Journal of Psychotherapy Integration

Psychotherapy Integration Training Around the Globe: A Personal and Empirical Perspective

Katie Aafjes-van Doorn, Doménica Klinar Alfaro, Markéta Fialová, and Céline Kamsteeg

Online First Publication, August 23, 2018. http://dx.doi.org/10.1037/int0000135

Journal of Psychotherapy Integration

1053-0479/18/$12.00
http://dx.doi.org/10.1037/int0000135

Psychotherapy Integration Training Around the Globe: A Personal and Empirical Perspective

Katie Aafjes-van Doorn
Yeshiva University and Oxford University

Doménica Klinar Alfaro
Aiglé Foundation, Buenos Aires, Argentina

Markéta Fialová
Skala Institute, Prague, Czech Republic

Céline Kamsteeg
University of Cambridge

Psychotherapy integration is now common practice around the globe. Despite its popularity, and the many clinical writings on the application of different types of psychotherapy integration, very little is known about exactly how psychotherapists are being trained in psychotherapy integration and whether these trainings are effective. In line with the theme of integration, we aimed to answer these questions from a scientist-practitioner perspective, reporting on our subjective clinical training experiences as well as the current empirical evidence. First, as early career practitioners, we briefly describe how we ourselves were trained in psychotherapy integration and reflect on our training experiences in the Czech Republic, United Kingdom, United States, and Argentina. Then, as scientist-practitioners, we turn to the research literature to examine how psychotherapy integration may be taught effectively. We conducted a systematic literature review of the available empirical evidence on the efficacy of training in psychotherapy integration. We report on the characteristics and findings of the identified 9 empirical studies. This low quality and quantity of studies illustrates the lack of empirically supported trainings in psychotherapy integration. However, together with our personal experiences in different countries, it provides some indication of future directions with regard to how and when psychotherapy integration might best be taught. Suggestions for further examinations into the effectiveness of trainings in psychotherapy integration around the globe are discussed.

Keywords: psychotherapy training, integrative psychotherapy, international

Psychotherapy integration aims to facilitate learning from different therapeutic viewpoints to enhance the efficacy and efficiency of our clinical work (Greben, 2004). In practice, it portrays an ongoing process of convergence and complementarity at a conceptual, clinical, and empirical level (Fernández-Álvarez, Consoli, & Gómez, 2016), looking beyond the confines of single therapeutic modalities and keeping an open mind about the complexity of change. This

Katie Aafjes-van Doorn, Ferkauf Graduate School of Psychology, Yeshiva University, and Department of Clinical Psychology, Oxford University; Doménica Klinar Alfaro, Department of Psychology, Aiglé Foundation, Buenos Aires, Argentina; Markéta Fialová, Skala Institute, Prague, Czech Republic; Céline Kamsteeg, Faculty of Education, University of Cambridge.

Markéta Fialová is now at National Institute of Mental Health, Department of Applied Neurosciences and Brain Imaging, Klecany, Czech Republic.

We thank the Society for Psychotherapy Integration for bringing us, as newly qualified practitioners, together at the international conference in Dublin, Ireland, in 2016 and for facilitating our thinking around training in psychotherapy integration.

Correspondence concerning this article should be addressed to Katie Aafjes-van Doorn, Ferkauf Graduate School of Psychology, Yeshiva University, Rousso Building, Room 123, 1165 Morris Park Avenue, Bronx, NY 10461. E-mail: katie.aafjes@yu.edu

spirit of psychotherapy integration reflects the zeitgeist of the new millennium (e.g., Ablon, Levy, & Katzenstein, 2006; Norcross & Rogan, 2013) in countries around the globe (e.g., Muller, 2008; Tasca et al., 2015).

The Educational Perspective Training in Psychotherapy Integration

Although for some practitioners, psychotherapy integration may be a natural and unintended consequence of ongoing professional development, many therapists experience psychotherapy integration as emotionally difficult and cognitively challenging (Gold, 2005; Rihacek & Danelova, 2015). Indeed, therapists admit to a pragmatic rather than evidence-based approach to integration early in their career, when they lack in knowledge and skill in selecting interventions and look for anything that seems to work (see syncretism described by Boswell, Castonguay, & Pincus, 2009; Lampropoulos, 2001). Most say they only learned to effectively integrate after licensure as they began to employ techniques outside of their original framework (Consoli & Jester, 2005).

Formal training in psychotherapy integration has been idiosyncratic and unreliable. In contrast to the expected breakthroughs with regard to the establishment and evaluation of training programs (Norcross, 1997), psychotherapy integration training has received relatively little attention over the past two decades. A few psychotherapy programs that adopt an integrative stance as a core model of clinical training have begun to emerge (see Norcross & Beutler, 2000; Wolfe, 2000; Ziv-Beiman, 2014), and a few illustrations of what an integrative psychotherapy training model might look like have been published (e.g., Beitman & Yue, 1999; Harris, Kelley, Campbell, & Hammond, 2014; Robertson, 1995). However, the task of integration of different therapeutic orientations per se does not appear to be a central educational focus of these initiatives.

Type of Integration and Timing of Training

Heavy debate has surrounded the question of how and when to incorporate integration into the overall psychotherapy training program (see the interviews on integration training reported in the 2017 Society for Psychotherapy Integration newsletter, Volume 3, Number 4). The question of timing tends to be answered in one of the following two ways: (a) An integrative approach should be taught from the very outset of psychotherapy training, or (b) integration should be encouraged at a later stage in the therapists' development, once expertise in one specific approach has been established. Arguably, timing of psychotherapy integration training bears at least partly upon the specific model of psychotherapy integration to which trainers ascribe (Lampropoulos, 2001). For example, for theoretical (e.g., Wachtel, 1997) and assimilative integration (Messer, 1992), solid grounding in one or more theoretical orientations is desirable. These scholars argue that without a single conceptual framework as a guide, students[1] might not value the complexities and ambiguities of tensions between models (O'Hara & Schofield, 2008). There is a danger of becoming a jack-of-all-trades but a master of none, resulting in syncretistic confusion when students pull techniques from many sources without a sound rationale (Boswell et al., 2009; Lampropoulos, 2001; Rønnestad & Skovholt, 2003).

On the other hand, the common factors (e.g., Constantino, 2017; Frank & Frank, 1991; Rosenzweig, 1936), technical eclecticism (e.g., Lazarus, 1967), and unifying approaches to integration (e.g., Magnavita & Anchin, 2013) allow students to think and work in an integrated fashion from the very beginning, crucial for fostering a flexible, open, and unbiased approach toward the potential value of other modalities (e.g., Gold, 2005; Ziv-Beiman, 2014).

Aim

In an attempt to answer the question of how psychotherapy integration might be effectively taught, we take the scientist-practitioner perspective, reporting on our subjective clinical training experiences as well as the current empirical evidence. First, as early career practitioners, we briefly describe our personal experi-

[1] We use the term *student* throughout this article to reflect psychotherapists who attend a training in psychotherapy integration, regardless of their formal status as university student or licensed practitioner, and regardless of the terms usually used within their professional trainings (e.g., *residents*, *trainees*).

ences of training in psychotherapy integration in Argentina, the United Kingdom, the United States, and the Czech Republic, and reflect on strengths of these trainings as well as our related clinical struggles. Then, as scientists, we turn to the research literature, systematically reviewing the available empirical evidence on the efficacy of training in psychotherapy integration. Based on this empirical evidence and our training experiences in different countries, future directions with regard to how and when psychotherapy integration might best be taught will be indicated.

