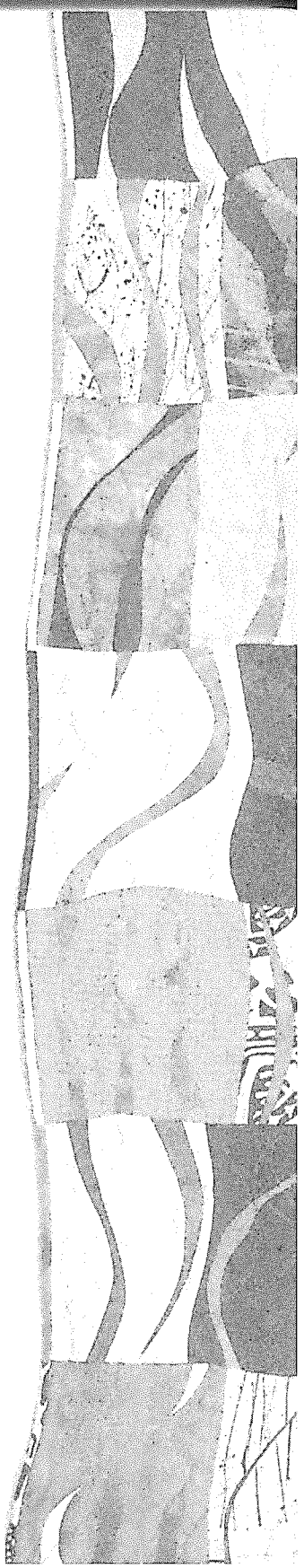


INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 2

Five Principles for Psychotherapy Integration

CHAPTER OVERVIEW

The purpose of this chapter is to describe *Multitheoretical Psychotherapy* (MTP) using five principles for psychotherapy integration. MTP offers a pluralistic, pragmatic, and ideographic approach to integration, translating diverse theories into practical strategies that can be combined in clinical practice, based on the individual needs of clients. As a second-generation approach to psychotherapy integration, MTP combines many of the strengths of earlier approaches. First, like Lazarus's (1981, 2005) *Multimodal Therapy*, MTP provides a multidimensional view of human functioning that can guide assessment and treatment planning. Second, similar to Prochaska and DiClemente's (1984, 2005) *Transtheoretical Approach*, MTP provides a broad multitheoretical framework that clarifies the relative emphases of different theoretical traditions. Third, like Beutler's *Systematic Treatment Selection* (Beutler & Clarkin, 1990; Beutler & Harwood, 2000; Beutler, Consoli & Lane, 2005), MTP provides guidelines for selecting specific psychotherapy strategies. The ways that MTP has drawn from earlier approaches to integration will be highlighted using five principles that can be summarized in the following way: *Psychotherapy should be intentional, multidimensional, multitheoretical, strategy-based, and relational*. This chapter will define each of these principles of integration and introduce conceptual tools to enact them. All five principles are summarized in Table 2.1.

PHILOSOPHICAL FOUNDATIONS OF MULTITHEORETICAL PSYCHOTHERAPY

Tullio Carere-Comes (2001) pointed out that "the psychotherapy integration field is characterized by two main thrusts. The first promotes pluralism, the second unity" (p. 105). MTP represents the *pluralistic* side of this dialectic.

TABLE 2.1 Five Principles for Psychotherapy Integration**1. Intentional Integration**

Psychotherapy should be based on intentional choices. Intentionality should guide a therapist's choice of focus, conceptualization, intervention strategies, and relational styles.

2. Multidimensional Integration

Psychotherapy should recognize the rich interaction between multiple dimensions within individuals' lives. Integrative psychotherapy supports multidimensional adaptation in the form of functional thoughts, effective actions, and adaptive feelings that allow clients to adjust to biological, interpersonal, systemic, and cultural contexts.

3. Multitheoretical Integration

Integrative psychotherapists utilize diverse theories to understand clients and guide interventions. Multitheoretical conceptualization allows therapists to view theories as complementary vantage points to create a comprehensive formulation. Multitheoretical practice involves combining strategies from different theoretical traditions.

4. Strategy-Based Integration

Integrative psychotherapists utilize a wide variety of specific strategies drawn from different theoretical traditions. Selection of strategies should be based on a multitheoretical conceptualization as well as knowledge of practice markers and expected consequences.

5. Relational Integration

Psychotherapy should be implemented within the context of an effective therapeutic relationship. Different styles of relationships can be developed with clients based on individual needs and preferences.

However, rather than exploring diverse ideas at the abstract level, MTP translates theories into *pragmatic* actions that can be integrated at the behavioral level. Instead of describing a one-size-fits-all approach, MTP encourages *idiographic* treatment planning, resulting in a different combination of theories and strategies for each individual client. In order to understand how these philosophical concepts are enacted throughout this book, these ideas will be described separately:

- **Pluralistic**—Pluralism is “a philosophical perspective on the world that emphasizes diversity rather than homogeneity, multiplicity rather than unity, difference rather than sameness” (Audi, 1999). MTP is based on the conclusion that no single theory of psychotherapy can adequately describe human functioning or therapeutic change. Therefore, MTP draws upon several different theories to identify useful concepts and strategies. Rather than trying to create one unified theory, the original theories are respected for their individual strengths and differences. Pluralism is the philosophical foundation underlying the principle of multitheoretical integration (Principle 2, described later in this chapter)

and the multitheoretical framework for psychotherapy (see Tables 1.1 and 2.2) that serves as the organizing structure for this book.

- **Pragmatic**—Instead of focusing on theoretical concepts alone, MTP grounds its pluralism in *pragmatic* action. Pragmatism is “a philosophy that stresses the relation of theory to praxis and takes the continuity of experience and nature as revealed through the outcome of directed actions as the starting point for reflection” (Audi, 1999). MTP describes methods of translating theories into practice, identifying key strategies from different approaches. The pragmatic philosophy of MTP is highlighted in the principle of strategy-based integration (Principle 4, described later in this chapter) and the catalog of key strategies detailed in Part Two of this book and summarized in Appendix B.
- **Idiographic**—Instead of describing a single combination of theories or strategies, MTP provides an *idiographic* method, allowing therapists to tailor treatment to the individual needs and preferences of each client. The term idiographic “was used by Allport to describe methods of inquiry that emphasize the uniqueness of the individual as a primary focus” (Neimeyer & Mahoney, 1995). When applied to psychotherapy, an idiographic approach provides treatment based on the unique needs of individual clients. MTP describes a practical way to customize psychotherapy treatment by identifying focal dimensions that guide conceptualization and intervention. The idiographic nature of MTP is reflected in the principle of intentional integration (Principle 1, described next) and operationalized in the second half of Chapter Three that describes integrative treatment planning.

MTP is consistent with evidence-based practice because it describes a systematic way to use established techniques and customize psychotherapy based on the individual needs of clients. However, like any book describing a *new approach*, this text contains many assumptions and assertions that have not yet been directly tested by research. It is hoped that future research may be able to test and refine many of the ideas presented here. For each of the principles described in this chapter, some ideas for future research are proposed.

INTENTIONAL INTEGRATION

Principle 1. Psychotherapy should be based on intentional choices. Intentionality should guide a therapist’s choice of focus, conceptualization, intervention strategies, and relational styles.

As psychotherapists use ideas and strategies from different theoretical traditions, choices should be informed by theory, experience, and research. Integration should be *intentional* rather than haphazard. Counselors should know why they are making particular choices and be able to articulate a rationale for the skills they employ with an individual client. Whenever possible, intentional choices should be based on collaborative dialogue with clients. The idea of intentionality provides a context for treatment planning and implementation, balancing foresight and flexibility.

What Is Intentionality?

As a philosophical construct, intentionality can be traced back to Aristotle who said, “What is given to the eyes is the intention of the soul” (as cited in May, 1969, p. 225). When applied to psychotherapy or other forms of helping, intentionality refers to the process of making decisions about what course of action to take, as well as acting with direction and purpose. Allen Ivey and his colleagues have made intentionality a hallmark of their microskills training method for counselors and psychotherapists. They have defined intentionality in this way: “Intentionality is acting with a sense of capability and deciding from among a range of alternative actions. The intentional individual has more than one action, thought, or behavior to choose from in responding to changing life situations” (Ivey & Ivey, 2003, p. 20). This definition suggests that counselors’ actions should be based on careful planning as well as adaptability to changing circumstances.

