



Mindful
Continuing Education

Integrative Psychotherapy



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Introduction

There are many forms of therapy and different modalities being used to address behavioral concerns and/or mental health disorders in the field of behavioral health. Most professionals will find one or two types of therapy that they feel aligns with their personal and professional values. They will generally practice within those modalities when possible. For example, a person who supports patients with emotional regulation issues may utilize Dialectical Behavioral Therapy or Cognitive Behavioral Therapy most often. Professionals who support patients with trauma might utilize Eye-Movement Desensitization Reprocessing or Narrative Reprocessing Therapy.

Integrative psychotherapy is a form of therapy utilized in various settings. It combines traditional therapy approaches (such as Cognitive Behavioral Therapy) with holistic medicine services to support healing across all health domains (John Hopkins Medicine, 2021). For example, it combines relaxation strategies for stress management with cognitive reframing work in traditional therapy. Integrative psychotherapy is helpful for individuals who want to explore healthier lifestyles while also processing and navigating trauma, attachment-related issues, and other intensive behavioral needs that traditional therapy services can support (John Hopkins Medicine, 2021).

This course will review Integrative Psychology in-depth: what it is, how to utilize it, how it benefits patients, and how behavioral health professionals ensure they use it correctly.

Section 1: What is Integrative Psychotherapy?

Introduction

As mentioned above, integrative psychotherapy is the combination of traditional therapy services and holistic medicine or wellness practices (John Hopkins Medicine, 2021). It is important to note that the word “integration” is used intentionally to refer to the flexibility in this treatment method (Zarbo, Tasca, Mattafi, & Compare, 2015). This means that the treatment service allows the collaboration of different therapeutic beliefs and approaches and is willing to combine them to find the best possible solution and service for the specific patient’s needs and desires (Zarbo, Tasca, Mattafi, & Compare, 2015).

Integrative psychotherapy utilizes four approaches: theoretical integration, technical eclecticism, assimilative integration, and the common factors approach (Zarbo, Tasca, Mattafi, & Compare, 2015). Some clinicians may rely on one or all of these domains depending on the needs of the patient. It is important to note that all therapy services

must always be based on the person-centered needs of the patient and developed collaboratively via trusting therapeutic relationships.

Theoretical Integration

Theoretical integration refers to how clinicians will combine various therapeutic approaches that help explain human behavior (American Psychological Association, 2021). Theoretical integration assumes that not all behavior or problems in functioning can be explained by one single cause or way of thinking. Therefore, clinicians refer to various ways of thinking (American Psychological Association, 2021). For example, a clinician might rely on attachment-related work and cognitive-behavioral work when supporting clients. The attachment-related work may help them to process interpersonal struggles while the cognitive-behavioral work helps them to be more effective in their interpersonal relationships. For example, In a situation where individuals are struggling in their relationships with their parents or others, this is a common way of integrating multiple modalities.

Theoretical integration is very popular. 15% of psychotherapists identified as only using one therapeutic modality (Zarbo, Tasca, Mattafi, & Compare, 2015). This means that the vast majority of behavioral health professionals are utilizing multiple modalities and are integrating their theoretical approaches when working with patients and clients. The goal of theoretical integration is to create inclusive services and treatment models (Zarbo, Tasca, Mattafi, & Compare, 2015).

Theoretical integration is not always easy. It is very difficult, oftentimes, to utilize various treatment approaches that may not inherently support one another (Encyclopedia of Mental Disorders, 2021). Of the four main pillars of integrative psychotherapy, theoretical integration is referred to as the most challenging to practice and utilize (Encyclopedia of Mental Disorders, 2021). For clinicians needing to utilize this approach, supervision can be very helpful.

Assimilative Integration

In assimilative integration, clinicians have a strong inclination toward one primary approach but they integrate other strategies as needed (Encyclopedia of Mental Disorders, 2021). Assimilative integration assumes that while there is one dominant approach that is generally helpful to all people, certain situations may require additional skill sets and ways of accessing care (Encyclopedia of Mental Disorders, 2021).

It is common in today's behavioral healthcare that clinicians use Cognitive Behavioral Therapy (CBT) in this assimilative integration way (Zarbo, Tasca, Mattafi, & Compare, 2015). Many therapists rely on CBT because it can be so universal (it does not work for everyone but it does work for a large number of people receiving treatment) (Zarbo, Tasca, Mattafi, & Compare, 2015). Assimilative integration is beneficial because it does not force clinicians to rely upon only one way of thinking, but rather enables them to expand the way that they analyze behavior to be most consistent with patients' needs (Encyclopedia of Mental Disorders, 2021). Patients will generally feel as though consistent approaches were utilized as clinicians naturally combine appropriate strategies to best care for their clients (Encyclopedia of Mental Disorders, 2021).

Technical Eclecticism

Technical eclecticism is similar to assimilative integration but it does not assume that there is one unified theoretical understanding (Encyclopedia of Mental Disorders, 2021). For example, clinicians will not inherently rely on their skills and training in Cognitive Behavioral Therapy in most cases but rather they will combine two or more services that they are familiar with and trained in to best support their patients and clients. Technical eclecticism is "free of theory and relies on the experience of the therapist to determine appropriate interventions" (Encyclopedia of Mental Disorders, 2021).

Common Factors

Finally, clinicians rely on the common factors in psychotherapy that must be present before determining an approach to care (Encyclopedia of Mental Disorders, 2021). These common factors are (Encyclopedia of Mental Disorders, 2021):

1. A therapeutic relationship is developed and present between the therapist and the client
2. Patients have had struggles or problems that bring them to therapy
3. There are emotional experiences that can be corrected to reduce the client's presenting problems
4. There are expectations and norms set by the therapist and patient in the therapeutic relationship that will positively benefit treatment
5. The therapist pays attention to the client, is empathetic, and has positive regard for the patient to facilitate treatment

Most behavioral health professionals find that these common factors are more important for the outcomes of clients than the therapeutic modalities being utilized with them (Zarbo, Tasca, Mattafi, & Compare, 2015). Research finds that 7% of outcomes are based on modality and 20% of outcomes are based on therapeutic alliance and other common factors that are established in sessions between the provider and patient. Common factors have been found to account for the following beneficial outcomes (Zarbo, Tasca, Mattafi, & Compare, 2015):

1. Hope being instilled in patients
2. Reframing patients' views of themselves and the world around them
3. Correcting inappropriate emotional responses and experiences so that patients can better operate
4. Improving the therapeutic relationship and promoting trust
5. Supporting positive change expectations
6. Improving the skill set of therapists
7. Promoting empathy and positive regard (Zarbo, Tasca, Mattafi, & Compare, 2015)

Of all of these aforementioned common factors, research finds that the single most important factor for patient outcomes is the therapeutic alliance. (Zarbo, Tasca, Mattafi, & Compare, 2015). This has the strongest ability to influence positive changes for patients (Zarbo, Tasca, Mattafi, & Compare, 2015).

The Link Between Theory, Evidence, and Technique in Therapy

Evidence-based services have become a kind of buzzword in behavioral healthcare and for good reason: patients deserve to receive services that are found to be effective. Integrative psychotherapy focuses on how theoretical applications are supported by conclusive evidence and can be effectively applied in sessions to recreate positive outcomes (Zarbo, Tasca, Mattafi, & Compare, 2015). This is an important distinction between integrative psychotherapy and eclectic therapy: integrative psychotherapy considers the research base indicating a therapeutic modality could be helpful whereas eclectic therapy is less interested in the evidence that indicates a model should be used and more on the experiential process of using it with patients. The eclectic therapist will use a variety of methods and then continue to use them if patients provide positive regard or feedback. They will do this without considering the research base necessarily

supporting the modality. Integrative psychotherapy values the research and evidence supporting the use of modalities specific to patient concerns and problems. It integrates favorable evidence-based services to meet specific patient needs (Zarbo, Tasca, Mattafi, & Compare, 2015).

