

## 1: SAGE Books - Integrative Experiential Psychotherapy in Brief

*A thorough and clearly written tool-book for therapists and counsellors (and their patients!) illustrating the integration of Experiential and Brief therapy.*

Library of Congress Control Number: Particularly useful are chapters that operationalize person-centered practices within settings such as trauma centers, prisons and in the workplace where access to therapeutic contact is severely limited. By sharing their own challenges and solutions to dilemmas such as instrumentalism vs. This wide-ranging and scholarly book convincingly refutes all such accusations. It demonstrates the theoretical and clinical vibrancy of an approach which is fully alive to the challenges of the twenty-first century and whose practitioners demonstrate a creativeness which, while drawing on the rich inheritance of the past, breaks new ground and offers fresh hope to a wide range of clientele. Epilogue [Page ]

KeithTudor I hope that by now, the reader who reads in a linear fashion will have enjoyed this book. Now, having completed my task and having re-read the book, a number of things strike me, which form these closing reflections. The first is on the range of applications of person-centred and experiential therapy. Although the contributors espouse a range of theories and demonstrate clearly diverse practice, each draws on the fundamental principles of the person-centred approach: For some readers the variation represented may be too great, and put some contributors outside the person-centred nation; for others there may not be enough diversity of theory or practice. This leads me to a second reflection on the richness of the dialogue between person-centred and experiential therapies, represented here in the three chapters in Part I. Those familiar with the different traditions encompassed by the person-centred approach will not be surprised by the strong presence of theorists and practitioners who draw on the experiential tradition. Its origins in focusing Gendlin, and its emphasis on experiential work arguably lends itself to time-limited, brief work; and it is interesting that none of these authors have the same qualms about time-limited work as others represented in the discussion in Chapters 1 and 6. My third reflection is about research. I am pleased to have been able to include in this volume an original paper Chapter 5 which was [Page ]part of a research project on time-limited work. I am also interested to note the number of references in other chapters to research and that practitioners such as Gibbard Chapter 7 are conducting their own research and service audits. It is deeply ironic that, despite the fact that Rogers himself was a pioneer in psychotherapy research, and the fact that the person-centred approach has, over 65 years, been well researched and has, in turn, generated a lot of research, notably about the therapeutic relationship and its conditions, the person-centred approach still has a reputation of being not proven. This continues despite recent studies which demonstrate therapeutic equivalence Friedli et al. Obviously there are gaps in any book, of some of which I am aware; there are others, no doubt, of which I am unaware. Two that I know of are concern training and supervision “and they are deliberate. If one takes the view that short-term or brief therapy is a form of therapy in its own right, then, logically, it makes sense to argue that practitioners should undergo specialist training. This represents an ongoing commitment to self-reflection, as distinct from a one-off training course. So, it is with supervision. Some, such as Feltham , complain that there is a lack of experience amongst supervisors of short-term work. I have responded to this argument elsewhere Tudor, , p. This approach to supervision both mistrusts the therapist and misunderstands the facilitative, reflective and meta-role of the supervisor. The chapter from which this is taken appears in the second of two books on person-centred approaches to supervision titled Freedom to Practise Tudor and Worrall, , It seems to me that, whatever differences there are between people who associate themselves with person-centred and experiential approaches, such freedom underpins or should underpin our common understanding, values, attitudes and practice. Person-Centred Approaches to Supervision. Developing Person-Centred Approaches to Supervision. Worrall eds , Freedom to Practise II: Developing Person-Centred Approaches to Supervision pp. Whitfield While Rogers is hailed for his groundbreaking and highly influential work on the qualities required for effective therapy, one might still ask how these qualities might be successfully acquired. When perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I seem to do seems full of healing. Then simply my presence is releasing and helpful. There is