In the book *Intentional Helping*, John Schmidt (2002) suggested that intentionality should be part of the philosophy underlying any caring relationship. Schmidt based his definition of intentionality on the work of Rollo May (1969), who will be cited more directly later in this chapter. Schmidt (2002) defined intentional helping in this way: “Intentionality enables helpers to establish a consistent direction with a careful purpose and a dependable posture for assisting people who seek their help” (p. 25). Direction and purpose are key elements in this conception of intentionality. “Direction means knowing what to do in a helping situation” (Schmidt, 2002, p. 28). Purpose means knowing why one is choosing a particular action. As an intentional psychotherapist, it is important to know what actions to take as well as to know why you are acting in a particular way.

What Is Intentional Integration?

MTP takes the principle of intentionality and applies it to the task of psychotherapy integration. Schmidt’s ideas about intentional helping are particularly applicable to the challenge of integration:

Helpers who behave with a high degree of intentionality respond to different challenges and unpredictable situations without becoming

trapped in a single response mode. They avoid using one skill, a single definition of the problem, and one approach to interviewing. (Schmidt, 2002, p. 25)

If one concurs with Schmidt's definition, then intentional integration can be seen as the use of diverse skills, multiple definitions of a problem, and divergent approaches to psychotherapy. Of course, this multiplicity must be based on a consistent direction and a careful purpose. The principles introduced in this chapter are designed to provide this type of purpose and direction to integrative psychotherapists.

A culinary metaphor will be used to illustrate the five principles in this chapter. Norcross and Napolitano (1986) originally cited this metaphor: "The eclectic selects among several dishes to constitute a meal, the integrationist creates new dishes by combining different ingredients" (p. 253). Extending this metaphor, one can think of integrative psychotherapists as creative chefs who have received training in several different cuisines and are able to blend ingredients to create delicious new dishes. Intentional integration is represented by the way these chefs cook, using their knowledge of what foods taste good together. Their culinary knowledge is based on both training and professional experience. Creative chefs are not bound rigidly to recipes in cookbooks but use them as guidelines for what has worked well in the past. Nor do they throw together ingredients haphazardly. When they choose to modify an existing recipe, they carefully observe the results. If a new combination of ingredients tastes better than the original, wise chefs make note of the modification to try again the next time they cook the same dish.

Intuitive, Intentional, and Technical Integration

Intentional integration can be seen as the middle ground on a continuum anchored on one end by intuitive integration and on the other by technical integration. This continuum is illustrated in Figure 2.1. Many experienced psychotherapists practice integration intuitively, using a wide variety of skills and techniques based on clinical wisdom rather than on a formal system of decision making. This form of uncritical eclecticism, or "syncretism" (Norcross, 1990), results in the use of a variety of psychotherapy skills based on a counselor's informal perceptions of what is best at the moment. Compared to intentional or technical integration, intuitive integration is based on the psychotherapist's perceptions of what is best. Although intuitive integrationists may be very effective with their clients, it is difficult to teach new therapists to practice intuitively when they have less experience on which to base their choices. Furthermore, intuition is often limited to one therapist's professional experience and is not always informed by theory or research. One of the

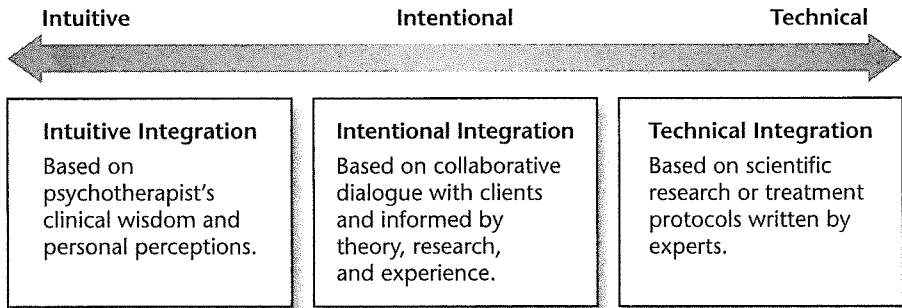


FIGURE 2.1 Intentional integration represents a middle ground between intuitive and technical integration.

purposes of MTP is to identify ways that experienced psychotherapists make choices intuitively and describe them in a more systematic manner to facilitate intentional learning and practice among less experienced therapists.

Technical integration represents the opposite of intuition in which all decisions are based on clear scientific evidence. Compared to intuitive and intentional integration, technical integration is based on published protocols or treatment manuals and scientific research. Attempting to answer the following question can summarize the ideal of technical psychotherapy: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" (Paul, 1967, p. 111). Because of the complexity of psychotherapy, this question will probably remain unanswered for the foreseeable future. Although research can determine whether a particular treatment is effective, it cannot compare any single treatment to all possible combinations of treatments, psychotherapists, clients, problems, and circumstances. Therefore, the effort to create a comprehensive but flexible system of technical integration is ambitious and, if attainable, will take decades (Lampropoulos, 2001). In the meantime, it is important for practicing psychotherapists to learn about the results of empirical research but to be aware of the limitations of a technical approach to psychotherapy.

As a balance between intuitive and technical integration, intentionality should be based on theory, experience, and research. Integrative psychotherapists should be familiar with a variety of psychological theories and be able to recognize the relative emphases and utility of different approaches to conceptualization. Intentional integration is also based on clinical experience. Effective therapists are careful observers who notice the outcomes resulting from different interventions and relationship styles with different individuals. Over time, experienced counselors will increase their ability to make informed choices and accurately predict the results of their selected efforts. Research can also assist the intentional psychotherapist by providing

a broader knowledge base than can be gained by a single therapist. It is important for counselors to stay abreast of scientific knowledge that can help them make better choices in psychotherapy.

In order to avoid overreliance on personal perceptions (intuitive integration) or expert knowledge (technical integration), intentional integration also should be based on collaborative dialogue with clients in order to enact idiographic treatment planning. Whenever possible, psychotherapists should talk to clients about the process of treatment and the choices that can be made together. Of course, this dialogue can include psychotherapists sharing their own perceptions based on clinical wisdom or educating clients about scientific knowledge. This type of dialogue can lead to intentional and collaborative choices about treatment focus, intervention strategies, and relationship styles. Intentional choices should be based on a phenomenological understanding of the client and grounded in an interpersonal relationship between two individuals. If intentional choices are made in collaboration with clients, then psychotherapy can be customized to the needs of the individual client and informed by both clinical wisdom and scientific knowledge.

The five principles of psychotherapy integration introduced in this chapter are designed to encourage intentionality. Acting in an intentional manner is an explicit theme related to all five principles. Intentionality should be multidimensional, multitheoretical, strategy-based, and relational. Each of these types of intentionality will be highlighted throughout the remainder of the chapter.

Other Integrative Approaches

Intentionality is a characteristic shared by most integrative approaches to psychotherapy. In particular, technical eclecticism approaches that provide guidelines for how to choose the best techniques for use with a particular client are designed to foster intentional choices. For example, *Multimodal Therapy* encourages the use of a multimodal assessment and recognition of an individual's "firing order" in order to make intentional choices (Lazarus, 1981, 2005). The *Transtheoretical Approach* endorses choices based on an assessment of a client's stage in the process of change and the desired level of change (Prochaska & DiClemente, 1984, 2005). *Systematic Treatment Selection* encourages choices based on clients' coping styles as well as levels of resistance and distress (Beutler & Harwood, 2000; Beutler, Consoli & Lane, 2005).

Future Research

In the future, it may be useful to investigate the principle of intentional integration using qualitative and quantitative research. Qualitative research might be used to understand the way experienced psychotherapists make intentional choices in psychotherapy. In regard to integrative training, it will be

helpful to investigate whether trainees can learn to make effective choices about focal dimensions, conceptual models, and intervention strategies. Outcome research could be used to determine whether psychotherapy based on intentional choices is more effective compared to the application of one-size-fits-all protocols.