Summary

Integrative psychotherapy is, simply put, the combination of various types of therapy to meet the needs of patients in treatment. Therapists must remain flexible to meet the unique needs of patients and integrative psychotherapy helps this to happen. It is used in a variety of ways: theoretical integration or using various theoretical beliefs to explain human behavior; assimilation integration or using one main modality during treatment but additional modalities as needed for patients; technical eclecticism or relying on skills to meet needs from various modalities instead of adhering to one main theoretical belief for treatment; and finally, understanding that common factors are extremely important in treatment regardless of any specific treatment modality that is used (Zarbo, Tasca, Mattafi, & Compare, 2015).

Section 2: History of Integrative Psychotherapy

Introduction

While integrative therapy may seem beneficial and necessary to many behavioral health professionals, this certainly was not always the case. Historically speaking, most theorists believed strongly in one modality or theoretical explanation for human behavior and they stood by those beliefs. Often, they would argue and attempt to dispel the assumptions of other theorists. In the beginning of human behavior as a profession, many psychoanalysts struggled to see outside of their thoughts and beliefs and therefore may have been unable to fully explain behavior, because often behavior cannot be explained in just one way. Humans are too complex most often for this to be the case.

Integrative psychotherapy was largely born from the schools of Humanism, Behaviorism, and Psychoanalysis through realizing the shortcomings of just one model (Talk Works Therapy, 2021). These movements toward integrative psychotherapy began as early as 1936 but were further developed in the 1950s. It is essential to understand these three schools to best understand integrative psychotherapy as a whole (Talk Works Therapy, 2021).

What is Humanism?

Humanism is a philosophical belief that what is most important about people is who they are and not what they believe religiously or spiritually (Lacy, 2020). Humanism inherently teaches that people must live their lives in a way that is equally as personally fulfilling as it is community fulfilling. It was originally influenced by the following theorists: Abraham Maslow, Carl Rogers, Rollo May, and Erich Fromm. Maslow's hierarchy of needs is based on the humanist belief that self-actualization, creativity, and individuality are essential to human success and satisfaction in life (Lacy, 2020).

Client-centered therapy was born from humanism via Carl Rogers in 1961 (Lacy, 2020). This led to the formation of the Humanistic Approach to Psychology which encourages the realization and expression of one's own capabilities and creativity. After Humanism, Behaviorism and Psychoanalysis were developed. Humanism has been hugely influential in the field of psychology and especially integrative psychotherapy as it offers a perspective and explanation for human behavior, motivation, and approaches to therapy. Humanism prompted the creation of the following movements (Lacy, 2020):

1. Client-centered therapy: therapy that is directed by patients, rather than by therapists (Morin, 2020). It is a non-judgmental approach to therapy that offers unconditional positive regard to clients, and that is genuine and empathetic. The goal of client-centered therapy is to change behavior by becoming more self-aware and having self-direction. It is found to be especially helpful for patients with mild to moderate anxiety and depression (Morin, 2020)
2. Free will: the belief that humans can choose how they act through self-determination (McLeod, 2019). For example, a person can choose to commit a crime or not commit a crime. Humanism believes that all people have free will and that personal agency are what implements that free will. Essentially, all people can make choices and either experience benefits or consequences as a result of those choices (McLeod, 2019)
3. Fully functioning person: a person who is fully functioning is always working toward becoming self-actualized (Morin, 2020). This person "has received unconditional positive regard from others, does not place conditions on his or her worth, is capable of expressing feelings, and is fully open to life's many experiences" (Morin, 2020). These individuals will be open to new opportunities, not be defensive if situations do not go as planned, can accurately interpret situations and experiences, are flexible and willing to change through

occurrences, have unconditional self-regard, do not deny experiences, do not distort experiences, receive feedback, and live in harmony with others (Morin, 2020)

4. Hierarchy of needs: a pyramid where the lowest to highest levels of human needs go from physiological, safety, love/belonging, esteem, to self-actualization (Cherry, 2021). The needs at the bottom are basic requirements for living whereas the higher-level needs support esteem and feeling accomplished in life. To satisfy the top tier levels, one must first satisfy the basic, bottom levels. It is important to note that this will not always occur in a linear progression and that some individuals must have love and esteem before anything else, but that generally the basic human needs must first be met (Cherry, 2021)
5. Peak experiences: these are moments of pure joy and elation (Cherry, 2020). They are not able to be categorized with day-to-day activities and memories but rather they stand out in the kind of way that spiritual experiences do. Many people report that a peak experience feels wonderful, amazing, or awe-inducing. They also report that time seems to fly by during a peak experience (Cherry, 2020)
6. Self-actualization: this occurs when individuals reach their full potential (Cherry, 2019). Most people do not fully achieve this state because they are working on lower-level needs than self-actualization, however, self-actualized people are realistic, problem-centered, autonomous, enjoy their privacy, have a philosophical sense of humor about them, are spontaneous, and enjoy the journey rather than the destination (Cherry, 2019)
7. Self-concept: a set of ideas and beliefs about the self (Morin, 2020). This determines how individuals see themselves and interact with others and their environment (Morin, 2020)
8. Unconditional positive regard: this is a form of therapy that is non-directive and involves showing full support for patients (Cherry, 2020). When patients feel completely accepted by their therapists, they can explore their innermost needs, feelings, desires, and process their experiences (Cherry, 2020)

Humanism beliefs that all people should (Cherry, 2020):

1. Discover their strengths

2. Develop a vision for what they want their life to look like and what they want to achieve
3. Consider what their beliefs and values are and align their behavior to match
4. Engage in activities that bring them joy and help them improve their skills
5. Learn to accept themselves and accept others for who they are and not who they think they should be
6. Focus on having fun and enjoying life rather than accomplishing or achieving tasks and goals
7. Learn as much as possible
8. Pursue activities that bring joy and spark passion
9. Maintain an optimistic look on life

There are many strengths to a humanistic approach. The following are identified (Flow Psychology, 2016):

1. Focus on individual behavior: the whole person is considered
2. Focus on positivity: humanism values self-fulfillment and achieving personal ideals
3. Behavioral insights: humanism identifies qualitative data consistent with behavior and the impact that behavior has
4. Person-centered counseling: humanism favors a therapeutic approach that focuses on the clients and their desires. Therapists view patients as their equals instead of believing that therapists are more important to the process and more knowledgeable than patients are

Humanistic approaches have the following flaws (Flow Psychology, 2016):

1. Frustration: humanistic approaches can be confusing for people who struggle to think for themselves and to self-lead
2. Laws of science: humanistic approaches support free will, which opposes determinism, the belief that there is only one cause of events that is possible

3. Experience: to practice humanism the therapist must be experienced and knowledgeable in order to promote the best outcomes for patients (Flow Psychology, 2016)

What is Behaviorism?

Behaviorism is the learning theory in psychology that proposes that human behavior is conditioned or learned (Cherry, 2021). Humans are conditioned in their environment to act a certain way. Behaviorism focuses truly on objective behavior: what can be seen, understood, and explained. Cognition, mood, and emotions are too subjective to be understood as true behaviorists believe. Behaviorism was established in 1913 by John Watson and was a dominant concept in psychology through the 1950s. Behaviorism helped to establish the study of psychology as a true science because it was objective and therefore measurable (Cherry, 2021).

