next. These strategies are summarized in Table 12.6.

Identifying the Current Focus

When discussing an ongoing client with a trainee, it is often helpful to identify the dimension(s) that the psychotherapist has been focusing on with the client. With a new client, you may need to start by looking at the dimensions that the client seems to think are most relevant to his or her struggles. Questions that an integrative supervisor might ask to identify the current or initial focus include the following:

- What have you been working on so far with this client?
- On which dimensions have you been focusing?
- Which dimensions seem most salient for the client in understanding this problem?
- Do you and your client tend to talk more about thoughts, actions, or feelings?
- When you listen to your client describe this struggle, does it seem most closely related to biological, interpersonal, systemic, or cultural contexts?

TABLE 12.6   Single Session MTP Supervision Sequence

1. Identifying the Current Focus

An integrative supervisor can help a trainee identify the dimension(s) that have been focused on so far in psychotherapy.

2. Conducting a Multidimensional Survey

A multidimensional survey provides a structured way for a supervisor and trainee to discuss a particular client.

3. Identifying Focal Dimensions

A supervisor can help a trainee identify two or three dimensions that are most relevant to the client's presenting concerns.

4. Formulating a Focused Conceptualization

Conceptualizing a client using a model that corresponds to a focal dimension can help a supervisor and trainee understand the client using theoretical concepts.

5. Identifying Key Strategies

After conceptualizing a client, a supervisor can encourage a trainee to identify interventions from the catalog of key strategies that might be helpful with this client.

6. Customizing Key Strategies

After identifying specific strategies, a supervisor and trainee can discuss ways that these interventions can be adapted to this individual client.

Conducting a Multidimensional Survey

A multidimensional survey provides a structured way for a supervisor to help a trainee discuss a particular client. This survey involves considering the client's thoughts, actions, and feelings within the context of biology, interpersonal patterns, social systems, and cultural contexts. This survey can be used in treatment planning to identify focal dimensions that will guide conceptualization and the selection of intervention strategies. Ideally, trainees will be encouraged to conduct a multidimensional survey directly with their clients in order to assess personal perceptions about each of these dimensions. A supervisor can ask the trainee questions related to each of the seven dimensions in order to encourage a comprehensive conceptualization. Here are some examples of questions a supervisor might ask when conducting a multidimensional survey with a trainee:

- What thoughts have you been exploring with your client?
- Are there specific actions that she wants to increase or decrease?

- What kinds of feelings is the client experiencing?
- How are biological factors impacting her goals in psychotherapy?
- Are there interpersonal patterns related to the client's presenting concern?
- How does this person interact within her family or other social groups?
- How do cultural identity or values impact the way she views her problem?

Additionally, a supervisor can help a trainee identify the ways in which any or all of the seven dimensions interact and influence one another. Chapter Three described ways that firing order can be used to describe interactions between different dimensions (Lazarus, 2005). Taken together, the questions asked during the multidimensional survey serve to help trainees construct clear and holistic clinical pictures of their clients. Upon concluding the multidimensional survey, a supervisor may help a trainee diagram the relationship between salient dimensions in order to teach the trainee about the complex interplay between the seven dimensions of functioning (see Figures 11.2 and 11.4 for examples).

Identifying Focal Dimensions

When discussing a new client with a trainee, it is often useful for a supervisor to help identify two or three of the seven dimensions that are most relevant to the current client's presenting concerns. These dimensions will form the initial focus in psychotherapy. Ideally, the choice of focus should be based on collaborative dialogue between the psychotherapist and client. To help identify focal dimensions a supervisor might ask questions like these:

- What dimensions do you think are most closely related to the client's presenting concerns?
- In order to encourage positive change, on which of these dimensions do you think you should focus initially?

When discussing an ongoing client, it may be useful to discuss whether the current focus is still benefiting the client or if it might be useful to shift the focus. For example, after an initial focus on current thoughts, actions, or feelings, it may be helpful to identify a contextual dimension (biology, interpersonal patterns, social systems, or culture) that may be impacting current functioning. When considering a shift in focus, a supervisor might use questions like these:

- Do you think your current focus is benefiting this client?
- Are there other dimensions that you haven't been focusing on that might be influencing the problem?
- Would a focus on one of these other dimensions help the client more at this time?

Formulating a Focused Conceptualization

After a focal dimension has been identified, it is often beneficial for a supervisor to facilitate the description of the client using one of the seven models of conceptualization that corresponds to this focal dimension. For example, if a trainee identified actions as a focal dimension, a conversation about environmental reinforcement and punishment of the client's identified behaviors might ensue. At other times, when focusing on different dimensions, some of the other models may be used to complement this viewpoint and formulate a multitheoretical conceptualization. For example, a supervisor might introduce a focused conceptualization by saying, "Now that we have decided that it would be helpful to focus on interpersonal patterns, I'd like for us to formulate a psychodynamic conceptualization by seeing if we can identify a Core Conflictual Relationship Theme."

Identifying Key Strategies

After formulating a focused conceptualization for a particular client, a supervisor may want to help a trainee identify two or three interventions from the catalog of key strategies that correspond to a focal dimension and that may be useful for this client at this time. If these strategies are not part of a trainee's regular repertoire, it is important for the supervisor to explore his or her comfort with these new skills and teach or demonstrate these skills, as needed. For example, a supervisor might encourage the identification of key strategies by asking questions like these:

- Which of these psychodynamic-interpersonal strategies do you think would be most useful with this client in the next session or two?
- Have you used these types of interventions before?
- Are you comfortable with these strategies, or should we talk more about using them with this client?

