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Forming an Integrative Training Concept: A case study of the training in psychotherapy integration¹

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Abstract: The literature on the nature of integrative psychotherapy training is patchy with limited attention paid to how integrative elements are conceptualized and taught. This study aimed to explore the nature of how integrative psychotherapy understandings are nurtured by trainers. A collaborative action research process was engaged examining the work of one team of trainers in the Czech Republic via several sources of data: 1) a three-year-long e-mail correspondence between trainers; (2) recordings of trainer team meetings focusing on the training concept; (3) focus group interviews conducted by the first author before the training started; and (4) materials for professional accreditations. Data analysis was carried out using *Atlas.ti* qualitative analytical software and through dialogue between authors. Participants were provided with the analysis results so they could validate them and their feedback was incorporated into the final results. Findings revealed that the individual path to each trainer's integration foreshadows subsequent teaching. Then within the team, a collaborative approach was taken to identify a common approach to integration and ways of nurturing a shared training identity. Hindering factors were also identified recognizing how doubts about integration are balanced by stabilizing factors such as the use of the accreditation process and emphasis on an approach of dialogue, humility and openness.

Key words: Integrative psychotherapy; training; action research; approaches to integration

Critique of the Literature

This study focuses on the formation of integrative training carried out by therapist-trainers, who have attained their integrative models/position gradually, thanks to their practice and gradual education in psychotherapy. It aims to explore the nature of how integrative psychotherapy understandings are nurtured by trainers and describes the specifics of the process. The objective of this study is to expand the information about the formation process of an integrative training concept.

Psychotherapy trainings generally seem to lack sufficient exploration (Fauth, Gates, Vinca, Boles, & Hayes, 2007; Stabingis & Gelo, 2011). Individual phenomena related to them, such as supervision or self-experience in relation to specific psychotherapy approaches are being explored, yet systematic research that clearly delineates the phenomena connected to psychotherapy training and their relations is missing. Psychotherapy training is an inherently complex

For convenience and brevity, the terms "psychotherapy integration" and "integrative" will be used interchangeably in the text to refer to a broadly defined psychotherapy integration movement (which includes eclecticism, the common factors approach, specific integrative models etc.)

process, even in unimodal form, and once psychotherapy integration is factored in, specific questions arise regarding the content of the training, the method of integration instruction, as well as preconditions on the side of the trainees and trainers (Rønnestad & Ladany, 2006). These topics are often discussed in the context of ideal training programs (e.g. Castonguay, 2000; Norcross & Beutler, 2000) or in theoretical reflections on trainees (Gold, 2005), but seldom is any empirical research conducted (Eubanks-Carter, Burckell, & Goldfried, 2005; Rønnestad & Ladany, 2006; Lampropoulos & Dixon, 2007). This dilemma is due in great part to the methodological difficulties of research designs, such as the differences between theoretical approaches, the training of points of departure, complicated comparability of training processes, and the influence the training has over each trainee (Lowndes & Hanley, 2010). We understand some aspects of the procedural portion of such training, e.g. what the trainees are like (Lowndes & Hanley, 2010), the role of personal therapy (Rønnestad & Ladany, 2006), and the content and method of integration instruction (Allen, Kennedy, Veaser, & Grosso, 2000). There has been research on the influence of training, e.g. how the attendees apply the training experience in their practice (Grawe, 2004, cited in Lowndes & Hanley, 2010), or how to evaluate a training model (Beitman & Yue, 1999). When juxtaposed with the research of unimodal training, however, this information seems insufficient (Greben, 2004; Rønnestad & Ladany, 2006).