nothing I can do to force this experience. It employs three structured exercises for strengthening this ability. Meditational practices for practising the ability to be present have existed for millennia. Mindfulness meditation in particular, which has recently gained significant empirical validation as a therapeutic intervention, Baer, focuses particularly on practising the ability to be present to both inner and external phenomena. TIR practitioner training makes extensive use of such meditational exercises. CE1 " Being present without a particular focus CE2 " Confronting remaining comfortably present to a human being CE3 " Maintaining confront or the ability to remain present during more challenging circumstances [Page ]The remaining five communication exercises are: Dimidjian and Linehan describe mindfulness as: CE1 " Being Present In CE1 counselling, trainees are asked to sit comfortably on a chair with a hand on each knee, their feet flat on the floor, with their eyes closed. In yoga, this is known as the Egyptian position. The TIR training manual states: Do not try to resist thoughts or feelings but rather simply remain aware of them without trying to change or affect them in any way. The point is for you to remain present and not to get lost in thought or preoccupied. Avoid using any system of being present [i. Just remain aware of present time and location. This appears to be a harmony of the preference for not using systems or techniques in person-centred therapy PCT. In this exercise, trainee therapists are practising the ability to stop doing and just be. It still contains some active intention or doing, the fulfilling of the intention to be present. Perhaps the only way to truly cease all doing is to be brain-dead. Trainees are encouraged to do this exercise for extensive periods of time, although the time restraints of modern life and work can make this difficult in practice. This ability or quality of genuine presence is seen as the [Page ]most fundamental element of TIR counselling training. Every quality that the therapist either exhibits or manifests in an action, touches the counselling relationship. This ability to be present can be significantly developed over time. It has a lot to do with being able to remain non-judgemental or the ability to stop doing the many automatic things that people tend to do whether thoughts or involuntary physical movements. The remaining seven communication exercises consist of a gradient of abilities, each of which is added to the previous. Each subsequent exercise or ability is directly enhanced by the previous ones. Hence they are practised in sequence from CE1 to CE8. It is much the same as CE1 but with the added layer of eye contact. Trainees sit opposite each other and practise the ability to remain present for extended periods of time, whilst maintaining eye contact with a partner. This brings about a feeling of empathic attunement between the two engaged in the activity, once the two minds have quietened and come to meet in the present moment through visual contact alone. The time it takes to reach such an attunement decreases with practice. It is not uncommon for a new trainee to feel uncomfortable at first and to manifest such reactions as excessive blinking or fidgeting. CE3 " Maintaining Confront CE3 adds the layer of facing a client who exhibits challenging behaviour or communication. It is harder to be unconditionally acceptant and empathic [Page ]when a client projects his anger on to you or tells you they have done something you consider morally wrong. One approach is that of structured practice. PCT therapists are taught not to moralise to their clients. These inner, automatic reactions can be overcome with systematic practice. CE3 therefore provides practice in holding conditions 4"6 under more challenging circumstances. The removal of all unnecessary actions in a session and the focused application of only what is necessary make TIR and related techniques highly efficient. CE4 " Delivery CE4 addresses the delivery of communication from the therapist to the client. In this exercise, trainees practise the ability to remain present, empathic, and in control of their non-verbal communications while speaking to the client. As with the earlier communication exercises, CE4 trains therapists to do less than they would otherwise be doing. According to Applied Metapsychology theory, the presence of unnecessary actions e. As with all TIR-related methods, they are, again, done in a minimalist way. Great emphasis is placed on communicating that you are congruently with the client, and on doing nothing else. In acknowledging well, you are neither verbally nor non-verbally evaluating, or assuming you have similar experience, or making comments or interpretations. The therapist uses these when it is clear a client has completed describing a particular thing, or fulfilled a particular intention. CE6, encouraging communication, may also be achieved with a single word. This type of acknowledgment is largely used in situations where the client has stopped speaking, but clearly has more to say. CEs 1"3 for strengthening presence and empathic attunement enable therapists to experience psychological contact, unconditional

positive regard and empathy to ever higher levels, and thus align most closely with conditions one, four and five see Table 1 below. The degree to which a trainee therapist can be congruent is dependent on how present the therapist is. Hence CEs 1-3 are practised before CEs 4-6. Particularly CEs 1-3 develop the ability to make and maintain empathic attunement with a client, and therefore be in psychological contact. That the client is in a state of incongruence, being vulnerable or anxious 1. Assessments are used to identify areas of incongruence, vulnerability, and negative problematic affect. Structured exercises provide the opportunity for clients to hold their awareness in such assessed areas. More attunement is more opportunity for congruence. That the therapist is experiencing unconditional positive regard towards the client TIR therapists tell their clients that there is nothing they can do wrong. Great care is taken to ensure that nothing the therapist does could be perceived as an evaluation or even an interpretation rules 1-2 of the 13 rules of facilitation. The trainee therapist is taught to accept unconditionally anything the client says. This is actively practice and tested in CEs 1-3, though all eight CEs contain this element. That the client perceives at least to a minimal degree the unconditional positive regard for him and the empathic understanding of the therapist. CE 8 focuses on maintaining this condition when it is more tricky to do so, e. During CE7, trainees experience and practise applying CE1-6 whilst asking repetitive questions. CE8 - Handling Concerns.

## 2: Jaison - Integrating Experiential and Brief Therapy

*Integrating Experiential and Brief Therapy How To Do Deep Therapy - Briefly and How To Do Brief Therapy - Deeply. By Bala Jaison, Ph.D.. With the advent of Managed Care and more limited funds for long-term therapy, there has been a growing movement toward more short-term, constructive, solution-based approaches to creating change in psychotherapy, especially in the field of Brief Therapy.*

They are united by an emphasis on understanding human experience and a focus on the client rather than the symptom. Psychological problems including substance abuse disorders are viewed as the result of inhibited ability to make authentic, meaningful, and self-directed choices about how to live. Consequently, interventions are aimed at increasing client self-awareness and self-understanding. Whereas the key words for humanistic therapy are acceptance and growth, the major themes of existential therapy are client responsibility and freedom. This chapter broadly defines some of the major concepts of these two therapeutic approaches and describes how they can be applied to brief therapy in the treatment of substance abuse disorders. Many of the characteristics of these therapies have been incorporated into other therapeutic approaches such as narrative therapy. Humanistic and existential approaches share a belief that people have the capacity for self-awareness and choice. However, the two schools come to this belief through different theories. The humanistic perspective views human nature as basically good, with an inherent potential to maintain healthy, meaningful relationships and to make choices that are in the interest of oneself and others. The humanistic therapist focuses on helping people free themselves from disabling assumptions and attitudes so they can live fuller lives. The therapist emphasizes growth and self-actualization rather than curing diseases or alleviating disorders. This perspective targets present conscious processes rather than unconscious processes and past causes, but like the existential approach, it holds that people have an inherent capacity for responsible self-direction. The therapeutic relationship serves as a vehicle or context in which the process of psychological growth is fostered. The existentialist, on the other hand, is more interested in helping the client find philosophical meaning in the face of anxiety by choosing to think and act authentically and responsibly. According to existential therapy, the central problems people face are embedded in anxiety over loneliness, isolation, despair, and, ultimately, death. Creativity, love, authenticity, and free will are recognized as potential avenues toward transformation, enabling people to live meaningful lives in the face of uncertainty and suffering. Everyone suffers losses. The existential therapist recognizes that human influence is shaped by biology, culture, and luck. For the existential therapist, life is much more of a confrontation with negative internal forces than it is for the humanistic therapist. In general, brief therapy demands the rapid formation of a therapeutic alliance compared with long-term treatment modalities. Humanistic and existential therapies penetrate at a deeper level to issues related to substance abuse disorders, often serving as a catalyst for seeking alternatives to substances to fill the void the client is experiencing. These therapies can add for the client a dimension of self-respect, self-motivation, and self-growth that will better facilitate his treatment. Humanistic and existential therapeutic approaches may be particularly appropriate for short-term substance abuse treatment because they tend to facilitate therapeutic rapport, increase self-awareness, focus on potential inner resources, and establish the client as the person responsible for recovery. Thus, clients may be more likely to see beyond the limitations of short-term treatment and envision recovery as a lifelong process of working to reach their full potential. Because these approaches attempt to address the underlying factors of substance abuse disorders, they may not always directly confront substance abuse itself. Given that the substance abuse is the primary presenting problem and should remain in the foreground, these therapies are most effectively used in conjunction with more traditional treatments for substance abuse disorders. However, many of the underlying principles that have been developed to support these therapies can be applied to almost any other kind of therapy to facilitate the client-therapist relationship. They help establish rapport and provide grounds for meaningful engagement with all aspects of the treatment process. While the approaches discussed in this chapter encompass a wide variety of therapeutic interventions, they are united by an emphasis on lived experience, authentic therapeutic relationships, and recognition of the subjective nature of human experience.

