Psychotherapy
2016, Vol. 53, No. 1, 78–89

0033-3204/16/$12.00 http://dx.doi.org/10.1037/pst0000040

The Journey of an Integrationist: A Grounded Theory Analysis

Tomas Rihacek and Ester Danelova
Masaryk University

Surveys among psychotherapists tend to show a high preference for integrationism/eclecticism. There is, however, a lack of empirical studies exploring the process by which these psychotherapists arrive at this orientation. To answer this question, 22 autobiographies published by integrative psychotherapists were analyzed using grounded theory analytic procedures. The analysis resulted in a 3-stage developmental model, consisting of (a) the Adherence Phase, (b) the Destabilization Phase, and (c) the Consolidation Phase. The results are discussed in relation to several speculative models of psychotherapist development toward integration, as well as empirical literature on psychotherapist development. The results suggest that the tendency toward integration is best regarded as a natural part of the process of psychotherapist development.

Keywords: psychotherapy integration, psychotherapist development, personal psychotherapeutic approach, grounded theory

Psychotherapy integration has become a phenomenon which is pervading the current psychotherapy scene (Norcross & Goldfried, 2005). In a wider sense, this integration of the numerous influences at work in the field is a process which has given rise to every school of psychotherapy and continues to be an integral part of psychotherapy's evolution (McLeod, 2009). In the context of this study, psychotherapy integration is understood as an umbrella term for "crossing the boundary" of one's initial orientation, including theoretical integration, technical eclecticism, common factors, and assimilative integration (e.g., Castonguay, Eubanks, Goldfried, Muran, & Lutz, 2015; Castonguay, Reid, Halperin, & Goldfried, 2003; McLeod, 2009; Norcross & Goldfried, 2005). Various surveys indicate that integrationism/eclecticism is more likely to be a norm among psychotherapy practitioners, rather than an approach espoused by a handful of apostates (e.g., Hollanders & McLeod, 1999; Thoma & Cecero, 2009). Despite the extent of this phenomenon, there is an absence of empirical studies on psychotherapist development toward an integrative perspective (O'Hara & Schofield, 2008). In the introduction, we therefore focus on empirical models of psychotherapist development in general and also on more specific, albeit mostly speculative, models of this development toward integration.

This article was published Online First January 18, 2016.

Tomas Rihacek and Ester Danelova, Department of Psychology, Masaryk University.

The authors are grateful to Jan Roubal, Stana Dudova, Radim Karpisek, and Marketa Rokytova for their valuable comments on an earlier version of this article and to all psychotherapists who provided feedback on the results. This study was supported by the Czech Science Foundation Grant GAP407/11/0141.

Correspondence concerning this article should be addressed to Tomas Rihacek, Department of Psychology, Faculty of Social Studies, Masaryk University, Jostova 10, 602 00 Brno, Czech Republic. E-mail: tomas.rihacek@gmail.com

Empirical Models of Psychotherapist Development in General

Studies focusing on psychotherapist development tend to show movement toward greater autonomy and personalized working styles in the course of their careers across orientations. In their extensive qualitative study ($N = 100$), Rønnestad and Skovholt (2003) found that psychotherapists' development typically manifested itself in a three-stage process, from (a) a conventional and internally driven "lay helper" mode where helpers' approaches are based on a quick identification of the problem, strong emotional support, and advice based on their own experience, through (b) the rigid and externally driven mode of the training period in which trainees focus on mastering theoretical knowledge and techniques in a precise manner, suppressing their intrinsic ways of functioning, to (c) an internal and flexible mode of functioning marked by an increasing integration of practitioners' professional and personal selves.

In a longitudinal study on counselor development ($N = 12$), Hill, Charles, and Reed (1981) arrived at a four-stage developmental model, consisting of: (a) sympathy, which basically corresponds to Rønnestad and Skovholt's (2003) lay helper stage, (b) counselor stance, characterized by rigid adherence to a model taught in training, (c) transition phase, in which trainees are exposed to many orientations, clients, and supervisors and may become atheoretical, focusing on "whatever works," and (d) integrated personal style. Similarly, in their qualitative study on psychoanalytic trainees, Carlsson, Norberg, Sandell, and Schubert (2011) identified "Finding one's own style" as the last phase of the process, preceded by "Searching for improvement" and "Attachment to preformed professional self."

Models Describing Psychotherapist Development Toward Integration

To our knowledge, only two qualitative studies focused specifically on the process of becoming an integrative psychotherapist. Rihacek, Danelova, and Cermak (2012) identified two groups of

criteria upon which psychotherapists decide whether they incorporate a particular technique or concept into their personal psychotherapeutic approaches. Autonomous criteria, including congruence with their personality and perceived efficacy of their personal approach when the concept or technique is added to this approach, led to a process called intuitive integration. In contrast, heteronomous criteria, namely, psychotherapists' own needs for adherence to a psychotherapeutic model and social influences which prescribe or legitimize a certain course of action, led to the identification with an existing model of psychotherapy. Furthermore, Rihacek and Danelova (2015) identified six categories explaining why psychotherapists integrate diverse theoretical traditions: Empiricism, Scientific Attitude, Therapeutic Humility, Perceived Inefficacy, Need to Comprehend, and Striving for Congruence. Neither of these studies, however, resulted in a phase model which deals with psychotherapist development toward integration.