The development in the formal education psychotherapy integration in the form of autonomous integration-oriented trainings is connected with the foundation of the Society for Exploration of Psychotherapy Integration (Lampropoulos & Dixon, 2007). From Rønnestad and Skovholt's work (2003) we know that the overall development of a therapist is a long-term process, comprised of education, practice, and personal development. Research studies (e.g. by Norcross, Hedges, & Castle, 2002; or Norcross, Karpiak, & Lister, 2005) show that about 35% of therapists consider themselves integrationists/eclectics, where the majority has reached this integrative position due to their practice and professional development. As a result, we cannot consider them purely integrative therapists trained specifically in integration (Lampropoulos, 2006). This then calls into question the importance of specific training in integration, as many therapists reach the integrative approach through their own natural development. According to Goldfried (2005), integrative training provides specific education in openness to new ideas, information, and the adoption of new techniques, which all contribute to a therapist's professional development. Consoli and Jester (2005) emphasize the benefit of training conceptual and experience-based flexibility by which future therapists develop their pluralistic understanding, allowing them to integrate contemporary pieces of information and expert knowledge and, at the same time, modify their own lay pre-concepts, stereotypes, and reductionism. Eubanks-Carter,

Burckell and Goldfried (2005) believe this is why integrative training is good preparation for those particular clinical practices that require precisely such skills. For Halgin (1985), the biggest advantage of training in integration is that the trainees have a chance to see how such a method convenes with their personality setting (what works for them and what does not).

Integrative psychotherapy is typically not overly institutionalized; it does not promote one particular way of thinking nor method of instruction (Norcross & Goldfried, 2005). Yet a coherent framework is essential for integrative training (Lecomte, Castonguay, Cyr, & Sabourin, 1993). This could derive from the concept of integration belonging to a particular training institute (e.g. technical eclecticism, common factors, umbrella theoretical system, assimilative integration etc.) and it defines the very content of the training. It could be comprised of an example of the complex theory of psychopathology derived from one psychotherapeutic approach (Castonguay, 2000), the concept of helping skills (Hill, Stahl & Roffman, 2007), or more specific frameworks, such as the concept of Ingram's core clinical hypothesis (2009), and transtheoretical models developed by Prochaska and DiClemente, Lazarus, or Gerard Egan (Lowndes & Hanley, 2010). Consoli and Jester (2005) contend that even a relativistic, explicit and critical-thinking approach can serve as a coherent training framework.

Psychotherapeutic integration training presupposes a mastery of a wide range of skills and knowledge, the instruction of which requires an adequate educational form and methodology (Greben, 2004). The method of teaching integration influences the student's future integrative approach (Lampropoulos & Dixon, 2007) and could follow the so-called sequential or concurrent model (Walder, 1993). The first model starts with teaching trainees the skills and knowledge within one psychotherapeutic approach and then continuing with others (e.g. Castonguay, 2006; Wolfe, 2000), while the concurrent model teaches the theoretical approaches simultaneously and focuses on the areas of overlap (Consoli & Jester, 2005).

The sequential model is sometimes called 'one theory per week', where the training's content conforms to the time available for instruction. The relations and differences between individual psychotherapeutic approaches could be thus less comprehensible for the trainees and it is more difficult to explain the complexity of integration and the continuity that is typical of integrative thinking (Norcross & Halgin, 2005). The proponents of this model claim that the trainees are not ready to manage the tension, inconsistency, and freedom to choose from the breadth that integration offers (Gold, 2005) and only when they have sufficiently managed one approach are they able to fully assess the problems and challenges inherent in integration (Walder,

1993; Greben, 2004). On the other hand, developing the integrative approach from the beginning of the psychotherapeutic training presupposes it is more difficult to learn openness and flexibility if the therapist has favored one approach for a long time. Consoli and Jester (2005) contend that the concurrent model of instruction enables this openness and flexibility thanks to its inherent emphasis on the interconnection of the process of change in a person and the various ways this change is achieved. Walder (1993) believes the concurrent model is effective in training trainees in integrative thinking, as they are asked questions about integration from the beginning of their training. Contrary to this, Gold (2005) finds this model to be a source of trainee uncertainty and anxiety. Despite the extensive debate between these two models, neither has ever been substantiated with empirical evidence.