There is a focus on helping the client to understand the ways in which reality is influenced by past experience, present perceptions, and expectations for the future. Schor describes the process through which our experiences assume meaning as apperception Schor, Becoming aware of this process yields insight and facilitates the ability to choose new ways of being and acting. For many clients, momentary circumstances and problems surrounding substance abuse may seem more pressing, and notions of integration, spirituality, and existential growth may be too remote from their immediate experience to be effective. In such instances, humanistic and existential approaches can help clients focus on the fact that they do, indeed, make decisions about substance abuse and are responsible for their own recovery. Essential Skills By their very nature, these models do not rely on a comprehensive set of techniques or procedures. Rather, the personal philosophy of the therapist must be congruent with the theoretical underpinnings associated with these approaches. The therapist must be willing and able to engage the client in a genuine and authentic fashion in order to help the client make meaningful change. Sensitivity to "teachable" or "therapeutic" moments is essential. When To Use Brief Humanistic and Existential Therapies These approaches can be useful at all stages of recovery in creating a foundation of respect for clients and mutual acceptance of the significance of their experiences. There are, however, some therapeutic moments that lend themselves more readily to one or more specific approaches. The details of the specific approaches are laid out later in this chapter. Client-centered therapy, for example, can be used immediately to establish rapport and to clarify issues throughout the session. Narrative therapy may be used to help the client conceptualize treatment as an opportunity to assume authorship and begin a "new chapter" in life. Transpersonal therapy can enhance spiritual development by focusing on the intangible aspects of human experience and awareness of unrealized spiritual capacity. These approaches increase self-awareness, which promotes self-esteem and allows for more client responsibility, thus giving the client a sense of control and the opportunity to make choices. All of these approaches can be used to support the goals of therapy for substance abuse disorders. Duration of Therapy and Frequency of Sessions Although many aspects of these approaches are found in other therapeutic orientations, concepts like empathy, meaning, and choice lie at the very heart of humanistic and existential therapies. They are particularly valuable for brief treatment of substance abuse disorders because they increase therapeutic rapport and enhance conscious experience and acceptance of responsibility. Humanistic and existential therapies assume that much growth and change occur outside the meetings. When focused on broader problems, these therapies can be lifelong journeys of growth and transformation. At the same time, focusing on specific substance abuse issues can provide a framework for change and more discrete goals. These techniques will also work well in conjunction with other types of therapy. Initial Session The opening session is extremely important in brief therapy for building an alliance, developing therapeutic rapport, and creating a climate of mutual respect. Emphasizing freedom of choice and potential for meaningful change may be deepened by a focus on the current decision however it has been reached to participate in the opening session. Expectations and goals can be articulated through strategic questions or comments like, "What might be accomplished in treatment that would help you live better" or "You now face the choice of how to participate in your own substance abuse recovery. Unless the therapist succeeds in engaging the client during this early phase, the treatment is likely to be less effective. Moreover, the patterns of interaction established during the early phase tend to persist throughout therapy. The degree of motivation that the client feels after the first session is determined largely by the degree of significance experienced during the initial therapeutic encounter. A negative experience may keep a highly motivated client from coming back, whereas a positive experience may induce a poorly motivated client to recognize the potential for treatment to be helpful. Compatibility of Humanistic And Existential Therapies and Step Programs Humanistic and existential approaches are consistent with many tenets of Step programs. For example, existential and humanistic therapists would embrace the significance stressed by the "serenity prayer" to accept the things that cannot be changed, the courage to change what can be changed, and the wisdom to know the difference. Research Orientation The predominant research strategy or methodology in social science is rooted in the natural science or rational-empirical perspective. Such approaches generally attempt to identify and demonstrate causal relationships by isolating specific variables while controlling for other variables such as personal differences among therapists as well as clients. For example, variations in

