




Investigating the integrative approach and presenting strategies for the integrative approach in psychotherapy and counseling

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Article Info

Article type:

Review Article

How to cite this article:

Tabatabaeifar, S.M., Eshghi, N., & Songhori, F. (2023). Investigating the integrative approach and presenting strategies for the integrative approach in psychotherapy and counseling. *Journal of Assessment and Research in Applied Counseling*, 5(1), 41-46. <http://dx.doi.org/10.52547/jarac.5.1.49>



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ABSTRACT

Objective: Today, integrative approaches in psychotherapy and counseling have attracted the attention of psychologists. In this regard, researchers have done many studies, and research evidence is also based on the good effects of integrated approaches. Therefore, the current research aims to examine integrative approaches and provide strategies for an integrative approach in psychotherapy and counseling.

Method: The current research is a review and analytical research using the library method to collect data. In this way, relevant articles and books were obtained by searching for the keyword integrative approach in reliable scientific and research databases.

Results: The review of sources showed different strategies for formulating an integrative approach, among which we can refer to the six strategies proposed by Mahrer (1989), procedural strategy, and framework strategy.

Conclusion: Analyzing the research findings, using a dynamic and process strategy in integration and considering the approaches that integrators paid less attention to can be useful.

Keywords: *integrative approach, strategies, psychotherapy, counseling*

1. Introduction

Psychotherapy *integration* has crystalized into a formal movement or, more dramatically, a 'revolution' and a 'metamorphosis' in mental health (Norcross & Alexander, 2019). Psychotherapy integration has been defined as 'the

process of bringing things together, with the implication of making something whole and new' (Hollanders, 2007). A number of approaches to psychotherapy integration have been developed, ranging from the grand theoretical perspective of 'theoretical integration' to the focused selectivity of 'technical eclecticism,' the moderate approach

of ‘assimilative integration,’ and a revitalized ‘common factors’ approach. (O’Hara & Schofield, 2008). The impact of the integration movement can be seen in the areas of practice, research, theory, and training. In their clinical practices, many therapists identify their primary orientation as integrative or eclectic (Eubanks-Carter, Burckell, & Goldfried, 2005).

One of the strongest findings in research on common factors is the significance of the therapeutic relationship in effecting positive therapeutic outcomes. This factor appears to be more influential in effecting changes than differences in theoretical models and interventions (O’Hara & Schofield, 2008). Another development in the debate on psychotherapy integration was the introduction of *technical eclecticism* (Lazarus, 1992). Eclecticism is an approach to integration that does not necessarily seek a common or shared metatheoretical framework. Technical eclecticism seeks to match presenting problems with the best technique or approach, taking into account context, personality matching, and phase of therapy (O’Hara & Schofield, 2008). Lazarus’s (1992) *multimodal therapy* is probably one of the most widely known systems of eclectic psychotherapy, although less outcome research has evaluated its effectiveness (Goldfried, Glass, & Arnkoff, 2011; Lazarus, 1992). A third form of integration, known as *theoretical integration*, highlights the need for a metatheory that will bring elements from many different theories into a coherent and comprehensive approach to psychotherapy (Hollanders, 2007). One prominent example of theoretical integration is the *transtheoretical model* of change. The transtheoretical model recognizes that therapeutic change occurs in a number of different ways and that psychotherapies differ more in the content of what is to be changed rather than in the processes used (Prochaska & Norcross, 2018). Prochaska and Norcross (2018) argue that therapeutic change is facilitated by matching the processes of change with the stages of change. The final dimension of the transtheoretical model is levels of change. There are five levels: symptom/situational problems; maladaptive cognitions; current interpersonal conflicts; family/systems conflicts; and intrapersonal conflicts. Different psychotherapies tend to address particular levels of change based on their particular theories of personality and psychopathology. The transtheoretical model of change acknowledges that each level of change is valid and that the key issue for therapists and clients is the identification of the level to be addressed at any given time (O’Hara & Schofield, 2008). Although theoretical integration has been defined in a variety of ways, our focus