The model an institution uses to teach integration naturally corresponds to the model of integration the institution itself subscribes to. The trainings governed by the idea of technical eclecticism as well as theoretical integration promote teaching integration from the beginning of a training. Trainings in assimilative integration, in contrast, prefer firm roots in one psychotherapeutic approach, but with the understanding of the possibility to include views and techniques from another approach (Norcross & Halgin, 2005). Opinions vary regarding the timing of the education in trainings based on common factors that focus on acquiring transtheoretical therapeutic skills. In his training model, Castonguay (2000) promotes obtaining skills and knowledge first within one approach, and only then focusing on the approach's model of how people function. This, in turn, provides the trainee with a deeper education in the approach based on common factors.

As yet, we do not have a case-control study of integrative trainings, so we do not know which of the teaching strategies is the most effective in the given context (Eubanks-Carter, Burckell, & Goldfried, 2005). In their study, Lampropoulos and Dixon (2007) explored various ways to train therapists in integration based on interviews with directors of clinical workplaces. One third of them thought it was necessary the attendees be trained first in one approach and then proceed towards integration, whereas one half of the directors felt it was important that young therapists have at least minimal competencies in a wider spectrum of approaches. The rest of them held the opinion that young therapists should study integration from the beginning of their careers. Norcross and Halgin (2005) are probably most realistic in saying it is just as naive to expect a novice therapist to think integratively as it is to expect trainees to enter a training as *tabula rasa*, still devoid of any theoretical concepts of their own.

The training in integration is specific not only in its goals (the trainees will adopt the integrative way of thinking etc.), but also in that the trainees encounter phenomena that either

seldom occur in a unimodal training or not at all, such as uncertainty, frustration, and anxiety (Gold, 2005). The occurrence of such phenomena in integrative trainees is described in literature predominantly by experienced the therapists and trainers involved in such trainings (Wolfe, 2000; Consoli & Jester, 2005; Gold, 2005; Castonguay, 2006). Lowndes and Hanley (2010) published a research study on trainees' experience of an integrative training. Their conclusions confirm the expectations of experienced integrative therapists. The participants described the training as an inconsistent and anxious process, which they understand is an important part of gaining confidence on their integrative path. From their perspective of trainers of integrative trainings, Walder (1993), and Consoli and Jester (2005), unanimously claim that this uncertainty and frustration stem from a lack of theoretical background which could help the trainee develop further. Castonguay (2005) adds that the trainees in an integrative training are not afraid of freedom, but rather of lacking a structure and interconnectedness of the training's concept.

To understand the many phenomena related to an integrative training, it is crucial to know the phenomena in effect before the training actually starts, in particular the definition of integration of the specific training, the theoretical bases of the trainers, the process used to formulate the training concept, and the most effective ways to implement integration into the training process. These phenomena reflect the organization of the training, the training curriculum, the way integration is taught etc. Walder (1993) perceives the typical weak spot of integrative trainings to be the insufficiently clarified concept of integration in the team of trainers. Taking into account the plurality of integrative approaches and thus the plurality of integrative trainings, we can assume the information in this field might contribute to an understanding of the very training process and its outcome, as well as to the adequate evaluation of integrative training.

Given the limitations of the information and understandings around about how psychotherapy integration is nurtured in training, this study set out to engage a collaborative exploratory action research process to explore the work of one training team. A research question was stated in the process of the case study's creation: "How was the concept of this integrative training formed?"

Method

Participants

This case study is based on data created by a team of trainers that has been working on the concept of a specific integrative training – Training in Psychotherapy Integration (Czech

Republic) for three years. The whole training team thus served as the unit of analysis. The team's members all have backgrounds in various therapeutic approaches and each trainer has received education in more than one. As a whole, the team's educational background covers the following approaches: psychoanalysis and psychoanalytic psychotherapy, psychodynamic psychotherapy (PD), Gestalt therapy (GT), Pessó-Boyden system psychomotor therapy (PBSP), person-centred approach (PCA), systemic/family therapy (SFT), logotherapy and existential analysis (L&EA), sati therapy (a mindfulness-based integrative psychotherapy), art therapy, and trans-personal therapy (Holotropic Breathwork). The trainers have been providing therapy for 10 to 20 years and have worked as clinical psychologists, psychiatrists, and social pedagogues.