Several authors have created speculative models of such development, based on their own experience or drawing on theoretical literature. Norcross (2005; Prochaska & Norcross, 1999) applied Werner's organismic-developmental theory and conceptualized psychotherapist development toward an integrative stance into three phases, where: (a) a psychotherapist has a global, undifferentiated understanding of psychotherapy theory, (b) a psychotherapist perceives differentiation of the whole into parts, but loses perspective of the whole, and (c) a psychotherapist organizes and integrates the parts into a whole at a higher level and appreciates the unity and complexity of psychotherapy.

Castonguay et al. (2003) drew a parallel between the growth of a psychotherapeutic school, and an individual psychotherapist's development. In their model, a psychotherapist (a) experiences a period of excitement and discouragement, connected with the first achievements and failures in practice. This is followed by (b) a period of confidence and rigidity after a psychotherapist solidifies his or her personal approach, and finally, by (c) a period of humility and openness for potential contributions from outside the original approach.

Castonguay (2000) described his model of integrative psychotherapy training, which was derived from his later-documented personal experience (Castonguay, 2006) and can simultaneously stand as a model of psychotherapist development. It consists of five stages: (a) preparation (i.e., learning basic clinical and interpersonal skills), (b) exploration of the major psychotherapy orientations, (c) identification with a particular orientation which enables a trainee to cope with confusion stemming from the plurality of orientations, (d) consolidation of this orientation, and (e) integration of contributions from other orientations, which begins in an assimilative manner and gradually becomes more accommodative. This model describes an ideal course for a trainee's development within an integrative training, with the fifth phase extending beyond the training period.

Jones-Smith (2012) has conceptualized an integrative psychotherapist's development into eight stages: (a) preexisting personal orientation, worldview, and belief system, (b) training emphasis on certain skills and techniques, (c) adoption of a single orientation, (d) assimilative integration of techniques from outside the training orientation, (e) revision of one's theoretical orientation, (f) continuing education, broadening techniques, (g) practical theory integration, and (h) consolidating one's personal style followed by only minor changes. This model captures the career-long course of an integrative psychotherapist's development.

Summary and Goal of the Study

Summarizing the models focusing specifically on development toward integration, we may conclude that in the initial stages of their professional development, psychotherapists struggle to master basic clinical and interpersonal skills, which can give rise to intense emotions, both positive and negative. Their view of the psychotherapeutic profession is fragmented, with excessive attention being paid to details at the expense of a broader perspective. Their need for identification and legitimization may prevent them from utilizing sources from outside their training. Later, psychotherapists gain confidence and also become more rigid, focusing predominantly on a single orientation and consolidating their professional identity. Finally, identity issues recede into the background and therapists tend to loosen the boundaries of their approaches and become more open to other orientations, enriching their working styles. While some authors (Castonguay, 2000; Castonguay et al., 2003) view this process as a continuing stance of openness and willingness to consider new influences, others believe that psychotherapists ultimately create consolidated personal styles with only minor subsequent changes (Jones-Smith, 2012) or that the process of integration concludes with the creation of a new psychotherapeutic system (Norcross, 2005). The surprising similarity between the "integrative" and "general" models suggests that psychotherapy integration is a natural part of psychotherapist development rather than a specific and narrow phenomenon. As such, it can hardly be studied separately from the general course of this development.

Given the lack of empirical work in this area, the goal of this study was to qualitatively derive an empirically grounded model which describes psychotherapist development toward an integrative perspective and compare it to existing theoretical models using a sample of autobiographies published by integrative psychotherapists and including author feedback. The question explicitly addressed by this article—how integrative psychotherapists develop in a sequence of phases—is one that empirical studies to date have left unaddressed. Furthermore, while the present study used the same dataset as Rihacek and Danelova's (2015) study (i.e., autobiographic chapters published in Goldfried, 2005), it added several autobiographic articles not analyzed before (Blott, 2008; Castonguay, 2006; Giovazolias, 2005; Lampropoulos, 2006a; Norcross, 2006; Nuttall, 2008; Watson, 2006), and it also utilized author feedback as a means of validation. Having served as coders in Rihacek and Danelova's (2015) study, the authors built on their familiarity with the data. However, in the present study, the data were analyzed anew, guided by a different research question, consequently producing an independent (nonoverlapping) set of categories.

Given the exploratory nature of this study, the grounded theory method (Charmaz, 2006; Glaser & Strauss, 1967) was chosen for the analysis. This method is designed for theory generation and can make use of relatively heterogeneous data, utilizing the constant comparative method (Boeije, 2002; Glaser & Strauss, 1967). During the analysis, the existing models introduced above were "bracketed" by the researchers: the categories were created independently from and without reference to these models and the

results were compared to the existing models only after they had been finalized. The word "development" is used throughout to refer to a succession of stages without implying a positive direction to this succession.