behavior or outcomes are often quantified, measured, and subjected to statistical procedures in order to isolate the researcher from the data and ensure objectivity. Such strategies are particularly useful for investigating observable phenomena like behavior. Traditional approaches to understanding human experience and meaning, however, have been criticized as an insufficient means to understanding the lived reality of human experience. Von Eckartsberg noted, "Science aims for an ideal world of dependent and independent variables in their causal interconnectedness quite abstracted and removed from personal experience of the everyday life-world" Von Eckartsberg, , p. Similarly, Blewett argued, "The importance of human experience relative to behavior is beyond question for experience extends beyond behavior just as feeling extends beyond the concepts of language" Blewett, , p. Thus, traditional methodological approaches seem ill-suited for understanding the meaning of human experience and the process by which self-understanding manifests itself in the context of a therapeutic relationship. A humanistic science or qualitative approach, which has its roots in phenomenology, is claimed to be more appropriate for the complexities and nuances of understanding human experience Giorgi, The personal and unique construction of meaning, the importance of such subtleties as "the relationship" and the "fit" in therapy, and shifts in internal states of consciousness can be quantified and measured only in the broadest of terms. A more subtle science is required to describe humans and the therapeutic process. Rather than prediction, control, and replication of results, a humanistic science approach emphasizes understanding and description. Instead of statistical analysis of quantifiable data, it emphasizes narrative descriptions of experience. Qualitative understanding values uniqueness and diversity--the "little stories" Lyotard, --as much as generalizability or grander explanations. Generally, this approach assumes that objectivity, such as is presumed in rational empirical methods, is illusory. For the qualitative researcher and the therapist, the goals are the same: Intersubjective dialog provides a means of comparing subjective experiences in order to find commonality and divergence as well as to avoid researcher bias. Because humanistic and existential therapies emphasize psychological process and the therapeutic relationship, alternative research strategies may be required in order to understand the necessary and sufficient conditions for therapeutic change. For example, Carl Rogers "presented a challenge to psychology to design new models of scientific investigation capable of dealing with the inner, subjective experience of the person" Corey, , p. Some 50 years ago, he pioneered the use of verbatim transcripts of counseling sessions and employed audio and video taping of sessions long before such procedures became standard practice in research and supervision. Humanistic psychologists generally do not deny the importance of many principles of behaviorism and psychoanalysis. They value the awareness of antecedents to behavior as well as the importance of childhood experiences and unconscious psychological processes. Humanistic psychologists would argue, however, that humans are more than the collection of behaviors or objects of unconscious forces. Therefore, humanistic psychology often is described as holistic in the sense that it tends to be inclusive and accepting of various theoretical traditions and therapeutic practices. The emphasis for many humanistic therapists is the primacy of establishing a therapeutic relationship that is collaborative, accepting, authentic, and honors the unique world in which the client lives. Humanistic psychology assumes that people have an innate capacity toward self-understanding and psychological health. For example, emphasizing the choice of seeking help as a sign of courage can occur immediately; placing responsibility and wisdom with the client may follow. Respect, empathy, and authenticity must remain throughout the therapeutic relationship. Placing wisdom with the client may be useful in later stages of treatment, but a client who is currently using or recently stopped within the last 30 days may not be able to make reasonable judgments about his well-being or future. Each therapy type discussed below is distinguished from the others by how it would respond to the case study presented in Figure This case study will be referred to throughout this chapter. It will provide an example to which each type of humanistic or existential therapy will be applied. Sandra is a year-old African-American woman who has abused more Therapists must create three conditions that help clients change: The most basic striving of an individual is toward the maintenance, enhancement, and actualization of the self. An individual reacts to situations in terms of the way he perceives them, in ways consistent with his self-concept and view of the world. Response to the case study A client-centered therapist would engage in reflective listening, accepting the client and her past, and clarifying her current situation and feelings. As

Sandra developed trust in the therapist, he would begin to emphasize her positive characteristics and her potential to make meaningful choices to become the person she wants to and can become.

## 3: Emotion Efficacy Therapy-Los Angeles - Event Information | Online Registration by Cvent

*Bala Jaison, Ph.D., is a psychotherapist in private practice for individuals, couples, and families, and Director of Focusing for Creative Living, a Gov't Recognized Educational Institution providing leading-edge training for therapists, educators, business and medical professionals.*

View Profile A solid theory of psychotherapeutic practice provides a framework that guides the interventions, thoughts, and actions of psychologists during the therapeutic process. Such theories can serve as a roadmap for therapists to follow during the complex journey into the psyche of another human being. There are a myriad of valid therapeutic orientations that exist in the arena of clinical psychology. Each theory regards the role of the therapist and the thoughts, behaviors, and emotions of individuals in a very distinct and unique manner. Experiential therapy is a theoretical orientation that has been researched and utilized extensively. The origin of this theory can be traced back to the humanistic-existential theory of human beings. Ludwig Binswanger is credited with bringing the concepts of existential and phenomenological thought into the field of psychology. As a result of his dissatisfaction with the limitations of Freudian theory, Binswanger began to search outside of the existing arena of psychological theories for alternative models to explain the thoughts and behavior of individuals Mahrer, The primary tenet of experiential therapy revolves around the notion of experiencing. Experiencing is regarded as the primary vehicle towards achieving therapeutic change. These potentials encompass inner ways of being of which all individuals are capable. Potentials for experiencing do not include specific behaviors or feelings. Although specific emotions or actions may accompany a particular state of being, it is considered separate from this critical notion of potentials for experiencing. In this framework, an individual is in a constant state of being that defines their experiences in the world. For example, a person can be drawn to, be controlling, be attacked, be confident, be honest etc. Operating potentials do things in and to the external world that facilitate certain circumstances, occurrences, and relationships that enables the kind of experiences that are important for each individual to have in this lifetime. There is a second level of experiencing within the experiential theory known as deeper potentials. Deeper potentials represent states of being that are even further from the consciousness of individuals. These states of being are more elusive and complex than the operating potentials. The theory suggests that the relationship between operating potentials and deeper potentials may be contemptuous. Focusing exclusively on operating potentials allows individuals to suppress and avoid deeper potentials. Exploring deeper potentials may be anxiety provoking due to their unknown and complex nature. Operating potentials often surface in an effort to stave off deeper potentials that may cause discomfort and fear Mahrer, However, overcoming this dynamic is a critical part of the therapy as the suppression of deeper potentials can interfere with meaningful and desired therapeutic change. The axis of change model was developed as a way to describe how experiential therapy produces change in individuals. The model highlights therapeutic experiences that often lead to significant transformations during the therapeutic process. The first area consists of the accumulation of insight and understanding. Experiential theorists recognize that the acquisition of meaningful insight and understanding often furthers therapeutic change. Another part of the axis of change model focuses on the modification of behavioral contingencies. It is critical to explore how experiential therapy is utilized in the context of psychotherapy in order to fully appreciate how the theory is applied. Therapy is regarded as a vehicle that enables an individual to become the kind of person he or she can become rather than as a resource to help decrease problems and symptoms. Experiential therapists focus on the possibilities and potential of each client. Experiential therapists guide their clients to enhance the way that they relate to and think and feel about the outside world. They strive to help clients uncover their individual potential in order to facilitate a more fulfilling and authentic life. In experiential therapy, the goals, objectives, and directions of change are guided by the therapist. However, the client is not a passive participant. This role requires the client to fully engage during each session and to offer input to the therapist about the treatment process. The first aspect of the therapeutic process often deals with emphasizing existing potentials for experiencing. This process seeks to highlight whatever the individual has available to experience in the present. The goal is to guide the client to bring these potentials to the surface so