MULTIDIMENSIONAL INTEGRATION

Principle 2. Psychotherapy should recognize the rich interaction between multiple dimensions within individuals' lives. Integrative psychotherapy supports multidimensional adaptation in the form of functional thoughts, effective actions, and adaptive feelings that allow clients to adjust to biological, interpersonal, systemic, and cultural contexts.

Psychotherapy should be based on an ongoing recognition of the *multi-dimensional* complexity of human functioning. Obviously, a complete recognition of human complexity is overwhelming and, ultimately, impossible. Therefore, heuristics that simplify human existence are necessary. Many theories of psychotherapy focus on only one or two dimensions of human functioning and suggest a unidirectional effect of one dimension on another. For example, cognitive theories often emphasize the impact of thoughts on mood. Behavioral psychology frequently focuses on the effect of the environment on actions. Although these unidirectional assumptions are sometimes useful, they can become restrictive. Many counselors trained in a single approach will tend to think of psychotherapy as a one-size-fits-all system. Abraham Maslow's famous quote, "If you only have a hammer you treat everything like a nail" is a warning to psychotherapists that being trained in only one approach may restrict the way you think about your clients.

To avoid this restriction, psychotherapy can be based on a more comprehensive picture, recognizing the multidirectional interactions between different aspects of client's lives. Elizabeth Welfel and Lewis Patterson (2005) suggested that an integrative approach "focuses on cognitive, affective, and behavioral issues and the interaction among these three domains" (p. 2). Arnold Lazarus (2005) went further by suggesting that "many psychotherapeutic approaches are trimodal, addressing affect, behavior, and cognition—ABC. The multimodal approach provides clinicians with a comprehensive template" (p. 107). Like Lazarus's *Multimodal Therapy*, MTP also describes several different dimensions that are frequently addressed in psychotherapy. MTP offers a method for recognizing complexity while establishing a manageable focus. To return to a culinary metaphor, attending to the interaction between different client dimensions is like trying to create well-balanced

meals with ingredients from each of the basic food groups. A psychotherapist who attends to only one dimension of functioning is like a chef who only knows how to cook meat.

Multidimensional Model of Human Functioning

MTP is organized around a *multidimensional model of human functioning* depicted in Figure 2.2. This model highlights the interactive role of three concurrent dimensions and four contextual dimensions that are often related to psychological concerns and represent the emphases of different theories of psychotherapy. Thoughts, actions, and feelings are identified as concurrent dimensions and form the foreground of this model. These aspects of life are seen as continually interacting with one another; humans are always thinking, acting, and feeling. Thoughts are defined as cognitive constructs including perceptions, interpretations, and beliefs. Feelings are emotional responses serving as signals and organizing individuals for adaptive action. Actions are observable behaviors influencing the types of environments people encounter. When these concurrent dimensions are working together smoothly, an individual is functioning in an adaptive manner. When problems arise, it is often easy to recognize maladaptive thoughts, actions, or feelings. Because these dimensions are highly interactive, trouble in one area will often lead to problems in others. For example, illogical thoughts are often associated with ineffective actions and maladaptive feelings.

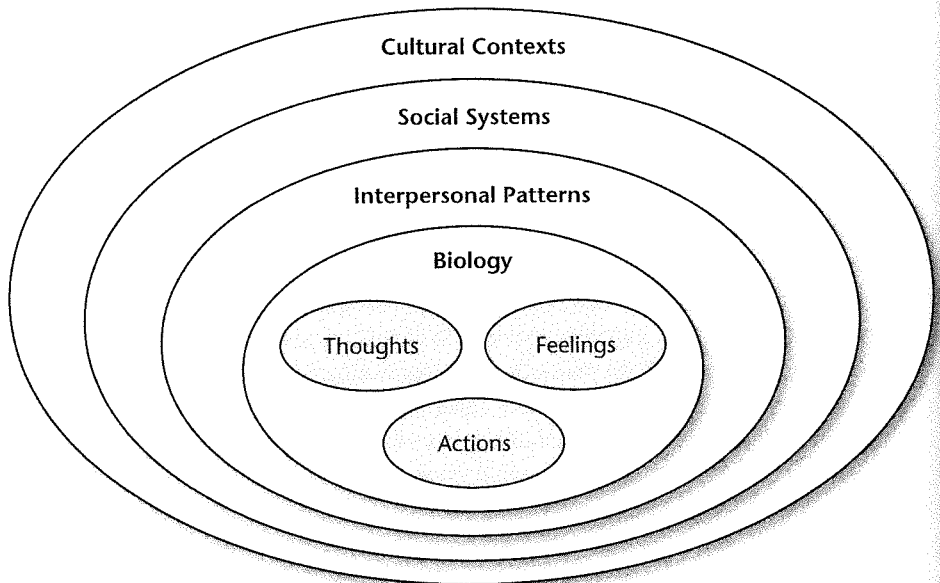


FIGURE 2.2 A multidimensional model of human functioning.

Contextual dimensions form the background of the multidimensional model and often influence people's thoughts, actions, and feelings. This model emphasizes four contextual dimensions. First, biology represents the biochemical and neurophysiological basis of human life and recognizes the connection between body and brain. Second, interpersonal patterns represent the summation of our dyadic relationships and the way these relationships are internalized in the form of interpersonal perceptions. These patterns and perceptions influence the way individuals view the world and interact with other people. Both early and recent interpersonal relationships influence the way humans think, act, and feel. Third, social systems represent groups of people like families, friendship networks, or work groups. Social systems are more complex than interpersonal patterns and can be internalized to shape the social construction of meaning. Over time, social systems develop complex patterns of communication with repetitive sequences and identifiable hierarchies. These systems have a pervasive impact on interpersonal patterns and perceptions as well as directly impacting concurrent dimensions of functioning. Fourth, cultural contexts provide a broad background that is often internalized in the form of cultural identity, worldview, and values. Cultural contexts shape social systems and interpersonal relationships as well as directly impacting thoughts, actions, and feelings.

MTP is based on the assumption that psychotherapy should recognize these concurrent and contextual dimensions and that interventions should be based on understanding how they interact in a client's life. MTP applies the principle of multidimensional integration to the task of treatment planning and uses the multidimensional model as a conceptual tool to guide this task. Chapter Three presents a systematic method for considering human complexity and determining an interactive focus for psychotherapy.

Multidimensional Intentionality

Intentional choices in psychotherapy should involve deciding which dimensions are most relevant to a client's presenting concern and focusing on these dimensions in an interactive manner. May (1969) suggested that intentionality involves "movement toward something" (p. 229). In psychotherapy, the therapist must continually evaluate all the verbal and non-verbal material that is presented by the client and decide what to move toward. Schmidt's (2002) definition of intentional helping recognizes the need for direction and purpose in evaluating a client's situation and for making collaborative choices: "To be a successful professional helper means evaluating situations thoroughly, choosing from several options, offering clients reasonable alternatives, and interviewing in an appropriate manner

to fit the given relationship” (p. 25). This means that psychotherapists should attend to complex patterns in client’s lives but make purposeful choices about how to create a manageable focus. Creating a balance between complexity and simplicity is an ongoing task and represents the challenge of multidimensional intentionality. Whenever possible, the choice of focal dimensions should be based on collaborative dialogue with clients. Chapter Three will describe the use of a multidimensional survey as a practical method for making intentional choices based on collaborative dialogue with clients.

Other Integrative Approaches

The principle of multidimensional integration is most obviously shared by *Multimodal Therapy* (Lazarus, 1981, 2005). The seven dimensions described here are very similar to the seven modalities identified by Lazarus. *Multimodal Therapy’s* cognition and imagery modalities have been combined in MTP’s thoughts dimension. The sensations and drugs/biology modalities have been combined in the biology dimension. Additionally, MTP has identified two more contextual dimensions—social systems and cultural contexts—beyond the interpersonal modality identified in both MTP and *Multimodal Therapy*. The *Transtheoretical Approach* also demonstrates multidimensional integration by focusing on levels of change that have some overlap with MTP’s dimensions. Maladaptive cognitions, interpersonal conflicts, and family systems conflicts in Prochaska and DiClemente’s (1984, 2005) approach correspond to the dimensions of thoughts, interpersonal patterns, and social systems in MTP. However, compared to the *Transtheoretical Approach*, MTP places more overt emphasis on feelings, biology, and cultural contexts.