Method

Participants

Psychotherapists. The study is based on the analysis of 22 autobiographies published by integrative psychotherapists. The data corpus consisted of all such publications we were able to find. Namely, it included 15 chapters published in the book *How Therapists Change* (Goldfried, 2005), authored by Lorna Smith Benjamin, Morris N. Eagle, John M. Rhoads, George Stricker, and Paul L. Wachtel (representing the psychodynamic orientation, as classified by Goldfried, 2005), Herbert Fensterheim, Iris E. Fodor, Alan J. Goldstein, Arnold A. Lazarus, and Michael J. Mahoney (representing the cognitive-behavior orientation), and Larry E. Beutler, Arthur C. Bohart, Leslie S. Greenberg, Lynne Jacobs, and Barry E. Wolfe (representing the experiential orientation). Furthermore, a series of four autobiographic articles published in the *Journal of Psychotherapy Integration*, Vol. 16, No. One (Castonguay, 2006; Lampropoulos, 2006a; Norcross, 2006; Watson, 2006) and three stand-alone articles (Blott, 2008; Giovazolias, 2005; Nuttall, 2008) were included. The sample thus included 5 female authors and 17 male. Given the fact that published texts were used as data resources, formal consent to be included in the analysis was not sought from their authors. Nevertheless, they were invited to provide feedback on the analysis (see Procedure).

The sample represents psychotherapists who moved toward integration from a single theory perspective, as well as those trained in an integrative model from the outset. All of these 22 psychotherapists have developed their own integrative perspective, in our study defined broadly as a combination of two or more psychotherapy approaches in one's practice.

Data analysts. Both authors acted as data analysts. The first author was a 36-year-old man with 10 years of part-time psychotherapeutic practice, trained in Gestalt therapy. The second author was a 29-year-old woman with her M.A. in psychology and her M.A. in psychotherapeutic studies, currently attending a Gestalt therapy training, who had been practicing psychotherapy part-time in independent practice for three years. Both authors shared humanistic/experiential orientation, were influenced by psychodynamic thinking and favored psychotherapy integration.

Procedure

Data collection. The contributors to Goldfried's book were asked by the editor "to narrate their growth experiences, illustrating the change process with anecdotes and illustrations" (Goldfried, 2005, p. x). They were asked to address five key aspects of their professional, as well as personal, evolution: (a) lessons originally learned, (b) strengths of original orientation, (c) limitations of original orientation, (d) how change occurred, and (e) current approach (for more detailed information, see Goldfried, 2005, pp. 14–15). The contributors to the issue of *Journal of Psychotherapy Integration,* dedicated to developmental journeys of integrative psychotherapists, were asked to reflect on their: (a) motivation, training, and development as integrative clinicians and researchers; (b) previous and current integrative practice and research; (c) future plans for integrative research and clinical/professional development; (d) goals, hopes, and predictions for the future of psychotherapy integration and the Society for the Exploration of Psychotherapy Integration (Lampropoulos, 2006b). The three stand-alone articles were presumably free of any unifying instructions. The length of the chapters and articles ranged from 8 to 26 pages, yielding over 400 pages of analyzed data altogether.

While it is more common in qualitative research to use interviews as a source of data, written accounts, such as diaries or autobiographic narratives, represent a viable alternative (e.g., Silverman, 2003) and have been used either as a stand-alone method of data collection (e.g., Gray & Lombardo, 2001; Pasupathi & Mansour, 2006) or in combination with other methods to enhance the validity of the study (e.g., Lawson, McClain, Matlock-Hetzel, Duffy, & Urbanovski, 1997; Topley, Schmelz, Henkenius-Kirschbaum, & Horvath, 2003). No direct empirical evaluation of the quality of data obtained from written narratives, as compared to interviews, has been found. Nevertheless, the use of written narratives can be supported by several arguments: (a) writing a narrative gives the author enough time to recall the details of their earlier experiences; (b) it lets participants develop their thoughts without being influenced by the researcher (Dahlberg et al., as cited in Persson & Friberg, 2009); (c) research on trauma memories suggests that writing, as opposed to spontaneous oral reports, helps participants organize components of their memory in a sequential fashion (Peace & Porter, 2004), which is particularly useful regarding the goal of this study; and (d) using published narratives gives the reader an opportunity to assess the authors' conceptualizations and interpretations. There are, of course, also several drawbacks regarding the analysis of writing: (a) it may be considered a barrier for those with poor writing skills (which was not the case in our study); (b) it deprives the researcher of the possibility to react to the participants and explore in depth aspects which were only briefly mentioned; (c) the narratives, especially if created for some another purpose, may not be fully focused on the research question; and (d) it gives the participants more space for stylization and may hinder the revelation of material that would be spontaneously presented within an interview.

Data analysis. The analysis proceeded in several steps. First, the 15 chapters published in Goldfried (2005) were digitalized for the purpose of computer-assisted analysis (the seven journals were already in digital format). Atlas.ti (version 5.2) was used to code the data and to organize the researchers' notes. The analysis was conducted according to the principles of the grounded theory method, with a focus on the content of the narratives (i.e., we did not analyze their form or structure). As the first step, open coding procedures (Charmaz, 2006; Glaser & Strauss, 1967) were used to inductively build concepts: the text was divided into "meaning units" (i.e., sections conveying one main idea relevant to the research question), which were labeled with codes. All chapters were analyzed by the first author with a broad focus on development toward integration and the results were then audited by the second author, adding several codes and specifying the codes' descriptions. This analysis suggested that there was a common sequence of phases in the psychotherapists' development toward integration. Therefore, we decided to narrow our focus and analyze this sequence pattern in more detail. A thorough reanalysis of the

15 chapters conducted by the first author yielded a list of 75 conceptually distinct codes related to the sequence of phases. Subsequently, using a process of constant comparison (Boeije, 2002; Glaser & Strauss, 1967), these codes were gradually merged into 13 broader concepts based on their commonalities, as well as differences. This step was again audited by the second author and all discrepancies were discussed to reach a consensus (Hill, 2012).