on theoretically driven integration consists of approaches in which a clear theory guides the choice of interventions, which may include techniques from one or more systems of psychotherapy. At least five examples of theoretically driven integration have received substantial empirical support: the transtheoretical model, acceptance and commitment therapy, cognitive analytic therapy, dialectical behavior therapy, and multisystemic therapy. Other theoretically driven integrative therapies with empirical support include brief relational therapy, Cognitive–Behavioral Analysis System of Psychotherapy, and developmental counseling and therapy (Goldfried, Glass, & Arnkoff, 2011). In Addition, we call sequential and parallel-concurrent integration those approaches in which separate forms of therapy (e.g., cognitive–behavioral and interpersonal) are given either in sequential order or during the same phase of treatment in separate sessions or separate sections of the same therapy session (Goldfried, Glass, & Arnkoff, 2011).

Messer (1992) proposed yet another approach to integration, called *assimilative integration*. Assimilative integration favors a ‘firm grounding in any one system of psychotherapy but with a willingness to incorporate or assimilate, in a considered fashion, perspectives or practices from other schools’ (Messer, 2001). A variety of therapies have been developed within the framework of a particular system of psychotherapy, in which assimilative integration (Messer, 2001) consists of supplementing that primary therapy with specific techniques from other systems of psychotherapy. Those with the most empirical support are mindfulness-based cognitive therapy for depression and emotionally focused couples therapy, but others of note include emotion-focused therapy, integrative cognitive therapy for depression, and functional analytic psychotherapy (Goldfried, Glass, & Arnkoff, 2011). Moreover, the common factors approach seeks to determine the core ingredients that different therapies share in common, with the eventual goal of creating more parsimonious and efficacious treatments based on those commonalities. This search is predicated on the belief that commonalities are more important in accounting for therapy success than the unique factors that differentiate among them (Norcross & Alexander, 2019).

Much more outcomes are now available to guide clinicians interested in the evidence-based practice of integrative–eclectic therapy, and integration is widely believed by experienced clinicians to improve the effectiveness of psychotherapy (Wolfe, 2001).

In addressing the question of why the latent theme of integration eventually developed into an ongoing movement, Norcross (2005) enumerated a number of factors that have probably contributed to this growing interest: the proliferation of different schools of therapy led to increasing confusion within the field, creating a need to reduce this fragmentation; practicing clinicians began to recognize—like Neils Bohr, that human behavior and the change process were far too complicated to be understood by any single theoretical approach; as managed care began to exert its influence on the practice of therapy, there was increasing pressure for the field to reach some consensus, preferably based on empirical finds of what worked for whom; with greater understanding of specific clinical problems came an emphasis on specialization, with professionals eager to draw on whatever could be used to address the clinical problem at hand; the available therapies became more clearly specified and readily observable to practitioners, in the form of workshops, videotapes, and therapy manuals; the discussions in the field about commonalities across the therapies were used to help understand those research findings that failed to find differences between different orientations; and the formation of a professional organization—SEPI—brought together those researchers and clinicians who had become interested in psychotherapy integration and constituted a network that would encourage others to recognize the advantage of not being limited by a single orientation (Goldfried, Glass, & Arnkoff, 2011; Norcross & Alexander, 2019).

Overall, At least eight interacting, mutually reinforcing factors have fostered the development of integration in the past two decades: 1) Proliferation of therapies; 2) Inadequacy of single theories and treatments; 3) external socioeconomic contingencies; 4) Ascendancy of short-term, problem-focused treatments; 5) Opportunity to observe various treatments, particularly for difficult disorders; 6) Recognition that therapeutic commonalities heavily contribute to outcome; 7) Identification of specific therapy effects and evidence-based treatments; 8) Development of a professional network for integration (Norcross & Alexander, 2019).

The evidence shows that the effectiveness of psychological treatments increases with the length of treatment and the number of treatment sessions. However, most psychological treatments in influencing instability or regulating negative emotions and attributions produce contradictory and sometimes weak results (Lapworth, Fish, & Sills, 2001). Poor results combined with significant

treatment costs suggest the need for more attention to integrative combined therapies (Austin et al., 2020).