Future Research

In the future, research might be used to test whether the multidimensional model described here is an effective training and treatment tool. Such research might investigate some of the following questions: In regard to training, can psychotherapists learn to think about seven dimensions of human functioning and to consider how these dimensions interact with one another? Is it helpful for psychotherapists to think about concurrent dimensions (thoughts, actions, and feelings) as being shaped by contextual dimensions (biological, interpersonal, systemic, and cultural contexts)? In regard to treatment, is psychotherapy more effective when it focuses on reciprocal interactions between two or three dimensions compared to the assumption of the unidirectional impact of one dimension on another?

MULTITHEORETICAL INTEGRATION

Principle 3. Integrative psychotherapists utilize diverse theories to understand clients and guide interventions. Multitheoretical conceptualization allows therapists to view theories as complementary vantage points to create a comprehensive formulation. Multitheoretical practice involves combining strategies from different theoretical traditions.

Psychotherapists should be able to benefit from the collective wisdom of diverse theories. Welfel and Patterson (2005) suggested that a *multitheoretical* approach, “integrates ideas from most empirically supported contemporary approaches to counseling” (p. 3). Therefore, integrative psychotherapists should know how distinct theories can be used to understand different clients or can be used as complementary perspectives to understand different aspects of the same individual. A multitheoretical perspective is pluralistic, recognizing the validity of different theories without seeing them as competing for a position of prominence or absolute truth. Rather than trying to ignore some theories or trying to reconcile all differences into one unified theory, MTP provides a framework for recognizing the relative utility of different theories for understanding different dimensions of human functioning. The metaphor of the creative chef can be used to illustrate multitheoretical integration. The creative chef has received training in several different cuisines and culinary arts and has learned divergent methods of combining ingredients and preparing foods to satisfy the tastes of different diners. A psychotherapist who only practices within one theoretical tradition is like a chef who specializes in only one cuisine.

Multitheoretical Framework for Psychotherapy

MTP is organized around a *multitheoretical framework for psychotherapy* introduced in Table 1.1 and summarized in Table 2.2. This framework demonstrates how different theories focus on different dimensions of human

TABLE 2.2 Summary of Multitheoretical Framework for Psychotherapy

<i>Theoretical Approaches</i>	<i>Focal Dimensions</i>
Cognitive	Thoughts
Behavioral	Actions
Experiential	Feelings
Biopsychosocial	Biology
Psychodynamic	Interpersonal Patterns
Systemic	Social Systems
Multicultural	Cultural Contexts

experience highlighted in the multidimensional model (Figure 2.2): (1) Cognitive psychotherapy focuses on thoughts, interpretations, and beliefs. (2) Behavioral psychotherapy concentrates on overt observable actions, the choices that people make between alternatives, and the way the environment shapes behavior. (3) Experiential psychotherapy focuses on feelings and other personal experiences like humanistic growth and existential meaning. (4) Biopsychosocial psychotherapy focuses on biological health and the connection between mind and body. (5) Psychodynamic and interpersonal psychotherapies highlight the importance of interpersonal relationships and the way early and ongoing patterns shape interpersonal perceptions and other unconscious processes. (6) Systemic and constructivist psychotherapies focus on social systems like families and how these systems are internalized in the social construction of meaning. (7) Multicultural psychotherapy highlights the importance of cultural contexts that shape individuals' identities, worldviews, and power dynamics.

This multitheoretical framework is offered as a conceptual tool but is not intended to provide an exhaustive description of all approaches to psychotherapy. It is proposed as an open system that can be modified or expanded by individual practitioners. Like any heuristic model, it is oversimplified and provides an incomplete depiction of complexity. One obvious objection might come from traditional psychodynamic therapists who might insist that the defining characteristic of a psychodynamic approach is a focus on the unconscious (e.g., Karon & Widener, 1995) rather than interpersonal patterns. In describing psychodynamic and interpersonal strategies in Chapter Eight, MTP uses interpersonal patterns as an *entry point* into unconscious processes. MTP follows the lead of many contemporary psychodynamic theorists who use an interpersonal focus (e.g., Luborksy, 1984; Strupp & Binder, 1984) and recognize that "unconscious meanings and representations are embedded in an ongoing interpersonal, experiential web" (Gold & Stricker, 2001, p. 44).

Another objection to the multitheoretical framework might come from humanistic and existential psychotherapists who might not want to see their theories subsumed under a broad definition of experiential psychotherapy characterized by a focus on feelings. Humanists might suggest that they are guided by a focus on phenomenology or human growth (e.g., Maslow, 1968). Existentialists might define the search for meaning as the focal dimension of their approach (e.g., Frankl, 1969). In describing experiential, humanistic, and existential strategies in Chapter Six, integrative psychotherapists are encouraged to use feelings as an *entry point* to help them understand phenomenological experience, human growth, and existential meaning. MTP follows the lead of contemporary experiential psychotherapists (e.g., Greenberg, Rice & Elliot, 1993) who focus on feelings in describing a technical revision of earlier

humanistic approaches like *Client-Centered Therapy* (Rogers, 1951, 1957) and *Gestalt Therapy* (Perls, Hefferline & Goodman, 1951).

Despite these limitations, the multitheoretical framework encourages psychotherapists to think of theories as complementary tools used to solve different problems. Rather than focusing on areas of theoretical disagreement—such as arguing about whether depression is caused by repressed anger, illogical thinking, or current social functioning—it suggests an idiographic approach to determining whether a particular client's depression is caused by unexpressed feelings, inaccurate beliefs, or unsatisfying relationships. It is assumed that most clients can be understood best by using more than one theoretical perspective and can be helped by using skills from different traditions. Therefore, theories are not seen as competing for truth or dominance. That would be like trying to argue about whether dermatology is a better field of medicine than orthopedics. If you have a skin disease, dermatology is a better treatment, but if you have a broken bone, orthopedic treatment is more helpful.

Combining Theories

Because humans and their psychological problems are so complex, it is rare that a particular client will benefit only from interventions derived from a single theory. Irvin Yalom (2002) suggested that “the therapist must strive to create a new therapy for each patient” (p. 34). Most psychological problems involve complex interactions between different aspects of human life. Because different psychological theories focus on different dimensions, integrative psychotherapy involves utilizing strategies designed to produce multidimensional change. Integrationists need to focus on how dimensions interact as much as on how an individual dimension is manifested. Metaphorically, multitheoretical integration is like fusion cooking that occurs when creative chefs blend foods and flavors from different cuisines to create delicious new meals.

To prepare for multitheoretical practice, MTP encourages psychotherapists to identify *focal dimensions* for each client that guide conceptualization and the choice of interventions as a part of integrative treatment planning (see Chapter 3). The idea of focal dimensions can help us think about multitheoretical integration in a systematic manner by identifying the dimensions on which different approaches concentrate. In this multitheoretical context, *Cognitive-Behavioral Therapy* can be considered an integrative approach focusing on the interaction between thoughts and actions (“cognitive-behavioral integration”). *Cognitive Analytic Therapy* (Ryle, 1990, 2005) can be seen as focusing on the interaction between thoughts and interpersonal patterns (“cognitive-psychodynamic integration”). These two examples represent established approaches to psychotherapy but they are not the only

TABLE 2.3 Multitheoretical Combinations Based on Two Focal Dimensions

Cognitive-Behavioral	Behavioral-Biopsychosocial	Experiential-Multicultural
Cognitive-Experiential	Behavioral-Psychodynamic	Biopsychosocial-Psychodynamic
Cognitive-Biopsychosocial	Behavioral-Systemic	Biopsychosocial-Systemic
Cognitive-Psychodynamic	Behavioral-Multicultural	Biopsychosocial-Multicultural
Cognitive-Systemic	Experiential-Biopsychosocial	Psychodynamic-Systemic
Cognitive-Multicultural	Experiential-Psychodynamic	Psychodynamic-Multicultural
Behavioral-Experiential	Experiential-Systemic	Systemic-Multicultural

possible combinations. If combinations are limited to focusing on interactions between just two dimensions, twenty-one multitheoretical combinations can be identified which are illustrated in Table 2.3.