Next, the authors used theoretical coding procedures (Charmaz, 2006; Glaser, 1978) to connect concepts into an emerging developmental model. Theoretical coding consists of searching for relationships among concepts in data which may, for instance, take the form of a cause and effect, a hierarchy, or a sequence of phases. In our case, the three most general concepts were conceived as phases of the developmental process and the remaining concepts were integrated in the model as the defining qualities and dimensions of these phases. Again, the analysis was conducted by the first author and the second author provided feedback on the results. Subsequently, both authors jointly conducted a thorough reanalysis of the 15 chapters regarding this emerging model. Within this step, the individual narratives (i.e., chapters) were condensed into brief statements describing the psychotherapists' unique passage though the stages of the model. The authors made notes regarding information which supported the model, information which helped to elaborate some of its aspects, and information which challenged the model. The purpose of this step was to further refine and elaborate the model, searching for individual variations and adjusting the model to account for them.

Third, to further validate and refine the model, the seven journal articles were analyzed by the first author. Each narrative was again condensed into a brief statement which captured the psychotherapist's individual development in terms of the model, including information which supported or challenged the model. The analysis was again audited by the second author. At the end of this step, the model was consolidated into a coherent narration. The decision to include the seven articles in the analysis was made only after the preceding steps were completed, which is why the two data sets were analyzed in a two-step process, rather than in one step.

Fourth, $n = 18$ psychotherapists were asked via e-mail to comment on the model in relation to their own experience (four of the therapists had passed away by the time feedback was sought). Up to three attempts were made to contact each of the psychotherapists. They were sent a draft of the manuscript and were asked to compare the model to their personal experience. Seventeen of them (77% of the whole sample) responded: 10 (45%) answered that the model agreed with their experience, and 7 (32%) provided further suggestions and corrections which were incorporated in the model by the first author. Data gathered in this step are referred to as "personal communication" in the Results section.

It has to be noted that grounded theory, being an interpretative endeavor (e.g., Charmaz, 2006; Rennie, 2000), does not allow researchers the possibility to fully "step outside" their preconceptions. Researchers' personal understanding of the data is the very means of deriving meaning and composing a theory. The preconceptions, however, can be reflected (Finlay & Evans, 2009) and documented, so that the reader can assess the trustworthiness of the study more easily. In this case, the authors introduced a very broad definition of psychotherapy integration and tended to perceive integration as a natural part of the common course of psychotherapist development (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). Furthermore, they were influenced by the notion of psychotherapy integration as a means for achieving professional autonomy (Rihacek et al., 2012).

Results

Using grounded theory analysis (open and theoretical coding procedures) of 15 book chapters used in a previous study (Rihacek & Danelova, 2015), and validated with and seven additional journal articles and author feedback, the process of psychotherapist development toward integration was conceptualized into three subsequent phases called (a) Adherence Phase, (b) Destabilization Phase, and (c) Consolidation Phase. We will first describe the individual phases, including their inner variability, and then we will comment on the process as a whole. Numbers in brackets denote the number of psychotherapists in whose narratives the particular theme was identified (referring to the whole sample of $N = 22$).

Adherence Phase ($n = 19$, 86%)

In the Adherence Phase, the psychotherapists occupied themselves with their relationship to a particular theoretical orientation. They either described their attachment to a particular theoretical orientation or they tended to formulate their professional identity in relation to this orientation. They varied, however, in the kind of attitude they adopted toward this orientation.

"True believer" attitude ($n = 7$, 32%). In this mode of relating to theoretical orientations, the home orientation remained unquestioned—"[t]he model and the theory were never wrong" (Stricker, 2005, p. 71). Some psychotherapists stated that they were unaware of the limitations of their orientation or that they even explicitly dismissed effectiveness as a criterion for evaluating their work, as described by Fensterheim (2005, p. 109):

> I coped with [patients not showing major improvement] by pompously proclaiming on several occasions that therapists could not become concerned with outcome but had to immerse ourselves in the process, something I had been told by one of my mentors and had heard several times in lectures.

Identification with a particular orientation gave the psychotherapists a framework within which they could work toward perfection and which, in Stricker's (2005) words, made perfection possible. For instance, Lazarus (2005, p. 165) wrote: "I followed Wolpe's desensitization procedure rather slavishly. In fact, I outdid the master." In some cases, the psychotherapists' strong commitment to their home orientation led to a purist attitude characterized by viewing one's home orientation as "the only right way" and showing intolerance toward other approaches, as Greenberg (2005, p. 249) recollects: "I was a true believer and initially would not tolerate any breach in this stance."

In the adherence mode of relating to a theoretical orientation, it was easier for the psychotherapists to attribute a failure either to the client (for being "unsuitable" for the treatment) or to the psychotherapist (for not having mastered the method): "the theory was central and (. . .) any failure in the treatment was a failure in my understanding (or implementation) of the theory" (Stricker, 2005, p. 72). However, they found it much more difficult to blame

the psychotherapeutic orientation itself, as it embodied the very source of their confidence and sense of certainty. Differing perspectives could be perceived as threatening at this phase: "Beyond the perimeter of my budding orientation were foreign, and at times frightening, conceptualizations of psychological health and distress" (Blott, 2008, p. 439).