A Global Perspective on Training in Psychotherapy Integration

Argentina

The mainstream approach of Argentinian psychotherapists is based on Freudian-Lacanian theory grounded in traditional psychoanalytic practice (Muller, 2008; Plotkin, 2003; Roussos, Waizmann, & Etchebarne, 2010). More recently, Argentina has seen a small but rapidly growing number of cognitive–behavioral therapy (CBT) psychotherapists (Keegan, 2007; Korman, Viotti, & Garay, 2015) as well as an increasingly large number of psychotherapists with a more integrative/eclectic stance (e.g., Muller, 2008). Graduate students in Argentina are not required to take any specialized courses in integration during their psychotherapy training (4 years minimum) to practice psychotherapy. However, without being regulated, there is a need to continue training, either in a specific model or in integrative psychotherapy. This means that once students have obtained their licensure, it is possible for psychologists to partake in a postgraduate training course specifically focused on psychotherapy integration. In Argentina, psychotherapy integration is a fast-growing trend, and specialized integration training is provided at universities, public health centers, and private mental health training centers (Fernández-Álvarez et al., 2016; Gómez, 2007). An Argentinian training program that has gained particular popularity is the Aiglé integrative model, taught in 2-year-long graduate-level programs in Argentina since 1999 as well as more recently in Colombia, Ecuador, Guatemala, Italy, Paraguay, Spain, Uruguay, the United States, and Venezuela (Fernández-Álvarez et al., 2016). Fernández-Álvarez's model of integration brings together concepts from the psychodynamic, behavioral, humanistic-existential, and systemic models within the cognitive-social paradigm. This model aims to provide a common basis for all treatments and, at the same time, a tailored plan for each client. It allows treatment planning addressing different goals, ranging from symptom reduction to personality change, achieved through diverse therapy formats (e.g., individual, family, couple, and/or with other treatments like pharmacotherapy, social assistance) depending on each particular case (Fernández-Alvarez, Gómez, & García, 2015). During training, students obtain "integrative supervision" to discuss how to provide effective integrative treatments with the different kind of clients in the different training settings. After training, professional development in psychotherapy integration continues through supervision and personal therapy.

United States

In North America, the governmental funding and guidelines around "evidence-based practice" resulted in the wide application of integrative interventions (e.g., Hayes, Strosahl, & Wilson, 2011) in the form of second- and third-wave cognitive–behavioral-based treatments and short-term psychodynamic treatments (e.g., Vandenbos, Hogan, & Kazak, 2017; Westen, Novotny, & Thompson-Brenner, 2004). In contrast to Argentina, psychotherapy training in the United States involves a very minimal focus on integration (Norcross, Sayette, & Pomerantz, 2018). In the United States, graduate psychotherapy programs emphasize extensive training in a particular theoretical model determined by American Psychological Association practice guidelines, developed by the different divisions (Norcross & Rogan, 2013; Vandenbos et al., 2017). Currently psychotherapy integration is not specifically included in these guidelines (Norcross et al., 2018). At the start of graduate training, many students are required to identify their preferred modality, by choosing between a CBT or a psychodynamically orientated graduate program, without being given the option of integrating these psychotherapy approaches (Norcross et al., 2018). Also during training, students in the United States applying to internships through the Association of Psychology Postdoctoral and Internship Centers (2018) must indicate

a theory of practice. Although some doctoral training programs in the United States offer some limited guidance on psychotherapy integration in clinical seminars or lectures on common factors (e.g., Constantino, 2017), or in dual-focused graduate programs that equally emphasize psychodynamic and CBT training (Feindler & Kahoud, 2015), most doctoral training programs offer training in particular models only (e.g., Norcross et al., 2018).

United Kingdom

Graduate psychology training in the United Kingdom is provided as part of the National Health System and is therefore very much focused on training in "evidence-based treatments" (Llewelyn & Aafjes-van Doorn, 2017). In terms of training in psychotherapy integration in the United Kingdom, education in one major approach (CBT) appears to be emphasized (Health and Care Professions Council, 2010; NHS Digital, 2014), although this also includes clinical training in third-wave CBT (e.g., Hayes et al., 2011) and other integrative treatment approaches (e.g., Ryle & Kerr, 2003). Both the competencies laid down by the Health and Care Professions Council (2010) and the requirements for the accreditation of courses by the British Psychological Society (2012) guidelines state that courses should provide advanced training in one therapeutic model and a working knowledge of a second (i.e., assimilative integration). In addition, students are expected to have a critical awareness of a variety of approaches to therapy. In clinical case assignments, students are often required to choose a particular model, depending on the client/service and conceptualize a case (formulation, assessment, intervention, and evaluation) based on this particular therapy model. Integration of different theoretical orientations is not explicitly taught but is implicitly assumed. One way this lack of integrative focus has been addressed in the United Kingdom is by offering students a wide variety of short-term clinical internships that allow students to gain treatment and supervision experience in a variety of second- and third-wave CBT approaches, systemic and short-term dynamic therapies, depending on the client group.

Czech Republic

In contrast to Argentina, the United States, and the United Kingdom, in Czech law, there is no protected professional title for psychotherapists enshrined in law, no connection to any educational degree, no state regulation of psychotherapy training or practice, and no legal requirement for providing "evidence-based practice" (Rihacek & Roubal, 2017). Although this lack of top-down requirements or regulations raises ethical concerns, arguably, it does allow students to integrate different therapy models during and after their psychotherapy training as they see fit. It is therefore not surprising that many practitioners in the Czech Republic practice psychotherapy integration. Although only one third of practitioners self-identify as integrationists, a survey of 373 psychotherapy and counseling practitioners in the Czech Republic showed that 98.9% of practitioners used psychotherapeutic techniques from two or more orientations, despite only a minority (20%) actually receiving training in two or more psychotherapy approaches (Rihacek & Roubal, 2017). Another study in the Czech Republic surveyed 26 students on why they chose 5-year psychotherapy training specifically focused on integration (the Skala Institute) as their first psychotherapy training (Plchová, Hytych, Řiháček, Roubal, & Vybíral, 2016). They reported that these future students believed in science, were open to enduring states of uncertainty, and were attracted by the multivalence of different psychotherapy schools (Plchová et al., 2016). The Skala Institute offers an integrative psychotherapy training that emphasizes the self-experience of the future psychotherapist. Their aim is for students to get to know themselves better, try different psychotherapy approaches, develop common skills that work across all approaches, and experiment with integration in a safe environment guided by expert feedback and supervision. Students undergo group psychotherapy themselves before taking part in, and later leading, psychotherapy groups with patients. These treatment groups are video recorded and used for feedback in supervision. Supervisors change on a regular basis to provide an example of different psychotherapy styles.

