

1: Integrative Family Therapy - David C. Olsen - Google Books

A quiet revolution has resulted in significant movement toward integrative practice in couple and family therapy. This article examines the present status of integrative methods, highlighting the factors that have led to their broad.

Initially, Sigmund Freud developed a talking cure called psychoanalysis ; then he wrote about his therapy and popularized psychoanalysis. After Freud, many different disciplines splintered off. Some of the more common therapies include: Hundreds of different theories of psychotherapy are practiced Norcross, , p. A new therapy is born in several stages. After being trained in an existing school of psychotherapy, the therapist begins to practice. Then, after follow up training in other schools, the therapist may combine the different theories as a basis of a new practice. Then, some practitioners write about their new approach and label this approach with a new name. A pragmatic or a theoretical approach can be taken when fusing schools of psychotherapy. Pragmatic practitioners blend a few strands of theory from a few schools as well as various techniques; such practitioners are sometimes called eclectic psychotherapists and are primarily concerned with what works. Alternatively, other therapists consider themselves to be more theoretically grounded as they blend their theories; they are called integrative psychotherapists and are not only concerned with what works, but why it works Norcross, , p. For example, an eclectic therapist might experience a change in their client after administering a particular technique and be satisfied with a positive result. In contrast, an integrative therapist is curious about the "why and how" of the change as well. A theoretical emphasis is important: Common factors theory The first route to integration is called common factors and "seeks to determine the core ingredients that different therapies share in common" Norcross, , p. The advantage of a common factors approach is the emphasis on therapeutic actions that have been demonstrated to be effective. The disadvantage is that common factors may overlook specific techniques that have been developed within particular theories. Common factors theory asserts it is precisely the factors common to the most psychotherapies that make any psychotherapy successful. Eclectic psychotherapy The second route to integration is technical eclecticism which is designed "to improve our ability to select the best treatment for the person and the problem" guided primarily by data on what has worked best for others in the past" Norcross, , p. The advantage of technical eclecticism is that it encourages the use of diverse strategies without being hindered by theoretical differences. A disadvantage is that there may not be a clear conceptual framework describing how techniques drawn from divergent theories might fit together. Another model of technical eclecticism is Larry E. Theoretical integration[edit] The third route to integration commonly recognized in the literature is theoretical integration in which "two or more therapies are integrated in the hope that the result will be better than the constituent therapies alone" Norcross, , p. Some models of theoretical integration focus on combining and synthesizing a small number of theories at a deep level, whereas others describe the relationship between several systems of psychotherapy. Assimilative integration[edit] Assimilative integration is the fourth route and acknowledges that most psychotherapists select a theoretical orientation that serves as their foundation but, with experience, incorporate ideas and strategies from other sources into their practice. Increasingly, integrationists are acknowledging that most counselors will prefer the security of one foundational theory as they begin the process of integrative exploration. Integration by conversion[edit] Govrin proposes an additional form of integration - integration by conversion. Breakthroughs in theory and technique sometimes occur when practitioners of a psychotherapy are influenced by a concept in use outside of their own field and which is supported by a worldview that differs from theirs. The founders of MCBT, for example, had to completely renounce the mystical and Buddhist foundations of the method and present mindfulness in a way that showed it to be a natural offshoot of CBT, in fact, an extension of the traditional CBT technique of de-centering. Eventually, integration by conversion liberates the community from the dominance of their own restricted terminology and fiercely held yet mythical purity. Other models that combine routes[edit] In addition to well-established approaches that fit into the five routes mentioned above, there are newer models that combine aspects of the traditional routes. The first stage is the exploration stage. This is based on client-centered therapy. The second stage is entitled insight. Interventions used in this stage are based on psychoanalytic

therapy. The last stage, the action stage, is based on behavioral therapy. This approach can be described as an integration of common factors and technical eclecticism. Multitheoretical psychotherapy Brooks-Harris, is a new integrative model that combines elements of technical eclecticism and theoretical integration. Therapists are encouraged to make intentional choices about combining theories and intervention strategies. Integral theory is a meta-theory that recognizes that reality can be organized from four major perspectives: Various psychotherapies typically ground themselves in one these four foundational perspectives, often minimizing the others. Integral psychotherapy includes all four. For example, psychotherapeutic integration using this model would include subjective approaches cognitive , existential , intersubjective approaches interpersonal , object relations , multicultural , objective approaches behavioral , pharmacological , and interobjective approaches systems science. By understanding that each of these four basic perspectives all simultaneously co-occur, each can be seen as essential to a comprehensive view of the life of the client. Integral theory also includes a stage model that suggests that various psychotherapies seek to address issues arising from different stages of psychological development Wilber, The generic term, integrative psychotherapy, can be used to describe any multi-modal approach which combines therapies. For example, an effective form of treatment for some clients is psychodynamic psychotherapy combined with hypnotherapy. The client made a full recovery and this was maintained at the follow-up a year later.