This orientation toward "doing things right" may not only reduce psychotherapists' anxiety but may also be an important moment in the development of practical psychotherapeutic skills:

> When I began integrating behavioral methods into my work, I tried to use them in as faithful a manner as possible (. . .). I wanted to "do it right" to ensure that the methods I was using were those for which the evidence had impressed me. (Wachtel, 2005, p. 95).

A more critical stance (n = 10, 45%). The "true believer" attitude, however, was not described uniformly by all psychotherapists. Some of them expressed a more critical stance regarding their home orientations. Sometimes, the reasons for their criticism seemed to be rooted in the psychotherapists' personal qualities, such as skepticism, criticism (Bohart, 2005; Wachtel, 2005), or disbelief in orthodoxy and dogma (Norcross, 2006). In other cases, it was described in terms of a lack of congruence between the psychotherapists' personality and their theoretical orientation; Eagle (2005), for instance, wrote about feelings of awkwardness and artificiality when trying to practice the "blank-screen" role of a psychoanalyst.

Some psychotherapists also perceived that strong identification was made more difficult by prior formative influences. For example, Mahoney (2005) described how his interest in philosophy foreshadowed his inclination toward cognitive psychology and did not allow him to fully endorse the behavioral orientation of his training. Castonguay (2006), who was exposed to multiple orientations during his previous studies, finally found his home orientation in CBT. He could, however, no more identify with it in the "true believer" sense: "I did kick and scream (. . .) against what I saw as narrow and rigid foci in the CBT tradition, and I never perceived cognitive and behavioral constructs as truths" (p. 43).

Not being able to fully identify with an orientation was sometimes a painful experience for psychotherapists. Benjamin (2005) provides examples of the lack of guidance and opportunity for identifying with an orientation that she experienced during her training. Eagle also gives an example of being hindered in his identification as a psychotherapist: "The psychoanalytic community has a tendency to view someone like me, who is interested in research and theory and writes about them, as not a 'real' clinician (. . .). This state of affairs used to bother me a great deal" (Eagle, 2005, pp. 37–38).

Paths to a home orientation. For some psychotherapists, the paths to their home orientations were quite straightforward. In other cases, however, the paths were more complicated. Several of the psychotherapists described developing a critical attitude toward several orientations before finding one that fit. Others described a series of identifications in which the changes were motivated by discovering orientations more congruent with their personality. Even though later identifications seemed to be stronger due to higher congruence with the psychotherapists' personality, prior orientations also tended to leave their "footprints" in the psychotherapists' personal modes of thinking and styles of working.

We found in the texts that being exposed to multiple orientations from the beginning of these psychotherapists' careers produced a "diffuse identity" (Norcross, 2006, p. 61) or even a deep sense of being confused and overwhelmed (Castonguay, 2006, p. 38) and prevented a trainee from fully appreciating integration at the beginning of his or her career (Lampropoulos, 2006a, p. 6). This condition fostered psychotherapists' awareness of the relativity of individual psychotherapeutic approaches, which complicated their paths to identification and, sometimes, prevented such identification entirely. Norcross, for instance, intentionally chose to avoid adherence to any theoretical model and embraced an integrative stance from the beginning of his career (Norcross, personal communication, February 21, 2015).

Nevertheless, the use of some orientation or model as a framework was common even in those who became integrative from the beginning of their training. In some psychotherapists, such as Castonguay, it was one of the traditional orientations. In others, such as Norcross, it was an integrative model: "The URI [University of Rhode Island] clinical program provided fuzzy, unsystematic training in multiple theoretical traditions but Jim's [James Prochaska] transtheoretical model brought it to a harmonious whole" (Norcross, 2006, p. 63).

Though the psychotherapists differed in how enthusiastic or critical their attitudes were, we may hypothesize that the very fact of relating to a particular theoretical orientation was important for most of them in this phase of their professional development. It provided the psychotherapists with a basis upon which they could later build their personal working approaches on the one hand, and a sense of confidence and confirmation on the other. Frustration resulting from this need being unmet could result in painful experiences of confusion.

Destabilization Phase (n = 14, 64%)

As the psychotherapists gained more professional experience and responded to the demands of practice, they started to explore the possibility of enriching their working styles by incorporating "external" influences, thereby weakening the integrity of their initial approaches.

Encountering limitations (n = 17, 77%). Confronted with the limitations of their home orientations, the psychotherapists could no longer perceive these orientations as sufficient or "complete." Some psychotherapists were primarily disenchanted with the limited practical effectiveness of their approach:

> There were too many patients who were not changing in ways that they and I would have liked, and it was not their resistance (fault). (. . .) the problem was that the approach was not suitable for accomplishing behavior change in a wide variety of patients. (Stricker, 2005, p. 72).

Others stressed their dissatisfaction with the epistemological foundations of their home orientations or with the ways in which their home approaches conceptualized cases: "I still do not buy into the analytic assumption that we cannot really know ourselves, that central issues are out of our awareness and governed by unconscious forces" (Fodor, 2005, p. 132). Yet others perceived

conflict in the psychotherapist's role: "I didn't want to adopt the authority role and prescribe for my clients" (Bohart, 2005, p. 228).