Analysts - The first author carried out the analysis, the second functioned as an auditor analyst. Taking into account the case study was created using the action research method, its results come from a collaborative dialogue between the author-researcher (JK) and the coauthor-trainer-researcher (JR) (see Analysis).

Procedure

Recruitment - This study is part of a larger project dealing with various aspects of the Training in Psychotherapy Integration (TPI). Thus, the participants were not selected specifically for this study based on predefined criteria, but by means of convenience sampling (Teddlie & Yu, 2007). They received an email in which they were asked to participate in a research study and they all gave their consent.

Data Creation - The data used in this case study come from several sources. These sources include (1) a three-year-long email correspondence between the trainers; (2) recordings of trainer team meetings focusing on the training concept; (3) focus group interviews conducted by the first author before the training started, and (4) the materials for the national (Czech Psychotherapeutic Society) and European level (the European Association for Integrative Psychotherapy, EAIP) accreditations. The recordings were about 90 minutes long and were transcribed word for word.

Analysis - The data analysis was carried out using qualitative analytical software *Atlas.ti* and collaborative dialogue between the author-researcher (JK) and the coauthor-trainer-researcher (JR). The participants were provided with the analysis results so they could validate them and their feedback was incorporated into the final results. The formation process of the TPI is composed as an exploratory case study, which is an adequate method for capturing the complexity of the topic.

Furthermore, the development of the theory (Yin, 2009) is an essential part of case study design which the area of integrative trainings is currently lacking. Eubanks-Carter, Burckell and Goldfried (2005) consider single case studies an effective method for incorporating research into practice. A research question was stated in the process of the case study's creation: "How was the concept of this integrative training formed?". This question focuses on the process of training formation, which has been captured in the data from the 3 years spent developing the training concept of the TPI. The study was carried out using the action research method, where the research participants are considered partners in the development of the research, contrary to the idea of research being done on them (Guiffrida, Douthit, Lynch, & Mackie, 2011). Some authors (Owenz & Hall, 2011, Eubanks-Carter, Burckell & Goldfried, 2005) claim experienced therapists have difficulties incorporating new research knowledge into their work, and therefore argue that the research's design does not accurately reflect the clinical reality. The action research approach seems like a logical solution to the argument, having the potential to decrease the distance between research and practice and ultimately connect the two (Guiffrida et al., 2011). Traditionally, action research is initiated by its participants, e.g. in order to deal with an issue concerning them (Herr & Anderson, 2005). This was also our case – the trainers showed interest in examining both the process of training formation and the course it took. Their motivation to take part in the study corresponded with the openness of the integrative movement that involves a deeper reflection of one's own work (trainer work) and professional development through feedback from researchers. This is why one of the trainers was also an auditor analyst, as it enabled a more comprehensive dialogue from more than one perspective, in this case between that of the team of trainers and that of the researchers. The quotes made by trainers illustrate the process of forming the TPI concept. Methodologically, as we treated the team of trainers as a unit of analysis, indicating which trainer made each comment in the context of this study is irrelevant.

Credibility check - In order to ensure the credibility of our results, the following measures were taken, where the first and the third of them meet the principle of consensuality (Hill et al., 2005): (1) the analysis was carried out by the first author and was discussed with the second author-auditor-analyst until a consensus was reached; (2) the analysis was validated by the participants, whose feedback was later considered in the results; (3) the analysis was presented to the research team to discuss both how the results are reflected in the data, and their logical consistency.

Ethical considerations - The trainers signed an informed consent form regarding their participation in the research with the condition of preserving their anonymity, the researchers' silence about personal data, and the transparency of who works with the data. Should problematic situations arise, the participants were informed they could turn to a guarantor of ethics, who is also a member of the research team. Since this study is a part of a larger project, the remuneration for taking part in the research covered the whole cooperation and cannot be calculated specifically with regards to this study.

Results

The main finding of this study is the identification of themes that were a necessary part of the process of the TPI concept formation. They could be understood as moments deserving attention during the formation of integrative training in general, as they play an important part in the process and can even facilitate it. They cover the following topics: individual path to integration before the process started, motivation to work with a particular team of trainers, mapping common therapeutic bases, identifying a common approach to integration, the identity of the integrative training, hindering factors, and stabilizing elements.