2: Integrating Counseling Practice and Theology | Catalyst Resources Catalyst Resources

In Family Therapies, Mark A. Yarhouse and James N. Sells survey the major approaches to family therapy and treat significant psychotherapeutic issues within a Christian framework. A landmark work, this volume was written for those studying counseling, social work, psychology, or marriage and family therapy.

Virginia Todd Holeman Imagine a typical counseling session where a counselee talks with a counselor about a particular life dilemma. If I were a fly on the wall, I could probably tell what theoretical counseling orientation e. Does theology matter to the practice of counseling? I specify counseling practice because much has been written about the philosophical integration of psychology and theology. Less has been written about the ways the practice of counseling and theology interact. In this essay I take up that question: What difference does theology make when a counselor sits with a client? Thanks to a grant from the Wabash Center for Teaching and Learning in Theological Education, I have had an opportunity to attend to this matter. The questions that are central to many theologies are often the same questions that are addressed by counselors: What motivates human beings? What do healthy human relationships look like? What behaviors and attitudes contribute to human thriving? What is the goal of life? What makes life go awry? What is the source of pain? What does one do when life is painful? How does one make sense of pain? To what degree are humans responsible for what happens to them? What do vibrant communities look like? What behaviors and attitudes contribute to creating vibrant communities? How does one respond to social injustice and oppression? These common questions suggest that theology can have a prominent voice within the practice of counseling. However, the authoritative sources for these two disciplines differ. The practice of counseling draws primarily upon empirical research from the social sciences. Theological constructions draw from a variety of sources including philosophy, church history, and Scripture, to name a few. When persons seek counseling, they are often asking what they can do to change things and wondering why their life is like it is. Counseling helps clients develop skills to cope with the dilemmas in their lives while theological reflection can help clients make meaning of these same dilemmas. The integration of counseling practice and theology can take two forms: Explicit integration can involve using religious or spiritual interventions or engaging the client in unequivocal theologically oriented conversations. For example, explicit integration includes reading sacred texts as part of a session or as a homework assignment, referring to biblical stories as part of the counseling conversation, praying with a client, or assigning spiritually formative disciplines or activities to the client. It also includes the kind of language a counselor adopts. Does a counselor use the language of sin, repentance, grace, forgiveness, or holiness? Is the presence of God openly acknowledged at some point during the session? When a significant overlap exists between Christian beliefs and a particular counseling approach, a Christian who counsels can adapt that secular theory for Christian clients. Toward a Comprehensive Christian Approach [InterVarsity,] have developed integrative psychotherapy, a sophisticated blending of theology, spiritual formation, and cognitive-behavioral therapy. A Guide to Brief Therapy [InterVarsity,] has developed hope-focused marriage counseling, an approach that draws upon findings from empirical research on marriage, brief therapy, and sound biblical principles. Although explicit integration is evident to the client, implicit integration may not be so readily discernable. Implicit integration happens within the counselor. Christians who counsel in secular settings may be limited to implicit integration. I will share four ways that a Wesleyan-holiness theology contributes to my own implicit integration. Second, the therapeutic relationship also reflects my theological commitments. Maddox [Kingswood,] Therefore I want to be a channel through whom the love of God for this client can flow. This means that I need to be participating in the life of God so that the ways of God and the goals of God are primary in my own life. For me this includes 1 inviting the client to be an active participant in the counseling process with a heavy emphasis on collaboration not therapist domination, 2 working on the goals that the client identifies, 3 managing myself appropriately within the context of the therapeutic relationship, 4 treating the client with respect, 5 developing my skills of empathy so that I can speak the truth in love, and 6 being knowledgeable about and adhering to the ethical standards established for the profession of counseling. Theology identifies a telos for the Christian life. If my client is