they may be experienced more deeply Mahrer, The therapist may facilitate this by helping the client express himself more fully, identify bodily sensations related to current experiencing and minimize factors that impede full experiencing. If successful over time, the therapist begins to direct the client to explore and experience deeper potentials. The triumphant release of deeper potentials brings about being and behavioral changes within the therapeutic setting. The ultimate goal is to facilitate changes in the individual that can exist and flourish outside of the therapy room. Experiential therapists utilize the phenomenological paradigm to guide this therapeutic process. This process begins with guiding the client to focus on a meaningful center. Direction of change represents the course that the client chooses to follow in the context of therapy. During this process, the therapist employs a technique known as experiential listening. As the patient talks, the therapist focuses on images, feelings, and bodily sensations that emerge in the mind of the therapist. The words and sentiments of the client seep into the heart and mind of the therapist. In this way, the therapist is used as a vehicle to collect these experiences and bring them to the consciousness of the individual or the family. The experiential theory of psychotherapy does not directly address the issue of diversity. It appears that cultural and ethnic differences are not taken into account in the development of overall treatment plans or general interventions in the context of this model. While this omission may appear to be an oversight, it can potentially be explained by reviewing the basic tenets of the theory. The crux of this theory is based on the experiencing of oneself or of a family unit in a full and authentic manner. The nature of the experiencing comes from within. Although the experiencing process itself is significantly impacted by the cultural background of an individual or family, the process used by the therapist may not be dependent on cultural factors. Regardless of race, religion, sex, or sexual orientation, the therapist will encourage every client to open themselves up to experiencing and to discover behavior and cognitive processes that are adaptive to the external world. However, there is an argument to be made that the therapist could or should modify the utilization of the theory based on the background of individuals. Members of various religious or ethnic groups may not respond positively to the idea that the world is absurd and even unjust. Members of certain ethnic groups that disapprove of overt expressions of emotion may have a difficult time opening up to the notion of experiencing. Men may require an approach that includes more concrete concepts while women may want more direction from the therapist. More research is needed to determine if the effectiveness of experiential therapy is impacted by cultural issues. The experiential approach is often used to facilitate meaningful changes in individuals. It can also be utilized in the psychotherapeutic treatment of families. Carl Whitaker has written extensively on the topic of integrating experiential therapy with family therapy. His work reveals how the tenets of the experiential model can be successfully applied to clinical settings with families. Experiential therapy emphasizes the importance of the relationship between the therapist and the family. The experiential therapist seeks to create a personal connection with the family, rather than remaining aloof or appearing unreachable. The therapist immediately and clearly establishes the parameters and conditions of treatment. The parameters communicate boundaries to the family regarding the role of the therapist. The therapist serves as a coach and guide for the family. The therapist does not seek to become a member of the family or to take personal responsibility for the family. In fact, the therapist seeks to maintain distance from the family in order to maintain a full view of the family as one unit. It is critical that the experiential therapist maintain an ability to both join with the family and to individuate from them Whitaker, The therapist views this dynamic as an important component to successful therapy and successful living. The family is made to understand that therapy itself is not a cure. Experiential theorists believe that meaningful change will come from the hard work of the family under the tutelage of the psychologist. The therapist is not the central figure around which the family focuses in the therapeutic process. Rather, the therapist positions himself as a separate entity that is coaching the family unit. The therapist feels comfortable and justified in pushing the family due to the innate belief that the family has unlimited potential to grow. The therapist is very straightforward and direct with his responses and often confronts members of the family in an effort to expose truths. The therapist works hard to ensure that the family operates as a unit in the therapeutic setting. The therapist identifies the entire family as the patient, rather than focusing on one particular individual as the source of the family discord. The therapist deliberately avoids focusing on the individual problems of specific family members in a manner that suggests that the resolution to these problems