Behaviorism believes that conditioning occurs in two ways: classical conditioning and operant conditioning (Cherry, 2021). Classical conditioning is a method that teaches people via a neutral stimulus being paired with a naturally occurring stimulus. Eventually, the neutral stimulus is associated with the naturally occurring stimulus and the conditioned response that occurs. For example, the child observes that every time his mother wears jogging pants he is invited to ride his bike with her while she jogs. Eventually, he gets excited when she wears jogging pants because it indicates he will go have fun on his bike while riding alongside his mother. Operant conditioning teaches behavior by reinforcing it via consequences. When people exhibit desired behavior, they are given a reward. If they display undesirable behavior, they receive a form of punishment. Both teach consequences for behavior and prevent poor outcomes in the future if the punishment is troublesome enough, and they promote positive outcomes in the future if the reinforcement is desirable enough. This is a commonly used training mechanism with dogs. They are reinforced with high reward treats by learning to sit, stay, and come (Cherry, 2021).

There are many strengths that behaviorism has. Some of the notable strengths are (Cherry, 2021):

1. Focus on measurable behaviors is scientific and replicable
2. Can support the ability to change behavior in real-time
3. Can be applied in therapy, education, parenting, and childcare (all of which are often frustrating when behavior is not appropriate)

There are also weaknesses within behaviorism. These notable weaknesses are (Cherry, 2021):

1. This does not explain biological influences
2. This does not explain mood, thoughts, or feelings
3. This does not explain all types of learning (Cherry, 2021)

Behaviorism is often applied in the field of education as it helps motivate students to engage in learning activities (Western Governors University, 2021). Teachers utilize behavioral techniques to engage students with learning specific stimuli. They do this over and over until the students realize that it is in their best interest to participate in learning activities. Positive reinforcement, consistent with operant conditioning, is helpful for behavioral learning in the classroom. Students often are rewarded with extra recess, stickers, and candy when they do well. When positive reinforcement is motivating, the child is more willing and interested in learning. Many teachers implement behaviorist strategies in this way (Western Governors University, 2021):

1. Drills - teachers use drill patterns to see if learned behavior is repeated and therefore maintained
2. Question and answer - teachers offer harder questions over time as students answer correctly
3. Guided practice - teachers are involved in behavior demonstration to show what is and is not appropriate
4. Review - teachers regularly review learning and give positive reinforcement again when students review and remember correctly. This promotes retention

What is Psychoanalysis?

Psychoanalysis is the process of understanding what is below human behavior - or referred to as the 'subconscious' (American Psychoanalytic Association, 2021). Psychoanalysis has the goal of understanding how and why individuals are unique and complex. The specific form of treatment seeks to answer the 'why' questions that individuals have about themselves and their lives. Psychoanalytic therapy involves therapists helping their patients to uncover their wishes, desires, fantasies, and dreams (American Psychoanalytic Association, 2021).

Psychoanalysis was originally posited by Sigmund Freud in 1908 when he suggested that humans are motivated not by reason but rather by unaddressed and repressed urges - generally sexual (Ackerman, 2020). Psychoanalysis was built on the following concepts (Ackerman, 2020):

1. The model of the mind: Freud believed the mind consisted of the conscious (where thoughts live), the preconscious (where thoughts are recalled or retrieved from), and the unconscious (the deepest level of the mind where primitive desire and instinct lives)
2. Id, ego, and superego: Freud further developed the model of the mind into the id (unconscious only level of thought used for survival), ego (is developed in infancy and checks the id), and superego (where moral beliefs are held and social responsibility is promoted)
3. Psychosexual model: the development of children is divided into five stages that each focus on a specific type of pleasure (1. Oral; 2. Anal; 3. Phallic; 4. Latent; 5. Genital)
4. Dream interpretation: psychoanalysis analyzes dreams as a way of attempting to access the unconscious mind

There are many pros to a psychoanalytic approach to treatment. They are as follows (Gerson, 2021):

1. Consumer-driven agenda: patients can lead their therapy sessions if psychoanalysis is being implemented correctly
2. Acceptance: patients are accepted no matter what in this form of therapy
3. Lack of determined diagnoses: in psychoanalysis, patients are not “pigeon-holed” into diagnostic criteria, but rather viewed as individuals with their own unique challenges and conflicts
4. Encouraged to talk: patients are encouraged to talk about whatever it is that is on their minds. The therapist does not have an agenda or expectation for therapy
5. Lack of time-limitation: in psychoanalysis, patients are encouraged to attend therapy as long as possible, providing that it continues to be valuable

6. Partnership: the role of the therapist in psychoanalysis is for partnering to help patients to uncover their own needs and strengths. Clinicians act in the best interest of the patients
7. Mitigate human suffering: the goal of psychoanalytic therapy is to reduce the suffering that humans experience and promote a better quality of life (Gerson, 2021)
8. Improves self-awareness: patients can learn more about themselves through the analysis of their psyche (Smith, 2019)
9. High success rates: psychoanalysis is found to have moderate to high success rates
10. Addresses historical issues and present issues: psychoanalysis can process current and past issues and traumas at once (Smith, 2019)

While there are many pros to psychoanalytic therapy, there are also cons. They are as follows (Smith, 2019):

1. Time: psychoanalysis takes a great deal of time to be effective. It can take months or years for this therapy modality to work, whereas services such as Cognitive Behavioral Therapy can target problem issues in a short amount of time
2. Exhaustion: therapy is often exhausting for those who receive it in a psychoanalytic form because it involves addressing trauma or repressed and avoided feelings, experiences, and beliefs
3. Cost: Because this is generally done weekly and over long periods, it can be an expensive service (Smith, 2019)

How Did These Three Become Integrative Psychotherapy?

Various professionals in the field have attempted to “bridge” these schools of thought over the years to best serve patients and this form of integrative psychotherapy has become more and more popular since the 1990s (Zarbo, Tasca, Cattafi, & Compare, 2016). Integrative psychotherapy assumes that no one theory of human behavior or thought makes perfect sense or can be applied across all situations. Humans are complex and therefore how we understand their behavior must also have space for complexities (Zarbo, Tasca, Cattafi, & Compare, 2016).

Many might assume that integrating these models has the goal of combining modalities to form one super modality, but this is not the case (Zarbo, Tasca, Cattafi, & Compare, 2016). Integrative psychotherapy wants to introduce various perspectives into practice and offers patients the opportunity to identify what feels to be the best fit for them. Many clinicians and behavioral health professionals are adopting the belief that no one approach to therapy will be effective, but rather that some approaches might be inadequate for patients and their problems. Because of this, clinicians must be flexible and able to adjust to meet specific patient needs as they arise (Zarbo, Tasca, Cattafi, & Compare, 2016).

The common factors identified between theoretical rationales are actually what prompted therapists to combine modalities (Zarbo, Tasca, Cattafi, & Compare, 2016). Because outcomes are more often related to the common factors than they are the modality being used in sessions, many therapists feel comfortable combining and adjusting them as needed, as long as the common factors remain intact. For example, if the therapeutic relationship is stable. The common factors are consistent across therapeutic approaches and therefore, if morally and ethically they remain consistent, it is easy enough to combine them as needed (Zarbo, Tasca, Cattafi, & Compare, 2016).

Summary

Historically, theorists would identify with one belief about human behavior and stand strong in that belief. They likely would not have wavered much and their professional community might have been built around other people with the same professional identities and beliefs. Today, and for much of the last few decades in behavioral health, mental health professionals are relying on multiple thought processes for explaining and treating maladaptive behavior and mental health disorders. Clinicians must understand the historical development of integrative psychotherapy to best utilize it.

Section 3: Benefits of Integrative Psychotherapy

Introduction

As previously mentioned, integrative psychotherapy involves the combination of various therapeutic modalities in the treatment of behavioral health issues and mental health disorders. This therapy model responds to individuals with a focus on their behavioral, cognitive, affective, and physiological levels of functioning (Zarbo, Tasca, Cattafi, & Compare, 2016). Integration better supports patients rather than adhering to one model because it treats them at all levels and understands their complexities (Zarbo, Tasca,

Cattafi, & Compare, 2016). This individualized approach is an obvious benefit to the integrative psychotherapy model, but it is not the only advantage. There are many more benefits to consider.

