INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 3

Multidimensional Adaptation and Integrative Treatment Planning

CHAPTER OVERVIEW

Chapter Two identified multidimensional integration as the second of five principles for psychotherapy integration characterizing *Multitheoretical Psychotherapy* (MTP):

> 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.

This chapter will focus on multidimensional integration and elaborate on the *multidimensional model of human functioning*. Multidimensionality will be used to consider clients' complexity and interactivity, understand human adaptation, and organize integrative treatment planning.

MULTIDIMENSIONAL MODEL OF HUMAN FUNCTIONING

A multidimensional model of human functioning was introduced in Chapter Two (see Figure 2.1). This model identifies seven dimensions that are often the focus of psychotherapy: (1) Thoughts, (2) Actions, (3) Feelings, (4) Biology, (5) Interpersonal Patterns, (6) Social Systems, and (7) Cultural Contexts. The multidimensional model is based on four assumptions. First, humans are continually thinking, acting, and feeling. The second assumption is that biology, interpersonal patterns, social systems, and cultural contexts influence the ongoing interaction between thoughts, actions, and feelings. Third, individual psychotherapy most often intervenes at the intersection between thoughts, actions, and feelings. In contrast to individual psychotherapy—couples counseling, family therapy, and group psychotherapy are designed to intervene

within interpersonal relationships or social systems. Fourth, psychotherapists should maintain an ongoing awareness of biology, interpersonal patterns, social systems, and cultural contexts. These assumptions provide a way of combining different ways of understanding human functioning. However, these assumptions have not been directly tested by research.

Concurrent Dimensions

Thoughts, actions, and feelings are described as concurrent dimensions because of their ongoing interaction. These three dimensions are usually the focus of individual psychotherapy across theoretical orientations. For the most part, psychotherapy helps clients understand and change their thoughts, actions, or feelings. Changing one of these dimensions usually has an impact on the other two. For example, processing unresolved feelings of grief may lead someone to think more positively about the future and to engage in more self-care actions. Even when psychotherapy focuses on a contextual dimension, like the family system, it is still clients' thoughts and feelings about their families and their actions within the system that can be changed in individual psychotherapy. The first letter of each of these three concurrent dimensions results in the acronym, TAF. A mnemonic device that may help you remember this acronym and the dimensions it represents is that TAF corresponds to the first three letters of the words "taffy." The relationship between these three concurrent dimensions is illustrated in Figure 3.1.

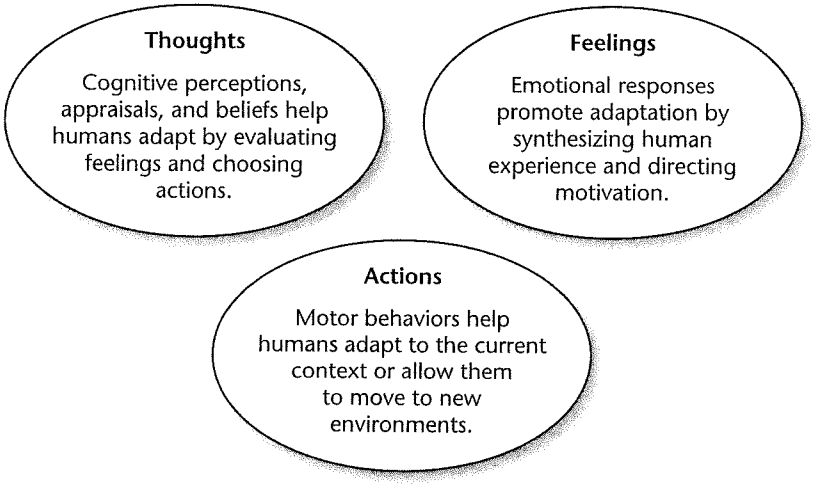

FIGURE 3.1 Thoughts, actions, and feelings represent interactive methods of adaptation.

Thoughts

Thoughts and beliefs originate in the brain and are part of "the cognitive system [that] deals with the way that individuals perceive, interpret, and assign meanings to events" (Beck & Weishaar, 2000, p. 241). Perceptions and interpretations can be functional or dysfunctional, and distorted thoughts can represent either a positive or negative bias. Thoughts influence our feelings and shape our actions on an ongoing basis. The words "thoughts" and "cognitions" will be used interchangeably in this text. Cognitive psychotherapists believe that it is important to focus on thoughts because "psychotherapy is indisputably an exercise of information exchange" (Alford & Beck, 1997, p. 45). The idea of cognitive primacy suggests that all change in psychotherapy is essentially cognitive in nature. Cognitive psychotherapy focuses on thoughts as a point of leverage and assumes that cognitive change will lead to changes in actions and feelings.

Actions

Actions are observable behaviors that are the result of the brain's control of the body's motor activity. Although human actions are influenced by emotional motivation as well as cognitive choices, behaviorists have always pointed out the importance of defining behavior in terms of what can be directly observed and how it can be described in terms of stimulus and response (e.g., Watson, 1925). Within the context of behavioral psychotherapy, it is assumed "that the behavior of organisms, including human beings, conforms to causal laws just as other phenomena do" (Wolpe, 1958, p. 3). Although the environment influences actions, the situations that an individual encounters are also the direct result of behavioral choices (Bandura, 1969). The words "actions" and "behaviors" will be used interchangeably in this text. Behavioral psychotherapists believe that it is important to focus on actions because of our ability to observe and change behavior more directly than other dimensions. Behaviorists focus on actions as a point of leverage and believe that helping clients change their actions will result in new thoughts and feelings.

Feelings

Feelings are affective responses that originate in the brain but are associated with physical sensations in other parts of the body, such as tightness in one's throat or "butterflies" in one's stomach. Feelings synthesize complex reactions to the environment and organize humans for action. These emotional reactions can be adaptive or maladaptive responses to the environment. "Consciously experienced human emotions are experiences that arise when action tendencies and feeling states are joined with evoking situations and self" (Greenberg & Paivio, 1997, p. 7–8). The words "feelings" and "emotions" will

be used interchangeably in this text. Experiential psychotherapists believe that it is important to focus on feelings as points of leverage because emotions represent a highly evolved response system that supports human survival. Experiential therapists focus on feelings as a central part of a person's phenomenology or personal meaning system. They believe that emotional awareness and changes in clients' feelings will result in more adaptive thoughts and actions.

Contextual Dimensions

Biology, interpersonal patterns, social systems, and cultural contexts are referred to as contextual dimensions because of their ongoing influence on concurrent functioning. Each of these four dimensions shapes the human experience in a profound way. Some of these dimensions have received more overt attention than others, and different theories of psychotherapy have placed greater emphasis on different contexts. The first letter of each of these four contextual dimension results in the acronym, BISC. A mnemonic device that may help you remember this acronym and the dimensions it represents is that BISC corresponds to the first four letters of the word "biscuit." To help remember all seven dimensions, you might want to recall two key words together: "TAFfy BISCuit."

Although contextual dimensions can be thought of as external influences, this is not completely accurate. Each of these contextual dimensions has an internal and an external component. For example, biology refers to both the internal health of the human organism as well as the external actions that support or threaten biological wellness. Integrative psychotherapists are not just concerned with the external environment as a monolithic influence on behavior but are also concerned with the way it is perceived and processed internally. This idea of an external environment and the way it is internalized can be applied to the other three contextual dimensions as well. Interpersonal patterns are internalized in the form of interpersonal perceptions. External social systems shape the internal process of socially constructed meaning. Cultural contexts or environments are internalized in the form of worldview, identity, and cultural values. Therefore, it is important to consider both the external and internal components of these contextual dimensions.

Different psychotherapy theories place different emphasis on internal and external aspects of these dimensions. For example, psychodynamic psychotherapy emphasizes internal interpersonal perceptions in the form of unconscious drives and defenses whereas interpersonal psychotherapy pays greater attention to external relational patterns. Systemic theories look at external social systems whereas constructivist theories focus on the internal