not a Christian, I keep these musings to myself. However, because I also believe that healthy living is not necessarily contradictory to holy living, I can work with the goals that my client has presented and help that client live in the healthiest holiest? Fourth, I believe that the problems in living that Christian clients present to a counselor may impede their ability to live fully for God. How might one picture this proposed relationship between theology and the practice of counseling? This picture of integration developed in conversation with Edward D. Imagine four concentric circles with permeable boundaries. This ring may be quite thin if the counselor has little more than a Sunday school understanding of the Bible and has done little theological study beyond what is available in the popular Christian press, or it may be quite thick if the counselor has invested time in formal or informal theological and biblical study. The thickness of the ring determines the depth of theological resources that a Christian who counsels can draw upon. A thin ring may limit a Christian who counsels to explicit integration strategies. A thicker ring will result in more thoughtful use of explicit and implicit integration. The second ring represents therapeutic commitments and training. Insights from the social sciences may serve as a tool for understanding our human bent toward sinning. Formal counselor education focuses on helping students to develop sets of skills so that they can provide the most effective counseling possible upon graduation. For most licensed professional counselors, counseling psychologists, marriage and family therapists, and social workers, this ring is well developed. It may be less developed for pastors who have had little formal training in pastoral counseling or for lay counselors. This ring too may vary in thickness, depending upon how knowledgeable a counselor is about the specifics in a code of ethics, how this code overlaps with their own moral formation, and how well-versed a counselor is in thinking ethically about complex counseling cases. Finally the inner most circle represents what actually happens during an individual session or over the course of treatment, where the integration of theology, therapeutic orientation, and ethical commitment is embodied by a counselor as she or he works with a client. For example, a counselor can start with a theological insight and consider how this theological concept aligns with their therapeutic orientation, their ethical commitments, and their work with clients. The model also allows one to raise a question of coherence. To what degree is there alignment between the various layers? When does this integration take place? As the model implies, much of the preparatory work for integration happens outside of the counseling session through formal or informal study of theology and counseling, through counselor supervision, and through discussions with other Christians who counsel. When counselors dedicate time to becoming well-versed in theology, the practice of counseling, and professional ethics, then they have the raw data of integration. When they meet with clients, they will be able to engage in explicit or implicit integration in as seamless a way as possible.

3: Integrative psychotherapy - Wikipedia

Unfortunately, the available literature focuses mainly on couple and family therapy, neglecting the field of systemic interventions for individuals, whose methodological aspects receive little attention and whose potentialities are probably underestimated.

Counselors and therapists from the two disciplines seldom share similar professional training; consequently, the integrated treatment models described in this chapter can serve as a guide for conjoint treatment approaches. The two disciplines can be integrated to a greater or lesser extent, ranging from simple staff awareness of the importance of the family to fully integrated treatment programs. This chapter discusses the advantages and limitations of integrated treatment models. The extent to which counselors are involved with families also can vary, and the extent of this involvement depends on several factors. Care must be taken in the choice of an integrated therapeutic model. The theoretic basis of a number of models is given along with the techniques and strategies that are commonly used. Integrated Substance Abuse Treatment and Family Therapy

Most substance abuse treatment agencies serve a variety of clients—men and women, young and old, homeless and affluent individuals, from every racial and ethnic majority and minority group—with a wide range of substance abuse profiles. Some clients may be new immigrants with language and cultural barriers that affect treatment. The resources and insights each discipline can bring to treatment are the best arguments for integrating substance abuse treatment and family therapy. Integrated models of treatment would also avoid duplication of services, discourage an artificial split between therapy for family problems and substance abuse treatment, and effectively and efficiently provide services to clients and their families. Combining substance abuse treatment and family therapy requires an integrated model. This TIP also assumes that while a substance abuse problem manifests itself in an individual such as one person smoking crack cocaine, the solution will be found within the family system for instance, new interactions that support not smoking crack cocaine. Substance abuse counselors have developed specialized knowledge of addiction and recovery. They also may draw on personal recovery experiences. However, substance abuse counselors may not be familiar with the theories and techniques associated with family systems interventions. Family therapists, on the other hand, are well acquainted with the operation of family systems. However, they may not fully understand the needs and stresses of people with substance use disorders. Clients themselves may see the suggestion of family therapy as a return to repetitive intrafamily conflicts and emotional turmoil. Further discussion of these facets is presented in chapter 6, Policy and Program Issues. Staff develops awareness of and participates in training designed to enhance their knowledge and conceptualization of the importance of the family as a strength and positive resource in substance abuse treatment. Staff generally understands that clients require support systems to maintain recovery and avoid relapse, but at this level, resources are almost completely informational in nature. Educational opportunities, information, and informal referrals are presented to the general public and potential clients and families to learn about the role of families in the substance abuse treatment process. The substance abuse program generally lacks the financial and human resources to provide direct services to family members. Although some educational seminars may be offered, they are not mandatory for clients and families as part of a formal substance abuse treatment program. The focus is limited to providing information to a wider audience and a potential client pool about the role of the family in substance abuse treatment. Substance abuse programs refer clients for family therapy services through coordinated substance abuse treatment efforts that maintain collaborative ties. All components of the programs and policies related to full integration of family therapy into substance abuse treatment are in place. A family culture pervades the organization at all levels and is supported by the appropriate infrastructure, specifically human and financial resources. In the family collaboration level of program integration, substance abuse treatment clients are referred to various agencies for family therapy and other services. Indeed, coordination and service delivery are even more challenging and critical when families are refugees or immigrants who are unfamiliar with the language and culture. The following methods can be used to accomplish this coordination: Families involved with several agencies can become confused about who provides which services, or which deadlines are in