Psychological Benefits of Integrative Psychotherapy

Flexibility

Integrative psychotherapy has been well researched and found to have strong psychological benefits for patients. One of the easy-to-identify benefits is that the flexibility being offered via this method for administering therapy offers patients a way to address multiple concerns at once (Isabel Harper Counseling, 2021). For example, individuals can address their depression, anxiety, and perhaps symptoms from a personality disorder in tandem in sessions because they are utilizing a flexible method. Alternatively, if clinicians were to use only Eye Movement Desensitization Reprocessing (EMDR), they would be focusing on trauma and symptoms of trauma. EMDR is generally not the primary modality for treating other symptoms or disorders, and although it does have a very specific purpose, some EMDR specialists may only treat trauma. Other clinicians might be willing to utilize Cognitive Behavioral Therapy (CBT). CBT before or after EMDR is utilized in sessions to treat depressive symptoms. This would be a more flexible approach that can target multiple groups of problem symptoms. This flexibility is very important.

Reducing limitations

Integrative psychotherapy does not restrict the number of approaches used and therefore does not limit the complexity of needs that it addresses. Because of this, it is found to be able to positively support individuals with complex mental health needs (Isabel Harper Counseling, 2021). Individuals who present with co-occurring diagnoses or very complicated disorders are better supported when clinicians utilize an integrated approach (Isabel Harper Counseling, 2021). For example, a person who has Borderline Personality Disorder (BPD) will likely present with a variety of symptoms. The client might have anxiety and depressive symptoms, impulsiveness, and symptoms of trauma. These cannot all be treated with one approach effectively in most situations. For example, Dialectical Behavioral Therapy (DBT) is often utilized to treat the behavioral concerns that present for individuals with BPD. This does not, however, support processing trauma most effectively, which may be necessary when treating patients with BPD. It is also less supportive of depression than it is of impulsiveness. In this combination, a clinician might rely on a variety of therapies over time to best support

the patient. They also might rely on lifestyle management strategies such as reducing problem substance use if there is any and ensuring the individual has a structured routine to follow, as this can help reduce behavioral dysregulation.

Therapeutic relationship

Integrative psychotherapy supports better relationships between patients and clinicians because it requires clinicians to explore their patients' mental health and understand their historical experiences (Isabel Harper Counseling, 2021). This inner exploration supports the relationship and establishes trust. When clinicians do this in a nonjudgmental way and are transparent with patients about how they will work together and try different options for treatment together to find what works, it also promotes agency for patients. Clients feel they have a sense of control in the process. They feel they are supported in their journey and often become less anxious about therapy because they have such a strong therapeutic relationship with their clinician (Isabel Harper Counseling, 2021).

Views the client as a whole

One single approach to therapy is likely to view a client in a limited way. When therapists use an integrative approach, they are willing to view the patient as a whole, complex person and not in just one dimension (Isabel Harper Counseling, 2021). This humanistic approach is a significant benefit to care because it sees and honors the entirety of people. Holistic approaches offer patients agency and control in their recovery. This empowers them to attempt to solve their problems and use therapists as a kind of guide or sounding board as they do so. In viewing patients as whole people, therapists assess their mind, body, environment, conscious thoughts, and unconscious thoughts. It attempts to treat all of those parts of an individual and does not leave any out (Isabel Harper Counseling, 2021).

Examples of questions that therapists must use in sessions to learn about the whole of their patients include the following (White, 2020):

1. What makes you who you are? What are your personality traits?
2. When you are in therapy, do you have a preference for how it goes?
3. What needs do you have that you feel are fulfilled and unfulfilled? How can your therapist help you to treat unfulfilled needs?
4. How physically and mentally strong do you feel you are? Do you exercise often?

5. Do you consider yourself to be spiritual? Do you use spirituality or religion to navigate your mental health? If so, how?
6. How motivated do you feel you are to change or improve? What do you need to feel more motivated? (White, 2020)

Maximizes potential

When the whole of a person is uncovered and addressed, the maximum potential as a human can be revealed (Counselling Directory, 2021). Perhaps this is thought of as a form of self-actualization. When all parts of clients are addressed and nurtured in therapy, they become the most authentic and clear versions of themselves. When people feel this kind of clarity and pride in themselves, they are more willing to address the really hard and shame-filled parts of their lives. The nonjudgement and unconditional support or regard from clinicians help this to occur (Counselling Directory, 2021).

Utilizes evidence-based services

Integrative psychotherapists utilize a variety of evidence-based practices (Isabel Harper Counseling, 2021). This means that they rely on one or more therapies that are found in peer-reviewed research to be positively helpful to patients and their problems or experiences. This diminishes harm and helps foster positive outcomes. It is an ethical responsibility for clinicians to reduce harm and treat clients in a way that research says is effective. Because integrative psychotherapy generally combines humanistic, behavioral, and psychoanalytic approaches, most clinicians are already utilizing and relying on evidence-based approaches and services. Using evidence-based services helps to build a strong, person-centered treatment plan that will support the strengths of patients and lesson the problem areas that patients are having (Isabel Harper Counseling, 2021).

Biological Benefits of Integrative Psychotherapy

Integrative psychotherapy involves the use of not just traditional methods of therapy, such as Cognitive Behavioral Therapy or Psychodynamic Therapy, but holistic wellness and relaxation strategies. For example, teaching healthy lifestyle practices such as sleep hygiene, improving relationships with food, and introducing relaxation strategies has many benefits. This is often referred to as mind-body therapies (Rose Wellness, 2015). Mind-body therapies work to balance the mind, body, and soul through achieving relaxation and wellness. This positively benefits physical wellness by reducing problematic health factors and improving coping strategies and wellness routines. An

integrative approach like this benefits clients through the following (Rose Wellness, 2015):

1. Reducing pain (especially helpful for patients with chronic pain)
2. Reducing moodiness - healthy life routines promote mood stability and regulation
3. Reducing anxiety - when the body is calmer, individuals generally experience less anxiety and dysregulation
4. Reducing depression - when individuals are moving their bodies, engaging in healthy activities, and doing things that they love, they are less likely to feel depressed and are more likely to experience consistent joy. This is why behavioral therapies often involve a behavioral modification component where individuals plan and track their engagement in activities they enjoy. These pursuits often induce feelings of joy and reduce depression when consistently engaged in over time
5. Inducing sleep - when individuals are engaging in healthy activities and develop a sleep hygiene routine, they are less likely to have insomnia as well as the negative mental health side effects that insomnia can induce. For example, depression, anxiety, impulsiveness, etc. may improve
6. Inducing relaxation - healthy activities and lifestyle routines promote relaxation. When the mind and body are relaxed, it is better able to process trauma, learn healthy coping skills, and engage in less self-sabotage. Individuals can behave in a way more consistent with their values, be present in their relationships, and bring their whole selves to their responsibilities when they feel relaxed
7. Reduced likelihood of health issues - when the body is relaxed, there is less likelihood for health issues such as stroke, heart attack, heart disease, digestive problems, blood pressure problems, cholesterol problems, and immune system impairments (Rose Wellness, 2015)

One of the ways to utilize mind-body services is to operate within the holistic wellness domains. Many clinicians will assess the activities that individuals participate in to promote health in each wellness domain and then will help them to build in additional healthy activities into each domain. The eight wellness domains identified by SAMHSA (2016) are as follows:

1. Physical wellness - this domain considers the human body and healthy habits. Captured under this domain is nutrition, exercise, sleep, medication, avoiding substances, and healthcare (preventative and emergency healthcare). Examples of activities that are promoted in this domain are sleep hygiene, exercise hygiene, nutritional hygiene, and more
2. Intellectual wellness - this domain considers what the brain requires to be active and functioning as well as to expand and remain healthy. It considers patients' interests, education, conversation level, and brain-stimulating activities. Examples of activities that are taught to patients in this domain are attending a class or learning a new skill, finishing their education if they want to, exploring new books or activities, and engaging in conversation that is stimulating and requires thought
3. Financial wellness - this domain is often linked to depression and anxiety, as many people report these symptoms as a result of money-related issues. Although clinicians will surely address the anxiety and depression, specific financial management is not a domain where they generally focus. However, they might refer to outside resources that can facilitate debt management, etc.
4. Environmental wellness - this domain considers the environment that patients interact in and how beneficial it is to their health. It considers their home and work environments, how safe and healthy their living space is, if they need a regular change of scenery, and how they interact in their space. Activities in this domain include regularly scheduling time to be outside, ensuring that their homes are clean and put together, and completing necessary tasks such as changing the oil in their cars or taking the recycling out
5. Spiritual wellness - this domain considers not a religion but rather the values and beliefs that people hold. It asks them to operate in a way consistent with those values to feel most at peace. It considers people's sense of meaning and fulfillment and if they are living according to these beliefs. Activities in this domain include determining what core values they hold, engaging in communities that are similar to their core values, scheduling time to focus on the self, and regularly assessing if behavior and values are consistent
6. Social wellness - this domain considers people's relationships with their friends, family, and community. This is a very common domain for therapists to operate within because often it is personal relationships that are so difficult for clients

when they are struggling with their mental health. Activities in this domain include identifying support groups that could be beneficial, scheduling dates or outings, determining ways to be vulnerable and open with others, helping patients learn how to meet new people and make friends, and scheduling time to spend time with others

7. Occupational wellness - this domain considers the meaning and purpose that people derive from their work. Its goal is that people feel their values and mission is aligned with their employment to promote the highest level of health. It considers individuals' relationship to their work-life balance, their relationships with their coworkers, and if they feel a sense of fulfillment or accomplishment in their career. Activities that therapists and patients might complete together in this domain is to plan for their career, ensure that patients are scheduling necessary time for breaks and are maintaining boundaries at work, and working through interpersonal conflicts with coworkers or bosses as necessary
8. Emotional wellness - this domain is also a domain that many therapists work within. This domain considers if individuals can effectively process and communicate their emotions and feelings, if they are adaptively coping with their stress, and if they are deriving a sense of joy and meaning from their lives. Emotional wellness asks individuals to have a plan for stress management, self-care, and coping with negative emotions. Activities in this domain might include building personal self-care plans, identifying support groups to join, learning stress management strategies, developing a cross-systems treatment team for medical and mental health support, and maintaining a healthy routine. Developing healthy emotional wellness takes time and commitment. Patients can do this best when they have an integrative psychotherapist to support them (SAMHSA, 2016)

When clinicians combine the use of the eight wellness domains and psychotherapy services, they can best support the whole patient (Flowers Health Institute, 2020). When physical health is being well-managed, it is easier to manage other aspects of health. This is similar to how Maslow theorized that the lower level needs must be met before self-actualization - because physical health can impact mental health and all other aspects of wellness. For example, people with diabetes, hypertension, and obesity have depression at 1.5-2 times higher than those without these disorders. By focusing on all aspects of health, you not only improve mental health but lengthen the lifespan because

you are addressing disorders and health concerns that cause greater risk for overall well-being (Flowers Health Institute, 2020).

The wellness domain model also understands that all health areas are interconnected (Flowers Health Institute, 2020). People should not consider themselves extremely healthy if only a few domains in their lives have activities and structures that promote health. This model indicates that each domain is equally as important and operates not in a silo but combination with the other domains (Flowers Health Institute, 2020).

Summary

Integrative psychotherapy has not only psychological but biological benefits to health. It serves the holistic health of patients and improves relationships between patients and their therapists. This allows them to expand the work they can do together and go to areas of the brain that perhaps patients hadn't planned to visit or address. Where biological health is concerned, utilizing multiple types of therapy allows patients to reduce stress, improve lifestyle, and engage in preventative health measures. There is a reduced likelihood of negative health outcomes as a result.

Section 4: Integrative Psychotherapy vs. Eclectic Therapy

Introduction

Many clinicians may believe that integrative psychotherapy and eclectic therapies are the same. They may be mistaken for one another, however, they are not the same. Eclectic therapy has been referred to as a “pick and mix” approach to therapy, where techniques are chosen for clients based on what therapists recognize as being successful, and less based on what evidence-based practices recommend (Benito, 2018). This is different from integrative psychotherapy, which relies on what evidence-based practices indicate will be beneficial to the patient. Both utilize a combination of approaches, but both do not require evidence-based research supporting the approaches chosen and combined (Benito, 2018).

What is Eclectic Therapy?

Eclectic therapists do not generally subscribe to one set of theoretical explanations for human behavior and therefore there are a variety of types of eclecticism (Benito, 2018). While there may be no specific set of principles utilized in eclecticism, this does not

mean that an eclectic therapist is not systematic or thoughtful in considering the best benefits for their patients - it simply means that they do not limit themselves to evidence-based practices. Eclectic therapists pull from a variety of systems, cultures, and doctrines to combine strategies for effectively treating maladaptive human behavior and disorders (Benito, 2018)

Eclecticism can easily become syncretism, if not being managed properly by therapists (Benito, 2018). Syncretism is the blending of concepts or schools of thought, however, this has historically been done in a way that ignores the eclectic stance and includes as many methods as possible (that often do not support one another - therefore not best supporting the patient). Syncretism does not consider order, compatibility, or appropriate integration of ideas and modalities. Eclectic therapists mustn't become syncretic (Benito, 2018).

Eclectic therapists can identify their thoughts and beliefs about therapy and how to administer it by answering the following questions (Benito, 2018):

1. What is your worldview?
2. What is your spiritual practice and how does it influence your work?
3. What ethical practices do you follow and how?
4. What are your principal skills and how do you ensure they are used?
5. What are your beliefs about research and ongoing education?
6. What are your cultural beliefs and views?
7. What theories do you like and do you believe complement one another?
8. How have your family experiences and cultural experiences shaped the therapist you have become?

Eclectic therapists know who they are as professionals and have a core set of beliefs, however, they are not afraid to attempt different approaches based on how the client presents and what their goals are (Benito, 2018). Eclectic therapists adapt to meet client needs (Benito, 2018).

There are many benefits to eclectic therapy. Some of them include the following (Dean, 2021):

1. Personalized therapy - patients are receiving therapy specific to their needs, wishes, and desires
2. Different methods as various issues come up - patients will utilize a variety of methods to treat an array of issues. This helps them to overcome all their struggles and not just one
3. Engagement is increased - eclectic therapists can engage patients in therapy differently because they might be constantly teaching them new things and also addressing new needs

Eclectic therapy also has cons (Dean, 2021):

1. Eclectic therapy requires skilled therapists - not just any therapist can effectively use this model. Therapists using this approach must be well trained in many different approaches to therapy and techniques. If they lack skills, therapy becomes less focused on patients and more focused on trial and error, which is not fair to patients
2. Confusion - patients receiving eclectic therapy can be confused at times with regard to the goals for treatment and the path for how to get there. Eclectic therapists must practice effective and consistent communication throughout care

How Integrative Psychotherapy and Eclecticism are Different

While eclecticism may not be syncretic, it is not nearly as defined and structured as integrative psychotherapy is. Integrative psychotherapists when utilizing a new or different therapy modality will research afterward why that modality was beneficial (Zarbo, Tasca, Cattafi, & Compare, 2016). Eclectic therapists will not worry about why that method was helpful or what the evidence suggests but rather care more than it was beneficial to their specific patients at the moment. Integrative psychotherapists will be more concerned with moving the field of therapy further if they identify a new or improved version of a therapeutic modality, whereas eclectic therapists will instead celebrate the win and continue to move forward without researching or publishing on that topic necessarily (Zarbo, Tasca, Cattafi, & Compare, 2016).