Personal Psychotherapy Integration Experiences

It has to be noted that all four of us arrived at the road of psychotherapy integration in a roundabout way. In our respective initial under-

graduate clinical trainings, we were not taught about psychotherapy integration explicitly, and it was only in our graduate training programs that we gained formal integrative training or more implicitly learned about integration through supervision, reading, and clinical practice.

Reflecting on our experiences as beginners in psychotherapy, we were often anxious and wanted to know the "right" approach or technique to apply in a given clinical situation. Moreover, although it was great to be supervised by experts in particular treatment models during our graduate trainings, our insecurities rose every time we started from scratch at a new internship, when unsure how and when to integrate previously learned techniques. We all identified a hasty adoption of the first treatment ideology we were taught, providing a false sense of security, and it was only during graduate training that we became more able to consider other viewpoints. Similar to experiences reported by others (e.g., Gold, 2005), we initially found it difficult to experiment and develop our own personal viewpoints, especially because we perceived university faculty members as encouraging adherence to one conceptual framework while disapproving of others (Consoli & Jester, 2005; Feindler & Kahoud, 2015), and we felt free to develop a more personal integrative approach later in our graduate training.

Given the lack of formal training during our initial undergraduate training, we learned to engage in integrative practice more implicitly throughout internships and externships, in that they taught us to adjust our theoretical, technical, and empirical knowledge of psychotherapy to specific clients that may present on a continuum of severity, chronicity, and complexity (e.g., Blott, 2008). We all felt that, at times, in sessions, it felt as if there were too many possible avenues to explore (see syncretism, described by Boswell et al., 2009), and considering various intervention options limited our ability to be present with clients when we were unclear where to direct the session. In those moments, we found ourselves hoping for a more concrete example of how a client is conceptualized in the moment, taking multiple psychotherapeutic models into account, how interventions are chosen in session, and how to decide on a treatment plan.

During graduate school, we further developed an interest in psychotherapy integration, mainly through gained confidence in scientific knowledge and utilization of research findings, and our clinical experiences of perceived inefficacy of our usual approaches. After graduate school, we have continued to seek out further training in psychotherapy integration, work with integrative supervisors, and gain more clinical experience in psychotherapy integration. The first author, for example, facilitated a Dialectical Behavioral Therapy skills group within a psychoanalytic clinic (see Aafjes-van Doorn, Kamsteeg, Portier, & Chitre, 2018) and reflected on her clinical error of integrating a technique in an ad hoc manner when the patient was in crisis (see Snyder & Aafjes-van Doorn, 2016). Learning from our mistakes and having the possibility to develop our own personal style as integrative therapists is helpful in taking care of not only our patients but also ourselves.

Training Strengths

In our view, learning a well-supported form of integrative evidence-based practice and more explicit training in psychotherapy integration earlier on in training is beneficial in building confidence. From our personal experiences, we can attest the benefits of learning about psychotherapy integration in small-scale clinical seminars, and larger-scale taught courses, as well as one on one in supervision and personal therapy. Although most explicitly taught in the integration training in Czech Republic, we all appreciated the step-by-step learning process of participating in personal therapy from different orientations, self-experiencing the position of client, before facilitating integrative treatment from the position of the therapist. Moreover, gaining experience with supervisors from different orientations was helpful, in that it showed the breadth of possibilities in clinical practice. Seeing senior psychotherapists conducting "imperfect" integrative therapy and gaining feedback in a safe environment helped us overcome fears of making "mistakes." Multiple supervisors and group supervision also helped us see that there is no single correct way to treat a client. Furthermore, we all benefited from the use of videotaped treatment sessions, in gaining feedback from fellow students and supervisors on our (non)verbal style, basic psychotherapeu-

tic competences, concrete techniques, and strategies from different approaches, and how best to tailor the treatments to the patients' needs.

A Scientist-Practitioner's Viewpoint on Psychotherapy Integration Training

Given our diverse training experiences in psychotherapy integration as early career practitioners, and our struggles with integrating different psychotherapy frameworks into the therapeutic work with our clients effectively, we then turned to the research literature. In an attempt to answer the question "How can psychotherapy integration be taught effectively?" we conducted a systematic literature review of the available empirical evidence on the efficacy of psychotherapy training in integration.

By reviewing the available empirical findings, we aimed to generate tentative hypotheses and stimulate further research on training of psychotherapy integration. Raising awareness of psychotherapy integration as an integral part of clinical, academic, and empirical psychotherapy training may contribute to the development of clinical practice guidelines around integration that may be implemented in the training and practice of everyday practitioners and, ultimately, may lead to more effective and efficient therapies for our clients.

Method

Now that we have set up a general hypothesis regarding the potential importance of training in psychotherapy integration, we conducted a systematic review to examine the role, definition, and empirical investigation of training in psychotherapy integration.

Literature Search

Scope of the search. Several steps were taken to ensure the search was systematic. First, we followed published guidance for systematic reviews of evaluations of health care interventions (Liberati et al., 2009), including the five PICOS components (population, intervention, comparators, outcome, and study design) identified as preferred reporting items for systematic reviews and meta-analyses (PRISMA). Second, we used operational definitions to identify and clarify constructs of interest. Psychotherapy integration was conceptually defined as "the attempts to look beyond and across the confines of single-school therapeutic approaches to see what can be learned from other perspectives" (Arkowitz, 1992, p. 262).

Seven inclusion criteria were used:

1. The study had to be reported in the English language and published in a peer-reviewed journal before April 2018.
2. Building on previous reports on training in the professional development of psychotherapists, we included studies on the effect of the training from the perspective of the student, supervisor, training director, and/or client.
3. We included the broad range of formal training experiences that aim to facilitate psychotherapy integration, including undergraduate psychology courses, doctoral programs, and seminars as well as single training events for licensed practitioners, which could include one-to-one supervision or larger group formats but excluded personal reflections on psychotherapy integration without formal training (see Blott, 2008).
4. To represent the wide range of practitioners involved in providing psychotherapy in different countries, we included studies within the professions of (clinical) psychology, counseling, psychiatry, psychotherapy, social work, and mental health nursing.
5. The psychotherapy training had to be explicitly labeled as integrative or had the explicit aim to facilitate psychotherapy integration, to the exclusion of other potentially related integrative trainings of third-wave CBT approaches that incorporate techniques from other modalities, such as dialectical behavior therapy (Linehan et al., 2015) or cognitive analytic therapy (Ryle & Kerr, 2003).
6. The study had to report on the effect of training in psychotherapy integration rather than the effect of integration of didactic practices or formats (e.g., Carkhuff & Truax, 1965, examined integrated approaches to learning rather than psychotherapy modalities).
7. The effect of the training in psychotherapy integration had to be measured at least

once during or after the training rather than (solely) as a pre- or posttraining survey of theoretical orientation (e.g., Boswell et al., 2009) or views on psychotherapy integration (e.g., Plchová et al., 2016, who surveyed 26 future students before commencing a 5-year training in psychotherapy integration).