As illustrated by the following quotation, reflection of these limitations seems to be connected with psychotherapists' growing confidence and their ability to be more critical about their home orientation:

> As I am evolving as an integrative practitioner, I feel more confident to draw on a wider range of therapeutic techniques, research and theoretical models to inform my therapeutic work than I did at the early stages of my clinical practice. (Giovazolias, 2005, p. 167).

For those exposed to multiple approaches from the outset of their careers, recognizing limitations need not play such a fundamental role in seeking alternatives, as they were previously exposed to them (Blott, personal communication, July 3, 2015).

Enriching one's personal psychotherapeutic approach (n = 20, 91%). The first steps in this emancipation from psychotherapists' primary orientations seemed to consist of active exploration and experimenting with techniques and/or concepts from other orientations. Several psychotherapists explicitly referred to Messer's concept of assimilative integration (Messer, 1992) when describing the process of the enrichment of their personal orientations, or their description otherwise fit into this concept very well. These psychotherapists tended to keep the conceptual framework of their home orientation and extended their repertoire of interventions to encompass the techniques of various orientations, as illustrated by Stricker (2005, p. 75): "My technique was becoming increasingly eclectic, but my understanding of the patient remained solidly based in a psychodynamic approach." New techniques were used in the spirit of the psychotherapist's home orientation and new concepts were woven into its conceptual framework (e.g., illustrated by Jacobs, 2005, integrating aspects of Kohut's and Stolorow's theories into her Gestalt therapy framework). For Castonguay (2006), conceptually assimilating "forbidden issues" into his home orientation was important from the viewpoint of protecting his identity.

At the same time, however, the newly acquired techniques or concepts of different orientations began to erode the homogeneity of the psychotherapists' personal approaches and left them more receptive to accommodative change. Trying to assimilate a variety of techniques into one's home orientation framework was accompanied by a "piecemeal flavor," losing a clear rationale for formulating a treatment plan and prescribing particular techniques (Castonguay, 2006). Several psychotherapists described this period of development explicitly as a crisis or a period of destabilization or disentanglement (Greenberg, 2005; Stricker, 2005; Wolfe, 2005). Accommodative changes which involved reconsidering basic assumptions of the psychotherapists' home orientations led to even deeper reflections:

> The nature of those dissatisfactions became clear only gradually, but my encounter with behavior therapy (. . .) was a crystallizing experience that led not only to the incorporation of methods and perspectives from that realm but also to a reexamination of precisely what my own understanding was of the nature of psychoanalysis itself-its discoveries, its assumptions, its essentials, its false starts and unnecessary features, and its implications for the process of change and healing. (Wachtel, 2005, p. 91).

Increasing differentiation (n = 16, 73%). The development in this phase was characterized by the psychotherapists' increasing ability to distinguish various clients' needs and also by their awareness of their approach's differential effectiveness. Rhoads (2005), for instance, described how he began to differentiate between cases in which he could use desensitization without attempting to resolve the underlying dynamics and cases in which understanding and addressing the psychodynamic forces were necessary. In this way, the psychotherapists began to draw on a wider repertoire of psychotherapeutic techniques, research, and theoretical models to inform their psychotherapeutic work than they did at the early stages of their clinical practice.

This differentiation, however, was not automatically accompanied by integration: two or more working styles can, after all, coexist without substantially influencing each other. Fensterheim (2005), for instance, commented on his work in rehabilitation where he began to focus on behavioral change in patients: "Although this experience laid the basis for my later work involving brief therapy in a psychiatric walk-in clinic and problem solving in sport psychology, it had no obvious effect on the analytic therapy I was then doing in my practice" (p. 111).

In this destabilization phase of professional development, the psychotherapists were already well-versed in their home orientations but became aware of their limitations. In their practice they became more concerned about their clients than the "purity" of their approaches, often resulting in the disentanglement or destabilization of their approaches.

This phase did not, however, take the form of a personal crisis or a profound erosion of working style in all psychotherapists. Eagle (2005), for instance, described a straightforward transition from a more artificial Adherence Phase to a more relaxed and confident Consolidation Phase. Watson also depicted a process which was rather smooth and free of major disruptions, as she remained within the experiential orientation and assimilated various influences into this framework (Watson, personal communication, July 9, 2015).

Consolidation Phase (n = 21, 95%)

In the previous phase the psychotherapists' working approaches became more flexible and heterogeneous, but also more fragmented or disentangled. In the consolidation phase, the psychotherapists' approaches continued to develop into more coherent and integrated systems. While some of the psychotherapists began to formulate their approaches more explicitly, others remained on a more intuitive and implicit level. We distinguished several aspects of this process which supported the consolidation process through their mutual interplay.

Conceptual organization (n = 18, 82%). In this phase, some of the psychotherapists tended to formulate their own theoretical frameworks in which they creatively synthesized the influences of several traditional orientations. These frameworks manifested in various forms: some psychotherapists developed new integrative models based on two or more existing theories (e.g., Wachtel's cyclical psychodynamics, Stricker's three-tier conception of personality structure and psychotherapeutic change, or Greenberg's understanding of emotion as a primary meaning system) and some created a metatheoretical framework which allowed them to choose from two or more approaches in a more eclectic or pre-

scriptive manner (e.g., Lazarus's multimodal therapy, Beutler's prescriptive eclecticism). Sometimes the development of a personal framework was supported by an existing concept or theoretical framework, such as motivational interviewing (Giovazolias, 2005). Other times, the psychotherapists arrived at their own theoretical formulations, as illustrated by Benjamin's (2005) understanding of any psychopathology as a "gift of love."