A supervisor should also encourage trainees' self-reflection and self-awareness regarding alternative ways of intervening with and conceptualizing clients (e.g., which strategy markers warrant using which interventions?). Additionally, a supervisor can help trainees identify conceptualization and intervention comfort zones and can encourage experimentation with other theoretical approaches that are presented within the multitheoretical framework.

Customizing Key Strategies

After identifying specific strategies that might be useful, the supervisor can discuss with trainees ways in which these interventions can be adapted to the individual needs of this client and the therapeutic style of the psychotherapist.

In order to customize key strategies, a supervisor might ask questions like these:

- If you were going to try this strategy with this client, what would you say?
- How can you implement this strategy in a way that feels consistent with your style of working with this client?
- Would it be helpful to role-play these skills so you can practice using them?

Future Research

These supervision methods were developed at a university counseling center to encourage psychology interns and practicum counselors to make integrative choices in psychotherapy. They were developed in the context of both individual and group supervision. Formal research methods have not been used to investigate this approach to supervision. Now that MTP supervision has been described here, it is hoped that qualitative and quantitative research will be used to explore the following questions: Is the MTP supervision sequence (described in Table 12.6) an effective way to encourage trainees to think about clients in a multidimensional manner and to make intentional, multitheoretical choices? Can trainees take the ideas explored in supervision and apply them to multitheoretical practice? How will MTP supervision impact the way trainees practice psychotherapy in the future?

ONGOING PROFESSIONAL DEVELOPMENT

Becoming an integrative psychotherapist involves an ongoing commitment to professional development and life-long learning. Although this chapter has described ways that MTP can be used to train graduate students, it is unlikely that students will feel comfortable implementing all of the conceptualization models and intervention strategies described in this book by the time they graduate with a master's or doctorate degree. At the time of graduation, some students may have chosen a preferred theory as a foundation but want to practice assimilative integration by using ideas and interventions from other approaches within the context of their primary orientation. Other students may have learned to practice skills from two or three theoretical approaches to psychotherapy and may begin to feel comfortable making intentional, integrative choices. Although this text was designed to speed up the process of integrative learning, the reality is that professional development after graduation is probably necessary in order to become proficient at using all of the conceptual models described in this book and acquiring a broad repertoire of multitheoretical skills.

At the broadest level, the multitheoretical framework (presented in Table 1.1 and summarized in Table 2.2) provides a map that can guide the ongoing process of professional exploration. Most graduate programs do not offer classes in all of the psychotherapy approaches highlighted in this text. Some programs emphasize common factors skills and a broad survey of theories. Other departments choose to give students in-depth training in one or two theories with minimal exposure to other approaches. If your graduate training did not offer exposure to all of the theories you would like to know about, it may be helpful to identify approaches that are worthy of additional exploration. The chapters in Part Two of this text provide an introduction, but you may wish to augment your learning by reading books, attending workshops, or taking classes. MTP offers a flexible framework that can help you think about areas of strength and areas for further growth as an integrative psychotherapist.

At a much greater level of specificity, the catalog of key strategies (described in Part Two of this book and summarized in Appendix B) provides a checklist with which psychotherapists can compare their own professional repertoire of skills. The catalog described in this book offers a broad sample of almost 100 different strategies frequently used in psychotherapy. However, it is unlikely that any single counselor will regularly utilize all of these skills in clinical work with clients. Conversely, it is likely that most experienced therapists use interventions that are not described here. Because the catalog is intended as a representative list of skills, it can serve as a useful guide for ongoing professional development. Psychotherapists can review the catalog, paying attention to the skills they frequently use and those that are rarely or never practiced. It may also be helpful to make note of the skills in one's repertoire that are not listed here. This type of review can occur within one theory or across all seven theoretical approaches. Based on this type of review, counselors can make informed choices about professional development that can help them strengthen areas of weakness or introduce them to completely new skills. It is our hope that both graduate students and experienced psychotherapists will use MTP to guide them through an ongoing process of multitheoretical learning, resulting in integrative practice based on a holistic understanding of individual clients.

CHAPTER SUMMARY

This chapter has described integrative training and supervision based on MTP. Multitheoretical training emphasizes both the content of psychotherapy interventions and the process of integration. MTP advocates the infusion of integrative training throughout the graduate school curriculum. Training can

be used to encourage intentional, multidimensional, multitheoretical, strategy-based, and relational integration. Two distinct features of multitheoretical training include key strategies training and integration in action during a practicum or internship. Key strategies training encourages trainees to learn, practice, and apply individual skills as a way to translate a psychotherapy theory into practical action. Integration in action is a method of reflecting on current clients, using MTP concepts and planning for integrative treatment, including multitheoretical conceptualization and identification of key strategies that may be applicable to individual clients.

Supervision was also described in the context of five principles for psychotherapy integration. MTP can be used in supervision to focus on intervention or conceptualization and is consistent with teacher, counselor, or consultant roles. Multitheoretical supervision fosters development in different domains over the course of a semester. Finally, six steps were described that can facilitate the way a supervisor and trainee plan for a client's treatment using MTP as a conceptual guide: (1) Identifying the Current Focus, (2) Conducting a Multidimensional Survey, (3) Identifying Focal Dimensions, (4) Formulating a Focused Conceptualization, (5) Identifying Key Strategies, and (6) Customizing Key Strategies. The chapter concluded by pointing out that becoming an integrative psychotherapist involves an ongoing process of professional development and life-long learning.