Search strategy. The literature review was conducted using the following databases: ERIC, Global Health, PsycARTICLES, and PsycINFO. Search terms included variations on the terms for (a) integration (*integrat**), (b) psychotherapy (*psychotherap**, *therap**, *counsel**, *psycholog**, *treatment**), and (c) training (*training**, *education**, *student**, *teaching**). The search was conducted on abstracts of peer-reviewed journals with "AND" entered into the database to link the different categories (a, b, and c) of search terms. This means that 20 ($1 \times 5 \times 4$) separate searches were conducted for all variations of the terms for integration, psychotherapy, and training.

In order to increase the rigor of this systematic review further, citations of the identified empirical articles were tracked and references were scanned in order to identify possible articles that fit the inclusion criteria but had not come up in the initial search. The literature search was conducted by the fourth author and repeated by the first author. These two systematic searches identified the same set of nine empirical studies to be included in this review. Figure 1 shows a PRISMA diagram of the flow of sources through the literature search. A total of 20,263 published articles were identified during the systematic search. The final review consists of nine empirical studies on the effect of training in psychotherapy integration (described in Table 1).

Results

Study Characteristics

Table 1 provides an overview of the study characteristics of the nine included studies. All nine studies were conducted relatively recently, with the oldest study published 18 years ago (Allen, Kennedy, Veeser, & Grosso, 2000). All studies were conducted in English-speaking countries: the United States ($n = 3$), Canada ($n = 4$), or the United Kingdom ($n = 2$).

Design. Most studies reported on descriptive data ($n = 2$) or used qualitative analyses (e.g., grounded theory, consensual qualitative method, thematic analysis) of the data ($n = 5$). Except for Pascual-Leone, Andreescu, and Yeryomenko (2015), all studies reported on original data sets. Pascual-Leone, Rodriguez-Rubio, and Metler (2013) reported on new data as well as previously published data (Pascual-Leone, Wolfe, & O'Connor, 2012).[2] By adding the personal accounts of 21 graduate students, this study extended Pascual-Leone et al.'s (2012) findings on 24 undergraduates' experiences, raising the number of cases represented in the qualitative analysis to 45. In a later study, Pascual-Leone et al. (2015) used quantitative analyses to examine this same group of undergraduates and graduate students in order to compare the change in standardized outcome measures reported by students and their clients over the time of training. Allen and colleagues (2000) also used a control group but compared their survey results with a control group of students in psychotherapy training that did not explicitly focus on integration. None of the other studies used a control group in their study design. Seven of the nine studies were one-time measurements during or after training, and two studies used repeated measurements at several stages during the psychotherapy training. Types of outcome measures included self-designed surveys, weekly journals, written self-reflections of the student and/or supervisor, focus-group recordings, and interviews. Pascual-Leone and colleagues (2015) was the only study that also reported on the client's perspective of the effectiveness of training, albeit indirectly by measuring the therapeutic alliance and session outcome (Working Alliance Inventory–Short Revised Version and Revised Session Reaction Scale). One study (Pascual-Leone et al., 2015) reported on the use of standardized therapist/student measures (Counselor Activity Self-Efficacy Scales and Self-Awareness and Management Strategies Scales for Therapists).

Training. All studies reported on longer (at least 12 weeks) group trainings that included

[2] To avoid duplicate data, we did not report on the Pascal-Leone et al. (2012) study separately.

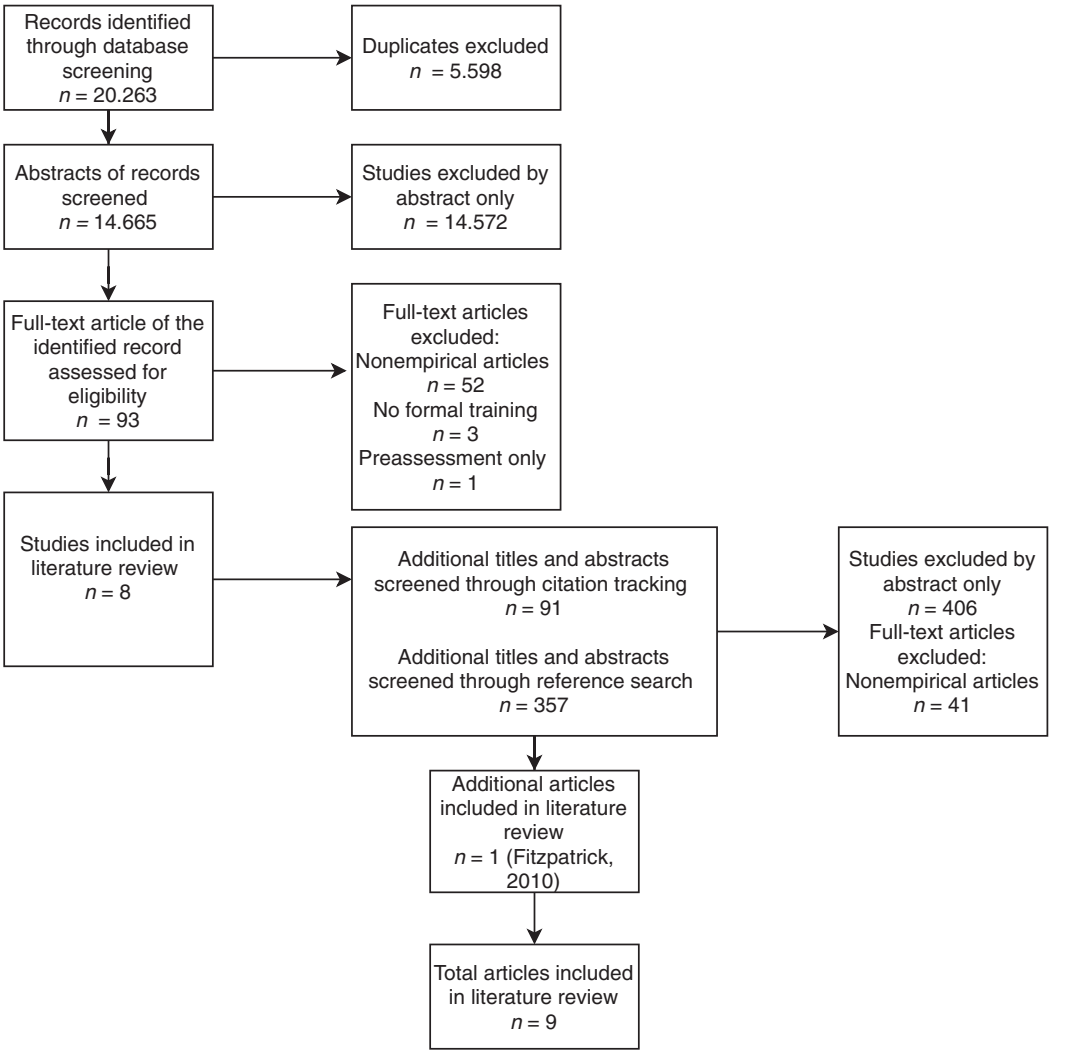

Figure 1. A flowchart of the search strategy.

experiential, didactic, and supervision elements rather than one-off training events. Most studies reported on specific courses in psychotherapy integration ($n = 7$); however, two studies reported on psychotherapy training programs more generally (Norcross & Beutler, 2000; Wolfe, 2000; Ziv-Beiman, 2014). Sample sizes ranged from $n = 2$ (Sotskova & Dossett, 2017) to $n = 158$ (Lampropoulos & Dixon, 2007). With regard to the different types of integration, most studies taught assimilative integration ($n = 4$), with a few reporting on theoretical ($n = 2$) or common factors ($n = 2$) integration. Most trainings taught about psychotherapy integration in a theoretical and conceptual way, whereas one study reported on training students by means of them facilitating an integrative psychotherapy to clients (Trub & Levy, 2017).