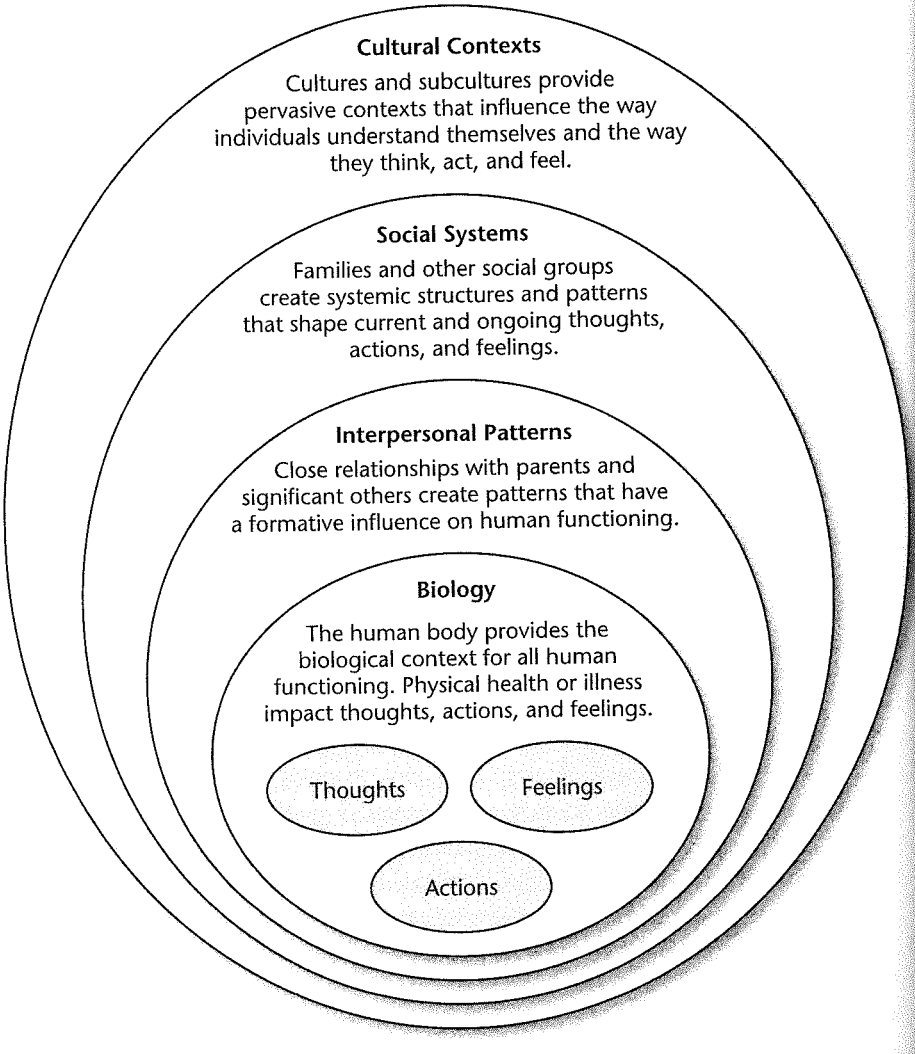

FIGURE 3.2 Biological, interpersonal, systemic, and cultural contexts represent different environments to which humans must adapt.

social construction of meaning. The relationship between these four contextual dimensions is illustrated in Figure 3.2. Each of these contextual dimensions will be described separately.

Biology

Humans are biological organisms, and there is a constant interplay between the brain and the rest of the body. Our thoughts, actions, and feelings have a direct impact on physical health and vice versa. Physical illness or wellness

shape the way we think, act, and feel. Psychological processes often express themselves somatically in the body. Therefore, attending to physical sensations and other bodily cues is an important part of assessment. Psychotherapists should attend to the body as well as to the mind. Biopsychosocial psychotherapists believe that it is important to focus on biology because, "each person is his body. No person exists apart from the living body in which he has his existence and through which he expresses himself and relates to the world around him" (Lowen, 1975, p. 54).

Interpersonal Patterns and Perceptions

Interpersonal patterns and perceptions provide a pivotal context for considering clients' current thoughts, actions, and feelings. The external component of the interpersonal dimension includes consistent patterns that people often learn and enact in close dyadic relationships. People often develop habitual actions in the way they relate to significant others, and many of these interpersonal patterns were learned early in life. For example, if a boy grew up with an angry father, he may learn to avoid conflict. If a young woman was treated like a hero by her mother, she might learn that she should be able to solve any problem that arises. In this way, interpersonal patterns represent microsystems in which bidirectional relationships shape human development (Bronfenbrenner, 1979).

The interpersonal patterns that people repeatedly experience are internalized and influence the way they view others. These perceptions are the internal component of the interpersonal dimension. Interpersonal perceptions are habits of the mind that influence the way individuals relate to others. Because the relationships people have experienced shape the way they perceive others and these perceptions impact how they relate, it is crucial to consider interpersonal patterns and perceptions simultaneously. Interpersonal and psychodynamic psychotherapists believe that it is important to focus on interpersonal patterns because they are at the root of maladaptive behavior: "Maladaptive behavior persists over lengthy periods, because it is based upon perceptions, expectations, or constructions of the characteristics of other people that tend to be confirmed by the interpersonal consequences of the behavior emitted" (Carson, 1982, p. 66).

Social Systems and Social Construction of Meaning

Social systems are the third contextual dimension in this model. Many theories of psychotherapy place primary importance on understanding the way families and other social groups influence the way individuals think, act, and feel. Compared to interpersonal patterns that arise in close dyadic relationships, social systems are often more complex. Rather than focusing on the relationship between a parent and child, for instance, a systemic view considers the complex interactions between all family members. Some systemic

theorists suggest that to understand a family, it is crucial to look at multigenerational patterns that impact the way the system operates. Although families often have a pervasive influence, a consideration of social systems includes looking at other groups as well. Peers often influence teenagers and young adults more than their families. Adults employed full-time often spend more time interacting with coworkers than with family or friends. Therefore, understanding social systems is a key element of understanding any individual. Like interpersonal patterns, social systems are microsystems composed of people who interact with one another in an ongoing and interactive manner (Bronfenbrenner, 1979). In psychotherapy, social systems provide a large part of the client's environment that impacts current functioning. To understand clients systemically, you may want to ask about important people and groups in a client's life and how they influence thoughts, actions, and feelings. Systemic psychotherapists believe that it is important to focus on social systems because, "man is not an isolate. He is an acting and reacting member of social groups. What he experiences as real depends on both internal and external components" (Minuchin, 1974, p. 2).

Social systems are often internalized in the personal construction of meaning. A constructivist perspective in psychotherapy "emphasizes the client's unique subjective perspective or self-constructed narrative as contrasted with an 'objective' or consensual reality" (Prochaska & Norcross, 1999, p. 438). People construct personal narratives to "story" their human experience: "In striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them" (White & Epston, 1990, p. 10). When considering the impact of social systems in psychotherapy, it is important to look at personal narratives as well as the external systems that shaped their construction.

Cultural Contexts and Identity

Cultural contexts are the final contextual dimension in this multidimensional model. Unlike interpersonal and systemic contexts comprised of people with whom an individual interacts directly, culture includes indirect influences from outside one's immediate social circles. Cultural contexts influence "belief systems and values orientations that influence customs, norms, practices, and social institutions" (American Psychological Association, 2003, p. 380). In contrast to the microsystems described earlier, culture can be considered a macrosystem that influences human development in an indirect but pervasive manner (Bronfenbrenner, 1979). Although culture is often thought of as a monolithic construct, the truth is that most people interact in many different contexts on an ongoing basis. Therefore, understanding the way someone behaves involves looking at the multiple, overlapping cultural contexts in

which they interact. Clients frequently come to psychotherapy with presenting concerns related to cultural adaptation or discrimination. These problems often arise when behaviors that were adaptive in one cultural context are not effective in another. For example, an immigrant may be acting in a way that was effective in her country of origin but may not have the same positive results in her new country. Likewise, a member of an ethnic minority group may have adopted attitudes and behaviors that work well within his ethnic subculture but the same attitudes and behaviors may not be valued by the dominant culture. Similarly, a woman who was socialized to be nurturing and supportive may find that these qualities do not help her succeed in a competitive corporate environment. Cultural problems also arise when one group discriminates against another and the effects of this discrimination may be internalized by the oppressed group. For example, members of a minority group may be discriminated against, and some members of this group may come to believe that they are inferior to the dominant cultural group. Therefore, to understand the impact of cultural contexts on individuals, the diverse influence of distinct subcultures and the effects of discrimination should be considered. Cultural contexts are often internalized and cultural messages like "an eye for an eye" are internalized in the form of cultural values and identity. The way cultural influences change and evolve over time is reflected in theories of acculturation and identity development. Multicultural psychotherapists believe that it is important to focus on culture because of its pervasive impact on all the other dimensions. Within the multicultural movement, feminist therapists have emphasized the impact of the dimensions of gender and power on psychological functioning.

What Dimensions Have Been Left Out?

Any list of important human dimensions is, of course, incomplete. The multidimensional model described here is offered as a conceptual heuristic and not an exhaustive description of reality. Some readers may think that an important dimension has been left out. Some of the dimensions that have been deemphasized in this model include the unconscious, sensation and imagery, development, the physical environment, and a spiritual or transpersonal dimension.

Freudian *Psychoanalysis* and traditional psychodynamic psychotherapy focuses on the unconscious, which "refers to the fact that there are meaningful mental processes that are outside the awareness of the individual and that have important, powerful influences on conscious experiences" (Karon & Widener, 1995, p. 26). The unconscious does not appear overtly in the multidimensional model described here. However, thoughts and feelings can be thought of as having both a conscious and unconscious level. In dealing with these dimensions, an integrative psychotherapist can help bring unconscious

thoughts and feelings into conscious awareness so they influence actions in a more adaptive manner. Becoming aware of unconscious thoughts and feelings allows individuals to understand how contextual dimensions like interpersonal patterns, social systems, and cultural contexts may be impacting current functioning. Although traditional psychodynamic approaches attempt to make the unconscious conscious, many contemporary psychodynamic approaches are relational and put greater emphasis on interpersonal patterns. This relational emphasis began with interpersonal thinkers like Fromm (1947), Horney (1950), and Sullivan (1953). It is represented in contemporary psychodynamic models described by Strupp and Binder (1984) and Luborsky (1984) as well as integrative models described by Wachtel and McKinney (1992) and Gold and Stricker (2001). Relational psychodynamic approaches have modified traditional psychoanalysis by recognizing "that unconscious meanings and representations are embedded in an ongoing interpersonal, experiential web" (Gold & Stricker, 2001, p. 44). While not ignoring the unconscious, MTP places greater emphasis on relational patterns in identifying and describing psychodynamic strategies and on understanding clients from an interpersonal perspective.