There are also integrative approaches that focus on three dimensions. For example, *Cyclical Psychodynamics* (Wachtel, Kruk & McKinney, 2005)—a theoretical synthesis of psychodynamic, behavioral, and family-systems theories—can be described as focusing on the interaction between interpersonal patterns, actions, and social systems (“psychodynamic-behavioral-systemic integration”). Similarly, Marvin Goldfried (1994) published a videotape demonstrating *Cognitive-Affective Behavior* therapy, which can be described as focusing on the interaction between thoughts, feelings, and actions (“cognitive-experiential-behavioral integration”). If we think about integrative approaches that might focus on three focal dimensions, there are thirty-four combinations starting with cognitive-behavioral-experiential integration (e.g., Goldfried, 1994) and ending with psychodynamic-systemic-multicultural integration. In practice, not all of these combinations may be equally useful. For example, it might prove more useful to focus on the interaction between one or two concurrent dimensions within one or two contextual dimensions. If this is the case, an exclusive focus on concurrent dimensions (e.g., cognitive-behavioral-experiential integration) or an exclusive focus on contextual dimensions (psychodynamic-systemic-multicultural integration) may not be as useful as focusing on the interaction between context and concurrent experience.

Multitheoretical Intentionality

The utilization of different theories to understand clients or to guide psychotherapy interventions should be based on intentional choices. The use of different theories as alternative perspectives or vantage points is highlighted in another part of Ivey and Ivey’s (2003) definition of intentionality: “The intentional individual can generate alternatives in a given situation and approach a problem from different vantage points, using a variety of skills and personal qualities, adapting styles to suit different individuals and cultures”

(Ivey & Ivey, 2003, p. 20–21). Because theories influence the way a counselor thinks about clients and the direction that therapy takes, the choice of theories should be purposeful. May (1969) recognized the way that our choices influence our thinking by describing intentionality as “an *epistemology*, a way of knowing reality” and depicting “the human mind [as] an active, forming participant in what it knows” (p. 226). Psychotherapists should always be aware of the way theories influence what they look for and what they perceive.

Multitheoretical intentionality means that a counselor should be conversant with different psychotherapy theories and know how to select appropriate perspectives to understand clients and make treatment decisions. Being intentional about theory requires knowledge of different traditions and a framework for making decisions. In MTP, the multitheoretical framework for psychotherapy is provided as a heuristic for theoretical intentionality. Understanding the distinct emphases of different theories can help psychotherapists use appropriate theoretical perspectives. Over time, an integrative psychotherapist will want to study different theories to gain a deeper understanding of each. An important application of multitheoretical integration is the idea of multitheoretical conceptualization. By learning to conceptualize clients from each of seven different theoretical perspectives, integrative psychotherapists will be preparing for the complex process of making intentional choices utilizing diverse theories. A multitheoretical conceptualization uses two or more theories to describe the same client.

Other Integrative Approaches

When considering other prominent approaches to integration, a multitheoretical perspective is most obvious in Prochaska and DiClemente’s (1984, 2005) *Transtheoretical Approach* and Pinsof’s (1995, 2005) *Integrative Problem-Centered Therapy*.

MTP shares in common with the *Transtheoretical Approach* an assumption that integrative psychotherapy should “preserve the valuable insights of major systems of psychotherapy. Trying to reduce all therapy systems to their least common denominator removes their richness” (Prochaska & DiClemente, 2005, p. 148). Like *Integrative Problem-Centered Therapy*, MTP “provides clinicians with guidelines for making decisions about what types of interventions to use at which points in therapy” (Pinsof, 2005, p. 382). The frameworks described by both of these approaches are similar in purpose to the multitheoretical framework proposed here. All three provide a way to understand the relationship between different systems of psychotherapy. Compared to Prochaska and DiClemente’s (2005) framework, MTP’s multitheoretical framework places more direct emphasis on experiential, biopsychosocial, and multicultural approaches to psychotherapy. In comparison with Pinsof’s (2005) framework,

MTP makes a clearer distinction between cognitive and experiential theories and puts greater emphasis on multicultural psychotherapy. Multitheoretical integration is also an emphasis in theoretical synthesis approaches like *Cyclical Psychodynamics*. Wachtel and McKinney (1992) described the goal of developing a theoretical structure that can guide decision making in psychotherapy and "rejects the assumption of fundamental incompatibility among theoretical viewpoints it attempts to integrate" (p. 335).

Technical eclecticism approaches like *Multimodal Therapy* do not make an attempt to create a multitheoretical framework or synthesize elements of different theories. These approaches are more concerned with implementing strategies based on client assessment or empirical evidence rather than on a theoretical rationale. Many technical eclectics believe that trying to integrate psychotherapy at the theoretical level is impossible and misguided. For example, Lazarus (1992) suggested that "one cannot be too cautious about the dangers of combining elements from two or more theories. Close scrutiny will show that many theoretical positions that appear to be interchangeable are actually irreconcilable, intrinsically incompatible, if not antithetical" (p. 233). Therefore, *Multimodal Therapy* addresses different modalities of human life but uses social and cognitive learning theory (e.g., Bandura, 1986) as a primary guide for conceptualization and intervention (Lazarus, 2000, 2005). Using language introduced in this chapter, *Multimodal Therapy* is multidimensional but not multitheoretical. Similarly, psychotherapists who embrace the idea of assimilative integration and incorporate perspectives or strategies from various approaches into one foundational theory (Messer, 1992) might be attracted to the multidimensional model but might not embrace a multitheoretical framework. These therapists may choose to address all seven dimensions within the context of a single theoretical perspective. For example, some theorists have described an assimilative form of *Cognitive-Behavioral Therapy* that overtly adds a focus on interpersonal patterns and feelings and to the traditional cognitive focus on thoughts (Castonguay, Newman, Borkovec, Holforth & Maramba, 2005; Safran, 1998).

Future Research

Future research might investigate whether the multitheoretical framework presented here is a useful training and treatment tool. This line of research might investigate some of the following questions: In regard to training, can psychotherapists learn to think about clients using more than one theory? Can trainees learn to use each of the conceptualization models presented in Chapters Four through Ten to formulate a clear understanding of their clients? In regard to treatment, is psychotherapy more effective when a multitheoretical conceptualization is formulated based on two or three theoretical models compared to the use of a single conceptualization model?

STRATEGY-BASED INTEGRATION

Principle 4. Integrative psychotherapists utilize a wide variety of specific strategies drawn from different theoretical traditions. Selection of strategies should be based on a multitheoretical conceptualization as well as knowledge of practice markers and expected consequences.

Integrative therapists acquire skills drawn from many different theoretical traditions within the broad field of psychotherapy. The acquisition of a diverse repertoire of strategies is seen as a life-long process of development. Integrationists seek opportunities to receive training in different approaches and view exposure to new ideas as a chance to broaden their understanding of theoretical perspectives and to gain new skills that complement existing strengths. Receiving supervision and collaborating with colleagues are viewed as occasions to learn different strategies and viewpoints. Integrative psychotherapists are aware of their strengths and weaknesses, and are committed, over time, to develop a broad knowledge base that they can integrate in practice. MTP's multidimensional model and multitheoretical framework can guide the ongoing process of acquiring diverse skills. To return to the culinary metaphor, strategy-based integration is like the creative chef's use of diverse ingredients from different cuisines. An integrative psychotherapist's repertoire of key strategies from different approaches may be thought of as the ingredients in a well-stocked kitchen.