Summary

Integrative psychotherapy and eclectic therapists are not the same. Integrative therapists are more concerned with research and evidence supporting treatment and eclectic therapists are more willing to venture into the unknown for treatment if it brings

positive outcomes for patients. Both an integrative therapist and an eclectic therapist should be equally as trained and skilled to best support patients. This is an ethical and moral responsibility as it reduces potential harm in treatment.

Section 5: How to Be a Strong Integrative Therapist

Introduction

Integrative therapists that provide strong services, do more than just know more about a variety of therapeutic strategies. They have to be strong in how they use common factors, be knowledgeable and approachable, and more. It is important that individuals who want to be integrative in their therapy practice pay attention to and constantly improve upon their skills. This benefits their practice because it improves the outcomes for their patients.

Step 1: Learn a Variety of Strategies and Be Willing to Learn

Integrative therapists must have a strong understanding of how to research and learn a variety of modalities. As mentioned, integrative psychotherapists combine humanistic, behavioral, and psychoanalytic approaches to therapy most often (Talk Works Therapy, 2021). In this section a variety of common evidence-based practices are reviewed that will support patients in becoming integrative, however, it must be noted there are over 400 types of therapy and these mentioned below are not an exhaustive list.

Humanistic approaches

Clinicians using an integrative therapy approach should learn the following evidence-based humanistic approaches to therapy (Legg, 2019):

1. Gestalt therapy: in gestalt therapy, individual experiences are incredibly important as it is believed that conflict between people is what promotes growth and evolution. Therapists who use a gestalt approach to therapy will likely rely on role-playing, exaggerating behaviors, and reenacting situations
2. Client-centered therapy: client-centered therapy believes that constant criticism or receiving disapproval from others distorts how people see themselves, and therefore such criticism is addressed in therapy. Client-centered therapists provide unconditional positive regard to repair those feelings of being negated, so that problematic behaviors can be processed. This is a helpful therapy for

people with trauma, relationship struggles, psychosis, depression, and who have chronic illnesses

3. Existential therapy: in existential therapy, patients rely on philosophy. They seek to understand their existence and worldview. They reframe and create new worldviews to be more adaptive and healthy. This helps individuals take responsibility and to take charge of their meaning and outcomes. Existential therapy does not address past traumas necessarily but rather focuses on the future behavior and health of individuals

Behavioral approaches

Clinicians who aim to be integrative in their therapy practice should learn the following evidence-based behavioral approaches (Legg, 2018):

1. Cognitive Behavioral Therapy (CBT): CBT is very popular. It combines a focus on cognition with a focus on behavior and attempts to understand how thoughts, beliefs, and mood influence behavior. Once individuals can identify behavior that is not appropriate, they can treat the mood or cognition that causes that behavior, and therefore correct the inappropriate behavior and create sustainable, healthier living
2. Cognitive-Behavioral Play Therapy: play is added into CBT with children to understand what they do not feel comfortable verbally expressing. This helps clinicians to see problem areas and work on skills such as communication and sharing with children via play
3. Dialectical Behavioral Therapy (DBT): DBT is an approach that addresses negative emotions and promotes positive behavior through mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness (Applied Behavioral Analysis Degree Programs, 2021). DBT is a kind of cousin to CBT because it believes that by changing behavior, you can change distressing emotions. DBT works to regulate mood and support creating a more balanced life
4. Mentalization-based therapy (MBT): this therapy connects emotional states to behaviors that are not effective. MBT promotes emotional regulation to reduce impulsive behaviors that promote harm. Transference is used to project clients' feelings and facilitate

stronger self-awareness (Applied Behavioral Analysis Degree Programs, 2021)

Psychoanalytic approaches

Clinicians who aim to be integrative in their therapy practice should learn the following psychoanalytic approaches:

1. **Talk therapy:** talk therapy is the process by which clinicians communicate with their patients to uncover the causes of their emotional distress and ideally change their outlook on life. Talk therapy can be beneficial in treating anxiety and depression or it can simply offer patients a safe place to process their daily experiences and “let off steam.” Therapists help patients develop strategies and solutions in their conversations (Klein, 2020)
2. **Free association:** free association is a tool used in psychoanalysis where a therapist prompts patients to talk about whatever comes to mind with one word they use (McLeod, 2019). Free association is thought to help retrieve the unconscious or repressed thoughts that patients may have
3. **Dream analysis:** dream analysis is a tool used in psychoanalysis where a therapist helps patients to understand their thoughts and beliefs based on what they see in their dreams (Klein, 2020)

Fewer individuals are practicing psychoanalytic therapies now than ever but it is important to note that many beneficial strategies and tools for therapy have been developed in psychoanalysis and used in modern ways.

Step 2: Learn to Assess for What Modality to Use

Integrative psychotherapists must decide what therapy model(s) to use and practice within based on the problems and goals that patients bring to sessions. Planning for what treatment modality to utilize must be based on how to best support patients in achieving their desired outcomes, and it must also fit their needs (Beutler, Someah, Kimpara, & Miller, 2016). Many clinicians rely on a tool called the Systematic Treatment Selection to choose the right form of therapy, and this may also be useful to integrative psychotherapists. This is based on research that connects variables and approaches across cultures. STS suggests the following approach (Beutler, Someah, Kimpara, & Miller, 2016):

1. Identify the factors that patients need to change - measure them utilizing evidence-based tools

2. Identify treatment factors that impact patients and how they show up to sessions - for example, specific characteristics of patients such as age, culture, etc.
3. Determine what therapies can be used and how effective they are in treating the presenting problems that patients are bringing - this helps to determine how fitting treatment can be
4. Validate treatment predictors by using various converging methods - this helps to ensure outcomes by utilizing varied strategies determined in step three above

Step 3: Check-In On Progress

Clinicians who are administering services, and especially services that they might not frequently offer, should be regularly checking in with patients on the progress of those services. This can be done in multiple ways (Beck, 2015):

1. Evaluating client symptoms
2. Measuring how often target behaviors are occurring
3. Assessing progress towards goals

Clinicians evaluate client symptoms via standardized assessment tools. This can be done via a self-reporting questionnaire (Psychology Tools, 2021). An example of this is a PHQ-9 or a Patient Health Questionnaire-9 that measures depressive symptoms that clients are experiencing. Another example is the GAD-7 or the Generalized Anxiety Disorder screening tool. Self-reporting tools are a way to ask clients to rate symptoms specific to a mental health disorder or illness (Psychology Tools, 2021).

Another way that clinicians measure progress is through observation and clinician rating tools (Psychology Tools, 2021). Clinicians may rate the behavior, functioning, and physical presentation of their clients to assess for progress. For example, if a person struggles with depression and this presents in poor hygiene, the clinician may pay attention to specific appearance and self-care presentations over time. If the patient begins to improve overall hygiene, a fair assumption could be that the client is improving or starting to feel better. Observer rating scales can also be taught to parents and teachers who support children or students. Therapists might ask families or teachers to rate specific observations of their clients over time to determine the effectiveness of treatment (Psychology Tools, 2021).

Finally, clinicians may rely upon neuropsychological tests to identify the effectiveness of therapy (Psychology Tools, 2021). Neuropsychological tests assess for specific functioning of the brain and can be helpful in diagnosis and treatment. This is especially true in conditions such as Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder (Psychology Tools, 2021). It is fair to assume that these are generally more expensive testing options than observation or self-reporting and are more often used in extreme cases.

Clinicians also should not overlook talking with their clients about how the treatment is going. Questions such as the following can be helpful:

1. How do you feel about what we are working on so far?
2. How do you think therapy is going?
3. How secure do you feel in our therapeutic relationship?
4. Are there things you would like to change or adjust?