will heal the family. The therapist seeks to present a broader picture to the family regarding their experiencing of the world both as individuals and as a family. The therapist encourages the family to fully connect with how they experience the world and to gain insight regarding how these perceptions influence their thoughts, behaviors, and interactions. These insights become the basis for meaningful, therapeutic change within the family. Thus, the primary role of the experiential therapist in the therapeutic setting is to create experiences for the family from which the family can learn and grow. The therapist urges the family to express their potentials of experiencing by describing how they experience themselves, each other, and the family unit in the external world. This focus facilitates a discussion about family and individual roles and can often produce some important insights into expectations, disappointments, and desires that each family member experiences. The therapist guides the discussions and pushes the family to develop resolutions. As the family delves deeper into individual and family dynamics, the therapist directs the family to consider deeper potentials. These difficult discussions seek to get at the core of the family discord and reveal the deep pains and wounds that exist within the family and about the uncertainty of the external world. The therapist attempts to help the family understand that they exist in an uncertain, complex, and unfair world. Whitaker encourages families to confront this difficult truth about the world. In doing so, he often employs the use of humor to underscore the unpredictable and crazy nature of the external world in which all human beings exist. He suggests that incorporating a sense of humor regarding such uncertainties helps to minimize the tension that uncertainty can create. He further suggests that humor and teasing during the process of family therapy can facilitate more open and honest communication amongst the family.

## 4: Focusing-Oriented Psychotherapy Articles

*with a Brief Therapy approach is the word 'oriented' which implies leaning \* This paper is based on Dr. Jaison's work and book Integrating Experiential and Brief Therapy: How To Do Deep Therapy - Briefly and How To Do Brief Therapy - Deeply.*

Regardless of what might be considered ideal, most therapy today is brief. Consequently, psychodrama practitioners could serve many of their clients by following a brief model of therapy. Solution-focused brief therapy is an approach that is receiving increased support from those who provide brief therapy. The integration of solution-focused theory with psychodrama theory and its techniques is offered as a model for the provision of short-term, solution-focused interventions. With so few encounters, the goals of therapy and the depth of psychotherapeutic interventions are often limited. Therefore, clients who see therapists for only six to eight sessions are better served by interventions designed to operate within a brief context. Moreover, the limited number of sessions provided to clients, client expectations, and current trends in health care provision have led to the need for psychotherapists to provide effective, time-limited services. We give examples that illustrate the applications of techniques in the proposed theoretical and technical integration. It has been used in many different contexts with diverse populations and has been integrated with other therapeutic traditions, such as experiential family therapy Bischof, Solution-Focused Brief Therapy emphasizes positives, solutions, and goals. Instead of spotlighting the problem, SFBT looks for exceptions to the problem, or problem-free times, and develops solutions based on those exceptions de Shazer, Exceptions to the problem are times when the goals of therapy are being accomplished immediately or have happened in the past. For example, if a client states that she wants to stop fighting with her spouse, the therapist encourages her to focus on the types of interactions she wants, rather than focusing on what she no longer wants. The hypothetical solution frame allows clients to engage in a new way of thinking about problems and constructing solutions. It helps them generate alternative ways of viewing their situation and frees them from being strictly problem-focused. The hypothetical solution frame provides an avenue by which clients can envision their lives once they have met their goals. Clients are invited to access the hypothetical solution frame through the use of the miracle question de Shazer, or one of its variations: The therapist can follow the miracle question with a series of thought-provoking questions, such as those about how clients can think differently, how different they feel, the ways in which those changes could make a difference in their lives, how other people can recognize that changes had occurred, and how others might act differently because of the changes Walter, Once clients are able to identify and describe what their lives would be like when the problem is solved, they are encouraged to identify exceptions to the problem state, or times when they are presently behaving in ways that are moving them closer to their desired goals Walter, That enables clients to build a bridge from the hypothetical frame to their present situation. Clients are encouraged to focus on their current successful behaviors and to replicate and enhance them. They are encouraged to continue to behave in successful ways to create their desired reality through action. Solution-Focused Brief Therapy provides a solid framework in which clients can reach achievable goals within a limited time period. At the same time, SFBT has some limitations that can be addressed through the use of psychodrama theory and techniques. Solution-Focused Brief Therapy has been criticized for focusing on behavior and cognition exclusively, often at the expense of emotions Kiser et al. As such, there may be a purposeful and strategic shift away from affect toward the accompanying behaviors Kiser et al. That restricted focus leaves SFBT ill-equipped to help a client discover and work through unresolved issues related to significant relationships and events or other blocks to growth. When psychodramatic techniques are used to help achieve the goals of SFBT, they allow for and encourage the expression of emotions as a pathway to growth and healing. The techniques also help clients gain insight into the various blocks to growth and the methods that allow for rapid movement through those blocks. It is possible for clients to meet their therapeutic goals within the context of time-limited psychotherapy. The therapeutic methods of psychodrama are powerful catalysts that can be used to help meet, and expand on, the goals of SFBT. Through psychodramatic enactment, clients are invited to externalize conflicts in the

here-and-now of therapy so that they can work with concrete rather than abstract objects. They are encouraged to resolve internal conflicts by expressing that which has gone unexpressed, gain alternative perspectives on their situation through role reversal, and practice new behaviors through role training. Psychodramatic techniques offer powerful vehicles by which to meet solution-focused goals in group and individual settings. Several specific psychodrama techniques can be used effectively within a solution-focused framework. We discuss the social atom, action sociogram, future projection, and regressive drama as they can be applied to the practice of SFBT. Brief examples are used to elaborate the technical and theoretical integration of psychodramatic techniques within a SFBT framework. The Social Atom and Action Sociogram: Assessment