With regard to timing of the integration training in psychotherapists' development, six of the nine studies reported on education about psychotherapy integration provided before education on one major theory or practice with integrative treatments. Two studies reported on training by means of practice with an integrative treatment approach before education on one ma-

Table 1
Study Characteristics and Results

Reference	Country	Study design	Sample size (*n*)	How is it measured?	What is measured?	Nature and timing of training	Type of integration taught	Training outcomes
Allen, Kennedy, Veeser, and Grosso (2000)	United States	Postseminar evaluation compared with control group	16 psychiatry residents in integrative seminar; 26 in general seminar	Self-designed survey (descriptive data on Likert scale)	Subjective feelings about the usefulness of the seminar in their current practice	Weekly 2-hr clinical group seminar on multiple therapy perspectives (S) (1)	Theoretical, technical	Helped compare/contrast psychotherapy paradigms useful in current practice; more positive than control group
Fitzpatrick, Kovalak, and Weaver (2010)	Canada	12 weekly journal entries during course	17 counseling psychology master's-level students	Weekly journals (qualitative grounded theory analysis)	Reflections on training experience and integrative practice development	12-week course on theories of counseling focused on common factors (S) (1)	Common factors	Able to develop personal theory through tentative identifications with theories of practice
Lampropoulos and Dixon (2007)	United States	One-off questionnaire	Training directors from 29 counseling psychology doctoral programs & 139 internship programs	Self-designed survey (descriptive data on Likert-scale responses)	Nature of didactic and clinical training in integrative therapy, student integrative competency and evaluation	Doctoral program including course on theories of psychotherapy, transtheoretical textbooks with chapters on integration (G) (2)	All types	Positive environment for integrative ideas, 90% taught psychotherapy integration in their courses
Lowndes and Hanley (2010)	United Kingdom	Postmeasurement only	7 newly licensed counselors who had completed training in integrative counseling	Focus group discussion (qualitative grounded theory thematic analysis of transcripts)	How do counselors make sense of therapeutic integration following the completion of their professional qualification?	Skilled Helper Framework course on common factors in therapy (S) (1)	Common factors	Optimism about development, learned to tolerate theoretical ambiguity, discomfort of not belonging to pure paradigm
Pascual-Leone, Rodriguez-Rubio, and Metler (2013)	Canada	Postmeasurement only	21 clinical psychology master's-level graduate students & 24 psychology undergraduate students	Written self-reflection, about strengths and difficulties (qualitative grounded theory thematic analysis)	New skills/strengths, remaining difficulties, and personal impact of training	13 weekly 3-hr training in psychotherapy concepts using integrative framework and emphasis on experiential therapy (S) (1)	Assimilative	Increased feelings of competency, along with greater clarity regarding their professional identity and their role as therapists
Pascual-Leone, Andreescu, and Yeryomenko (2015)	Canada	4 midtreatment measurements: Weeks 2, 5, 9, and 12	21 clinical psychology master's-level graduate students & 24 psychology undergraduate students	Therapist and client standardized scales (quantitative analyses: RM-ANOVA)	Client ratings of their treatment sessions & therapist ratings of own sense of competence	13 weekly 3-hr training in experiential therapy concepts using integrative framework (S) (1)	Assimilative	Increased confidence and self-efficacy; largest increase in first 9 weeks (of the 13-week program)

(*table continues*)

Table 1 (*continued*)

Reference	Country	Study design	Sample size (*n*)	How is it measured?	What is measured?	Nature and timing of training	Type of integration taught	Training outcomes
Sotskova and Dossett (2017)	Canada	Postmeasurement only (case study)	1 clinical psychology master's-level student & 1 supervisor	Personal reflections of supervisor and of student on training experience (no analyses: sessions facilitated and later observed by supervisor)	Supervisor's reflections on how it is to teach and student reflections on how it is to learn psychotherapy integration	3-month practicum of existential integrative approach to psychotherapy (S) (3)	Assimilative	Supervisor able to synthesize training in specific model, with integrative mind-set; student able to see how to integrate techniques from multiple orientations to suit the client
Trub and Levy (2017)	United States	Postmeasurement only	10 clinical psychology doctoral-level students	Interview (qualitative grounded theory thematic analysis of transcripts)	Professional experience of conducting integrative treatment and impact on identified theoretical orientation and use of future integration	Practicum for dynamically oriented students in 12 sessions manualized treatment for substance abuse integrating CBT techniques (audiotaped sessions reviewed by practicum leader) (S) (3)	Assimilative	Positive attitude about the potential for integration, growing competency in capacity for integration
Ward, Hogan, and Menns (2011)	United Kingdom	Measurement midtraining	6 counseling psychology master's-level students, 3 counseling psychologists, and 3 course directors	Interviews: (qualitative thematic analysis)	Anything that interviewee shared about experience of receiving/providing training in theoretical/practical integration	Different psychotherapy training programs (G) (1)	Theoretical	Growth promoting, challenging; need more explicit systematic teaching of psychotherapy integration

Note. S = training designed to specifically focus on psychotherapy integration; G = general psychotherapy training that includes integration; 1 = education about psychotherapy integration before education on one major theory or practice with integrative treatments; 2 = first education about one major theory before education about psychotherapy integration; 3 = training by means of practice with integrative treatment approach; RM-ANOVA = Repeated Measures Analysis of Variance; CBT = Cognitive Behavioral Therapy.

jor theory. Only the training directors in Lampropoulos and Dixon's (2007) study reported on the need to first educate students about one major theory before providing education about psychotherapy integration.

Students and trainers. Training participants included psychiatry residents, master's students in clinical and counseling psychology, doctoral students in clinical psychology, undergraduate students in psychology, as well as newly licensed practitioners. One study did not report on the participants' experience of the training directly but reported on the perspective of the training directors (Lampropoulos & Dixon, 2007). Four studies reported that their respective trainers identified as an integrative psychotherapist (i.e., Allen et al., 2000; Fitzpatrick, Kovalak, & Weaver, 2010; Lampropoulos & Dixon, 2007; Sotskova & Dossett, 2017). Lowndes and Hanley (2010) explicitly reported that the trainers did not identify as integrative therapists, whereas for the other four studies, the theoretical orientation of the trainer was unclear.