effect. It is important for the larger system players to coordinate their efforts to help the family and clearly communicate the treatment plan to the family. Sometimes, a formal staff meeting attended by all service providers and the family can accomplish this function. Different agencies may recommend or require conflicting courses of action. The counselor can resolve such conflicting demands by working with all service providers to develop a treatment plan that prioritizes tasks for example, for an adolescent, attending school may be the first priority, followed by getting a job. At times, the therapist may need to act as an advocate for the family if other providers demand conflicting courses of action. If service providers leave an agency or new professionals are assigned to work with a family, the counselor should set up a meeting between the old and new providers and the family so that important information is made known to the new professional and the family has a chance to say goodbye to the departing practitioner. As a way to advocate for the client, monthly reports to all service providers can document treatment attendance, compliance with mandated activities, and progress toward goals. Monthly reports can also bring attention to parts of the treatment plan that are not working and need to be reformulated. Memos and reports can be used as interventions. If the treatment plan is taken totally out of their hands, resistance naturally will become an issue. Wherever possible providers need to allow the family to make choices, even if it means providing only two alternatives to meet the requirements.

Value of Integrated Models for Clients Models of family therapy have been evolving over the past 60 years as counselors and researchers have worked to identify the determinants of substance use disorders, the factors that maintain these disorders, and the complex relationships between people with the disorders and their family members McCrady and Epstein Paying attention to such issues has a number of advantages: When families are involved in treatment, the focus can be on the larger family issues, not just the substance abuse. Both the individual with the substance use disorder and the family members get the help they need to achieve and maintain abstinence Collins Integrated models can help reduce the impact and recurrence of substance use disorders in different generations. The program treated multiproblem families with adolescents Fishman et al. The community resource specialist was able to convince his school principal to lift the suspension provided the client continued to participate in the FIP program. Consensus Panel Member Fred Andes. **Value of Integrated Models for Treatment Professionals** In addition to the benefits for clients and their families, integrated models are advantageous to treatment providers. The practical advantages include Reduced resistance. In addition to the promise of better treatment outcomes, integrated models permit counselors to attend to the specific circumstances of each family in treatment. Flexibility in treatment planning. Integrated models enable counselors to tailor treatment plans to reflect individual and family factors. Early in treatment, families may need education about substance abuse and its effects, while families in later stages of treatment may need help as they address such issues as trust, forgiveness, the acquisition of new leisure skills, changing roles, the reestablishment of boundaries within the family and at work, and changing the specific interaction patterns in the family that support substance abuse. Flexibility in treatment approach. Apart from the freedom to tailor treatment plans, integrated models enable counselors to adjust treatment approaches according to their own personal styles and strengths. In this way, different treatment models can be used even within the same agency to meet both client and counselor needs. Drawing from different traditional therapy models challenges counselors to be creative in their treatment approaches. Similarly, family therapists can experience working with people whose primary problems are substance use disorders. Integrated models enable administrators to get more for less. In this process, integrated models accommodated the differences in theory, philosophy, and funding across multiple agencies. A family therapist and a substance abuse counselor work with families together in an outpatient setting. The counselor teaming has helped decrease the number of treatment sessions needed to successfully treat substance abuse. **Limitations of Integrated Models** Despite their obvious value and demonstrated efficacy, integrated models for substance abuse treatment have some limitations: If the various modalities in integrated models are not consistent and compatible, the combination can end up as little more than a series of disconnected interventions. Integrating interventions from different models to create a coherent and powerful treatment plan individually tailored to clients and their families requires knowledge of which therapies to use under particular circumstances and a sound protocol for therapy selection. Integrated models require greater knowledge of more treatment modalities so additional training is necessary. The major mindset