The social atom is a unique and powerful psychodramatic tool that can be used throughout this integrative approach. In such a case, the therapist might help the client represent her relationships with her parents by drawing a diagram using appropriate symbols and shapes. Her relationship with her parents might be represented spatially, to represent closeness or distance, with connecting jagged lines to delineate strained relationships. The social atom could also include symbols representing past or present issues of conflict, such as a bottle to represent substance abuse or anything else that might be at the core of the etiology and the maintenance of the conflict. Whatever the focus, the social atom can be used at the start of therapy to provide a concrete diagram of the conflict situations so that treatment goals can be adequately defined. It can then be used throughout treatment as an assessment tool to help bring the issues into focus and monitor progress toward the desired goals. Each social atom can be translated into a psychodramatic role play, an action sociogram. Thus, the social atom can be used as a springboard to role play. The protagonist can choose the role players, and empty chairs or other objects can symbolize each of the important characters or concepts represented in the atom. The action sociogram could be a discrete piece of work or could be part of a series. Between sessions, clients may be encouraged to use journaling or letter-writing techniques that are designed to reinforce what was worked on in a session. Exceptions to the Problem: With those goals in mind, the client can be asked to create a social atom representing his or her life before the conflict took over. In the enactment stage, he or she can be encouraged to reconstruct a scene representative of a time before the conflict occurred or became prominent. Psychodrama offers clients the opportunity to experience exceptions to the problem in a multidimensional manner in the here-and-now of therapy. Consequently, many of the internal and external contextual cues associated with these exceptions are reinforced, making it easier for an individual to re-create these moments in his or her daily life. The Hypothetical Social Atom After the treatment goals are defined and change is expected, a social atom can be created to help the hypothetical solution frame become concrete. For example, the miracle question could be adapted to encourage the creation of a hypothetical social atom. The question "How would you like your social atom to look? With client goals identified, the hypothetical social atom can be explored through role-playing, dialogue, and the playing out of different possibilities. Movement into an action sociogram enables the client to not only think about what life would be like when his or her goals are met but also to experience what it is like. By actually experiencing what life would be like through a future projection, the client is given the opportunity to concretize goals through experience. The future projection psychodrama allows the individual to play out anticipated desired or undesired experiences. This "practice" is believed to decrease anxiety about the future and help clarify the reasons for, and possible consequences of, desired changes Dayton, By so doing, the client is given a mastery experience that includes solution-oriented thoughts as well as solution-oriented feelings and behaviors. He or she is given the opportunity to experience success in the role play. That in-session mastery experience can then be replicated outside of the session by encouraging the client to access the thoughts, feelings, and behaviors that brought him or her success in the role play. Working Through Unfinished Business and Blocks to Change Psychodrama offers powerful techniques that can help clients move through cognitive, emotional, and behavioral impasses. The social atom can be used as a tool to assess for, and initiate the working through of, unfinished business and blocks to change. It can help diagram the extent of the barriers and how the client perceives himself or herself in relationship to those with whom he or she experiences conflict. For example, having already created a social atom reflecting his or her current life and one reflecting life as he or she wants it to be, a client might be encouraged to create a third social atom. Through this third social atom, the client

can begin to identify that which prevents the realization of changes required to meet desired goals. When blocks occur in the client that prevent him or her from entering into the spirit of enactment, a regressive drama could be initiated. A regressive drama, the most common of all psychodramas, is often used when a client is tormented by a traumatic experience from the past Dayton, It is a drama designed to explore what is in the way of realizing a change, or shift in perception. For example, if a client with a sexual trauma history is having difficulty with his intimate relationship and is unable to make consistent and lasting change, a regressive drama might be beneficial. In such a scenario, the client might be invited to explore unresolved thoughts and feelings related to the trauma through psychodramatic enactment. Although delving into the past is a deviation from the general model of SFBT, pointed exploration of the past may enhance therapeutic outcome by predicting and resolving conflicts that have kept a client from a true shift in perspective and behavior. With new insight, treatment can then return to the goal of a change in perspective and behavior. Summary The integration outlined in the preceding text offers intervention strategies that can be used to meet SFBT objectives through the use of psychodramatic techniques in the contemporary psychotherapy environment. Although longer-term intervention might be the ideal for many clients and clinicians, most psychotherapy is brief. The technical and theoretical integration described here is a strategy by which solution-focused goals can be addressed through the use of psychodramatic interventions tailored to meet the needs of clients scheduled to be seen for only a few sessions. Ultimately the combination of SFBT and psychodrama techniques offers a powerful formula for a purposeful, strength-based, feelings-focused, action-oriented intervention. Solution-focused brief treatment with adolescent substance abusers. Solution-focused brief therapy and experiential therapy activities: Journal of Systemic Therapies, 12 3 , Psychodrama crud experiential therapy. What is it about brief therapy that works? Myths, methods, and metaphors pp. Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists. The integration of emotion in solution-focused therapy. Journal of Marital and Family Therapy, 19 3 , Research on brief psychotherapy. Psychodrama trod group psychotherapy Vol. Doing what works in brief therapy: A strategic solution focused approach. The social networks inventory: A diagnostic instrument measuring interpersonal relationships. Small Group Research, 24 2 , Becoming solution-focused in brief therapy.