Like MTP, Lazarus's *Multimodal Therapy* is also organized around seven dimensions of human functioning. These two models emphasize five of the same dimensions and disagree on two. *Multimodal Therapy* focuses on sensation and imagery, whereas MTP emphasizes social systems and cultural contexts. Lazarus (1997) described sensations as specific sensory complaints, such as tension or chronic pain, as well as positive visual, auditory, tactile, olfactory, or gustatory sensations. MTP does not focus on sensations as a separate dimension but includes sensations as part of the biology dimension. Chapter Seven of this book recognizes the importance of fostering physiological awareness to facilitate biological-psychological healing and integration as a key biopsychosocial strategy (Strategy BIO-8). Similarly, MTP does not describe imagery as a separate dimension but recognizes it as a visually-oriented cognition. Lazarus (1997) stressed the importance of assessing imagery by looking at clients' fantasies and self-image that may focus on success or failures and may include intrusive images related to traumatic events. In this book, Chapter Four describes working with imagery, metaphors, or stories to reduce negative images and encourage clients to visualize adaptive images and embrace positive metaphors as a key cognitive strategy (Strategy COG-12).

Developmental approaches to psychotherapy put greater emphasis on how certain dimensions change over time rather than on how they interact in a given situation. For example, Ivey (1986) suggested, "Developmental therapy focuses on both the process and outcome of development and suggests specific therapeutic techniques that may be employed to facilitate growth

and change" (p. 11). The multidimensional model described in this book may give the mistaken impression that these dimensions and their interactions are static rather than dynamic. From a developmental perspective, it may be helpful to think of the multidimensional model as a snapshot taken at one point in time. In order to think developmentally, it may be necessary to consider multiple snapshots revealing how thoughts, actions, and feelings have changed over time or to see how contextual dimensions have evolved interactively. Therefore, although the multidimensional model does not overtly emphasize development, it can be used to think in a developmental manner.

Most psychotherapy theories pay less attention to the physical environment than to interpersonal or social relationships. MTP's multidimensional model has inherited this bias and does not emphasize the physical environment. This may also represent a broader bias of affluent Americans who may not be impacted on a daily basis by physical realities like famine, crime, or war. Obviously, if people are facing poverty, physical danger, or other environmental threats, this will have a significant impact on their psychological well-being and should be addressed in psychotherapy. Conversely, economic stability and physical safety will probably have a positive impact on functioning and may allow people to address concerns related to belonging and self-esteem rather than safety. Therefore, the impact of the environment on psychological functioning should be considered both in assessment and treatment planning. The physical environment is not highlighted in the multidimensional model because most psychotherapy theories do not overtly focus on this dimension. This is not meant to suggest that environmental factors do not have a significant impact on psychological functioning.

Transpersonal psychology and pastoral counseling both recognize a spiritual dimension that exists beyond individuals and the cultures in which they live. A spiritual or transpersonal dimension is not overtly recognized in the current version of this multidimensional model. Compared to other dimensions, spirituality is harder to describe because not all people agree that a spiritual dimension or a higher power exists and, if they do exist, they are more difficult to observe or measure compared to other dimensions. For many decades, traditional psychotherapy theories have disavowed a spiritual emphasis and sometimes created an adversarial relationship with religion. Luckily, this is changing, and there is renewed interest in addressing spiritual concerns in psychotherapy and understanding the positive role religion can play in clients' lives (e.g., Richards & Bergin, 1997; Fukuyama & Sevig, 1999). At this point in time, most spiritual or transpersonal practices occur within the context of cultural or religious practices. Therefore, Chapter Ten describes integrating clients' spiritual awareness or faith development into holistic growth as a key multicultural strategy (Strategy MCUL-12). It should also be noted that new approaches to the treatment of anxiety and other psychological disorders

are beginning to integrate concepts like mindfulness (see Strategy COG-11 in Chapter Four) and practices like meditation (see Strategy BIO-7 in Chapter Seven) that were originally developed thousands of years ago as part of Eastern religions (e.g., Segal, Williams & Teasdale, 2001; Hayes, Follette & Linehan, 2004). From a behavioral perspective, some of these techniques can be considered specific forms of skills training designed to reduce anxiety and increase effective actions.

Chapter Two described MTP as an open system that can be modified or expanded by individual practitioners. If transpersonal awareness or a client's relationship to a higher power is an important part of a psychotherapist's work, a spiritual dimension can be thought of existing beyond the cultural contexts identified in the outer circle of Figures 2.1 and 3.2. Counselors who focus on spirituality can look at the way this dimension shapes thoughts, actions, and feelings and interacts with other contexts. Individual counselors can identify spiritual strategies they use in combination with skills that focus on other dimensions. Perhaps in the future, MTP's multidimensional model will be expanded to address spirituality, and a catalog of key transpersonal strategies can be identified to encourage spiritual growth.

Multidimensional Thinking

The major implication of this multidimensional model is that psychotherapists should always be aware of the complexity and interactivity of human life. If counselors have been trained in only one theory that emphasizes the importance of one or two dimensions, they may overlook other important factors in the lives of their clients. Integrative psychotherapists need to commit themselves to multidimensional thinking on an ongoing basis. Multidimensional thinking supports the intentional practice of multitheoretical psychotherapy. Thinking about the interaction of different dimensions in clients' lives points to the usefulness of different theories and prepares counselors to use diverse interventions. Now that seven human dimensions have been described, this model will be applied in two ways. First, multidimensional adaptation will be used as a way to conceptually unify all seven dimensions and to define the purpose of psychotherapy. Second, multidimensional thinking will be applied to the task of integrative treatment planning to support multitheoretical psychotherapy.

MULTIDIMENSIONAL ADAPTATION

Adaptation has been highlighted as an important goal of psychotherapy by a variety of writers including Jerome Frank. He suggested that clients often enter psychotherapy because of "temporary or persistent unsuccessful

adaptations to stress" (Frank & Frank, 1991, p. 22). Frank suggested that the desired outcome of psychotherapy includes producing "beneficial changes in the patient's assumptive world, thereby improving the patient's adaptation and bringing about a concomitant reduction in symptoms" (Frank & Frank, 1991, p. 51). Frank pointed out that each person's assumptive world includes cognitive, affective, and behavioral components. The way that different approaches to psychotherapy can be used to promote adaptation in different areas will be highlighted later in this chapter.

MTP suggests that the purpose of psychotherapy is to help clients respond to the environment with adaptive thoughts, actions, and feelings. When the idea of adaptation is considered within the context of the multidimensional model of human functioning, an integrative definition of adaptation can be developed. The three concurrent dimensions of human functioning can be considered different forms of adaptation. The purpose of thoughts, actions, and feelings is to allow humans to adapt to the environments they encounter. Some thoughts help us adapt to the environment, and some do not. The same is true of actions and feelings. Psychotherapy is often aimed at identifying and decreasing maladaptive thinking, acting, or feeling, and encouraging more adaptive responses to the environments that clients encounter.

The role of contextual dimensions in adaptation is more complex. These dimensions have both an external and an internal component. On one hand, we can think about external adaptation to interpersonal, systemic, and cultural environments. On the other hand, internal interpersonal perceptions, personal narratives, and cultural values can be seen as attempts to adapt to the environment. Unlike the other contextual dimensions, biology is harder to describe as an external environment. On the one hand, the human body can be thought of as the biological environment in which the mind resides. On the other hand, health and wellness practices allow people to adapt to their physical body and the biological environment around them.

When the concurrent and contextual dimensions are combined, we can conclude that the purpose of psychotherapy is to help clients attain adaptive thoughts, actions, feelings, health practices, interpersonal perceptions, personal narratives, and cultural values. These adaptive responses will help individuals adjust to changing biological, interpersonal, social, and cultural environments. Multidimensional adaptation is summarized in Table 3.1. Although this table describes adaptive and maladaptive functioning, it should be noted that this is a false dichotomy. Most thoughts, actions, or feelings are not adaptive or maladaptive in an absolute sense but might be more accurately described as existing on a continuum from more adaptive to less adaptive. In this context, it might be appropriate to describe the goal of psychotherapy as encouraging more adaptive functioning and letting go of less adaptive thoughts, actions, and feelings. When the multitheoretical framework for

TABLE 3.1 Multidimensional Adaptation

Cognitive Adaptation—Cognitive psychotherapy strategies encourage adaptive thoughts.	
Adaptive thoughts are accurate and rational, based on objective evidence, and serve a useful psychological function.	**Maladaptive thoughts** are inaccurate or irrational, are not based on evidence, or do not serve a useful function.
Behavioral Adaptation—Behavioral strategies support adaptive actions or reduce maladaptive conditioned responses.	
Adaptive actions are effective in helping people meet their needs, attain their goals, or avoid undesirable consequences.	**Maladaptive actions** do not result in desired results or expend energy without meeting needs or attaining goals.
Experiential Adaptation—Experiential strategies encourage adaptive feelings and explore other personal experiences and result in awareness and growth.	
Adaptive feelings match the situation in a proportional manner, evaluate situations, and organize for effective action.	**Maladaptive feelings** do not match the situation, are disproportional responses, or interfere with effective actions.
Biopsychosocial Adaptation—Biopsychosocial strategies support adaptive health practices.	
Adaptive health practices promote holistic wellness, biological health, and mind-body awareness.	**Maladaptive health practices** do not support wellness or mind-body awareness and threaten biological health.
Psychodynamic-Interpersonal Adaptation—Interpersonal psychotherapy strategies encourage adaptive interpersonal skills. Psychodynamic strategies support adaptive interpersonal perceptions.	
Adaptive interpersonal skills support relationships and help resolve conflicts and role transitions.	**Maladaptive interpersonal skills** do not support relationships or the resolution of conflicts and role transitions.
Adaptive interpersonal perceptions are accurate and not distorted by past relationships and painful experiences.	**Maladaptive interpersonal perceptions** are distorted by past experiences and interfere with current relationships.
Systemic-Constructivist Adaptation—Systemic psychotherapy strategies encourage adaptive social practices. Constructivist strategies encourage adaptive personal narratives.	
Adaptive social practices allow individual growth and individuation without threatening stability of the system.	**Maladaptive social practices** result in rigid enmeshment that constricts growth or distant detachment from social systems.
Adaptive personal narratives construct meaning in a way that matches a person's experience and supports positive action.	**Maladaptive personal narratives** are distorted by social systems, do not match experience, or do not support positive action.
Multicultural Adaptation—Multicultural psychotherapy strategies encourage adaptive cultural practices and adaptive cultural values.	
Adaptive cultural practices allow people to adjust to a variety of contexts without violating internal values and help people respond to discrimination.	**Maladaptive cultural practices** do not support adjustment to new contexts, are manifested in rigid cultural norms, and are not responsive to oppression.
Adaptive cultural values allow individuals to appreciate their own cultural group as well as respecting others.	**Maladaptive cultural values** result in devaluing one's own cultural group or disrespecting people from other cultures.

psychotherapy is applied to the idea of adaptation, it can be seen that different psychotherapy approaches focus on different forms of adaptation.

