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Innovation in Psychotherapy Integration: A Possible Need for Practice-Based Evidence

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Abstract. In the development of psychotherapy, the debate between opting for a specific model as opposed to systems integration has been a growing controversy. In addition, questions have been raised with regards to the consistency of integration approaches, the benchmark for choice of integration approach and the proficiency of practitioners. This article examines the reasons for integration using a systematic review to evaluate the triumphs made since the inception of psychotherapy integration. The authors' advocates for Miller, Duncan, and Hubble's in 2004 suggest practice-based evidence approach one of the appropriate innovative way of improving client retention and outcome. To us, this approach will enable the clinician have a better stand in therapy as scientist-practitioners.

Keywords: Psychotherapy; Common Factorism; Assimilative Integration; Technical Eclecticism; Theoretical Integration; Practice-Based Evidence.

Introduction

The world is gradually moving towards a point of blend in the various schools and systems of psychology and their respective therapies. With creativity as the driving force of each organisation, therapists are burdened each second to enhance client satisfaction and clinical outcome of therapy. As a consequence, practitioners in their pragmatic lens become eclectic or integrative in their practice when they tend to merge theories as well as a range of techniques from various schools of psychology. An important factor noted often among such practitioners is often tied to past

therapeutic experiences vis-à-vis what may work best for the client in general. In other instances, factors such as immediate client need, respective preferences and capabilities of therapists serve as the benchmark for opting for integration [1].

This movement is called Eclecticism or Integration [2]. Even though these words maybe used interchangeably, some psychologists rather prefer to use them differently. “Eclecticism” sometimes is interchanged with a more progressively preferred name called “Integration” [3]. A careful attempt to distinguish Eclecticism from Integration has been taken on by some authors [4-5].

Integration as identified has seen to take the form of a system whose elements form part of a united whole pertaining to theory and practice, while eclecticism which draws spontaneously from a number of approaches when dealing with a particular case [4]. Although some authors have taken on the challenge to distinguishing integrative from eclectic practice in specific therapies, the need for reliability in the theoretical methodology throughout therapy is encouraged [5].

Noting from the general assumptions on integration, this pragmatic approach of picking up what therapy can work as and when needed can be established basically with a combination of two or more systems of therapies or a single therapy developed from several systems. Examples of several combinations are used by combining psychodynamic, behavioural, and family system therapies [6] or merging experiential, cognitive, and interpersonal approaches [7]. The next general form usually builds a single therapy across several different therapies [8] or several combinations of techniques from several sources due to their important connection with regards to the specific needs of individual clients like [9].

The Progress of Psychotherapy Integration

Some decades ago, research survey conducted on the view of therapists including other mental health professionals showed that about 59% to 72% endorse eclecticism as their preferred approach [10], research work over the years have notes no therapist as strictly eclectic [10-11]. In addition, although the idea of having integration exists, some psychotherapists view it as a sheer popularity of theories without empirical evidence or structure. Nonetheless, predictions were made before the millennium to birth a golden age for psychotherapy integration or eclecticism.

Thus, a hope was seen in a future where there will be a consensual appreciation of the scope of psychotherapy integration, evidence-based researches to prove the differential effectiveness of integrative therapies, and training programs that cover competency in among eclectic practitioners [11]. Upon recent review, some of these questions have not being fully addressed over a decade now [12].

Arguing from the current switch of health care consumers en route for ‘outcome’ of the service rather than just the ‘service’ itself [12-13], proposal for practice-based evidence is needed. The aim of our study was to bridge the gap of need of enhancing the therapy outcome and client retention. The authors used a systematic review with much respect to the growing scope of innovation in the health care industry.

