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Training Issues in Psychotherapy Integration: A Commentary

Louis G. Castonguay

Pennsylvania State University

This article is a commentary on A. J. Consoli and C. M. Jester's (2005) and J. Gold's (2005) eloquent and stimulating reflections on training in psychotherapy integration. Three issues are addressed: (a) the timing of an integrative perspective in training, (b) the potential merits of "hero worshiping" at an early phase of training, and (c) some misconceptions about training in "pure-form" psychotherapy.

Keywords: psychotherapy integration, psychotherapy training, psychotherapy practice

The maturity of a scientific and professional domain may well be reflected by the level of systematic and formal attention it has given to training. This is certainly true for the well-established traditions in psychotherapy. Within each of them, specific training methods have been delineated, and research has been conducted (albeit not nearly enough) on the acquisition of therapeutic skills (see Bootzin & Ruggill, 1988; Greenberg & Goldman, 1988; Henry, Strupp, Butler, Schacht, & Binder, 1993). Each major orientation also has its "temples." It is indeed easy to identify university programs and/or reputed institutes that are known for their theoretical and clinical teaching of cognitive-behavioral, psychodynamic, humanistic, or systemic approaches.

Unfortunately, training has been largely neglected in the field of psychotherapy integration (Robertson, 1986), and systematic programs are only beginning to emerge (see Castonguay, 2000; Norcross & Beutler, 2000; Wolfe, 2000). It is therefore a welcoming sign for the growth of the integration movement that some of its prominent figures have given attention to this crucial issue. For trainers and trainees alike, there is much to be

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Correspondence concerning this article should be addressed to Louis G. Castonguay, Department of Psychology, Pennsylvania State University, University Park, PA 16802. E-mail: lgc3@psu.edu

learned in Consoli and Jester's (2005) and Gold's (2005) conceptually eloquent and clinically insightful articles. Rich information is provided with respect to the type of knowledge, skills, and experience that should be addressed during psychotherapy training as well as with regard to the methods that can be implemented to facilitate therapists' learning. More important, perhaps, their articles offer meaningful heuristics for discussing theoretical and clinical dimensions of psychotherapy training. It is in the spirit of such a discussion that I offer my thoughts.

WHEN SHOULD WE EMPHASIZE INTEGRATION IN PSYCHOTHERAPY TRAINING?

Consoli and Jester's (2005) article addresses what may well be the most important and controversial issue about training within the integration movement: Should beginning therapists be trained early on within an integrative model, or should integration of different approaches be encouraged at a later stage in the therapists' development? Consoli and Jester's article cogently argues for the benefit of an early training strategy (i.e., during a psychotherapy course in the second semester of a masters program). Having voiced my preference for the alternative view (i.e., that it might be better to foster an integrative orientation at the end rather than at the beginning of a training program; Castonguay, 2000), I raise a few concerns about their perspective.

My main concern has to do with the level of knowledge that one may need to have in various forms of therapy before being able to adopt or develop an approach to integrate them. As cogently argued by Beutler (see Norcross et al., 1986), one can only integrate well what one knows well. This means that graduate students should, in my view, have a deep understanding of the theoretical, clinical, empirical, and epistemological bases of each single orientation prior to using or to creating an integrative system of intervention. Needless to say, such knowledge requires a considerable amount of reading, thinking, experiencing, and practicing.

This is a particularly serious issue because, at least in my experience, many of our graduate students have spent much more time learning about major orientations from textbooks than from classic texts. I am always amazed to discover the small percentage of 1st-year (or even advanced) graduate students who have ever read writings of Freud, Rogers, or Skinner. The contact that many of these students have with the thoughts of these authors is through a summary of their work in introductory textbooks on abnormal psychology. Like Consoli and Jester (2005), I have had the unfortunate experience of dealing with students who disliked Freud but

admitted that they had never read his writings. I am therefore not surprised to read Consoli and Jester's candid admission that even those students who had taken all the prerequisite course work for the integrative course "felt they were learning basic theories in their pure form while learning how to integrate them at the same time" (Consoli & Jester, 2005, p. 369). To their credit, Consoli and Jester did recognize that "acquiring the necessary depth and breadth of knowledge in one semester seemed for many a gargantuan task" (p. 369). They also mentioned that there are students who are faced with meeting the Sisyphean task of "learning the basic tenets of four major psychotherapy traditions (psychodynamic, humanistic–existential, cognitive–behavioral, and systems theory) while also learning the nuances and complexity of the integrative stance" (p. 369). One may wonder how much the synthesis achieved by young scholars in such a short period of time truly respects both the substantive contributions of each of the orientations integrated and the theoretical, epistemological, and clinical gaps that separate them.

I should make it clear that I was not surprised to hear that the authors received positive feedback from students about their course. In fact, I would love to take it, let alone be able to teach it. However, I suspect that students would benefit even further if they had the opportunity to explore deeply the complexity and intricacy of each of the major contemporary orientations (which, I firmly believe, cannot be done within 2 to 3 weeks of a graduate seminar). Ideally, this is a course that one should take after—rather than before—having a solid understanding of traditions that have been built over decades of thoughtful work by the luminaries in our field.