Step 4: Utilize Appropriate Supervision and Ongoing Education

Mental health therapists should not overlook the benefit of supervision in therapy. Clinical supervision is important because it supports the professional development and ethical practice of therapists (Good Therapy, 2019). Clinical supervisors provide the following that helps ensure that therapists are practicing integrative therapy well (Good Therapy, 2019):

1. Case staffing - supervisors can help therapists identify what modalities are appropriate to be utilized based on specific patient needs and challenges
2. Ethical practice - supervisors remind therapists of their ethics, responsibilities, and requirements when providing therapy. This helps therapists ensure that they are utilizing evidence-based practices and services consistent with peer-reviewed research in the field
3. Skill sharpening - clinicians who provide integrative psychotherapy must be skilled to provide the best services possible. Supervisors help improve skills by offering practice, perspective, and years of experience that therapists may not inherently have without supervision

Step 5: Display the Characteristics of an Effective Integrative Therapist

Integrative therapists should always have the following characteristics to be effective (Jacobson, 2016):

1. Open-minded: to practice integrating various therapy techniques, clinicians have to be open about trying modalities they might not always inherently utilize. This requires a kind of openness to do well
2. View patients as whole people and not just people with mental health issues: because integrative therapy considers the mind-body, therapists must be committed to treating the entire person and not just emotional and mental health
3. Flexible: therapists must be prepared to change, adjust, and adapt throughout the therapeutic relationship with patients to best meet the growing and evolving needs
4. Focus on common factors: because such a significant part of patient outcomes is based on common factors, therapists who are strong in integrative psychotherapy must have an investment in establishing a trusting therapeutic relationship
5. Nonjudgmental and displaying unconditional regard: to have the best relationship established with patients, and to ask them to practice various strategies without confusing them, it is important that they know they are seen and valued in therapy. This is done through non-judgment and positive regard (Jacobson, 2016)

Summary

Becoming a strong integrative psychotherapist involves a commitment in time, effort, and often money to pay for supervision. Strong and effective psychotherapists should incorporate a variety of therapeutic modalities, not limited to behavioral, humanistic, and psychoanalytic approaches. These approaches should be evidence-based and peer supported. Therapists should measure progress in therapy sessions with patients, adjust services as necessary, and be willing to ask for support in clinical supervision to be the best integrative psychotherapist possible. When therapists bring a vulnerability and willingness to learn, they are generally successful at becoming strong integrative psychotherapists.

Section 6: Research Supporting Integrative Psychotherapy

Introduction

Much research has been completed over the last several decades showing the benefits of an integrative approach to psychotherapy. Integrative psychotherapy is effective and even the treatment approach of choice in recent years (Zarbo, Tasca, Cattafi, & Compare, 2016).

Why Integrative Psychotherapy Works

Integrative psychotherapy works because it supports a variety of different patients (Zarbo, Tasca, Cattafi, & Compare, 2016). Integrative psychotherapy is highly effective for patients who present with (but not limited to) the following disorders: depression, anxiety, social anxiety, generalized anxiety, personality disorders, etc. Integrative psychotherapy works because, despite the therapeutic modality being utilized, outcomes are more based on common factors than the therapeutic modality. Integrative psychotherapy also works well because it uses an individualized approach that is sensitive to the therapeutic relationship between patients and therapists. It responds to the problems that patients present with at all levels of functioning and all levels of health. It considers the whole person and therefore generally needs are not left out or forgotten (Zarbo, Tasca, Cattafi, & Compare, 2016).

Integrative psychotherapy also works because it hopes to merge fields of thought instead of asking specific therapeutic modalities to exist in silo (Zarbo, Tasca, Cattafi, & Compare, 2016). Historically, individuals who would practice one specific therapy would only practice that therapy, however, in recent decades individuals have been using multiple modalities. In doing so, they are less aligned in their identity to one specific modality and are more collaborative with other professionals who might think differently or practice differently than they do. This allows them to learn and grow together in the field of therapy. This also promotes a unified profession in behavioral health and supports further development of treatment modalities, tools, and practices (Zarbo, Tasca, Cattafi, & Compare, 2016).

Summary

Integrative psychotherapy is beneficial in a variety of ways. It helps promote positive outcomes for patients, unifies the field of psychology and behavioral health, and

addresses holistic health for patients. These are clear and strong benefits found in decades of evidence-based research in the field.

Section 7: Limitations of Integrative Psychotherapy

Introduction

Despite the many benefits of an integrative approach to therapy, there are also drawbacks and limitations. One advantage for individuals who practice just one therapeutic approach is that they become masters of that approach. They learn all of the ins and outs of therapy and how to troubleshoot with patients as necessary. Integrative psychotherapy is not quite as smooth when clinicians are utilizing various modalities at one time.

Empirical Evidence

One of the limitations of an integrative approach is that it is dependent on empirical research because integrative therapies must always be evidence-based and peer-reviewed (Ebrary, 2021). One of the benefits of an eclectic approach that integrative approaches do not offer is that eclectic services are not based solely on the evidence, but rather also based on patients' observation and personal learning. For example, if patients realize that something is helpful for their health that an evidence-based modality does not support, they will still be willing to promote that intervention, whereas an integrative therapist would not do so (Ebrary, 2021).

Confusion

Similar to eclectic therapy, integrative therapists might also accidentally confuse their patients if they are utilizing a variety of methods at once or if they are changing their approach to care over time (Dean, 2021). For example, if a clinician attempts to explain behavior one session through attachment theory and in another session in a behavioral approach, this could be confusing to patients because it becomes unclear what they should work on in-between sessions. It could also just be overwhelming to patients to receive so much explanation on therapeutic modalities in sessions. Patients must receive psychoeducation during sessions, however too much psychoeducation could be confusing and even frustrating to patients.

Summary

The limitations of integrative therapy can be traced to inconsistency and confusion for patients as well as a rigidity where evidence-based practices are concerned. Integrative therapists will not practice outside of evidence-based research, which is generally important for ethical reasons, however, it may limit the tools and strategies that patients have already learned or found beneficial before care.

Section 8: Case studies

Andrea

Andrea is a 37-year-old woman who recently began seeing a therapist for the first time after being newly divorced and struggling with her sobriety. She had been sober for 2 years but started drinking again after her marriage ended. She is struggling with a variety of symptoms including depression, anxiety, guilt, shame, and fear, and she recently began having panic attacks that she never had before. In her panic attacks, she begins having flashbacks to a sexual assault in childhood by a babysitter that occurred when she was 7 years old. Andrea had never talked with anyone about this assault and generally avoided any discussions about it, even in her marriage. This was a contentious issue for her ex-husband and her because he wanted to support and love her but he felt she always had a guard up. This was especially true in their sexual relationship. Despite knowing that the trauma had been causing issues in her marriage, she is surprised that these memories are coming up in her panic attacks as she has not historically experienced this. Panic attacks are new to Andrea, although she has had anxiety and depression for many years. Historically she reports drinking to avoid anxiety and depression. She got sober when she was 35 after her ex-husband asked her to do so in order to save their marriage. He reported that her drinking was causing issues between them in the areas of intimacy, trust, and frustration. Andrea has no children and regrets not having any. She reports feeling lonely, sad, devastated, and angry. She has been relying on alcohol to cope, and decided that going to therapy would be the best thing for her and her mental health.

When Andrea meets her new therapist they identify the following problems: drinking behavior, trauma symptoms coming up, and anxiety/depression. Generally, a behavioral strategy is helpful to address the drinking behavior whereas nontraditional therapy services such as Narrative Exposure Reprocessing Therapy (NET) and Eye Movement Desensitization Reprocessing (EMDR) help address the symptoms of childhood sexual trauma that she is experiencing. Together Andrea and her therapist come up with a plan that includes addressing the drinking, anxiety, and depression through using a

behavioral therapy approach. Once Andrea feels comfortable in having more adaptive behavior where these problems are concerned, she would like to utilize either EMDR or NET for addressing symptoms of trauma.