One risk of defining the purpose of psychotherapy as helping clients adapt to their environments is that it may imply that clients should stay in unhealthy environments and that psychotherapy should support the status quo. This is not the intent of this definition. In many instances, it is adaptive for a client to leave a harmful environment and to seek a healthier setting. Clients often seek psychotherapy to make decisions about whether to leave a bad job, to end an unfulfilling relationship, or to break ties with an abusive family member. In these cases, psychotherapists can encourage adaptation by helping clients consider what type of interpersonal, social, or cultural environments might be most conducive to safety and growth. If clients are economically trapped in an unhealthy social environment, the adaptive response may be to work for social justice as well as making individual efforts to increase their ability to earn a living wage. Clients can be supported as they identify and perform adaptive actions that allow them to move from one environment to another or to take steps to change unhealthy environments.

Concurrent Adaptation

Adaptive Thoughts

Cognitive psychotherapy focuses on adaptive thoughts that are functional, accurate, and rational. Aaron T. Beck used the distinction between adaptive beliefs and maladaptive conclusions to describe the method of *Cognitive Therapy:*

> In a collaborative process, the therapist and patient examine the patient's beliefs about himself, other people, and the world. The patient's maladaptive conclusions are treated as testable hypotheses. Behavioral experiments and verbal procedures are used to examine alternative interpretations and to generate contradictory evidence that supports more adaptive beliefs and leads to therapeutic change. (A. T. Beck & Weishaar, 2000, p. 241)

In a similar manner, Albert Ellis (2000) described the adaptive beliefs that REBT (*Rational Emotive Behavior Therapy*) helps clients acquire as, "a more realistic, tolerant philosophy of life" (p. 183). Within the context of psychotherapy integration, the cognitive strategies that result in functional thoughts are complemented with other strategies that result in other forms of adaptation. Furthermore, it is assumed that functional thoughts are closely related to effective actions, adaptive feelings, and so forth.

Adaptive Actions

Behavioral approaches to psychotherapy help clients engage in effective actions that are not distorted by maladaptive anxiety or other conditioned

responses. Joseph Wolpe (1958) highlighted the distinction between adaptive and maladaptive actions in this definition:

> Neurotic behavior is any persistent habit of unadaptive behavior acquired by learning in a physiologically normal organism. . . . Each of the distinguishable consequences of the behavior of an organism in a situation may be judged to be either *adaptive* or *maladaptive*. *Adaptive* consequences take the form of progress toward the satisfaction of a need or the avoidance of possible damage or deprivation. An *unadaptive* consequence would be the expenditure of energy or the occurrence of damage or deprivation. (p. 32)

Psychotherapy should encourage clients to choose and enact effective actions that help them reach their goals and avoid negative consequences. Effective actions usually have a positive impact on thoughts, feelings, and other dimensions of human life.

Adaptive Feelings

Experiential psychotherapy emphasizes the role of adaptive feelings by encouraging the exploration and expression of primary emotions. Leslie Greenberg and Sandra Paivio (1997) defined the adaptive nature of feelings in this way:

> Emotions . . . are internal signals directing us to sustain life. In comparison with cognition, emotion is a biologically older, adaptive, rapid-action system, a system designed to enhance survival. . . . Emotion regulates attention, monitoring the environment for adaptation-relevant events and alerting consciousness when they arise. (p. 15)

When maladaptive feelings are encountered, they can be replaced and transformed by exploring and experiencing more adaptive emotional responses (Greenberg, 2002). From an integrative perspective, a unidirectional relationship between feelings and thoughts is not assumed, but a highly interactive relationship between thinking and feeling is often observed. Adaptive feelings and functional thoughts are closely related, and focusing on one dimension will often result in changes in another.

Working Interactively with Thoughts, Actions, and Feelings in Psychotherapy

Individual psychotherapy involves working within the ongoing interaction between clients' thoughts, actions, and feelings. Frank pointed out that changing one concurrent dimension is likely to impact the other two:

> Behavior therapies concentrate on modifying behavior, but many do so by manipulating imagery and producing emotional arousal. Interview therapies stress the communication of feelings and

> cognitive reorganization, but all assume that these will be reflected in behavioral change. Therapies that focus on eliciting intense emotional reactions assume that this is the preferred route to new insights and changed behaviors. (Frank & Frank, 1991, p. 34)

Within the context of adaptation, it can be seen that thoughts, actions, and feelings are closely related. Figure 3.3 illustrates the interactive relationship between dysfunctional thoughts, ineffective actions, and maladaptive feelings. Maladaptive feelings like hopelessness are often associated with dysfunctional thoughts like "I'm a loser; no one would want to date me," and ineffective actions like social isolation. Conversely, adaptive feelings—like hope and a desire to overcome loneliness—are more likely to be associated with functional thoughts like "Maybe I'll meet someone nice at the party," and effective actions associated with overcoming fears and talking to new people in a social setting. Depending upon the needs of individual clients, a psychotherapist can begin to encourage multidimensional adaptation by focusing on any of these three dimensions. Some clients will be able to identify their thoughts easily, and an integrative psychotherapist may choose to use cognitive strategies in order to initiate multidimensional change. In this case, cognitive strategies are designed to have a direct impact on thoughts and an indirect impact on actions and feelings. It is assumed that by encouraging functional thinking, psychotherapy is also likely to result in more effective actions and more adaptive feelings. Other clients may be more responsive to emotional exploration that allows them to discover adaptive feelings that will energize their actions and alter their thinking in positive ways. If a psychotherapist chooses to begin by using experiential strategies to promote the discovery of adaptive feelings, these emotional experiences are expected to also result in more functional thinking and effective actions. Some clients may need to start with behavioral change that involves choosing effective actions that will have a positive impact on other dimensions of functioning. With these clients, an integrative psychotherapist may begin with behavioral strategies, knowing that more effective actions are likely to result, subsequently, in more functional thoughts and more adaptive feelings. This method of using cognitive, behavioral, and experiential strategies to work interactively with thoughts, actions, and feelings is illustrated in Figure 3.4. An integrative psychotherapist may use

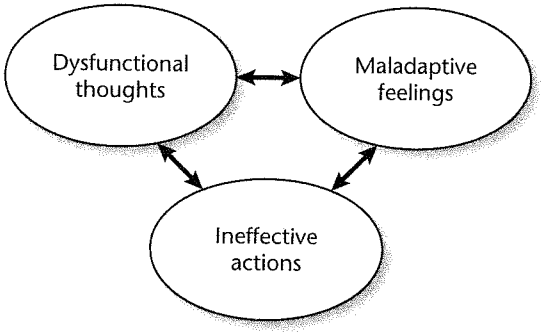

FIGURE 3.3 Maladaptive thoughts, actions, and feelings are closely related and highly interactive.

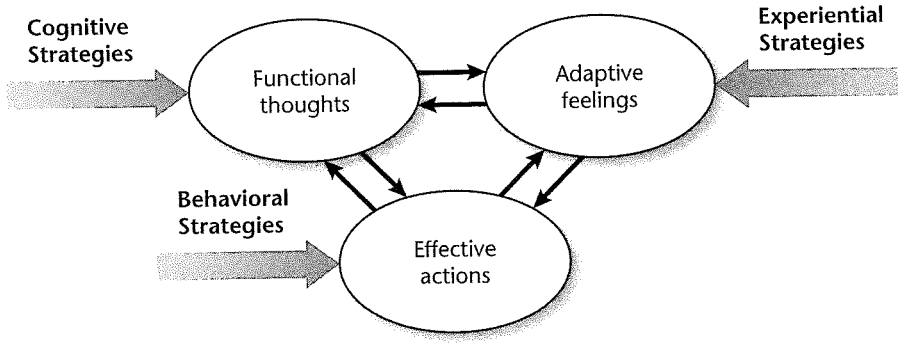

FIGURE 3.4 An integrative psychotherapist can work interactively with thoughts, actions, and feelings to promote multidimensional adaptation.

a combination of all three types of strategies to encourage different forms of adaptation at different times. When working interactively with clients' thoughts, actions, and feelings, a psychotherapist must also be aware of the way that these dimensions are shaped by biological, interpersonal, systemic, and cultural contexts.