Catalog of Key Strategies

MTP uses a *catalog of key strategies* in order to display the wide range of options available to integrative psychotherapists as they consider how to intervene therapeutically with their clients. This catalog will be detailed in Part Two of this book (Chapters 4–10) and will describe twelve to sixteen strategies from each of the seven theoretical traditions identified in the multitheoretical framework. Although the catalog of key strategies describes almost 100 psychotherapy interventions, it is proposed as a representative but not exhaustive list of skills. It is assumed that integrative psychotherapists will be invested in learning new skills from emerging psychotherapy approaches and incorporating these strategies within their existing repertoire. For example, this book already describes new strategies related to acceptance, commitment, and mindfulness drawn from the “third generation” of cognitive-behavioral therapy (Hayes, Follette & Linehan, 2004) that were not included in earlier MTP descriptions of skills (Brooks-Harris & Gavetti, 2001; Brooks-Harris & Oliveira-Berry, 2002a, 2002b). The catalog of key strategies can be used at the conclusion of integrative treatment planning to identify specific strategies that might benefit a particular client (see Chapter Three). The skills in the catalog also support the key strategies training method that

involves learning, practicing, and implementing strategies in clinical practice (see Chapter 12).

MTP describes *practice markers* and *expected consequences* to help psychotherapists make intentional choices about using specific intervention strategies. Markers are client characteristics indicating the usefulness of certain strategies (Greenberg, Rice & Elliot, 1993). Two levels of practice markers are described in this book. First, *focus markers* are used in treatment planning to identify two or three dimensions on which to concentrate and may suggest which psychotherapy approaches and groups of skills will be most suitable. Second, *strategy markers* describe when a particular skill will be most appropriate and are used along with expected consequences to select specific strategies to use in integrative practice. Expected consequences are the anticipated results that are likely when particular strategies are utilized (Ivey, Pedersen & Ivey, 2001). Focus markers for seven dimensions and approaches will be introduced in Chapter Three (see Table 3.3). Strategy markers and expected consequences will be described for all of the key strategies in Part Two of this text (Chapters 4–10).

Levels of Complexity

Many of the interventions described in the catalog of key strategies can be implemented at different levels of complexity. Sometimes these interventions will be utilized briefly in the form of simple skills and, at other times, they will be implemented in the form of more complex techniques. The continuum representing these different levels of complexity is illustrated in Figure 2.3. For example, *Strategy EXP-7: Identifying, Connecting and Integrating Different Parts of Self* can be implemented at either a simple or complex level with a client who feels a conflict between a strong, ambitious side and a weary, discouraged side. At the simple level of complexity, a counselor can use summarization to acknowledge these two parts by saying, “At times, you sound so driven, and at other times you sound like you don’t even want to try.” If acknowledging the split between these two parts of the client’s experience is valuable, then a psychotherapist might choose to implement the strategy at a more technical level of complexity. In this case, the therapist might facilitate a two-chair dialogue in which the client gets to elaborate on and create a conversation between both parts of their personality. The ambitious part of the client



FIGURE 2.3 Psychotherapy strategies can be implemented at different levels of complexity.

and the discouraged part would have an opportunity to express their mutual needs in an attempt to create a more integrated approach to life. As you read the strategies in Part Two of this book, you may be able to recognize ways that other strategies can be used at either a simple or technical level of complexity.

Combining Strategies

MTP refers to combinations of strategies that work well together as *clusters of integrated strategies*. Three types of clusters will be introduced briefly here: (1) established clusters of strategies that have been described in the psychotherapy literature; (2) unique combinations that an individual psychotherapist uses with a particular client; and (3) new clusters that appear to work well together and may be worth repeating in the same combination. First, integrative psychotherapists should recognize the utility of established clusters of integrated strategies. Many psychotherapeutic approaches have described groups of skills or interventions that fit together effectively and can be used successfully with different clients. These clusters allow psychotherapy to focus on more than one dimension of functioning in a systematic manner. Examples of established clusters found in the psychotherapy literature include *Reality Therapy*, *Motivational Interviewing*, and *Eye Movement Desensitization and Reprocessing* (EMDR). For example, *Reality Therapy* (Glasser, 1965, 2000) combines strategies focusing on thoughts (Strategy COG-9: Encouraging accurate perceptions; see Chapter 4), actions (Strategy BHV-5: Encouraging active choices; see Chapter 5), and feelings (Strategy EXP-11: Acceptance of freedom and responsibility; see Chapter 6). Similarly, *Motivational Interviewing* combines cognitive, behavioral, and experiential strategies to help people prepare for change (Miller, Rollnick & Conforti, 2002). *EMDR* is a psychological treatment for trauma combining biopsychosocial, behavioral, cognitive, and experiential strategies to help clients change the way they process information (Shapiro, 2001).

Second, integrative psychotherapists should also recognize the utility of using unique patterns of strategies that are customized to the individual needs of a particular client. Many clients will benefit from unique combinations of strategies that have been individually tailored for them. MTP provides guidelines for using a multidimensional survey, multitheoretical conceptualization, practice markers, and expected consequences to design these unique combinations (see Chapter 3). Third, integrative psychotherapists should always be observing their own practice in order to identify new clusters of integrated strategies that may be effective with other clients. Integrative counselors should be reflective practitioners who watch what they do to learn what works well. If a particular combination of strategies works well with one client, it may be worth trying with another individual who displays similar practice markers. By carefully observing

their own work, considering multiple approaches to the same problem, and remaining aware of empirical research, psychotherapists can act as “local clinical scientists” (Stricker & Trierweiler, 1995). Although therapists are frequently encouraged to use empirically supported treatments, it is important to remember that every treatment that has been supported by research was developed by an imaginative psychotherapist who was carefully observing the results of a new intervention or the unique combination of existing strategies. Today’s empirically supported treatments were yesterday’s creative experiments!

Strategy-Based Intentionality

The utilization and combination of specific psychotherapy strategies with particular clients should be based on intentional choices. Strategy-based intentionality means that “you will have multiple possibilities for action” and “constantly increase your repertoire of skills and strategies” (Ivey, Pederson & Ivey, 2001, p. 20). With so many possibilities, how does a psychotherapist choose which strategies to use? Clara Hill (2004) used the concept of *intentions* to answer this question. Helpers choose strategies based on what they intend to accomplish. A psychotherapist’s intentions are a valuable concept in understanding strategy-based intentionality. This is how Hill and O’Brien (1999) defined intentions:

A helper thinks about what can be accomplished with the next intervention on the basis of everything he or she knows at the time. The helper develops an intention (e.g., give information, identify feelings) for how to influence the client to respond. . . . The intentions guide the helper’s choice of verbal and nonverbal interventions. Thus, the helper’s intention is the reason behind the intervention. (p. 47)

MTP uses strategy markers and expected consequences to illuminate and operationalize the concept of intentions for the specific skills that a counselor may choose to use.

This definition of strategy-based intentionality may make the process of selecting specific skills seem more technical or mechanical than it is in actual practice. Hill and O’Brien (1999) point out that novice psychotherapists are not always aware of their intentions and that this type of intentionality is an acquired skill that develops over time. It is also important to recognize the importance of flexibility in choosing and implementing specific strategies: “Intentionality means you are able to flex with changing situations” (Ivey, Pederson & Ivey, 2001, p. 20). To put this point even more plainly, “if something you try doesn’t work, don’t try more of the same—try something different!” (Ivey & Ivey, 2003, p. 21).

When you blend strategies from different theoretical approaches, these combinations should be guided by purpose and direction. An important part

of “intentionality means that you are able to . . . develop creative new responses” (Ivey, Pederson & Ivey, 2001, p. 20). Strategy-based intentionality involves paying attention to what strategies from divergent approaches can be usefully combined. For example, Wachtel, Kruk, and McKinney (2005) wrote about the importance of selecting “from among the various competing perspectives those aspects of each that can be put together in a new synthesis” (p. 172). Some strategies fit together better than others. For example, client-centered unconditional positive regard (Raskin & Rogers, 2000; Strategy EXP-5) may not fit naturally with rational-emotive challenge and disputation (Ellis, 2000; Strategy COG-3). To revisit the culinary metaphor, some flavors complement one another whereas others clash. For example, many people like strawberries with cream but few would think of serving strawberries with mustard.