A Possible Need for Practice-Based Evidence

From the above reviewed studies, it is plausible to appraise the significant efforts made by the various approach of psychotherapy integration in enhancing the quality of therapy. Nonetheless, the issue of realising a single comprehensive structure of psychotherapy among the major models and validated evidence-based practice are still problematic. All the same, the hope of eclecticism cannot be promising without the development of an all-inclusive psychotherapy [14]. In the same vein, therapists are warned that the future might rather have a multiplicity of eclectic models if such consensus fails to occur [15]. Notwithstanding these claims, analyses of integrative psychotherapy still shows a gap to this regard [1], even though cautioned as a daunting task in the past [14]. In addition, updates also supports that therapists’ training had failed to implement this goal of ensuring such coalition of therapies which is a requirement of integration [16].

The second notable challenge is the argument to provide clinically validated integrative evidence-based practice for psychotherapy as seen in the ‘medical model’. Observing integrative therapists in the past, much of their efforts were often directed towards reporting about their approaches of integration rather than measuring their effectiveness [17]. Although some significant efforts have been made in this area with the inception of evidence supported therapies (ESTs) and randomised clinical trials (RCTs) [18], critics specifies otherwise [12, 21]. Observing the

limitations of ESTs and RCTs, practitioners are found to maintain a system of evidence-based psychotherapy practice in order to provide valid results [22]. Likewise, ecological validity of such studies has to be used carefully since demographic characteristics of clients can pose a challenge to the success of therapeutic outcome [23].

Notwithstanding these perspectives on maintaining an organised theoretically validated and evidence-based practice approach in psychotherapy integration, opting for practice-based evidence may be a solution [12]. As part of indicating the future of clinical practice on the face of consumer satisfaction and efficiency of therapy, an outcome-informed approach has been suggested. Noting from Miller and colleagues, *“Adopting an outcome-informed approach would go along way toward correcting this problem, at the same time offering the first ‘real-time’ protection to consumers and payers. After all, training, certification, and standards of care would involve on going and systematic evaluation of outcome - the primary concern of those seeking and paying for treatment. Instead of empirically supported therapies, consumers would have access to empirically validated therapists. Rather than evidence based practice, therapists would tailor their work to the individual client via practice-based evidence”* (p.15-16) [12].

Although critics call this approach as a more simplistic feedback method as oppose the more traditional therapy centered approach, *“therapists would be better able to achieve what they always claimed to have been in the business of doing - assisting change. More important, clients would finally gain the voice in treatment that the literature has long suggested they deserve”* (p.16). Considering the development of valid and reliable instruments like the *Session Rating Scale 3.0 (SRS)* [23] and the *Outcome Rating Scale (ORS)* (Miller & Duncan, 2000), there is a greater hope for more innovation in therapy outcome and client retention for integrative and eclectic therapists without sacrificing the consumer for product.

Conclusion

We believe the call for this kind of innovation is much needed as the scope of psychotherapy integration as Miller et al. argues, *“The approach is simple, straightforward, unifies the field around the common goal of change, and, unlike the process-oriented effort employed thus far, results in significant improvements in outcome”* (p.15) [12]. Noting the challenges noted against the hope of attaining a flawless system of integration, therapist will be more focused on attaining results and client satisfaction as they opt for this approach.

In effect, the need to brand and generate a more innovative market as therapists, will require the turning of the bearing to the choice of being “consumer focused” rather than “product/service focused” just as any other service or product market [12, 19-20].

Even as researchers are still working to overcome the challenges of using ESTs and RCTs in integrative psychotherapy studies, therapists as a form of substitute can conveniently adopt the use of the practice-based approach. This will serve therapist as a way of growing their work quality by not just dumping anything called ‘research findings’ on clients.

As scientist-practitioners, this approach will enable both process and outcome evaluation to indicate progress or decline. Thus, as a scientist-practitioner, the therapist *“applies critical thought to practice, uses proven treatments, evaluates treatment programs and procedures, and applies techniques and practices based on supportive literature”* (p.770) [26].

We recommend future research work and development of assessment tools to enhance the work of therapists who aims at integrating therapies to achieve success.

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