Biopsychosocial Adaptation

Adaptation to the Biological Environment

Although there may not be a physical distinction between mind and body—the brain is a biological organ in the body—the distinction continues to guide our thinking. When we take a biopsychosocial perspective, we are recognizing that biological, psychological, and social functioning are closely interrelated (Engel, 1977). In this way, we can think about psychological adaptation to the biological environment of the human body. For example, health psychology has documented the way that psychological variables like stress impact biological health. How we think, act, and feel can impact our physical health. Therefore, part of biopsychosocial adaptation involves psychological adaptation to the physical realities of the human body.

Adaptive Health Practices

Biopsychosocial approaches focus on adaptive practices that promote holistic wellness, biological health, and awareness of the connection between mind and body. For example, *Health Psychology* deals with questions about mind-body adaptation like these:

> What are the physiological bases of emotion and how do they relate to health and illness? Can biobehavioral risk factors for illness be identified and what are their mechanisms for action? What is stress? What factors contribute to the development of both health and illness behaviors? (Feuerstein, Labbe & Kuczmierczyk, 1986)

A consideration of holistic wellness often includes physical, intellectual, emotional, social, and spiritual health (Dunn, 1961; Edlin & Golanty, 2004). Thoughts, actions, and feelings related to each of these areas of wellness can be seen as adaptive health practices. Another way of thinking about biopsychosocial adaptation is that it involves helping the mind take care of the body and helping the body care for the mind.

Psychodynamic-Interpersonal Adaptation

Adaptation to Interpersonal Environments

The external part of interpersonal adaptation involves adjusting to changing interpersonal environments. Interpersonal psychotherapists like Myrna Weissman and her colleagues have pointed out that depression and other psychological problems are often associated with changes in the interpersonal environment that result in grief, role disputes and transitions, or interpersonal deficits. This is how they describe the way *Interpersonal Psychotherapy* (IPT) promotes interpersonal adaptation:

> IPT aims to help patients *change,* rather than simply to understand and accept their current life situation. The influence of early childhood experience is recognized as significant but not emphasized in the therapy. Rather, the work focuses on the "here and now." Overall treatment goals are to encourage mastery of current social roles and adaptation to interpersonal situations. (Weissman, Markowitz & Klerman, 2000, p. 9)

Helping clients adapt to the interpersonal environments they encounter may involve trying to modify their thoughts, actions, feelings, or the complex combination of these dimensions that form interpersonal perceptions. It is important to remember that interpersonal adaptation does not mean that people should stay in unhealthy relationships. The adaptive response to an abusive relationship may be thoughts like "I don't deserve to be treated this way," feelings of fear and anger, and actions related to leaving the relationship if it cannot be changed. The psychodynamic-interpersonal strategies described in Chapter Eight address the fact that some clients need to actively change their current interpersonal relationships. For example, psychotherapists can help clients adapt to interpersonal disputes or losses and encourage new relationships when old relationships are no longer sufficient to meet personal needs.

Adaptive Interpersonal Perceptions

The internal part of interpersonal adaptation involves acquiring clear interpersonal perceptions that are not distorted by past relationships or painful experiences. Psychodynamic psychotherapy focuses on uncovering

repetitive patterns in the way clients perceive and react to close interpersonal relationships (Luborsky, 1984; Book, 1998). Distorted perceptions are often expressed in the therapeutic relationship in the form of transference. Transference can be thought of as a form of inaccurate thinking and misdirected feelings distorted by interpersonal experiences and memories that may lead to actions that do not fit the current situation. Psychotherapy can be used to work through distorted interpersonal perceptions and to learn to view relationships more clearly. Hans Strupp and Jeffrey Binder (1984) described the relationship between maladaptive interpersonal predispositions and transference in this way:

> A good therapeutic relationship provides an ideal medium for experiencing one's maladaptive interpersonal predispositions, while at the same time facilitating their correction. However, in order to foster a therapeutic process, technical interventions must be organized around working conceptions of the manner in which the patient's conflicts influence the patient-therapist relationship. The most basic and widely used of these conceptions is the transference, which refers to the patient's proclivity for enacting emotional conflicts through the relationship to the therapist. (p. 143)

Correcting distorted perceptions within the therapeutic relationship allows clients to recognize and resolve other interpersonal perceptions that have been distorted by past experiences. Clearly perceiving interpersonal relationships with functional thoughts and adaptive feelings allows people to adapt to the interpersonal environments around them.

Systemic-Constructivist Adaptation

Adaptation to Social Environments

The external part of systemic adaptation involves adjusting to social systems like families and work groups. Systemic psychotherapy is designed to help social groups function more smoothly and to help individuals adapt to the social groups in which they live and work. An important challenge in systemic adaptation is for an individual to learn how to grow and change without threatening the stability of the family or social system. David Allen (1993) described the balance between individual growth and systemic stability in this way:

> The forces of separation and individuation operate on both individuals and groups at all levels, forcing upon groups a continuous need to restructure themselves. This need for restructuring conflicts with another need of the system: the need for predictability and smooth functioning known as

> *family homeostasis* in systems theory. These conflicting needs lead to a constant state of tension between the needs of individuals to evolve and individuate and the need of the entire system for stability. (p. 126)

Psychotherapy can be a place where clients learn how to individuate in ways that do not threaten the rest of a social group. For example, it is often adaptive for individuals to develop their own ideas and attitudes that may differ from other family members. However, it may not be adaptive to forcefully announce one's divergent views at Thanksgiving dinner with the extended family gathered around the dining table. Systemic adaptation can be supported in psychotherapy by helping clients find ways to give up rigid roles or actions that are no longer useful while remaining engaged in a family or social group (Allen, 1993).

Adaptation to social systems does not mean that individuals should always stay in a dysfunctional or abusive family or an unhealthy relationship. Family therapists often work with families in which physical or sexual abuse has led to the removal of an abusive parent or the placement of an abused child in a foster home. In these situations, the system was so dysfunctional that it was not appropriate to help family members adapt to this environment. The environment had to be changed to support adaptation. Psychotherapists are often involved in treating families and abusive individuals in order to evaluate whether a particular family can be reunited in a functional manner that can sustain healthy adaptation. Adult clients in psychotherapy are often faced with questions about maintaining ties with a dysfunctional family or sustaining an unhealthy relationship with a parent or sibling. There are times when the adaptive response to a painful relationship involves thoughts like "It is hard for me to get my needs met in my family," and feelings like sadness or anger. The adaptive action may be to limit contact or to discontinue the relationship until a healthier pattern can be established. Some clients may come to the conclusion that they cannot adapt to their family of origin and may need to break ties and find more effective ways to get their social needs met. The systemic-constructivist strategies described in Chapter Nine address the need for active changes in the social environment by describing ways that psychotherapists can offer directive for change and focus on solutions.

Adaptive Personal Narratives

The internal part of systemic adaptation involves constructing adaptive personal narratives that are not distorted by social dysfunctions. Constructivist psychotherapy is designed to facilitate creation of meaning that promotes adaptation to the environment. Narrative therapists, like Michael White and David Epston (1990), have pointed out that individuals often experience

distress when their personal construction of meaning has been distorted by social systems:

> Persons experience problems which they frequently present for therapy when the narratives in which they are storying their experience, and/or in which they are having their experience storied by others, do not significantly represent their lived experience, and that, in these circumstances, there will be significant aspects of their lived experience that contradicts this dominant narrative. (p. 28)

Adaptive personal narratives are those that closely match the client's lived experience. Furthermore, Jerold Gold (1996) has suggested that "a productive narrative is oriented toward future possibilities and goals. In it, the person portrays herself or himself as effective, lovable, and worthy of success and satisfaction" (p. 40). Therefore, psychotherapy often involves helping clients tell their stories in new ways that help them better adapt to their environment.

Multicultural Adaptation

Adaptation to Cultural Environments

The external part of multicultural adaptation involves adjusting to cultural contexts or subcultures. Multicultural-feminist psychotherapy is designed to help clients adapt to different cultural contexts or to respond to restrictive cultural environments with adaptive thoughts, actions, or feelings. The ability of an individual to adjust to a particular cultural environment is often referred to as acculturation. For many people, acculturation is a complex process because they are trying simultaneously to adapt to more than one cultural context. For example, Sandra Choney and her colleagues described the dual acculturation challenge of Native Americans in this way:

> Acculturation refers to the degree to which the individual (in this case, the American Indian person) accepts and adheres to both majority (White/Euro-American) and tribal cultural values. It may be thought of as a response to Euro-American and traditional tribal societal values, norms, and mores across cognitive, behavioral, and affective domains. (Choney, Berryhill-Paapke & Robbins, 1995, p. 76)

Multicultural strategies are often used in psychotherapy to help someone adapt to an unfamiliar culture or context. In this way, psychotherapy can be seen as fostering cultural adaptation.

Multicultural-feminist psychotherapy is also designed to help people who have been restricted or hurt by oppression and discrimination. Rather than passively adapting to an unjust cultural environment, the adaptive response

may involve active change. This change may involve thoughts like "I am being treated unfairly," that are often accompanied by feelings like anger and sadness. Adaptive actions may involve working with others to enact a more equitable social environment. The multicultural-feminist strategies described in Chapter Ten address this type of active change by describing ways that psychotherapists can highlight the impact of oppression, explore societal expectations, and support clients who participate in social action.