Other Integrative Approaches

When considering other approaches to psychotherapy integration, a strategy-based emphasis is most evident in *Systematic Treatment Selection*. Beutler and his colleagues use clients’ coping styles as well as levels of resistance and emotional arousal in order to select strategies that are most likely to be effective (Beutler & Clarkin, 1990; Beutler & Harwood, 2000; Beutler, Consoli & Lane, 2005). For example, some techniques are used with highly distressed clients to decrease their emotional arousal whereas other strategies are indicated for unmotivated clients to increase their arousal. Techniques designed to decrease emotional distress include cognitive-behavioral procedures, stress management techniques, ventilation of feelings, and cognitive voice work. Strategies used to increase motivation include direct exposure to fearful situations, experiential psychotherapy strategies, cathartic voice procedures, and group therapy (Beutler & Harwood, 2000).

Multimodal Therapy suggests that techniques should be selected based on a multimodal assessment, but guidelines for choosing between specific techniques are not provided. Lazarus (1981) believed that a thorough assessment would make the selection of techniques rather straightforward: “I recommend starting with the most obvious and logical procedures” (p. 147). The *Translational Approach* provides a framework for using stages of change and levels of change to identify an appropriate psychotherapy approach but does not provide guidelines for selecting between more specific strategies within the same theoretical system.

Future Research

Future research might investigate strategy-based integration and test whether the key strategies training method is an effective way for psychotherapists

to learn new skills. Research in this area might begin by examining these questions: Can psychotherapists learn to effectively translate theory into practice by practicing key strategies drawn from a particular theoretical approach? Is psychotherapy more effective when therapists select interventions based on the strategy markers they observe and the expected consequences they intend? Process research might be used to look more closely at the specific strategy markers and expected consequences described in Chapters Four through Ten. Each strategy marker represents a hypothesis that a particular strategy will be useful under a particular circumstance. Each expected consequence also represents a hypothesis about what is likely to occur when an intervention strategy is used. Currently, these expectancies are based on theory but future research could be used to test these theoretical assumptions.

RELATIONAL INTEGRATION

Principle 5. Psychotherapy should be implemented within the context of an effective therapeutic relationship. Different styles of relationships can be developed with clients based on individual needs and preferences.

Because psychotherapy is based on an interpersonal relationship between two people, psychotherapists should give as much consideration to the types of relationships they are developing as they do to the types of interventions they are implementing. There is considerable evidence that suggests that the effectiveness of psychotherapy is more dependent on the therapeutic relationship than on the selection of specific techniques (for research reviews, see Lambert, 1992; Wampold, 2001; Norcross, 2003). In 1993, Norcross suggested that the therapeutic relationship could be tailored to the individual needs of clients in the same way that a psychotherapist might select among alternative treatment interventions. Since then, the recognition of the value of different relationship styles or stances has begun to be incorporated into some approaches to psychotherapy integration.

MTP recognizes that effective psychotherapists can adjust how they relate to different clients by enacting distinct relationship styles with different clients. The multitheoretical framework (Table 2.2) provides one way of thinking about tailoring the therapeutic relationship to the needs of individual clients. A multitheoretical approach to relational integration starts with the observation that different theoretical approaches have emphasized different types of relationships. Relationship styles identified by each of the seven theoretical traditions in the multitheoretical framework are identified in Table 2.4. Each of these relationship stances will be introduced briefly.

TABLE 2.4 Relationship Styles Encouraged by Different Theoretical Approaches**1. Collaborative Empiricism**

Cognitive psychotherapists have suggested the value of working collaboratively with clients using Socratic questioning and guided discovery in order to support new ways of thinking.

2. Social Reinforcement

Behavioral psychotherapists have described a relationship style based on social reinforcement, modeling, and coaching that shapes and rewards effective actions.

3. Empathic Attunement

Experiential psychotherapists have pointed out the importance of a relationship based on empathy, caring, genuineness, and authentic contact resulting in a consistent appreciation of clients' personal experiences.

4. Health Promotion

Biopsychosocial psychotherapists promote mind-body wellness, recognizing the interrelationship between physical health and psychological well-being, and encouraging behaviors that reduce risks and support health.

5. Participant-Observation

Psychodynamic and interpersonal psychotherapists have recognized the value of both participating in and observing the therapeutic relationship in order to understand and modify interpersonal patterns.

6. Social Choreography

Systemic psychotherapists often play a role in which they attempt to change the way social systems function by suggesting the way movements can be changed to promote more fluid and effective interactions.

7. Cultural Consultation

Multicultural psychotherapists have described a relationship style based on educating, advising, and consulting about cultural contexts in order to support cultural adaptation.

Collaborative Empiricism

Cognitive psychotherapists have described the value of acting as a collaborative empiricist who helps clients evaluate the validity of their thinking. Here is how A. T. Beck and Weishaar (2000, p. 255–256) describe collaborative empiricism: “The therapist and patient become co-investigators, examining the evidence to support or reject the patient’s cognitions . . . interpretations or assumptions are treated as testable hypotheses.” Collaborative empiricism often involves Socratic dialogue in which questions are used to promote new learning. Guided discovery is also encouraged in order to design behavioral experiments that result in new beliefs and assumptions (A. T. Beck & Weishaar, 2000). A relationship style based on collaborative empiricism encourages active exploration and cognitive change.

Social Reinforcement

Behavioral psychotherapists advocate an active relationship style that involves social reinforcement, modeling, and coaching: "The behavior therapist is directive and concerned—a problem solver and a coping model" (Wilson, 2000, p. 217). Social reinforcement recognizes that a psychotherapist's support and encouragement can act as a reward that can reinforce and shape clients' behavior (Prochaska & Norcross, 1999). Modeling occurs when a counselor demonstrates appropriate actions that a client is trying to acquire or, more generally, when a therapist demonstrates a healthy approach to life that can serve as a guide to a client. A coaching style is used to provide clients with information about the effectiveness of their actions (Goldfried & Davison, 1994). Prochaska and Norcross (1999) pointed out that an experienced coach "has been through many crucial matches and can provide a fine game plan or can review the person's own plan" (p. 510). Therefore, a relationship style based on social reinforcement is likely to result in increased motivation and more effective choices.

Empathic Attunement

Experiential psychotherapists encourage psychotherapists to develop relationships based on empathic attunement: "The therapist continually tries to make contact with and maintain a genuine understanding of the client's internal experience or frame of reference" (Elliot & Greenberg, 1995, p. 125). Person-centered therapy emphasizes a relationship style characterized by empathy, caring, and genuineness (Raskin & Rogers, 2000). Gestalt therapy is based on a relationship style characterized by contact over time in which the therapist communicates to the client both verbally and nonverbally (Yontef & Jacobs, 2000). A relationship style based on empathic attunement helps psychotherapists develop a deep phenomenological understanding that supports exploration and growth.

Health Promotion

Biopsychosocial approaches, like health psychology and psychiatry, promote behavioral choices that result in physical health and mind-body wellness. Biopsychosocial practitioners often foster a relationship that promotes two types of health practices. First, some clients need help reducing risky behaviors (like smoking or alcohol abuse) that threaten health. Second, clients can be encouraged to develop practices (like proper exercise, nutrition, and sleep) that enhance health (Matarazzo & Istvan, 1985). Acting as a health promoter involves a recognition of the way that physical health supports psychological wellness, as well as the idea that a healthy mind will also result

in a healthy body. Therefore, a health promoter works interactively with the brain and other parts of the body to support holistic health.

Participant-Observation

Within interpersonal approaches to psychodynamic psychotherapy, a relationship style characterized by participant-observation is often encouraged: "Throughout treatment therapists must monitor the balance of separateness versus relatedness in the therapeutic relationship. . . . The therapist must be both a genuine participant in the relationship and an objective observer of it" (Teyber, 2000, p. 227). A participant-observer relationship style embraces the idea that transference and countertransference will occur in all therapeutic relationships and that these personal reactions provide a valuable source of data to understand and modify the maladaptive relational patterns that bring clients to psychotherapy. When counselors act as participant-observers they have an opportunity to use the relationship as a source of information about interpersonal patterns as well as using the therapeutic relationship as a direct agent for interpersonal change.