The formation of the TPI concept seemed to be a dynamic, multi-faceted process which, together with the fact that the study was created using the action research method, prompted us, in agreement with Stake (1995), to present the results as a researcher's view on the ways he or she has explored the case. The description of the analysis's individual categories emphasizes the process the trainers were going through when forming the training concept.

Even before the work on forming a training concept starts, we can identify a factor that essentially foreshadows the dynamics of the whole process: the individual path to integration of each trainer before the process has started. All the trainers have been trained in several single oriented approaches and arrived at an integrative approach through their professional development. They thus came to the training concept formation with an experience different from the one that awaits future trainees, who will do their integrative training at the beginning of their therapeutic development.

The fact that they have reached the integrative position is thus a source of motivation for the trainers for working on the integrative training project. Their personal professional development was influenced by their belief that it is possible to bolster and speed up their journey toward integration by partaking in integration training from the beginning of their development. As the work on the training concept progressed,

changes in each trainer's individual approach to integration began to occur. A continuous deep reflection of one's own therapeutic work, and the view of the original approach in which the trainer was trained both contributed to a precise identification of the essence of each trainer's therapeutic work. Understanding this essence is crucial, as it allows trainers to also identify the therapeutic approaches they would like to pass on to their trainees. For some trainers working on creating the training presented the possibility to step beyond the narrow field of the original approach. They understood the work on the training concept as a validation of their own approach to clinical work that was beyond the borders of their original approach. One trainer reflected on this idea during a focus group interview:

It also makes sense now that the feedback I would get all too often at supervision (in my original approach) was: "look, here you are stepping into the dynamic and that is not entirely ok;" even at the supervision they would tell me this, there was a reprimand in fact, but in this context here it is: "look, I already integrated some time ago, even though it was not really advisable, but I consider it something important to me and close to me and good, as it widens the spectrum of what you can utilize in order to find the most suitable thing for the client."

The motivation to work with a particular team of trainers is a supporting factor in the process of integrative training formation. It is a long-term project that requires trainers to be highly committed. Trainers prefer to work with colleagues who were trained in a different approach but are open to searching for a common language in the context of the training concept. It can enrich one's own practice, although it can also bring a certain amount of anxiety by upsetting routine therapeutic methods. Looking at comments from the trainers and the data derived from the study, we observed many sources of motivation for trainers' work on the TPI, including: previous cooperation with a therapist from a different approach, with an experience with integrative perspective in one's own clinical practice and with an adventurous feeling of discovering a common therapeutic, but also theoretical language, across various approaches. The debates on theoretical psychotherapeutic principles and integration provide trainers with intellectual excitement, which strengthens their commitment to the project, as one TPI trainer described feeling "huge excitement from [their] theoretical debates about integration and huge anxiety from how to teach it".

To work on the concept of integrative training means to confront one's own therapeutic identity, the bulk of one's knowledge (both theoretical and practical), and one's own attitude to therapy in general. The teamwork on the project also brought about some interpersonal dynamics among the trainers and a different degree of integrative maturity came to light. This is visible especially in the fact that some trainers are 'ahead' in thinking about integration, while others' views are

still settling. This seems like an advantageous moment for the training concept formation, as it requires explaining on one side and understanding on the other, and therefore calls for a high degree of openness among the trainers.