My worries about an integrative approach as a training framework for beginning therapists are lessened by Consoli and Jester's (2005) provision of an elegant conceptual structure—a model that captures numerous convergences and complementarities across orientations. I venture to guess, however, that the use of such a model is more the exception than the rule. In fact, I predict that the "advanced" psychotherapy seminars offered in many of our graduate programs are survey courses based on rudimentary textbooks—this was the case until recently at Pennsylvania State University (where I teach). This type of course curriculum is aptly described by Consoli and Jester (2005) as the theory of the week (p. 359).

My disagreement with Consoli and Jester (2005) is mostly an issue of emphasis rather than outright opposition. Like them, I am convinced that the emergence of more than 400 theories of psychotherapy is not a salutary sign for our field. For one thing, many of the "new" approaches may not be as original as one might believe them to be. I have for a long time fantasized about creating a reading group that would meet for several years and in which graduate students would be invited to read classic texts associated with major current schools. The students would then be asked to

read a book describing many of the 400 current forms of therapy. My prediction is that most of them would conclude, as once did Jerome Frank (1976), that there is not much new under the sun. In Frank's words, "Innovations that at first glance seem revolutionary turn out to be modified applications of newly rediscovered principles of learning and healing" (p. 78).

Also like Consoli and Jester (2005), I believe that the multifaceted nature of human experience is not adequately captured by any of the major approaches. In other words, current models of personality and psychotherapy have failed to reflect the complexity of human experience and change. For example, although cognitive-behavioral models have not paid considerable attention to emotional, developmental, interpersonal, and conflictual issues, a number of empirical studies have shown that a focus on these human dimensions during cognitive-behavior therapy (CBT) is linked with positive outcome (Castonguay, 2000). These findings suggest that integrating such dimensions within the conceptual apparatus and technical repertoire of CBT might improve this approach. As argued elsewhere (Castonguay, 2000), the cognitive-interpersonal model of Safran (1998; Safran & Segal, 1990) provides a solid conceptual framework to encompass these exact dimensions and serves as the basis for promising therapeutic results (e.g., Castonguay et al., 2004; Newman, Castonguay, Borkovec, & Molnar, 2004; Safran & Muran, 1996). I assume that Consoli and Jester would agree that such efforts are likely to be more beneficial for the field than the creation of "new" schools, which may simply lead to reinvention of the wheel. Consistent with the view expressed above, I argue that the reason why Safran has been able to expand the scope of cognitive therapy within a cohesive model is because of his extensive training in this approach as well as his long "pilgrimage" into humanistic and psychodynamic orientations.

Such a systematic investigation of major orientations is at the core of what I believe would be an optimal psychotherapy training program. As described elsewhere (Castonguay, 2000), this program would involve five (more or less) distinct phases: (a) preparation (in which beginning students would learn about basic therapeutic skills as well as general principles of intervention that are accepted by most clinicians, e.g., working alliance, corrective experience; Goldfried, 1980), (b) exploration (in which students would be encouraged to intervene with different orientations), (c) identification (in which more advanced students would be asked to commit a significant amount of time to deepening their understanding and refining their skills within one of the schools they had previously explored), (d) consolidation (in which students would be expected to expand their expertise of their selected orientation by engaging in different roles and practicing different modalities of intervention), and, finally, (e) integration (in

which students would be asked, during their internship and beyond, to enlarge and eventually transform their model of change to accommodate experiences and phenomena that were not adequately addressed by their preferred orientation). Throughout all of these phases, students would be asked to avoid an “all or none” attitude. They would be expected to investigate and pay respect to all of the merits (conceptual, practical, and epistemological) of the orientations they explored or adopted yet keep a constantly open mind about their limitations. This attitude of intellectual commitment and honesty parallels Consoli and Jester’s (2005) description of good predictors of successful therapists: “tolerance of ambiguity, diversity, and alternative points of views” (p. 359).

In many ways, the training program outlined above is consistent with Gold’s (2005) view about when a new therapist should become integrative, that is,

probably . . . after he or she has been able to learn one system of psychotherapy well, well enough to appreciate and to use all of the advantages of that system while remaining aware of and dissatisfied with the limitations of that system (Gold, 2005, p. 381).

TRIBAL LOYALTY VERSUS HERO WORSHIP

Gold (2005) has eloquently argued that hero worship and unquestioned allegiance to one orientation may be the manifestations of a ubiquitous human strategy to reduce anxiety and confusion. I agree with him that such a strategy can interfere with a student’s development if it refrains him or her from being open to new ideas and effective intervention. I also agree with Gold that the membership in one psychotherapy approach, especially before the advent of the integration movement, has allowed many therapists to demonize or ridicule colleagues identified with another orientation (see Castonguay, Reid, Halperin, & Goldfried, 2003).