Integrative approaches have received little attention in Iran. However, there is research evidence of the effectiveness of this treatment method (Arianfar & Etemadi, 2016; Brabadi, Younesi, & Taleghani, 2009; Hamidi et al., 2022; Karimi et al., 2014; Lotfikashani, 2016; Moeinoddini, lotfi kashani, & Shafieabadi, 2021; Poursardar et al., 2019; Salary Feyzabad, Nooranipoor, & Zahra Kar, 2022; Samaelvand, Sadeghi, & Ghadampour, 2022; Zakerzadeh, Golparvar, & Aghaei, 2021).

2. Method

This research is an analytical review study. The library method was used to collect the required data in this research. For this purpose, international and Iranian scientific and research databases and search engines of scientific resources were referred to. Iranian bases included Magiran, SID, Noormags, CIVILICA, and Ensani. External databases were also Scopus, Google Scholar, Semantic Scholar, PubMed, APA, and EBSCO. Therefore, the keyword of integrative approach was searched among the articles on psychology and counseling, and finally, the related articles and books were extracted for analysis.

3. Literature Review

Different proponents of integration offer different strategies for integrating counseling and psychotherapy. In this regard, Mahrer (1989) considers six different strategies for integration. Mahrer's first strategy involves developing new theories of psychotherapy that organize and incorporate other existing theories. Examples of this would be Goulding and Goulding's (1979) decision therapy which integrates transactional analysis (TA) with Gestalt theory. Moreover, Ryle's (1990) cognitive analytic therapy integrates aspects of psychodynamic theory with a more cognitive approach. The second strategy for integration involves, through dialogue, observation of live work, or through tapes and videos, increased sharing of methodologies between counselors and psychotherapists. This then would result in practitioners gaining fresh practical operations and a wider repertoire of procedures without changing their basic theoretical belief structure. An example here would be that of a psychodynamic practitioner who might use a two-chair technique borrowed from Gestalt practice in exploring a client's conflicting ego and id impulses. A reverse example would be a Gestalt practitioner employing a more

psychodynamic approach of encouraging a client to free associate. The third of Mahrer's strategies for integrating therapeutic practice involves examining the languages and vocabularies of all approaches to develop a more or less common vocabulary across the board of schools of therapy and counseling. This seems a daunting task, but an example of similar concepts with different terminology but which, under this strategy, might be found a common term could be 'games' theory from TA, a 'fixed gestalt' from Gestalt and 'repetition compulsion' from psychodynamic theory. The fourth strategy for integration means the invention of a single umbrella psychotherapy that subsumes and integrates, preferably all others. In the fifth strategy, integration develops from finding commonalities between therapies and then combining in some form the therapies with these aspects in common. Looking at our example of the third of Mahrer's strategies, because there is a commonality of particular concepts (albeit described in differing terminology) within TA, Gestalt and psychodynamic theory, these three schools could find a way of being combined in this aspect of commonality. In some cases, this development will occur through inter-school communication and learning. Still, because concepts tend to interweave, often inextricably, with others within the wider theoretical model and do not concur across the schools, this is not comprehensively feasible. The sixth and final of Mahrer's strategies suggests that, using research findings, a body of the most effective interventions and treatments across the full range of all approaches may be compiled. Once a complete diagnosis has been made, the practitioner consults this 'solutions manual' and treatment plans accordingly. An example here would be a practitioner starting work with a client who manifests obsessive behaviors. Unfortunately for practitioners, but fortunately for human beings, people are not complete replicas of each other. They are diverse, unique, complicated, and profound. This strategy would mostly fail because it treats the problem rather than the person (Lapworth, Fish, & Sills, 2001). Another strategy is called 'the framework strategy.' In the 'framework strategy,' there is the integration and combination of existing theories and techniques and the development of substantively new counseling and psychotherapy theories from modified theories of human beings which serve as integrating frameworks for those approaches which share the same 'parental theory of human beings' (Mahrer, 1989). Thus, the overarching theory of how human beings develop, relate, experience, change, function or 'misfunction', adapt or maladapt, and so on, becomes the framework into which we