When working on the common concept of training it is important for trainers to map common therapeutic bases. The mapping involved the following areas: the aim of the therapy, the attitude toward psychotherapy and psychopathology, the understanding of the therapeutic relationship, and general clinical procedures. A certain degree of accord regarding attitudes to psychotherapy and clinical experiences is necessary between trainers, as it created the platform of common understanding crucial for TPI trainers. Finding a common, ideally atheoretical, psychotherapeutic language seems pragmatic to trainers' communication both among themselves and with future trainees. To arrive at such a language, each trainer introduced one of their case samples using their own (house) therapeutic language, giving the others a chance to have a dialogue with him/her. Then together they examined what they had in common and where their approaches departed from each other, both linguistically and fundamentally. This case sample activity showed that, while it is usually possible for trainers to understand each other across various approaches, the immense variety of integrative backgrounds essentially means that it is not possible to be understood in everything. This complexity was illustrated, for instance, by a discussion on how a particular psychotherapeutic theory can influence a therapeutic relationship and how (and if) this influence differs between psychodynamic therapy, logotherapy, and Gestalt therapy. It seems that this dialogical approach in the search for common bases fosters an increased trust among colleagues and strengthens the overall idea of integrative training. One trainer reflected on the value of maintaining this ongoing dialogue: I enjoy listening to the process of the concept formation and when we talk about the theory, then I really see the dialogue in it, as I feel how when you talk about it, you do not identify with it, but really hold some kind of a dialogue.

What follows after mapping common bases is identifying a common approach to integration. Once such an approach is determined, the philosophy of training, its content, and the method of teaching integration can all be derived from it. A shared approach to integration is the basis of the training concept and at the same time functions as a stabilizer of the whole process; it is an idea to which one can return should the team get lost or stuck in the preparation of the concept. Identifying the umbrella idea of the training concept is related to the identity of the integrative training. A shared approach to integration also means defining it within the scope of integrative psychotherapy. The trainers arrived at the conclusion that their understanding of integration differs from the four current theoretical approaches to integration and that they do not want to create a new integrative approach, but

rather a new approach to training integration. They defined their standpoint by formulating the basis of their integrative approach to the psychotherapeutic training, which teaches the trainees to consciously create their own integrative perspective. In this approach, integration is a process of honest searching and constant development, as well as self-education on things that both benefit the client and resonate with the therapist. The identity of the training is the idea that both trainers and trainees already have a certain understanding of psychotherapy and that they are bringing this understanding into the training. The aim of integrative training is to train openness towards the mapping of such previous knowledge and to expand it for the client's benefit. One trainer expressed this idea, saying that "it is not about creating a new theory, but about the process. For me integration is a process of honest searching."

The identity of integrative training is comprised not only of the articulated integrative standpoint of the training institute, but also of the attitude towards other integrative approaches, established training programs, and professional institutions. The formulation of a training identity is influenced not only by the experience of trainers in the role of trainees, but also by reflection upon the key moments in acquiring skills in clinical practice. It seemed quite difficult for the trainers to positively formulate the identity of training at the beginning of concept formation, even though the motivation for establishing a new training was not based on their negative experience with other training institutes. At the beginning of work, it was thus easier for the trainers to formulate the training identity based on negative criticism of other training institutes, e.g. by establishing how their intentions differ from those of such institutes.

Although the trainers' goal was not to create a new integrative approach, institutionalizing the project (founding a formal association to provide the training, the accreditation process, entering the EAIP) meant formalizing integrative ideas – the points of departure of the training have to be defined in the accreditation materials. The trainers initially perceived the delineation of the training as something limiting the liberal idea of integrative movement, but later it became a source of assurance regarding the concept formation. Working on the structure and content of the training revealed the vastness of integrative training. This led to the need to limit the amount of the training's integrative openness as it might diffuse the therapeutic identity (as in – everything is ok for us, we teach anything). Trainers formulated the training identity with heavy a focus on the trainee – a prospective therapist. In parallel with the client-oriented approach, the training was called "therapist-oriented training" and the trainers wanted to provide space for trainees to find their own concept of psychotherapy and psychotherapeutic work. One trainer describes how this structure was greatly influenced by formal requisites.

The Czech ones are not too detailed, they didn't force us into anything, but when we wanted the European accreditation, they state in much detail what it should look like. And this pressure from outside really helped in finding the structure.

While developing the concept for TPI, several factors were observed that either stabilized and facilitated the process or slowed it down.