Adaptive Cultural Values

The internal part of multicultural adaptation involves acquiring cultural values that help individuals adapt to the different cultural contexts they encounter. Models of racial and ethnic identity development often describe stages in which members of minority groups first devalue their own group, later devalue other groups and, eventually, learn to value individuals from both inside and outside their own cultural group. For example, William Cross (1971, 1995) described African American identity development and referred to these three stages as "pre-encounter," "immersion-emersion," and "internalization." Allen Ivey (1995) described cultural identity theory more broadly and referred to these three stages as "acceptance," "naming and resistance," and "multiperspective integration." Adaptive cultural values often involve a type of pride that allows people to resist oppression, stand up for their rights, and work for change. These theories of identity development also suggest that cultural values are most adaptive if they allow people to value themselves as members of their own cultural group and allow people to value others outside their own culture. Psychotherapy can be used to foster identity development and help support a pluralistic worldview that allows clients to interact in adaptive ways and value the diverse individuals they may encounter.

Working Interactively with Contextual and Concurrent Dimensions in Psychotherapy

Exploring biological, interpersonal, systemic, and cultural contexts in psychotherapy is somewhat different from directly focusing on concurrent functioning (thinking, acting, and feeling). In response to Figure 3.3, one might ask, "Where do maladaptive thoughts, actions, and feelings come from?" Using the multidimensional model as a point of reference, one answer is that "problems in current functioning are often related to difficulties in adapting to contextual dimensions of life." Therefore, integrative psychotherapy involves directly addressing concurrent experiences as well as exploring the contexts that impact functioning. Figure 3.4 highlighted the way that cognitive, behavioral, and experiential strategies can be used to foster functional thoughts, effective actions, and adaptive feelings. In contrast, individual psychotherapy is not designed to directly alter biology, interpersonal patterns, social systems,

or cultural contexts. Other interventions have a more direct impact on these dimensions. For example, psychiatry and other forms of medicine can be used to directly impact physical health. Couples counseling is designed to alter interpersonal patterns, and family therapy can change the way social systems interact. Some public health interventions are designed to change cultural messages and beliefs related to mental and physical health. However, when an individual psychotherapist works with contextual dimensions, the target of intervention is actually the clients' thoughts, actions, and feelings related to the context that is being explored.

Sometimes maladaptive psychological functioning is related to biological health. When focusing on biology, a psychotherapist can formulate a biopsychosocial conceptualization to describe the way that physical health may impact clients' thoughts, actions, and feelings (and vice versa). Biopsychosocial interventions (described in Chapter Seven) are designed to change the way clients think, act, and feel in ways that will enhance their physical health. For example, encouraging physical wellness and reducing substance use (Strategies BIO-5 and 6) focus on actions that impact health. Teaching relaxation (Strategy BIO-7) is an intervention that is likely to modify feelings by reducing anxiety and calming fears. Facilitating acceptance of illness (Strategy BIO-10) is designed to help clients change the way they think about their physical health so they can engage in more adaptive actions.

Dysfunctional interpersonal relationships often result in maladaptive thoughts, actions, and feelings. If psychotherapy is focusing on interpersonal patterns, a psychodynamic conceptualization can be formulated to identify ways that concurrent functioning is shaped by close relationships. Psychodynamic strategies (described in Chapter Eight) are designed to modify clients' thinking, acting, and feeling within an interpersonal context. Some of these strategies may impact thoughts and feelings in the form of interpersonal perceptions. In this way, observing transference in the therapeutic relationship (Strategy PSY-9) can be seen as a way to understand cognitive and emotional distortions that occur within interpersonal relationships. Psychodynamic interventions are often used to directly examine and alter the therapeutic relationship in a way that subsequently impacts thoughts and feelings. Conversely, an integrative psychotherapist can also use cognitive and experiential strategies to more directly explore and modify thoughts and feelings related to interpersonal relationships. Other psychodynamic strategies—such as resolving conflicts in the therapeutic relationship and modifying relational interactions (Strategy PSY-11 and 12)—are designed to have a more direct impact on interpersonal actions.

Some dysfunctional thoughts, ineffective actions, and maladaptive feelings are learned within family systems and other social groups. When social systems become a focal dimension in psychotherapy, a systemic-constructivist

conceptualization can be used to understand the way social systems shape clients' concurrent functioning. Systemic and constructivist strategies (described in Chapter Nine) are designed to change the way clients think, act, and feel within social systems. In general, systemic interventions are more likely to focus on actions in groups whereas constructivist strategies may be more oriented toward the way clients internalize social systems in the form of thoughts and feelings. For example, systemic strategies—like detecting repetitive interaction patterns and giving directives for strategic change (Strategy SYS-3 and 8)—are oriented toward the way that individuals act and interact within social groups. Many constructivist strategies—like exploring the social construction of meaning and encouraging adaptive narratives (SYS-9 and 11)—are more oriented toward the way clients' thoughts have been shaped by social systems.

Cultural contexts can shape the way clients think, act, and feel. If psychotherapy is related to culture, then a multicultural conceptualization can be formulated to describe the way clients' maladaptive thoughts, actions, and feelings may be related to cultural messages, restrictive social structures, or an internal sense of identity. Different multicultural-feminist strategies (described in Chapter Ten) are designed to have a differential impact on thoughts, actions, or feelings. For example, recognizing the impact of identity (Strategy MCUL-6) addresses the way that cultural identity can impact thoughts including attributions of personal success or failure. Facilitating identity development (Strategy MCUL-7) often involves promoting positive feelings, like self-acceptance and empowerment. Some multicultural-feminist strategies, like supporting social action (Strategy MCUL-11) are more oriented toward helping clients change the way they act in response to oppressive social structures. All of these changes in the way clients think, act, and feel are designed to help them adapt to the contextual environments in which they function.

Summary of Multidimensional Adaptation

To summarize the idea of multidimensional adaptation, psychotherapy integration should result in functional thoughts, effective actions, and adaptive feelings. Clients should be encouraged to take care of their minds and bodies in a holistic manner. Psychotherapy should help clients develop undistorted interpersonal perceptions, functional personal narratives, and pluralistic cultural values. Integrative psychotherapy should promote thoughts, actions, and feelings that help clients adapt to biological, interpersonal, social, and cultural environments. Adaptation should never be thought of as a passive process; there are many times when the adaptive response to an unhealthy environment may involve leaving an abusive relationship or actively working toward

social change. Psychotherapists can help clients explore their thoughts and feelings in order to find the most appropriate actions to respond to the environments they encounter.

This chapter has presented the first formal description of multidimensional adaptation, which represents a new combination of ideas drawn from different theories. Although research has tested some of the ideas presented here, the combination of these ideas has not been tested by research. For example, research has investigated how changes in thoughts may impact the mood of depressed clients. In contrast, it will be more difficult to test and clarify the highly interactive relationship between thoughts, actions, and feelings hypothesized here. It is hoped that multidimensional adaptation will be investigated by research in the future, and this will lead to a clearer understanding of how thoughts, actions, and feelings interact to help people adapt to biological, interpersonal, systemic, and cultural environments.

INTEGRATIVE TREATMENT PLANNING

When the multidimensional model and multitheoretical framework are applied to psychotherapy, they become useful guides for treatment planning. Five steps will be described here that allow psychotherapists to understand clients in a multidimensional manner and to make intentional choices about the use of multitheoretical strategies. The first three steps make use of the multidimensional model and often occur at the beginning of treatment: (1) watching for focus markers, (2) conducting a multidimensional survey, and (3) establishing an interactive focus. The last two steps utilize the multitheoretical framework and the catalog of key strategies and occur throughout the psychotherapy process to guide ongoing choices: (4) formulating a multitheoretical conceptualization and (5) choosing intervention strategies. The five steps of integrative treatment planning are outlined in Table 3.2 and will be described in more detail next.

Step One: Watching for Multidimensional Focus Markers

The first step in integrative treatment planning is watching for multidimensional focus markers. As clients tell their stories and describe their concerns, psychotherapists should be listening for markers that indicate that it would be helpful to focus on particular dimensions. For example, one client may describe inaccurate thoughts related to unresolved childhood experiences. These markers point toward a focus on thoughts and interpersonal patterns. Another client might present with unexpressed emotions related to an enmeshed family system. These markers suggest that a focus on feelings and

TABLE 3.2 Integrative Treatment Planning

1. **Watching for Multidimensional Focus Markers**
   As clients tell their stories and describe their concerns, psychotherapists should listen for markers that indicate that it would be helpful to focus on particular dimensions.
2. **Conducting a Multidimensional Survey**
   Counselors can understand clients' concerns by exploring thoughts, actions, and feelings (TAF) within the context of biology, interpersonal patterns, social systems, and cultural contexts (BISC).
3. **Establishing an Interactive Focus on Two or Three Dimensions**
   After surveying all seven dimensions, therapists and clients can collaboratively identify two or three salient dimensions that will form the focus of psychotherapy.
4. **Formulating a Multitheoretical Conceptualization**
   Counselors can use psychotherapy theories that correspond to focal dimensions to formulate complementary conceptual descriptions of what is going on.
5. **Choosing Interventions from a Catalog of Key Strategies**
   Psychotherapists can choose interventions drawn from approaches corresponding to focal dimensions. The catalog of key strategies provides examples from diverse theories.

social systems might be most helpful. A list of five markers for each of seven dimensions is provided in Table 3.3.

At the beginning of psychotherapy, it may be best not to introduce a structured assessment of markers too soon. Initially, it may be helpful to observe the way clients choose to describe their concerns on their own and see which dimensions and markers are most salient to each individual. At first, a psychotherapist's assessment of multidimensional focus markers may be an internal process. After meeting with the client for the first time, it might be helpful to review the list of markers and note the ones observed. After this type of unstructured observation, an integrative psychotherapist may want to conduct a more structured survey of different dimensions related to presenting concerns.