shift necessary to using integrated models is between an individual model concentrating on pathology and a systemic relational or behavioral model focused on changing patterns of family interaction. Integrated models require both substance abuse counselors and family therapists to venture into new territory. Substance abuse counselors may be hesitant to engage the entire family either because they feel it is inappropriate or because they feel unprepared to manage sessions with an entire family. Both substance abuse counselors and family therapists will need supervisory and administrative support to make necessary changes. Using several treatment models within an agency requires an agencywide commitment to provide this variety of services. The use of multiple models within a single agency complicates scheduling for staff, clients, and families. Scheduling staff training for several models, as well as evaluating clients for the appropriateness of models available and the progress being made become more difficult. However, these processes can be less complicated when the Patient Placement Criteria recommended by the American Society for Addiction Medicine are utilized by the agency to validate decisionmaking regarding the treatment of clients. Third parties typically do not pay for family therapy interventions for substance abuse. Often, current funding pays either for mental health or substance abuse treatment. Without reimbursement for work done with families, most such work will not be done, and potential substance abuse outcomes will not be realized. This critical issue is discussed more fully in chapter 6. In sum, agencies and practitioners must balance the value of integrated treatment with its limitations. They must weigh flexibility and the potential for better treatment outcomes against the administrative challenge of additional training and its associated expenditures. In the end, agencies will need to decide what level of intervention they choose to bring to families in treatment and what integrated models they will use to do it. Levels of Involvement With Families Substance abuse treatment professionals intervene with families at different levels during treatment Conner et al. At a low level of involvement, for example, a counselor might undertake an educational intervention, presenting general information about substance abuse that seems applicable to most families. With greater involvement with the family, a counselor might use a family therapy intervention that helps a family to define specific, collective changes it wants to make, which may or may not directly relate to substance abuse. At each level, family intervention has a different function and requires its own set of competencies. In some cases, the family may be ready only for intermittent involvement with a counselor. In other cases, as the family reaches the goals set at one level of involvement, they may set further goals that require more intensive counselor involvement. Working with family physicians, Doherty and Baird established five levels of involvement with families for medical intervention. Figure Levels of Counselor Involvement With Families Level 1 "Counselor has little or no involvement with family At this level, the counselor contacts families for practical and legal reasons and provides no services to them. The counselor views the individual in treatment as the only client and may even feel that during treatment, the client must be protected from family contact. Funding and policies necessary for providing services to families are not in place, so the impact of substance abuse on the family is not a primary consideration. It is not uncommon for the family of a client to be regarded as a liability for the client. For example, the family may increase its blaming of the person who is abusing drugs or alcohol, substance abuse problems among other family members may be exposed, and family secrets may be revealed. Relationship to family system The counselor is open to engaging clients and families in a collaborative way: Relationship to family system The counselor is aware of personal feelings in relating to the client and family.

4: - NLM Catalog Result

therapy is moving toward an integrated approach approach to therapy to the current integrative psychotherapy movement. In particular, I direct integrative.

5: Individual Therapy | Couples Therapy | Factoria, Bellevue, WA

In Integrative Family Therapy, Jay Lebow, PhD, ABPP, demonstrates his multimodal, evidence-based approach to working with www.enganchecubano.com approach views family issues as complex combinations of biology, behavior,

cognition, affect, and systemic factors.

Disneys 102 Dalmations(disneys Wonderful World of Reading) Radioelement analysis Elements of power electronics krein solution manual Concepts and Regions in Geography (Geodiscoveries) Metabolic engineering of floral scent of ornamentals Natalia Dudareva, Eran Pichersky The Insiders Guide to Eastern Canada/Book and Map (Serial) Outgrowing the pain Ap cs a response 2008 Cinder marissa meyer ita 13. Turner. The harbours of England. Catalogues and notes. Investigation of criminal security incidents Can you add s to ibooks from itunes Zahlziechen der Maya Paul Schellhas Planning and managing rural health centers Astral beings and wildlife Rambler in North America: MDCCCXXXII-MDCCCXXXIII. Faust the theologian Site directed mutagenesis protein engineering The Development of Mass Marketing in the Automobile Industry (International Conference on Business) Sniper on the eastern front Introduction to nanoscience and nanotechnology A BELEAGURED GARRISON Your familys story : to tell or not-and how? Popular culture and public pedagogy : fear and identity in Suburbia and Pleasantville Photoplay synopsis Treating Adolescent Substance Abuse Indicators of urbanism at Palenque Edwin L. Barnhart V. Milk and dairy products 122-126 92 Ballet shoes noel streatfeild Ethnic internal migration in England and Wales : spatial analysis using a district classification framewo The British political tradition and political life in the UK Dealing with validity, reliability, and ethics The exchange, by S. Cech. Tramping With Tramps; Studies and Sketches of Vagabond Life D&d fighter 3 character sheet printable Woman in the crested kimono Miners who carved a mountain The Solace of Leaving Early Kathy reichs fatal voyage Teambuilding Effectiveness Profile