Though only some psychotherapists created what can be regarded as a fully articulated personal theory, we can trace this process of conceptual consolidation in nearly all narratives. The psychotherapists engaged in reexamination of the theories of their home orientation, as well as other traditional orientations. This process was fueled by perceived commonalities and complementarities among these orientations and by a tendency to reconcile these tensions.

Seamless in-session integration (n = 7, 32%). Some psychotherapists described "metabolizing" heterogeneous concepts into a more "seamless" and coherent personal approach in which the original sources were often difficult to distinguish. It is best exemplified by Wachtel's (2005) words:

> [M]y work has become more "seamless." Compared with when I first began to experiment with a psychodynamic-behavioral integration, it is much more difficult now to find the boundary that separates the moments when I am being psychodynamic and the moments when I am being behavioral. (p. 95). [O]ver time, a hybrid has evolved in my work, in which my efforts to direct the patient to develop and practice various skills (e.g., assertiveness or expression of emotion) are voiced in a form that looks much like a psychodynamic interpretation, and my interpretations increasingly include a dimension that points to what the person can do. (p. 98)

Personal values and themes permeating a psychotherapist's personal approach (n = 18, 82%). Some of the narratives vividly show how the psychotherapists' values or life themes manifest themselves in the psychotherapeutic approach they describe. It becomes clear how, for instance, the value ascribed to emotions is present throughout Greenberg's (2005) narrative, becoming a central organizing principle of his psychotherapeutic approach. In Jacobs's (2005) chapter, we found the role of the relationship to be central and important from both personal and professional perspectives. A similar conclusion can be made about Wolfe's (2005) emphasis on the individual subjective experience and its role in psychotherapy, about Mahoney's (2005) commitment to cognitive processes leading him to embrace a constructivist worldview, or Bohart's (2005) existentialist worldview resonating with his emphasis on the role of client agency in psychotherapeutic change.

Integration as an explicit goal (n = 10, 45%) versus integration as a natural "side-effect" of development (n = 12, 55%). The development of a new, integrative psychotherapeutic approach was an explicit goal for only some of the psychotherapists (Castonguay, 2006; Fodor, 2005; Giovazolias, 2005; Greenberg, 2005; Lampropoulos, 2006a; Norcross, 2006; Nuttall, 2008; Wachtel, 2005; Watson, 2006; Wolfe, 2005). Furthermore, some of these same psychotherapists demonstrated integrative tendencies even at the very beginning of their careers, creating their own conceptual frameworks (e.g., Bohart, 2005; Giovazolias, 2005; Wolfe, 2005).

For others, however, integration was rather a natural consequence of their professional development:

> It may be naïve, but I believe that if one listens to patients, observes what is helpful to them, and tries to keep abreast of the relevant research, one cannot help but become more integrationist in one's thinking and in the way one does therapy. (Eagle, 2005, p. 52)

Generally speaking, maintaining integration as an explicit destination became less important for some psychotherapists as their careers progressed, though it did remain present in their endeavors (Norcross, 2006). To this extent, Nuttall (2008) described a shift from trying to formulate a new integrative approach toward a more flexible internal (personal) integration.

To summarize the Consolidation Phase, we can state that the psychotherapists, whether deliberately or unintentionally, aimed for an internally coherent, as well as personally congruent style of working. The aspects described above seem to cater to this tendency toward consolidation of the psychotherapists' personal approaches into coherent wholes. For some, however, flexibility rather than coherence remained at the forefront of the process (Blott, personal communication, July 3, 2015).

Phase Repetition

The autobiographic narratives suggest that psychotherapists may go through these three phases numerous times. Wachtel (2005) described qualities of the Adherence Phase first in relation to his psychoanalytic training and then again when he studied behavioral therapy. His second Adherence Phase, however, was not as "pure" as the first one; he did not give up his psychoanalytic orientation. Even though he tried to learn behavioral therapy as precisely as possible, he found himself assimilating it into his psychoanalytic understanding rather that adopting it as such. We found similar indications in Fodor's (2005) narrative: first, she adhered to psychoanalysis, later describing a more intrinsic adherence toward cognitive–behavioral therapy which ultimately became the basis of her personal approach (later combined with Gestalt therapy).

Castonguay's (2006) narrative also suggested that in his case the cycle repeated twice: first, being exposed to multiple orientations at the beginning of his career, he faced a state of confusion. Tentative adherences to these treatment models did not provide the professional identity needed for further development. He coped with it by consolidating his own common factors framework, which in turn enabled him to identify with the cognitive–behavioral approach in a new Adherence Phase and then again to destabilize his cognitive–behavioral approach and integrate further influences.

Microcycles of adherence–destabilization–consolidation were also hypothetically present in Lampropoulos's (2006a) narrative each time he formulated and published his own integrative account of what he was dealing with at that time (i.e., the topics of psychotherapeutic change, training, or supervision). We found a similar pattern present in Nuttall's (2008) narrative each time he tried to reconcile various psychotherapeutic approaches and formulated his own integrative accounts.