can integrate our psychotherapeutic theory relating to these considerations (Lapworth, Fish, & Sills, 2001). Another strategy is called the procedural strategy. It involves the integration of 'concretely specific operating procedures' (Mahrer, 1989). In other words, what therapists do and say with clients to attain some change, reinforcement, or response. This may include how the roles of therapist and client are described, how a client is invited to focus her attention, how the expression of emotions is encouraged, whether and how a change in behavior is suggested, how the therapist-client relationship is used, and so on. Thus, at this level of integration, a specific working procedure from another counseling or psychotherapeutic approach may be borrowed. This could be any other approach, even one which does not fit the therapist's theory of human beings, as these operating procedures are independent of any particular theory of counseling or psychotherapy and its overarching theory of human beings. For example, a psychodynamic therapist may choose to use a relaxation technique drawn from behavior therapy without necessarily any reference to the overarching theory maintained by behaviorism. Equally, a person-centered therapist may choose to assist a client in dream analysis on a particular occasion. She may borrow from a Freudian approach using the procedure of free association or interpret the symbolism in more Jungian terminology, or she may draw on the Gestalt technique of inviting her client to be, in turn, the various aspects of the dream and speak as those aspects, without necessarily adopting the theory of these three approaches (Lapworth, Fish, & Sills, 2001).

These procedural strategies inevitably depend on the practitioner's training and experience and can be increased ad infinitum. Mahrer (1989) emphasizes the importance of seeing other practitioners at work and studying tape or video transcripts in order to widen our repertoire of such procedures. In the course of training, therapists tend to have experience of personal therapy with therapists from the approaches they are studying and to learn operating procedures that may be more associated with these particular approaches. Experience of personal therapy with therapists of different approaches widens theoretical understanding and provides a rich source of procedures that may be usefully employed at this level (Lapworth, Fish, & Sills, 2001; Mahrer, 1989).

4. Discussion and Conclusion

Integration in psychotherapy requires combining, integrating, and placing a wide range of methods and intervention techniques in a set that can be implemented selectively. Classification of such a set of needs requires that it be by a general theory (Horowitz, 1991). According to the literature review, integrative approaches have met with good luck, and many studies support their effectiveness. However, there are still many approaches, concepts, and techniques that integrative proponents need to pay more attention to. In this regard, Horowitz (1994) has suggested that integrative approaches should consider three domains. These three domains are states, personal schemas, control ideations, and emotions. Attention to these three areas can lead to approaches far from the language and movement of well-known psychotherapy approaches (Horowitz, 1991). Also, newer theories, such as schema therapy, have good potential for integration. Therefore, considering the success of integration in psychotherapy and counseling, it is suggested that researchers and psychotherapists use techniques that have received less attention in integration and conduct experimental research in this field. In addition, interactional behavior analysis, now recognized as an independent and unified approach and conceptualized and developed through integration, can help advance newer integrations (Lowndes & Hanley, 2010). Also, in the strategies mentioned in the literature review section, we mentioned that one of these

strategies is to consider an approach as a basic approach and to borrow techniques from other approaches to advance treatment goals. Also, one of the strategies was to use a different approach to reach the therapeutic goals according to the therapeutic goals and the therapeutic relationship formed in each session. In addition, finding common factors among different treatment approaches and formulating an integrated treatment plan based on these commonalities is another strategy.

5. Suggestions and Applications

Each of these treatments, the treatments selected as the basic treatment or the treatments used in each session, can be obtained through one of the integration methods. Therefore, the result of such a method creates a dynamic and processual approach to integration; So that the integration during the treatment process is done dynamically and in each step, it is suggested to use meta-theoretical integration, absorption integration, integration based on common factors, sequential and parallel-simultaneous method and finally technical eclecticism which is much more dynamic. It helps in this process-dynamic integration.

Declaration of Interest

The authors of this article declared no conflict of interest.

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