Step Two: Conducting a Multidimensional Survey

The second step in treatment planning is conducting a multidimensional survey. After clients have had a chance to describe their concerns, it is often helpful to explore concurrent and contextual dimensions in a more detailed manner. A multidimensional survey is often conducted during the second or third session of multitheoretical psychotherapy. The first part of the survey involves looking at clients' thoughts, actions, and feelings related to their presenting concerns. The second part of a multidimensional survey includes

TABLE 3.3 Multidimensional Focus Markers

Concurrent Dimensions

Markers for Focusing on Thoughts	*Markers for Focusing on Actions*	*Markers for Focusing on Feelings*
Inaccurate thoughts	Ineffective behaviors	Unexpressed emotions
Pervasive worries	Conditioned responses	Unrealized goals or dreams
Unrealistic expectations	Compulsive behaviors	Lack of personal awareness
Distorted perceptions	Unproductive patterns	Conflicted sense of self
Distress related to misinformation	Environmental barriers	Existential issues

Contextual Dimensions

Markers for Biology Focus	*Markers for Interpersonal Focus*
Physical illness	Repetitive interpersonal patterns
Somatic complaints	Unresolved childhood experiences
Substance abuse	Insecure attachments
Lack of energy	Ineffective interpersonal relationships
Lack of physical awareness	Interpersonal losses or disputes
Markers for Social Systems Focus	*Markers for Cultural Focus*
Family conflicts	Confusion about cultural identity
Multigenerational patterns	Experiences of discrimination
Rigid family roles	Internalized oppression
Conflictual social or work groups	Hindered by stereotypes
Distorted construction of meaning	Relationships distorted by cultural factors

assessing the impact of biology, interpersonal patterns, social systems, and cultural contexts on current functioning. As a psychotherapist surveys these contextual dimensions, it will be important to think about how each of them might impact thoughts, actions, and feelings. Conducting a multidimensional survey serves two interrelated purposes. First, it ensures that a comprehensive understanding of the client is assessed. Second, the survey prepares an integrative psychotherapist for making multitheoretical choices. Specific questions that can be used in a multidimensional survey are listed in Table 3.4. For many clients, it is helpful to receive these survey questions in the form of a written worksheet that can be completed between psychotherapy sessions to prepare for a verbal survey with the counselor. The combination of written and verbal surveys allows clients and therapists to come to a common understanding of presenting concerns.

There may be times when it is not practical to survey all seven dimensions before beginning to intervene. For example, during crisis intervention or other situations when clients need more immediate interventions before a

TABLE 3.4 Multidimensional Survey Questions

1. **Thoughts**
   - How is your thinking related to your presenting concern?
   - Are there specific thoughts or beliefs that are bothering you?
   - Are there positive thoughts that help you cope with your presenting concern?
2. **Actions**
   - How is your presenting concern impacted by your actions?
   - Are there specific behaviors that you would like to increase or decrease?
   - Are there positive actions that are helping you adjust to the current situation?
3. **Feelings**
   - What feelings are you experiencing related to your presenting concern?
   - Are you experiencing uncomfortable emotions like sadness, fear, anger, or shame?
   - Are there positive growth experiences that are helping you adapt?
4. **Biology**
   - Are you experiencing any physical symptoms?
   - Are there medical conditions impacting you? Are you taking medication?
   - Are you using alcohol, marijuana, or other drugs?
   - Are there positive health practices (like exercise or meditation) that help you cope?
5. **Interpersonal Patterns**
   - How are your concerns related to current interpersonal relationships?
   - Are you experiencing patterns that have occurred in past relationships?
   - Are there interpersonal relationships that provide support in times of stress?
6. **Social Systems**
   - How are your concerns related to social systems like your family, friends, or work group?
   - Are there family patterns that influence what is going on now?
   - Do you receive emotional support from any of your family members?
7. **Cultural Contexts**
   - How would you describe your cultural background and identity?
   - How does your cultural background or values impact your concerns (this may relate to race, ethnicity, gender, sexual orientation, religion, age, social class, and so forth)?
   - Are there important cultural values or practices that help you adjust?

comprehensive picture can be created, it may be appropriate to start by looking at concurrent dimensions without surveying all of the contextual dimensions. As part of a short-term intervention, it may be helpful to assess maladaptive thoughts, actions, and feelings to describe the current problem in an interactive, multidimensional manner. A preliminary intervention that may help many clients is to identify alternative thoughts, actions, and feelings that might represent a more effective response to the current situation. For example, a client might visit a psychotherapist right before leaving on a trip to visit his family and may ask for some immediate advice on how to cope with family stress. Maladaptive responses that support anxiety might include thoughts like "I hate visiting my family," feelings like fear and anger, and actions like passive-aggressive remarks about family members. In this first session, the counselor might help the client identify more accurate thoughts like "Visiting my family is stressful and I need to be careful what I say," adaptive feelings like sadness about not having a more supportive family, and effective actions like going for a walk when family interactions get tense. If this client returns for psychotherapy after the trip, then it will be important to attain a deeper understanding of how current functioning is impacted by biology, interpersonal patterns, social systems, and cultural contexts.

Step Three: Establishing an Interactive Focus on Two or Three Dimensions

The third treatment planning step is establishing an interactive focus. After conducting a multidimensional survey, a counselor can work with clients to identify two or three dimensions of functioning that are most salient in understanding the presenting concerns. The choice of focal dimensions will be related to the goals for psychotherapy and will provide a place to start exploring and intervening. With some clients, an interactive focus may identify two concurrent dimensions, like thoughts and feelings, which are seen as interactive. With others, an interactive focus might identify a contextual dimension that is impacting a concurrent dimension, like the impact of social systems on actions. The establishment of an interactive focus should be based on collaborative dialogue with clients. Focal dimensions should be perceived as important to both the client and the therapist. Although it is often helpful to agree upon focal dimensions with your client, this choice should be a flexible focus rather than an exclusive or rigid focus. Focal dimensions serve as points of leverage to initiate multidimensional change. Change in one area is likely to lead to changes in other areas.

What if the psychotherapist and client disagree about which dimensions should form the focus of psychotherapy? For example, a client may deny she has a problem with anger and decide she does not want to focus on feelings, even though the counselor may perceive evidence to the contrary. On the

one hand, if a client refuses to discuss something like anger, it may be difficult to make much progress in that particular area. On the other hand, establishing an interactive focus only represents a starting point. Over time, the focus of treatment may change, and areas that did not seem relevant or comfortable to a client at the outset of psychotherapy may become an important focus later in treatment. Another way to approach disagreements about focal dimensions is for the therapist to continue to monitor and consider the importance of a dimension that a client may have discounted. For example, a client may insist that his current struggles are restricted to the present and are unrelated to historical events in his family of origin. This client may not want to focus on social systems as a salient contributor to his presenting concern. This does not prevent the counselor from continuing to think about family influences or even to begin to formulate a systemic conceptualization. The psychotherapists can begin by focusing on comfortable dimensions to build rapport and then later address the role of the family system. Lazarus (2000) referred to this as bridging: "*Bridging* refers to a procedure in which the therapist deliberately tunes into the client's preferred modality before branching off into other dimensions that seem likely to be more productive" (p. 342). It is usually best to start where the client feels comfortable. Prematurely focusing on an uncomfortable dimension may impede therapeutic progress. For example, for a client who is uncomfortable talking about angry feelings, it may be helpful to start by looking at thoughts about being mistreated to build rapport and facilitate a therapeutic alliance before addressing feelings like anger.

When clients say they do not want to focus on areas that seem important to the psychotherapist, it may also be useful to think about the stages of change that are described by the *Transtheoretical Approach*: (1) precontemplation, (2) contemplation, (3) preparation, (4) action, and (5) maintenance (Prochaska & DiClemente, 1984, 2005; these stages are described in more detail in Chapter Five as part of Strategy BHV-6). Clients may be at different stages of change for different parts of their problem, and if clients discount the importance of particular dimensions, this may indicate that they are at the precontemplation stage of change. In this case, it may prove more fruitful to focus initially on dimensions that clients are contemplating or preparing for change. Change related to one dimension may prepare the client for subsequent change in other areas. For example, a client who resists talking about his family background may be at precontemplation for social systems, but may be preparing for changing actions. In this case, it may be useful to help the client enact behavioral changes before contemplating the role of the family system.

Once a psychotherapist and client have agreed on an interactive focus, it may be helpful to monitor the interaction between focal dimensions. Monitoring may take different forms based on the needs of individual clients.

One way to monitor interactions between focal dimensions is to encourage clients to keep a written record between sessions. In *Cognitive-Behavior Therapy,* clients are frequently asked to observe and record their actions and mood or their thoughts and feelings. MTP recognizes the value of self-observation but suggests that the written record be adapted to the individual needs of the client. For example, if the client and psychotherapist have agreed to focus on social systems and actions, then the written record should monitor these two dimensions. A convenient way for clients to keep track of interactions between two dimensions is a sheet of paper divided into two columns with each column representing a different dimension. Examples of these *interaction worksheets* are provided in Chapter Eleven in Figures 11.1 and 11.3. This written record of interactions can be reviewed during the next session to identify preliminary hypotheses and can be used to support a multitheoretical conceptualization and to guide interventions. Keeping this type of record can be used to track the *firing order* that illustrates how one dimension impacts another. Lazarus (2000) described *tracking* in this way: "Tracking refers to a careful examination of the 'firing order' of the different modalities. For example, some clients tend to generate negative emotions by dwelling first on sensations ... to which they attach negative cognitions ... immediately followed by aversive images ... culminating in maladaptive behaviors" (p. 342). Lazarus suggested that tracking the firing order will provide guidance in selecting intervention strategies that follow the same order. Looking at firing order may suggest which dimension may be at the root of the problem and may represent the most fruitful target for intervention strategies.