Social Choreography

One of the key insights that introduced family therapy as a new paradigm was that psychotherapy could change the way groups of people interact rather than focusing on intrapsychic change alone (Haley, 1971). The idea of changing the structure of a family, and the sequence of behaviors, suggests the role of social choreographer who helps groups of people move together in a more harmonious way. A relationship style based on social choreography is evident in Minuchin's role-playing enactments and Satir's family sculpting (Goldenberg & Goldenberg, 2000). Both of these interventions are aimed at illuminating family boundaries, alliances, roles, and subsystems in order to eventually modify behavioral sequences and family structures. Even when working with an individual, a social choreographer can discuss the way one person's movements will impact the interactions of the entire system.

Cultural Consultation

Within the multicultural movement, there is a recognition that counselors sometimes play alternative helping roles that go beyond traditional definitions of psychotherapy to enact complementary roles such as adviser, advocate, consultant, change agent, or facilitator of indigenous support or healing systems (Sue et al., 1998). These complementary roles suggest a relationship style in which a psychotherapist acts as a consultant or adviser to facilitate the process of cultural adjustment: "The main tasks of an adviser involve

helping clients to solve or prevent potential problems, educating them about available options, and sharing with them what they may have found effective in dealing with the problematic situation" (Sue et al., 1998, p. 88). MTP's emphasis on cultural adaptation (see Chapter 3) suggests that a cultural consultant is someone who helps a client adjust to a new culture or subculture with adaptive values and cultural practices.

Relational Intentionality

A multitheoretical approach to relational integration concludes with the observation that all of these relationships styles are valid and may be useful under different circumstances. Furthermore, relationship stances can be integrated, combined, and modified in the same way that intervention strategies can. For example, although a coaching role is associated with the behavioral focus on actions (Goldfried & Davison, 1994), this role can be adapted to focus on feelings in experiential psychotherapy. Greenberg (2002) describes an emotion coach as someone "who helps people develop emotional wisdom—the wisdom to know when to be changed by emotion and when to change emotion" (p. 55). In an assimilative manner, any of these relationship styles might be adapted to focus on a new dimension beyond its original definition within a single theoretical context.

The development of a relationship and the choice of a particular style should be based on intentional choices. An integrative psychotherapist should think about what type of relationship would be most beneficial for a particular client. Customizing the therapeutic relationship to the individual client might include consideration of a client's expectations or preferences, stage of change, and level of resistance (Norcross, 2002). For example, a psychotherapist can tailor the relationship to the client's resistance level by using a more directive relationship style with less resistant clients and being less directive when clients display resistance (Beutler & Harwood, 2000). The idea of relational intentionality is summarized by Schmidt's (2002) conclusion that "a helper's intentions are a measure of successful relationships when genuine caring complements clear direction and purpose" (p. 28).

Other Integrative Approaches

Recent descriptions of *Multimodal Therapy*, the *Transtheoretical Approach*, and *Systematic Treatment Selection* have incorporated concepts related to relational integration. Lazarus (1997) suggested the value of acting as an authentic chameleon: "It is important to determine whether the client will respond best to someone who is directive, supportive, reflective, cold, warm, tepid, formal, or informal" (p. 14). Lazarus concluded that the therapist's style

is as important as the methods that are chosen. Prochaska and Norcross (1999, p. 510) described a transtheoretical relationship characterized by different relationship stances during different stages of change: a nurturing parent role for the precontemplation stage; a Socratic teacher during contemplation; an experienced coach during the preparation stage; and a consultant when clients are progressing into action and maintenance. Beutler and Harwood (2000, p. 35) emphasized the importance of establishing a therapeutic relationship based on a therapeutic attitude, knowledge, skill, timing, and creative imagination.

Future Research

Future research might investigate relational integration and test whether it is helpful for psychotherapists to make intentional choices about the relationship styles they develop with different clients. Training research might start by testing whether trainees can learn to predict what type of relationship style might benefit a particular client and to investigate whether an individual psychotherapist can enact different relationship styles. Treatment research could be used to see if psychotherapy is more effective when therapists make intentional choices about the relationship styles they enact with different clients.

CHAPTER SUMMARY

This chapter described the basic tenets of MTP using five principles for psychotherapy integration. These principles suggest that psychotherapy should be (1) intentional, (2) multidimensional, (3) multitheoretical, (4) strategy-based, and (5) relational. Each of the five principles listed here are supported by conceptual tools that have been introduced in this chapter. Table 2.5 summarizes the link between the five principles and MTP tools that can be used to enact them. The first principle is intentional integration and suggests that counselors consistently should act with direction and purpose. The other four principles represent different aspects of intentionality. Counselors can learn to make intentional choices about focal dimensions, conceptual models, intervention strategies, and relationship styles.

Multidimensional integration is the second principle and involves attending to interactive elements within clients' lives. MTP is organized around a multidimensional model of human functioning (Figure 2.2). This model points out that the ongoing interaction between (1) thoughts, (2) actions, and (3) feelings is at the core of human experience. These three concurrent dimensions are shaped by four contextual dimensions: (4) biology, (5) interpersonal patterns, (6) social systems, and (7) cultural contexts. These seven dimensions can be used to understand psychological functioning and to

TABLE 2.5 Principles and Conceptual Tools for Psychotherapy Integration

<i>Principles</i>	<i>Conceptual Tools</i>
1. Intentional Integration	Principles for Psychotherapy Integration Chapter Two and Table 2.1
2. Multidimensional Integration	Multidimensional Model of Human Functioning Figure 2.2 and Chapter Three
3. Multitheoretical Integration	Multitheoretical Framework for Psychotherapy Table 1.1, Table 2.2, and Chapter 11
4. Strategy-Based Integration	Catalog of Key Strategies Chapters 4–10 and Appendix B
5. Relational Integration	Relationship Styles Table 2.4

prepare for integrative treatment (see Chapter 3). Adaptive thoughts, actions, and feelings help people adjust to their environments.

The third principle describes multitheoretical integration, which occurs when ideas from different theories are used in a pluralistic manner to understand clients and to intervene therapeutically. One application of the multidimensional model is to organize psychotherapy theories according to their focus on different dimensions of human functioning. The result is a multitheoretical framework for psychotherapy (Tables 1.1 & 2.2). Within this framework, (1) cognitive psychotherapy focuses on thoughts; (2) behavioral theories emphasize actions; and (3) experiential-humanistic approaches concentrate on feelings. (4) Biopsychosocial theories look at how biology impacts thoughts, actions, and feelings. (5) Psychodynamic-interpersonal psychotherapy focuses on the way interpersonal patterns shape human functioning. (6) Systemic-constructivist approaches emphasize the importance of understanding the effect of interactive social systems. (7) Multicultural psychotherapy considers how cultural contexts impact the way people think, act, and feel. This multitheoretical framework can be used to encourage counselors to consider complementary perspectives when understanding clients and planning for integrative treatment. Many different multitheoretical combinations are possible within this framework.

Strategy-based integration is the fourth principle and involves acquiring a pragmatic repertoire of diverse strategies that can be used in clinical practice. Instead of having to reconcile different psychotherapy approaches at the theoretical level, strategies can be combined at the practical level. Psychotherapists can learn and use skills from different approaches, based on the individual needs of clients. Integrative therapists often use skills from different theories with the same client and within the same session. A diverse

catalog of almost 100 key strategies is described in Part Two of this book (Chapters 4–10) and summarized in Appendix B.

Relational integration suggests that different types of relationships can be developed with individual clients. Psychotherapy theories have described a variety of relationship styles (summarized in Table 2.4): (1) collaborative empiricism, (2) social reinforcement, (3) empathic attunement, (4) health promotion, (5) participant-observation, (6) social choreography, and (7) cultural consultation. Integrative psychotherapists can make intentional choices about developing a relationship style that meets the needs of a particular client. Together, these principles for psychotherapy integration provide counselors with five ways to think about integrative practice. Although each of these principles has been introduced in earlier approaches to psychotherapy training or treatment, the combination of all five principles offers a new, more comprehensive approach.