Andrea's case is a good example of an individual who presents with complex symptoms and disorders. It is important that she and her therapist address problem areas that have the highest level of current risk. For Andrea, this is her drinking and her panic. Both these issues can significantly impact her life, whereas she has been living with the trauma for many years and this will take longer to address and may require more therapeutic trust to be established than utilizing a cognitive behavioral therapy model to address the other issues.

Andrea begins tracking her drinking behavior using a behavioral modification chart identified in CBT. She learns relaxation, mindfulness, and distress tolerance skills to reduce her panic symptoms. Within 8-12 sessions, she has reduced her drinking behavior to a moderate level and is experiencing less panic. She agrees at this time that she is ready to address the trauma and chooses to use NET as an approach. NET is added into her CBT-based therapy sessions.

This is a good example of incorporating integrative approaches to treatment as well as allowing patients to lead their care. Andrea's therapist was careful to explain all options to her and allow her to choose the best path for her. Within one year, Andrea is having little to no symptoms related to trauma, continues to track her drinking behavior, and is managing her panic. Eventually, she and her therapist begin to process her divorce using a talk therapy approach, which adds another therapeutic modality to her care.

Elu

Elu is a 19-year-old Native American man who lives on reservation land with his parents and siblings. He has struggled with anxiety and depression most of his life, which is not uncommon for indigenous people as a result of the oppressed experience of their ancestors that many are currently still living through. Elu has had multiple suicide attempts and he was recently hospitalized for another attempt to die by overdosing on opioids. Elu's suicide attempts have been very difficult on his family, who struggle to understand and support him. There is a level of resentment and frustration from both his parents and siblings towards him. Fortunately, Elu lived and he seems motivated to participate in treatment. His family also seems eager to learn to support him better. Elu meets his inpatient therapist for an intake and to develop a treatment plan. He plans to

be in inpatient services for several months in order to achieve the best possible outcomes for his mental health.

In their intake, Elu's therapist administers self-report questionnaires to determine his anxiety and depression levels. His depression is rated as severe and his anxiety is rated as moderate. He reports this is consistent with his life: he has always struggled with depression more than anxiety. When asked about his suicide attempts, Elu reports that he has attempted suicide by overdose and cutting himself, but no other methods. When asked how he has access to opioids, Elu reports that his mother takes them for chronic pain and she has them available on the countertops. He reports she doesn't notice when he takes them. Elu denies any substance use behavior and only takes his mother's pills for hoarding them to attempt to overdose. He currently reports a high level of motivation to change his behavior. He states: "this last attempt has helped me to realize that I keep staying here for a reason, despite not wanting to stay. Maybe there's something more that I'm missing."

When they discuss treatment planning, Elu agrees to use Cognitive Behavioral Therapy to address his anxiety and depression. His therapist also recommends family therapy to offer psychoeducation to both his parents on how to develop preventative factors and measures in the family home. For example, his parents really should be locking up his mother's medications if he has a history of attempting to die by suicide using them. Elu agrees to family therapy and reports: "it could be really helpful for them too because I know they struggle but they don't talk about it". The combination of CBT and psychoeducation in family therapy is likely to help Elu to process through his interpersonal struggles as well as help his family better support him.

In Elu's therapy, his clinician helps him to uncover some of the poor self-esteem issues that have led to his depression. Elu has struggled to admit to himself over the years that he feels uncomfortable in his body and he has never felt "smart enough" compared to his siblings. Elu's therapist helps him learn cognitive reframing to understand that his intelligence does not need to be compared to anyone else's. Elu's therapist also helps facilitate referrals for him to see a nutritionist to begin to learn healthier eating habits and repair his relationship with food and his body. He presents with no eating disorder type behaviors so his therapist feels comfortable sending a referral for nutrition services as it is a goal of his to find a healthier weight and feel more comfortable in his skin.

In family therapy, Elu's family learns that he has been hoarding his mother's pain pills to attempt to die by suicide and they struggle with this. His parents feel both sad and angry about his behavior. His therapist uses a combination of psychoeducation and structural

therapy in the family sessions to address these feelings. Eventually, they begin to understand each other more and even grow closer.

At the end of Elu's two months in inpatient treatment, his depression is rated as moderate and his anxiety is rated as mild. He discharges with enrollment into intensive outpatient care and he has a clear crisis plan for prevention of any suicidal behavior in the future. His family has preventative steps in place in the home to lower the risk of suicide as well.

The combination of individual Cognitive Behavioral Therapy, family psychoeducation, and family structural therapy appears to have been very beneficial to Elu's case.

Harry

Harry is a 62-year-old man with Borderline Personality Disorder. He presents with impulsive behaviors such as risky sexual behavior and drugging behavior, explosive moments of anger, inability to establish healthy relationships with others, and symptoms of trauma. Harry was raised in the foster care system and was pushed from foster home to foster home as a result of his difficult behavior. His mother died when he was five years old and his father was not around. He has no family that he knows of. Harry struggles with abandonment issues and recently ended a long-term relationship because he was unable to control his behavior. When he and his ex-boyfriend would fight, he would have impulsive sex and drugging episodes. His ex-boyfriend determined that it was no longer a relationship he could stay in and, after 15 years together, they have separated permanently.

This painful separation has prompted Harry to attend therapy for the first time in years. He attended so much behavioral therapy as a young person that he has had a strong aversion to therapy in his adulthood, however, he realizes that his maladaptive behavior is what led to the end of his relationship and so he wants to prevent any further issues like this. Harry also reports that he's been having a difficult time at work lately with a coworker and he is finding himself wanting to impulsively leave his job after many stable years with this employer. Harry was diagnosed as a young person with BPD so he sees his patterns and has strong insight, however, he does not have the skills to navigate the patterns well.

Harry asks for a referral from his primary care doctor to attend therapy. He meets his new therapist and is grateful that the person is very LGBTQ affirming because he feels he can identify better with them. This helps their therapeutic relationship. Harry's therapist asks him to rate on a scale of 1 (not at all)-10 (most significant) how problematic his

symptoms are and at this point, he reports an 8. He acknowledges that his substance use and reckless sexual behavior have had a great impact on his life. He also recognizes that these are coping skills he uses when he is angry. Harry and his therapist determine the following treatment plan: he will work through attachment-related struggles with this therapist and he will be referred to an outpatient Dialectical Behavioral Therapy program to learn skills for coping with his emotional regulation issues as a result of his BPD diagnosis. In the DBT program, he will be able to address his reckless behavior and anger outbursts. In individual therapy, he will process and cope with the abandonment issues he experiences as a result of his childhood traumas. Harry agrees with this plan and begins a DBT program shortly after.

Harry spends nine months in an outpatient DBT program and sees his therapist biweekly during this entire time. At the end of the nine-month program, he is using his DBT skills very well and is having a far lesser number of emotional outbursts. Harry reports that his impulsive and reckless behavior has greatly decreased and he is navigating his frustrations at work in interpersonal relationships much better than he has historically. In his individual therapy, Harry has begun to understand his insecure attachment styles have made it difficult to achieve healthy relationships with others. While he is not currently dating, he does believe that understanding these attachment-related issues will benefit him in future dating scenarios.

The combination of Dialectical Behavioral Therapy in a group setting and attachment-based individual therapy has proven to be effective in Harry's case. Over the year that he has been in therapy, he has reduced his impulsive sexual behavior from weekly to monthly or less than monthly. He feels secure in his employment again and he reports that he understands himself in a way that he previously never has. Two years after treatment, Harry has retained the current level of functioning that he achieved and reports being happier than he ever has in his life. Harry's case is a good example of integrative therapy services.

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