Training effect. All studies reported on a positive outcome of the training in psychotherapy training with regard to providing a positive environment for integrative ideas to grow (Lampropoulos & Dixon, 2007), helping them compare and contrast psychotherapy paradigms and useful in their current practice (Allen et al., 2000), development of a personal theory (Fitzpatrick et al., 2010), optimism about future application of integrative practice (Lowndes & Hanley, 2010), increased feelings of competency, and greater clarity of professional identity (e.g., Pascual-Leone et al., 2013; Sotskova & Dossett, 2017; Trub & Levy, 2017). However, some studies also highlighted the struggles, hurdles, and discomfort of tolerating ambiguity during the process of learning how to become an integrative psychotherapist (e.g., Lowndes & Hanley, 2010) and the need for more explicit and systematic approaches to teaching psychotherapy integration (Ward, Hogan, & Menns, 2011). Although 90% of training directors indicated that they taught psychotherapy integration in their program, only half of all surveyed training directors believed that students should be minimally competent in a variety of models (Lampropoulos & Dixon, 2007) and indicated that training in more than one theory was mandatory. Also, the training directors appeared to differ from the students in how integration might be taught. None of the training directors mentioned explicit training in how to integrate psychotherapies, 21% of training directors believed that students should be trained first to be proficient in one therapeutic model, and 21% believed that students should be trained in a specific integrative/eclectic model from the outset.

Discussion

Despite the popularity of psychotherapy integration among practitioners around the globe, very little is known about the efficacy of trainings in integration. As early career practitioners, we reflected on our own professional experiences of training in psychotherapy integration in the Czech Republic, Argentina, the United Kingdom, and the United States.

Based on our personal experiences, Argentina currently appears to offer the most robust training in psychotherapy integration, despite its psychoanalytic tradition and only recent popularity of integration. Psychotherapy integration is seen as an "evidence-based treatment in itself" and taught to students as a valid alternative to psychoanalysis and CBT. The Czech Republic also offers lots of opportunities for psychotherapy integration for students and licensed practitioners alike, albeit it more informally, with no governmental guidelines. In the United Kingdom and the United States, the training focus remains on one or two theoretical orientations. During training, integrative practice is mainly learned implicitly and further developed after graduate training, within the restrictions of evidence-based practice guidelines. This lack of explicit focus on integration was also reflected in the lack of clarity on trainer/supervisor orientation in our reviewed studies, and is surprising given our positive experiences of learning from different integrative supervisors as valuable role-model. In our view, explicit training in psychotherapy integration is crucial in guiding the process of integration in training settings around the world.

The challenge in locating relevant empirical studies for our purpose illustrates the lack of clarity in the field on what integration is and how and whether it should be explicitly taught. If the maturity of a scientific and professional domain is indeed reflected by the level of sys-

tematic and formal attention it has given to training (Castonguay, 2005), psychotherapy integration has some way to go. The findings were further limited by the studies' small-scale samples, postmeasurement designs, qualitative analyses, and the lack of standardizes measures, and illustrate how very little is known empirically about effective training in psychotherapy integration. Overall, it appeared that the expected breakthroughs (see Norcross, 1997) have not yet materialized given that psychotherapy integration does not (yet) constitute a conceptually coherent, empirically validated, and educationally sound position for practice. The extreme heterogeneity of the content and procedures of the trainings examined in the empirical studies as well as the lack of statistical analyses preclude drawing any strong conclusions about the effectiveness of these specific training initiatives. The need for more rigorous evaluation of integrative training initiatives is recognized. It was also noteworthy that all empirical studies identified in the review were conducted in English-speaking countries (United States, Canada, and United Kingdom) and did not represent the training practices in Europe or South America.

Training and Research Implications

Based on our personal experiences and the limited empirical findings, this review suggests that there might be a number of effective formats and approaches that could potentially be beneficial to students' development of skills in psychotherapy integration. For the majority of students, the outcomes following training in psychotherapy integration are positive. Trainings in psychotherapy integration may address assimilative, eclectic, theoretical, or common factors integration and may be offered to different mental health professionals at different stages of their professional development. Training in psychotherapy integration usually includes didactic and experiential elements, as well as readings and supervision and may be taught explicitly in a specific seminar or practicum or more implicitly as part of the framework of the overall psychotherapy training program. In line with our personal recommendations, most reviewed studies argued for the education about integration at the start of psychotherapy training (common factors or technical integration) in order to enable a flexible, open approach to clinical work (e.g., Consoli & Jester, 2005; Ziv-Beiman, 2014). However, the concerns related to early integration training, that is, the risk of feeling overwhelmed by the amount of theoretical and technical options and a lack of competency and confidence by the end of training (e.g., Castonguay, 2005; Gold, 2005), also appeared to be confirmed by the empirical evidence and our personal experiences. Many studies reported on students' difficulty with tolerating ambiguity and not belonging to a particular theoretical community, arguably confirming the need for training in the roots of one or two therapeutic orientations before training in psychotherapy integration (i.e., theoretical or assimilative approach to integration).

Clinical experience in facilitating treatment adhering to an integrative psychotherapy manual might provide students with a concrete example of how a supervisor or therapist might go about integrating different theories or techniques with a given client (Ward et al., 2011). Furthermore, the use of video recordings in supervision is becoming more common in psychotherapy training in the United States, United Kingdom, the Czech Republic, and Argentina (e.g., Haggerty & Hilsenroth, 2011; NHS Digital, 2014) and may further aid research into the effect of training of psychotherapy integration. In line with our experiences, small-group videotaped training that encourages self-monitoring and the exchange of supportive peer feedback among psychotherapists from different orientations might aid the comparison of different methods, models, and outcomes (e.g., Abbass, 2004). Face-to-face case discussions based on these videos might illustrate commonalities and differences in detailed therapeutic interactions (Brown, Moller, & Ramsey-Wade, 2013), helping practitioners to explain their jargon and thus bridging the communication gap between models.

Furthermore, given the global differences in how integrative therapy is taught and the limited research on their respective effectiveness, it will be important to identify and compare different training methods in integrative psychotherapy (Rønnestad, Orlinsky, & Wiseman, 2016). In line with this, a large international initiative has been set up to systematically compare the training experiences of psychotherapists in different

countries—the Society for Psychotherapy Research's Interest Section on Therapist Training and Development (also known as SPRISTAD; Orlinsky et al., 2015). It is hoped that quantitative and qualitative data gathered from a large number of psychotherapy students of varied types in a wide range of training programs will elucidate different ways in which integration of psychotherapy models can be effectively taught (Orlinsky et al., 2015). The lack of empirical studies on psychotherapy integration from non-English-speaking countries identified in our review underlines the importance of sharing our training experiences from around the globe in journals, newsletters, and conferences, and in developing collaborative research projects to establish "evidence-based integrative practice."

References

*The empirical studies reviewed as part of the systematic review are marked with an asterisk.

Aafjes-van Doorn, K., Kamsteeg, C. D., Portier, C. H., & Chitre, G. (2018). *A dialectical behavior therapy skills group in a psychoanalytic community service: A pilot study of assimilative integration*. Manuscript under review.