I also believe, however, that it is possible and advisable to differentiate hero worship from tribal loyalty. As stated by Consoli and Jester (2005), Ronald Laing (1965) perceived Freud as a hero— even though Laing could hardly be seen as a faithful member of the psychoanalytic tradition. I also argue that hero worship is not necessarily detrimental for the growth of a student—at least at a very early stage of training, when the admiration and deep exploration of the work of a genius do not require a professional commitment. Every time I read Freud as an undergraduate, I became a fervent Freudian. I also became a proud behaviorist when I read Skinner and an ardent humanist after reading Rogers and Laing. I would like to believe that my reading of these authors was guided more by curiosity and thirst for knowledge than by anxiety. I would also like to think that my

fervent admiration of them represented (and still reflects) more than an illusory search for control and certainty. In fact, I found myself intellectually confused toward the end of my undergraduate degree, but no harm was done. There were no clinical or empirical implications to this sense of confusion. I now see this confusion as the price to pay for an in-depth investigation of masterworks at an early stage of my career.

In contrast to Gold (2005), I believe that students should be told that in psychotherapy, like in sports, there are deities and heroes. They should also be advised, however, that the presence of such mythical figures should not blind them or force them to be subservient to others' experience and insights (no matter how brilliant and evocative these are). As Strupp (1976) once said, generations of psychodynamic therapists have tended to "elevate the writings of Freud and those of other pioneers to a status of Gospel truth, when instead they should be regarded as working hypotheses, subject to refinement and even radical change" (p. 240). Of course, therapists of other orientations have not been immune to the danger of such orthodoxy (e.g., Mahoney, 1980; Thorensen & Coates, 1978).

Young therapists need to find therapeutic heroes, but they do not have to join a club (at least as a life member). They should read the luminaries in our field, will be influenced by many of them, and, through a long process of thinking, practicing, and experiencing, will progressively find their own voice. At the right time and under the right circumstance, worshiping these luminaries may do more than reduce one's anxiety. It may facilitate imitation and identification, which, as Gold (2005) mentioned, were perceived by both Freud and Piaget as some of the most enduring modes of learning.

MISCONCEPTION ABOUT "PURISM"

Although I mostly see great merit in Consoli and Jester's (2005) and Gold's (2005) articles, I am concerned that they also reflect and perhaps inadvertently reinforce a number of misconceptions with regard to an identification (even a temporary one) with a unique approach. Identification with one school is often equated to a rigid commitment or, to use the evocative and challenging works of Gold, to the sin of tribalism. As clearly reflects my own theoretical background, I believe that such equation may reflect a cognitive error known in my tribe as "all or none thinking": Whereas training in one orientation ineluctably leads students to dogmatism, an integrative perspective encourages them "to learn a relativistic, inclusive way of thinking rather than an absolutist, exclusive way of thinking" (Gold, 2005, p. 380). To his merit, Gold recognized that a dogmatic allegiance can take place in psychotherapy integration. However, it is also

important to recognize that open mindedness can and does take place in the writing and thinking of authors who have been identified with a particular orientation. To a certain extent, Consoli and Jester seem to show the same type of dichotomous thinking or splitting in their words,

The stance that we seek to foster in our students can be described as moderately relativistic, inclusive, explicit, and, at times, skeptical. We believe that it is this stance that lays the foundation for the development of an integrative psychotherapist. We contrast this with an absolutist, exclusive, implicit, and, at times, gullible professional stance. (Consoli & Jester, 2005, p. 367)

I believe, however, that the true spirit of integration (i.e., the desire to improve our understanding and treatments by keeping an open mind about the complexity of change; Castonguay et al., 2003) can be achieved within the framework of one orientation.

A second misconception is that adopting a “purist” view during one’s training can provide an antidote to clinical anxiety and fear. I wish this had been the case for me when I was a graduate student in a decisively CBT program. As a matter of fact, it took me a long time to become comfortable when developing case formulations and treatment plans, even when I limited myself to the maps provided by my CBT training. Our theory, integrative or not, is only a prism or a small window on the complexity of human change, and to believe that an affinity to one model dissipates most fears, confusion, and anxiety is unfair. The issue is one of rigidity within or across divergent orientations.

I strongly believe that the integration movement should be guided by the astute words of André Gide: “Believe those who are seeking the truth. Doubt those who find it” (see e.g., Bartlett, 1992). Sad enough, I have seen people who found the truth in both camps (integrative and purist). Fortunately, however, I have also seen (in both camps) individuals who are still searching and will never stop, whether their search is mostly confined within one general orientation or leads them to venture into the territory opened up by leaders of divergent paradigms.

A related misconception is that students belonging to (or thriving in) a training program that fosters an in-depth exploration of one orientation are defended against a fear of freedom. This is implied by Gold’s (2005) argument that a fear of freedom is an obstacle to the implementation of an integrative training approach. Here, I disagree. I do not think that the students are afraid of freedom—what they fear, instead, is lack of structure, cohesion, and mastery. I venture to say that one can be unfocused, unorganized, undisciplined (or, for that matter, uncaring, rigid, dogmatic, and punitive) as an integrative or a “pure-form” supervisor. I do agree with Gold that freedom is a crucial element for training. From my point of view, however, the key is to achieve freedom within cohesion or flexibility within an organized conceptual system.

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