## 5: What Is Experiential Therapy? | CRC Health Group

*Integrating Experiential and Brief Therapy has 1 rating and 0 reviews. Brief or deep? There is a growing trend in the field of psychotherapy toward more.*

With the advent of Managed Care and more limited funds for long-term therapy, there has been a growing movement toward more short-term, constructive, solution-based approaches to creating change in psychotherapy, especially in the field of Brief Therapy. The question most often asked by Experiential clinicians is: Can the Brief models, with their emphasis on brevity and focus on finding solutions, take enough time to explore the affective states, and experiences of the client? Or, said another way: Can lasting change happen "briefly"? There is room in the structure of a therapy session for adapting and integrating Experiential components into Brief Therapy models, and conversely, weaving Brief Solution Focused components into Experiential work. The beauty of the Focusing Oriented model is in its gentleness, respectfulness, and explicit teaching of an attitude toward the Self that is caring, empathic, willing to listen, and most of all values all parts of the Self. Focusing honors the wisdom of the felt-sense and provides a safe and nurturing environment that promotes healing and growth. The beauty of the Solution Oriented model is in its respectful, positive attitude and non-problem-oriented approach. The model provides a safe structure in which to explore and create new, more constructive possibilities, with consequent alternative behaviors. The integration of the two models allows the client to experience the gentle process of Focusing with a Solution orientation. The purpose of this book, therefore, is to demonstrate how Experiential Therapy and Brief Therapy can work together, harmoniously, and seamlessly, providing clients with an increased sense of awareness of Self, and an enhanced sense-of-hopefulness through finding manageable solutions to seemingly impossible situations. As is beautifully stated in Ecclesiastes, "To every thing there is a season, and a time If Brief Therapy is the orientation of choice, consider taking a moment to help clients better prepare for the therapy hour. Often they are hurrying in at the last moment, feeling stressed, and not quite in sync with what they are about to do. It is very effective to ask them to: Take a minute to close their eyes, if they are comfortable doing that. If they are not or find closing their eyes strange in some way, or too cut off or isolated , simply let them know that just for this moment, it is not necessary to relate to you the therapist. They are welcome to close their eyes, stare out the window, or gaze into space. The clinician then continues: Take a few deep breaths Then ask the client to reflect upon any or all of the following: How am I doing, right now? What is important for me today? Is there anything in my life that feels like it needs attention, right now? How do I want to use the next hour? The client has just reflected upon one of the above questions, for instance, How am I doing, right now? How am I doing? I feel like crap So is that where we want to start? Can you just take a moment to see I want to talk about my daughter This may seem like a small point, but the client is now fully focused and present to the issue. He came in unfocused and vaguely connected to "I feel like crap. Start a Brief Therapy session with an experiential moment to slow down; it will help the client become more present and attentive to the work at hand - and - the session will go better! Asking Solution Oriented questions using the Focusing Oriented approach to listening. Experiential listening is at the core of the Focusing Oriented model. The skillful use of asking questions is at the core of the Solution Oriented model. Both models use listening as a way of helping clients feel valued and understood. The Focusing model has developed the skill of listening into a highly refined art form. The Solution model would be deeply enriched by adding fragments of experiential listening to its approach. The two models can be easily combined. If your wife was here with us, right now So, she says, that your calling her more often would make a real difference to her Client takes a moment to experience what the therapist has said: Yes, it would help her feel more appreciated Therapist listens and reflects in Focusing style: She will feel more appreciated by you Therapist asks in Solution style: How do you imagine it will be for you I know she would Concentrates on, What will be different? Concentrates on, What will feel different? The SOFT approach combines both models. Bala Jaison , Ph. She has developed a unique style of integrating Solution Oriented and Focusing Oriented Therapy, which she currently teaches to therapists both here and abroad. In addition to her private practice, Dr. She is the

co-creator of the International Focusing Weeklong and also the co-editor of the Folio, the academic journal for the International Focusing Institute. It is brilliant in its simplicity, clear and accurate, showing exactly where the two approaches meet, differ, and cross. Erna de Bruijn, M. The Netherlands "The book is like a breath of fresh air! I particularly appreciate how it embodies these two seeming disparate practices, into a workable and powerful whole that makes sense. York University, Toronto, Ontario. I have come to rely on this timely, clearly written, and very valuable resource in my own practice and in the training of other physicians and residents. Toronto, Ontario "Your book is fabulous! I especially like the four Interventions to the "Miracle Question". How did I ever live without it? It gives a clear and practical approach to the integration of solution-focused strategies with experiential psychotherapy. I recommend that all psychotherapists read this book.

### 6: SAGE Books - Brief Person-Centred Therapies

*Integrating Experiential And Brief Therapy How To Do Deep Therapy Briefly And How To Do Brief Therapy Deeply Second Edition Free Ebooks Pdf Download added by Bianca Mathewson on October 21 This is a book of Integrating Experiential And Brief Therapy How To Do Deep Therapy Briefly And How To Do.*

*The Tracks of God: The Story of Henry Oehmsen Waffen SS Soldier of World War II and Prisoner of the Soviet A circle round the sun Howls moving castle theme piano Internet access via cable tv network umentation Sociology And Ethics Mikroform-Sammlungen in wissenschaftlichen Bibliotheken der Bundesrepublik Deutschland, einschliesslich B V. 4. The big squeeze! User Account Administration Open source business model Let My Children Hear Music JavaBeans developers guide The nuts and bolts of college writing Teach Yourself Flirting Book Audio CD (Teach Yourself) 17. Memories and Martyrs The man without qualities Robert Musil Rebuke of secession doctrines, The A career as a computer animator Practical metal-workers assistant . The Boys Book of Lists Migrants, workers, and the social order Geometry Measurement: Inventive Exercises to Sharpen Skills and Raise Achievement (Basic, Not Boring: Mid Royal Navy: Current Snapshot Jeanne-Marie A. Miller 71 Stage-Land (Dodo Press) Lucky or smart by bo peabody The Vampire Agent The Slave in the Swamp Paul Ricour and the Poetic Imperative The old traveler. Rujuta diwekar pcod book Writing on Orang Asli into Malaysian history Nik Haslinda Nik Hussain Pipe trades pocket manual Anonymity : the literary history of a word. Aspectos Del Taller Poetico De Jaime Gil De Biedma Modern drummer magazine 3. Training and work opportunities in the UK The Royal and Ancient Golfers Handbook 1999 The West Indies in 1837 Nios art and culture Anthony horowitz house of silk*