Step Four: Formulating a Multitheoretical Conceptualization

The fourth step in integrative treatment planning is formulating a multitheoretical conceptualization. As counselors get to know clients better, they will want to use psychotherapy theories to formulate a conceptualization of what is going on. For example, if counseling is focusing on feelings, thoughts, and social systems, the conceptualization will draw upon experiential, cognitive, and systemic-constructivist theories. This multitheoretical conceptualization will guide the ongoing selection of intervention strategies. Conceptualization will be based on collaborative dialogue with clients and shared with them as much as possible, given the client's abilities and characteristics. For a conceptualization to be multitheoretical, more than one theory will be used in order to provide complementary perspectives for a more complex understanding of clients.

When formulating a multitheoretical conceptualization, it is important to remember that MTP does not try to reconcile differences between theories. For example, it is not necessary to conclude in a decisive way whether a particular action is the result of positive reinforcement (a behavioral concept),

irrational thinking (cognitive), the repetition of an interpersonal pattern (psychodynamic), or the reenactment of a family role (systemic). All of these divergent perspectives may help psychotherapists to understand clients and support their goals in different ways. It is also helpful to remember that formulating a multitheoretical conceptualization is an ongoing process. When psychotherapists first meet with new clients, it may be difficult to formulate an accurate and sophisticated conceptualization. However, from the beginning, counselors may be able to identify hypotheses they would like to explore in greater detail over time. The fourth and fifth steps in multidimensional treatment planning represent an ongoing interactive process. Sometimes, your conceptualization will help you choose interventions. At other times, the intervention strategies you use will contribute to a gradual construction of a more sophisticated conceptual understanding. One conceptualization model for each of seven theoretical traditions is described at the beginning of the theories and strategies chapters in Part Two of this book (Chapters Four to Ten).

Can a psychotherapist use a conceptualization model that does not correspond to focal dimensions endorsed by the client? For example, if a client denies a link between current social conflicts and family background, can a counselor still formulate a systemic conceptualization? Yes, it is often helpful to think about a client from a variety of theoretical perspectives even before a client is willing or able to acknowledge the importance of a particular focal dimension. Even if a client does not recognize the repetition of family roles or multigenerational patterns, a therapist may be able to listen for and observe systemic clues and generate hypotheses about family patterns. Psychotherapists do not have to disclose to their clients everything they are thinking about.

Can a counselor use a conceptualization model to support interventions from another theoretical approach? For example, can a counselor use a psychodynamic conceptualization to understand a client but then intervene with cognitive and behavioral strategies? Yes, intervention strategies can be implemented based on a theoretical formulation from a divergent theory. For example, a therapist may find it useful to describe a client's core conflictual relationship theme (Luborsky, 1984; Book, 1998) to identify distorted interpersonal perceptions and maladaptive relational responses. However, this dynamic understanding does not necessitate an exclusive reliance on interpersonal interventions like working through transference enactments. On the contrary, it may be very helpful to use cognitive strategies like evaluating evidence and testing hypotheses to change interpersonal beliefs and perceptions. Similarly, it may be useful to change interpersonal actions through the use of behavioral strategies like encouraging active choices, skills training, or behavioral rehearsal. In this way, there does not have to be direct correspondence between conceptualization and intervention.

Step Five: Choosing Intervention Strategies Corresponding to Focal Dimensions

The fifth treatment planning step involves choosing intervention strategies that correspond to focal dimensions and are based on a multitheoretical conceptualization. The catalog of key strategies provides practical examples of interventions that encourage psychotherapists to translate theory into practice. For example, if psychotherapy is focusing on actions, biology, and culture, the therapist will probably emphasize strategies drawn from behavioral, biopsychosocial, and multicultural approaches to psychotherapy. Chapter Eleven will demonstrate the application of these treatment planning steps to four case examples related to depression, anxiety, substance abuse, and health behaviors. Although described here as a treatment-planning step, readers should realize that choosing intervention strategies does not occur only at the beginning of psychotherapy. Deciding how to intervene is an ongoing process that occurs every time a counselor and client meet.

The five treatment planning steps just described represent one way to begin integrative psychotherapy in a thorough and systematic manner. Although these steps represent a structured and collaborative way to initiate multitheoretical psychotherapy, not all integrative psychotherapists will choose to use all of the steps. More experienced psychotherapists may feel more comfortable choosing a focus without carefully reviewing all seven dimensions. Assimilative integrationists may want to conduct a multidimensional survey but may choose to understand all seven dimensions from a single theoretical perspective. However, it is hoped that readers will experiment with this treatment planning method to see if it enhances their ability to make informed decisions about where to focus, which conceptualization models to use, and which strategies to integrate into the process of psychotherapy.

This method of integrative treatment planning was developed by the author and has been used with dozens of psychotherapy clients. Based on this clinical experience, these steps have been taught to practicum counselors and psychology interns at a university counseling center. Some of these trainees have incorporated these steps into their practice, but others have chosen not to. This method of treatment planning has not been investigated using formal research methods. Now that these steps have been described here, it is hoped that qualitative and quantitative research will be used to explore the following questions: Can psychotherapists learn to engage in integrative treatment planning based on a multidimensional survey and a multitheoretical conceptualization? Is psychotherapy more effective when therapists engage in integrative treatment planning compared to treatment planning based on a single theory? The results of this research can be used in the ongoing development of this approach to psychotherapy integration.

ONGOING PSYCHOTHERAPY

During ongoing psychotherapy, there may be reasons to shift the focus away from dimensions identified at the outset of treatment and give more attention to new focal dimensions. Three situations that may result in a shift in focus will be identified here. First, the effective application of psychotherapy strategies may resolve problems associated with a particular dimension. For example, a client seeking help in preparing for a job interview may choose to focus on actions, and skills training may be used to increase performance on the interview. However, feelings of fear may surface that still interfere with the effective actions in spite of increased preparation and skill. In this case, it may be helpful to shift from the initial focus on actions to an emerging focus on feelings. Second, a focal dimension that was originally chosen may not prove to be particularly valuable. For example, a client may choose initially to focus on thoughts about her inability to make a commitment to a romantic relationship. However, over time the client may be able to embrace accurate thoughts about relationships but still enact an avoidant interpersonal style. If this is the case, the psychotherapist may choose to focus instead on long-standing interpersonal patterns that may have been learned in formative relationships. Third, the focus of psychotherapy may shift because of things that occur in a client's life during the course of treatment. For example, a client may be diagnosed with a medical illness during psychotherapy and adjusting to this condition may precipitate an unexpected focus on biology.

It is also important to realize that ongoing psychotherapy may touch on several different dimensions, not just two or three. The areas identified in the multidimensional model are closely related and highly interactive. Therefore, it is not unusual for long-term psychotherapy to look at and have an impact on most of these dimensions. Psychotherapists who have been trained to use MTP to think about clients and guide treatment frequently report that all seven dimensions were touched upon over the course of psychotherapy. However, they can usually identify two or three dimensions that were used as starting points to promote multidimensional change. In this way, it is often more useful to think of focal dimensions as points of leverage that begin the process of transformation rather than isolated areas of concentration.

CHAPTER SUMMARY

This chapter elaborated on the multidimensional model introduced in Chapter Two and defined seven dimensions as possible areas of focus for integrative psychotherapy: (1) thoughts, (2) actions, (3) feelings, (4) biology, (5) interpersonal patterns, (6) social systems, and (7) cultural contexts.

The purpose of psychotherapy was defined as helping clients respond to the environment with adaptive thoughts, actions, and feelings. It was suggested that different psychotherapy theories support different types of adaptation. By applying the multitheoretical framework to the idea of adaptation, seven forms of adaptation were described. (1) Cognitive adaptation involves helping clients identify functional thoughts that are accurate and rational. (2) Behavioral adaptation results in effective choices and actions that allow clients to adapt to their environments. (3) Experiential adaptation promotes awareness of adaptive feelings that motivate human growth. (4) Biopsychosocial adaptation involves helping clients enact adaptive health practices based on mind-body awareness. (5) Psychodynamic-interpersonal adaptation involves both accurate internal perceptions of relational interactions as well as effective interpersonal skills that allow clients to develop satisfying relationships. (6) Systemic-constructivist adaptation encourages both effective social practices that allow people to operate in social systems as well as personal narratives that internalize social reality and create personal meaning. (7) Multicultural adaptation results in cultural practices that allow clients to adjust to new environments as well as cultural values that affirm both self and others.

The last section of the chapter introduced five treatment planning steps that can be used to plan for multitheoretical psychotherapy. (1) Watching for multidimensional focus markers involves listening for clues that might indicate a useful focus. (2) Conducting a multidimensional survey explores thoughts, actions, and feelings within the context of biology, interpersonal patterns, social systems, and cultural contexts. (3) Establishing an interactive focus on two or three dimensions results in a collaborative agreement about salient dimensions that will form the initial focus of psychotherapy. (4) Formulating a multitheoretical conceptualization results in a clear description of the client, based on two or more theoretical models that correspond to focal dimensions. (5) Choosing interventions from a catalog of key strategies allows counselors to select interventions that translate psychotherapy theories into practical skills. These steps are offered as one method for planning for integrative psychotherapy with the understanding that ongoing psychotherapy may evolve in different directions over time.