Abbass, A. (2004). Small-group videotape training for psychotherapy skills development. *Academic Psychiatry, 28,* 151–155. http://dx.doi.org/10.1176/appi.ap.28.2.151

Ablon, J. S., Levy, R. A., & Katzenstein, T. (2006). Beyond brand names of psychotherapy: Identifying empirically supported change processes. *Psychotherapy: Theory, Research, Practice, Training, 43,* 216–231. http://dx.doi.org/10.1037/0033-3204.43.2.216

*Allen, D. M., Kennedy, C. L., Veeser, W. R., & Grosso, T. (2000). Teaching the integration of psychotherapy paradigms in a psychiatric residency seminar. *Academic Psychiatry, 24,* 6–13. http://dx.doi.org/10.1007/BF03340066

Arkowitz, H. (1992). Integrative theories of therapy. In D. K. Freedheim (Ed.), *History of psychotherapy: A century of change* (pp. 261–303). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/10110-007

Association of Psychology Postdoctoral and Internship Centers. (2018). About the APPIC match. Retrieved from https://www.appic.org/Match/About-The-APPIC-Match

Beitman, B. D., & Yue, D. (1999). A new psychotherapy training program: Description and preliminary results. *Academic Psychiatry, 23,* 95–102. http://dx.doi.org/10.1007/BF03354249

Blott, M. R. (2008). Encountering difference in graduate training: Potential for practicum experience. *Journal of Psychotherapy Integration, 18,* 437–452. http://dx.doi.org/10.1037/1053-0479.18.4.437

Boswell, J. F., Castonguay, L. G., & Pincus, A. L. (2009). Trainee theoretical orientation: Profiles and potential predictors. *Journal of Psychotherapy Integration, 19,* 291–312. http://dx.doi.org/10.1037/a0017068

British Psychological Society. (2012). *Accreditation through partnership handbook: Guidance for clinical psychology programmes*. Retrieved from https://www.sheffield.ac.uk/polopoly_fs/1.304874!/file/5_1_BPS_Accreditation_Guidance_2012_PrintPages1_43_2012.pdf

Brown, E., Moller, N., & Ramsey-Wade, C. (2013). Recording therapy sessions: What do clients and therapists really think? *Counselling & Psychotherapy Research, 13,* 254–262. http://dx.doi.org/10.1080/14733145.2013.768286

Carkhuff, R. R., & Truax, C. B. (1965). Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. *Journal of Consulting Psychology, 29,* 333–336. http://dx.doi.org/10.1037/h0022187

Castonguay, L. G. (2005). Training issues in psychotherapy integration: A commentary. *Journal of Psychotherapy Integration, 15,* 384–391. http://dx.doi.org/10.1037/1053-0479.15.4.384

Consoli, S. J., & Jester, C. M. (2005). Training in psychotherapy integration II: Further efforts. *Journal of Psychotherapy Integration, 15,* 355–357. http://dx.doi.org/10.1037/1053-0479.15.4.355

Constantino, M. J. (2017). Structured interview on training. *The Integrative Therapist, 3,* 12–14.

Feindler, E. L., & Kahoud, D. (2015). Two sides of a theoretical coin: Multiple perspectives on theoretical training in clinical psychology. In J. Bresler & K. E. Starr (Eds.), *Relational psychoanalysis and psychotherapy integration: An evolving synergy* (pp. 260–281). New York, NY: Routledge.

Fernández-Álvarez, H., Consoli, A. J., & Gómez, B. (2016). Integration in psychotherapy: Reasons and challenges. *American Psychologist, 71,* 820–830. http://dx.doi.org/10.1037/amp0000100

Fernández-Alvarez, H., Gómez, B., & García, F. (2015). Bridging the gap between research and practice in a clinical and training network: Aigle's program. *Psychotherapy Research, 25,* 84–94. http://dx.doi.org/10.1080/10503307.2013.856047

*Fitzpatrick, M. R., Kovalak, A. L., & Weaver, A. (2010). How trainees develop an initial theory of practice: A process model of tentative identifications. *Counselling & Psychotherapy Research, 10,* 93–102. http://dx.doi.org/10.1080/14733141003773790

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Gold, J. (2005). Anxiety, conflict, and resistance in learning an integrative perspective on psychotherapy. *Journal of Psychotherapy Integration, 15,* 374–383. http://dx.doi.org/10.1037/1053-0479.15.4.374

Gómez, B. (2007). Psychotherapy in Argentina: A clinical case from an integrative perspective. *Journal of Clinical Psychology, 63,* 713–723. http://dx.doi.org/10.1002/jclp.20386

Greben, D. H. (2004). Integrative dimensions of psychotherapy training. *The Canadian Journal of Psychiatry, 49,* 238–248. http://dx.doi.org/10.1177/070674370404900404

Haggerty, G., & Hilsenroth, M. J. (2011). The use of video in psychotherapy supervision. *British Journal of Psychotherapy, 27,* 193–210. http://dx.doi.org/10.1111/j.1752-0118.2011.01232.x

Harris, J. E., Kelley, L. J., Campbell, E. L., & Hammond, E. S. (2014). Key strategies training for individual psychotherapy: An introduction to multitheoretical practice. *Journal of Psychotherapy Integration, 24,* 138–152. http://dx.doi.org/10.1037/a0037056

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: Guilford Press.

Health and Care Professions Council. (2010). *Practitioner psychologists: Standards of proficiency*. Retrieved from http://www.hpc-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf

Keegan, E. (2007). *Ensayos de terapia cognitive* [Essays on Cognitive Therapy]. Buenos Aires, Argentina: Editorial Universitaria de Buenos Aires.

Korman, G. P., Viotti, N., & Garay, C. J. (2015). The origins and professionalization of cognitive psychotherapy in Argentina. *History of Psychology, 18,* 205–214. http://dx.doi.org/10.1037/a0038968

Lampropoulos, G. K. (2001). Bridging technical eclecticism and theoretical integration: Assimilative integration. *Journal of Psychotherapy Integration, 11,* 5–19. http://dx.doi.org/10.1023/A:1026672807119

*Lampropoulos, G. K., & Dixon, D. N. (2007). Psychotherapy integration in internships and counseling psychology doctoral programs. *Journal of Psychotherapy Integration, 17,* 185–208. http://dx.doi.org/10.1037/1053-0479.17.2.185

Lazarus, A. A. (1967). In support of technical eclecticism. *Psychological Reports, 21,* 415–416. http://dx.doi.org/10.2466/pr0.1967.21.2.415

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., . . . Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *PLoS Medicine, 6*(7), e1000100. http://dx.doi.org/10.1371/journal.pmed.1000100

Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., . . . Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and component analysis. *Journal of the American Medical Association Psychiatry, 72,* 475–482. http://dx.doi.org/10.1001/jamapsychiatry.2014.3039

Llewelyn, S., & Aafjes-van Doorn, K. (2017). *Clinical psychology: A very short introduction*. Oxford, UK: Oxford University Press.

*Lowndes, L., & Hanley, T. (2010). The challenge of becoming an integrative counsellor: The trainee's perspective. *Counselling & Psychotherapy Research, 10,* 163–172. http://dx.doi.org/10.1080/14733141003751614

Magnavita, J. J., & Anchin, J. C. (2013). *Unifying psychotherapy: Principles, methods, and evidence from clinical science*. New York, NY: Springer.