Hindering factors do not necessarily indicate a negative aspect in the process. On the contrary, as they slow the process down, they provide space for clarification of key ideas. These could be, for example, anxiety, doubts about integrative training, or a question on the therapeutic identity of trainees. Despite the fact that the trainers themselves arrived at their integrative standpoints through experience working with clients and through personal development, they experienced anxiety from integration during the process of integrative training concept formation. This was related, for instance, to their own knowledge and grasp of psychotherapeutic theory or to the difficulty of determining the integrative approach in psychotherapy that, had no handbook on instructional procedures. Trainers voiced these anxieties in various ways: "It looked like [the concept] disintegrates into pieces. That we have so many ideas for one basket and it is not possible to put them in the training structure." Another said:

I am passing out from the amount of literature... I always discover something new I have never heard of and what has been a fundamental book on trainings for years. I always realize how little I know and then I feel rather bad about it.

These doubts prompted trainers to question the plausibility of a common concept of integration. They described their path to integration as a journey guided by natural development owing to their experience with clients and as such started to question whether it was at all possible to skip or even merely speed up a trainee's natural development in order to reach this position. They also wondered how to pass the integrative experience they achieved by natural development on to the trainees. These questions gave rise to misgivings about the trainers' competency to lead trainees towards integration along a path that differed from their own experience. Their personal therapeutic development also led them trainers to ponder the therapeutic identities of the trainees. The trainers' professional identity was built first on their identification with a single approach, but the trainees would build their therapeutic identity differently. They pondered the implications of this idea, wondering "how to explain to the trainees that [they] integrate [their] primary approach with another one and [they] will teach [the trainees] something else." Another contemplated the current state of the trainees' identity: "My uncertainty concerns trainees' identity – I

developed a certain psychotherapeutic identity and then I changed it. But what identity do they have now, at the beginning of the training?"

To counteract this doubt and anxiety, various stabilizing elements were employed, such as working with metaphors, the accreditation process, placing emphasis on dialogue, humility and openness, bracketing, or defining graduates' competency profiles. Metaphors can be a useful tool if the process begins to somehow falter – generally at moments when trainers are not able to find a common language or the concept does not hold together. One trainer used one such metaphor to help clarify the concept of integration:

They'll learn to walk, but it is up to them where they go. We'll teach them the basic skills of walking, but we don't want to give them the direction: you have to go there, this is the right way.

The formal accreditation process serves as an official recognition of the training concept. It confirms that the concept holds together and contains consistent theoretical background and key skills for training a therapist. One trainer's comment appropriately underlines the importance and implications of this accreditation, as he recalled:

The amount of anxiety in the turning point when the training was being born it was very important for me when we received the accreditation. When we entered the process of accreditation my stomach was contracted and I was afraid it really would not work, that the way it was created it would not be acceptable and that it was not sufficiently elaborated. And the accreditation meant a huge relief, as it confirmed the concept has certain standards; and many things became clearer thanks to it, they became anchored, as the accreditation process structure made us and helped us to clarify things.

A constant emphasis on dialogue, be it among trainers or among trainers and future trainees (what will it be like for them?) supports the process of concept formation. Integration comes to exist through the dialogue of trainers aided by humility, openness, and time. During such a dialogue about the TPI, some trainers observed the occasional need to bracket their faith in the integrative concept, should others hold a different approach and be of different integrative thinking. Also defining a competency profile of future graduates helps to narrow the scope of what could be taught in the training and what is a subject of natural therapeutic development.

Discussion

The main result of this study is the description of the key topics of the integrative training formation process and an outline of the particularities of the process in the example of the TPI case study. It is a report on the process that many trainers who have created integration-focused courses and trainings in psychotherapy have experience with but has not been well-described in expert literature yet – it has only been described from a theoretical perspective (e.g. Castonguay, 2000; Norcross & Beutler, 2000) and is therefore devoid of empirical data. As early as twenty years ago, Connor (1994) pointed out the lack of information on therapist training in general and this idea has recently been confirmed by Hill (2014).

The process of an integrative training formation is a multi-layer dynamic process that, according to the theoretical concept of the Generic Model of Psychotherapy Training (Stabingis & Gelo, 2011), can be broken down into common settings factors. It is clear that, in comparison with unimodal trainings where other variables unwind from the umbrella theoretical concept, in integrative training a more specific description of precisely this phenomenon is significant, as all other variables regarding the training process (the content and form of instruction, trainees' qualifications etc.) unwind from it.

Jacobson (1999) points out the variety of the integrative approach in psychotherapy. The variety of integration in such a training is reflected in the complexity of themes that need to be included or discussed in the concept, which in turn causes the complexity of the formation process. We agree with Eubanks-Carter, Burckell & Goldfried's (2005), Rønnestad & Ladany's (2006), and with Lampropoulos & Dixon's (2007) assertion that, despite the constantly growing popularity of the integrative approach, the field of integrative trainings remains insufficiently explored.

The individual path to integration of each trainer prior to the training concept formation presents a source of motivation for such work and at the same time foreshadows possible hindering moments in the process. In their research, Rihacek, Danelova and Cermak (2012) described the path of members of the

training team towards their personal therapeutic approach, the unintended result of which was the adoption of an integrative perspective. Such development of trainers from a single-orientation identity to one of integration, as described by Castonguay (2006), could present a source of uncertainty in the question of an integrative therapeutic identity of future trainees. From Goldfried's (2005) definition, they will be 'integrationists from the get go', i.e. they will achieve the identity along a different path than that of their trainers, who

became integrationists by natural development. It is uncertain whether the trainers who, are also integrationists from the get go, treat the topic of therapeutic identity differently or if the way of integrative therapeutic identity development is also a question for them.

Achieving a certain integrative position before starting work on the training concept is also connected with the motivation to work with a particular team on a project that builds on integrative openness, as described by Lecomte et al. (1993). The achieved integrative perspective serves as motivation, draws the trainers to the project of integrative training, and undergoes a change as the project develops. This corresponds with Walder's (1993) and Lecomte's et al. (1993) description of integrative identity as a process of constant flow, which is dynamic and multidimensional and has a cyclic pattern. The fact that trainers work dialogically on the training concept is also reflected in their personal process of therapeutic identity and in their therapeutic development. In relation to Rihacek, Danelova and Cermak's (2012) description of the natural oscillation between autonomous and heteronomous therapeutic development that continues during a therapist's whole professional development, it seems advantageous for the integrative training concept formation if the trainers are in different phases of autonomy and heteronomy. This requires maintaining openness and dialogue between trainers and also between the views they hold, which represent key characteristic features of the integrative perspective (Garfield, 1995).

Mapping common therapeutic bases seems to be a key point of the integrative training formation, which is also confirmed by Walder (1993), who believes that an unclear concept of integration within a team of trainers is a weak spot of integrative trainings. Norcross and Grencavage (1989) point out an obstacle in psychotherapeutic integration caused by the difference in the languages of various approaches. It seems possible to overcome it with an atheoretical psychotherapeutic language that allows trainers to hold dialogues across various approaches.

In relation to Greben's (2004) pointing out that the absence of unifying integrative theory is considered the reason for the deficiencies in a training program, defining a common concept of integration seems a key factor. This has a stabilizing function in the concept formation process and it also supports the integrative training's identity. The findings of our study agree with Lecomte's et al. (1993) observation that there is no handbook in psychotherapeutic integration for the formation of such trainings, leaving trainers to depend on their own experiences and the conceptual framework of integration. This dependence in turn underlines the importance of the role these experiences play in the articulation of the training's identity, e.g. in a trainer's standing behind the training they have done. The formulation of an integrative training identity

could also be supported by the accreditation procedure for which it is necessary to define the trainings bases, attitudes, curriculum, and methods of instruction. As Connor (1994) describes, this formalization of an integrative approach could be experienced as a limitation of integrative openness principles by trainers.

The outlined hindering factors that arise in the integrative training formation process correspond with Walder's (1993) description of how demanding a trainer's role in such a training is, deriving from the confrontation of a substantial amount of theoretical and practical questions. On the other hand, including stabilizing elements such as work with metaphors, emphasis on dialogue, humility and openness, bracketing, defining the competency profile of a graduate, or the accreditation process, has proven to be an effective instrument preventing a state of feeling overloaded – and according to Consoli and Jester (2005), such a risk exists for both trainers and trainees in a psychotherapy integration training.

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