Messer, S. B. (1992). A critical examination of belief structures in integrative and eclectic psychotherapy. In J. C. Norcross, M. R. Goldfried, & J. C. Norcross (Eds.), *Handbook of psychotherapy integration* (pp. 130–165). New York, NY: Basic Books.

Muller, F. J. (2008). Psychotherapy in Argentina: Orientation and Clinical Practice. *Journal of Psychotherapy Integration, 18,* 410–420.

NHS Digital. (2014). *Psychological therapies. Annual report on the use of IAPT services. England, 2013–14*. Retrieved from https://digital.nhs.uk/data-andinformation/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services/psychological-therapies-annual-report-on-the-use-of-iapt-services-england-2013-14

Norcross, J. C. (1997). Emerging breakthroughs in psychotherapy integration: Three predictions and one fantasy. *Psychotherapy: Theory, Research, Practice, Training, 34,* 86–90. http://dx.doi.org/10.1037/h0087757

Norcross, J. C., & Beutler, L. E. (2000). A prescriptive eclectic approach to psychotherapy training. *Journal of Psychotherapy Integration, 10,* 247–261. http://dx.doi.org/10.1023/A:1009444912173

Norcross, J. C., & Rogan, J. D. (2013). Psychologists conducting Psychotherapy in 2012: Current practices and historical trends among Division 29 members. *Psychotherapy, 50,* 490–495. http://dx.doi.org/10.1037/a0033512

Norcross, J. C., Sayette, M. A., & Pomerantz, A. M. (2018). Doctoral training in clinical psychology across 23 years: Continuity and change. *Journal of*

Clinical Psychology, 74, 385–397. http://dx.doi.org/10.1002/jclp.22517

O'Hara, D., & Schofield, M. J. (2008). Personal approaches to psychotherapy integration. *Counselling & Psychotherapy Research, 8,* 53–62. http://dx.doi.org/10.1080/14733140801889113

Orlinsky, D. E., Strauss, B., Rønnestad, M. H., Hill, C. E., Castonguay, L. G., Willutzki, U., . . . Carlsson, J. (2015). A collaborative study of development in psychotherapy trainees. *Psychotherapy Bulletin, 50,* 21–25.

*Pascual-Leone, A., Andreescu, C. A., & Yeryomenko, N. (2015). Training novice psychotherapists: Comparing undergraduate and graduate students' outcomes. *Counselling & Psychotherapy Research, 15,* 137–146. http://dx.doi.org/10.1002/capr.12007

*Pascual-Leone, A., Rodriguez-Rubio, B., & Metler, S. (2013). What else are psychotherapy trainees learning? A qualitative model of students' personal experiences based on two populations. *Psychotherapy Research, 23,* 578–591. http://dx.doi.org/10.1080/10503307.2013.807379

Pascual-Leone, A., Wolfe, B. J., & O'Connor, D. (2012). The reported impact of psychotherapy training: Undergraduate disclosures after a course in experiential psychotherapy. *Person-Centered and Experiential Psychotherapies, 11,* 152–168. http://dx.doi.org/10.1080/14779757.2011.648099

Plchová, R., Hytych, R., Řiháček, T., Roubal, J., & Vybíral, Z. (2016). How do trainees choose their first psychotherapy training? The case of training in psychotherapy integration. *British Journal of Guidance & Counselling, 44,* 487–503. http://dx.doi.org/10.1080/03069885.2016.1213371

Plotkin, M. B. (2003). El psicoanálisis y sus historias [Psychoanalysis and its histories]. *Psicoanálisis APdeBA, 25,* 457–461.

Rihacek, T., & Danelova, E. (2015). How therapists change: What motivates therapists towards integration. *European Journal for Qualitative Research in Psychotherapy, 8,* 5–31.

Rihacek, T., & Roubal, J. (2017). The proportion of integrationists among Czech psychotherapists and counselors: A comparison of multiple criteria. *Journal of Psychotherapy Integration, 27,* 13–22. http://dx.doi.org/10.1037/int0000069

Robertson, M. H. (1995). *Psychotherapy education and training: An integrative perspective*. Madison, CT: International University Press.

Rønnestad, M. H., Orlinsky, D. E., & Wiseman, H. (2016). Professional development and personal therapy. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & L. F. Campbell (Eds.), *APA handbook in clinical psychology: Education and profession* (Vol. 5, pp. 223–235). Washington, DC: American Psychological Association.

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30,* 5–44. http://dx.doi.org/10.1177/089484530303000102

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6,* 412–415. http://dx.doi.org/10.1111/j.1939-0025.1936.tb05248.x

Roussos, A. J., Waizmann, V., & Etchebarne, I. (2010). Common interventions in two single cases of cognitive and psychoanalytic psychotherapies. *Journal of Psychotherapy Integration, 20,* 327–346. http://dx.doi.org/10.1037/a0020822

Ryle, A., & Kerr, I. B. (2003). *Introducing cognitive analytic therapy: Principles and practice*. New York, NY: Wiley.

Snyder, J., & Aafjes-van Doorn, K. (2016). Utilizing measure-based feedback in control-mastery theory: A clinical error. *Psychotherapy, 53,* 291–296. http://dx.doi.org/10.1037/pst0000075

*Sotskova, A., & Dossett, K. (2017). Teaching integrative existential psychotherapy: Student and supervisor reflections on using an integrative approach early in clinical training. *The Humanistic Psychologist, 45,* 122–133. http://dx.doi.org/10.1037/hum0000049

Tasca, G. A., Sylvestre, J., Balfour, L., Chyurlia, L., Evans, J., Fortin-Langelier, B., . . . Wilson, B. (2015). What clinicians want: Findings from a psychotherapy practice research network survey. *Psychotherapy, 52,* 1–11. http://dx.doi.org/10.1037/a0038252

*Trub, L., & Levy, D. (2017). Sowing the seeds for an assimilative integrationist stance toward psychotherapy. *Journal of Psychotherapy Integration, 27,* 172–185. http://dx.doi.org/10.1037/int0000056

VandenBos, G. R., Hogan, J. D., & Kazak, A. E. (2017). 125th anniversary of the American Psychological Association—Accomplishments and challenges: Introduction to the special issue. *American Psychologist, 72,* 719–721. http://dx.doi.org/10.1037/amp0000235

Wachtel, P. L. (1997). *Psychoanalysis, behavior therapy, and the relational world*. Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/10383-000

*Ward, T., Hogan, K., & Menns, R. (2011). Perceptions of integration in counselling psychology training, a pilot study. *Counselling Psychology Review, 26,* 8–19.

Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin, 130,* 631–663. http://dx.doi.org/10.1037/0033-2909.130.4.631

Wolfe, B. E. (2000). Toward an integrative theoretical basis for training psychotherapists. *Journal of Psychotherapy Integration, 10,* 233–246. http://dx.doi.org/10.1023/A:1009492728103

Ziv-Beiman, S. (2014). Teaching psychotherapy integration from the start: A proposal to teach integration as a fundamental aspect. *Journal of Psychotherapy Integration, 24,* 251–257. http://dx.doi.org/10.1037/a0037800

Received February 8, 2018
Revision received May 29, 2018
Accepted July 5, 2018 ■