Discussion

The objective of this study was to develop an empirically based model of psychotherapist development toward integration. The

course of this movement was conceptualized into three phases, namely, (a) the Adherence Phase, (b) the Destabilization Phase, and (c) the Consolidation Phase.

The characteristics of the Adherence Phase correspond well with empirical findings on beginning psychotherapists. One of the primary tasks of beginning psychotherapists is the development of clinical self-confidence (Bischoff, Barton, Thober, & Hawley, 2002). They often feel overwhelmed and threatened by the amount of content to master (Rønnestad & Skovholt, 2003), are susceptible to feelings of inadequacy and incompetence (Duryee, Brymer, & Gold, 1996), and tend to consider psychotherapeutic impasses as their own failure (Bischoff et al., 2002; De Stefano et al., 2007). Psychotherapists' strong need for approval and validation (Spruill & Benshoff, 2000) explains their tendency toward rigid adherence to a psychotherapeutic model and orientation toward "doing things right" (Hill, Charles, & Reed, 1981; Hill, Sullivan, Knox, & Schlosser, 2007). The process of developing an initial theory of practice takes the form of "tentative identifications" (Fitzpatrick, Kovalak, & Weaver, 2010) and the issues of professional identity and identification in general are in the foreground (Folkes-Skinner, Elliott, & Wheeler, 2010; Gold, 2005). Considering the fact that a much lesser emphasis is placed on traditional orientations in contemporary trainings, the Adherence Phase must be understood here in a wider sense: as an adoption of a framework which can be used by a trainee to comprehend the diversity of theoretical orientations.

The development of rigid adherence in trainees cannot only be a result of a psychotherapist's own need, but also a consequence of "enormous professional pressure" (Skovholt & Rønnestad, 1992). Training programs require trainees to adhere to a designated model to an extent that trainees may perceive as too restrictive (Carlsson et al., 2011; Rihacek et al., 2012). It has been shown that training increases trainees' adherence to a given model (e.g., Henry, Strupp, Butler, Schacht, & Binder, 1993; Hilsenroth, Defife, Blagys, & Ackerman, 2006) but also that this adherence tends to weaken once the training ends (Carlsson, 2012). In this study, we found that psychotherapists may vary considerably in the level to which they adopt an enthusiastic or critical attitude toward their home orientation.

The Destabilization Phase is characterized by a loosening in a psychotherapist's adherence attitude toward his or her home orientation, allowed presumably by growing confidence and a decline in pervasive anxiety (Skovholt & Rønnestad, 1992). According to Rønnestad and Skovholt (2003), psychotherapists in their novice professional phase move from confirmation-seeking to a stage of disillusionment and exploration of other possibilities, combined with an increased sense of the complexity of the psychotherapeutic process.

Rønnestad and Skovholt (2003) described this process aptly as "'shedding and adding' at the conceptual and behavioral level" (p. 17). These modifications of psychotherapists' personal approaches can be explained by two criteria: congruence with the psychotherapist's personality and perceived efficacy of his or her personal approach when a given concept or technique is added (Rihacek et al., 2012). While the former is related solely to the psychotherapist's preferences and world view, the latter is connected mostly with the psychotherapist's clinical experience, and therefore becomes a factor later on in his or her development (Vasco & Dryden, 1994).

Internal coherence seems to be the main attribute of the Consolidation Phase. According to Skovholt and Rønnestad (1992; Rønnestad & Skovholt, 2003), psychotherapists' professional development can be perceived as growth toward professional individuation, ultimately leading to a working style which is authentic, personalized, flexible, internally consistent, and based on internal expertise. Psychotherapists tend to gradually adopt a reflective stance and construct their conceptual understanding of psychotherapy. This developmental process does not necessarily have to lead to explicit integration of two or more psychotherapeutic orientations, but may lead psychotherapists to "metabolize" and personalize their own working style within their home orientation (cf. Castonguay, 2005).

The three-phase model was initially intended to capture the career-long development of integrative psychotherapists. Yet what it shows, in fact, is a striking resemblance to models capturing this development over a much shorter period. For instance, Hill et al.'s (1981) model describing a 3-year period of trainee development within a doctoral counseling psychology program contains a similar sequence: (a) rigid adherence, (b) a transitional, somewhat "atheoretical" or eclectic phase, and (c) integrated personal style. This similarity lead us to the hypothesis that the sequence of phases may repeat itself in a recursive manner (i.e., several microcycles composing a higher-order cycle) during the whole course of psychotherapist development. The microsequence can probably be simplified to an alternation of two complementary phases: (a) disruption of an existing organization and openness to change and (b) consolidation and integration. In a spiral-like cycle, these phases enable psychotherapists to develop to new levels of organization, while maintaining the stability necessary at each level. This repetition is in accordance with a proposition Castonguay (2000) made about his model of psychotherapist development toward integration. Encountering newness or critical incidents (Howard, Inman, & Altman, 2006) can function as triggers which cause psychotherapists to advance to a higher level on the developmental spiral.

Our model exhibits a general agreement with empirical models of psychotherapist development (Carlsson et al., 2011; Hill et al., 1981; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992), as they all depict a similar sequence of phases, leading from an identification with a particular approach to the creation of an integrated personal style. The only major difference is that our model does not contain a "lay helper" phase present in some of those models. Despite this distinction, the similarity among these studies supports the idea that psychotherapy integration can be considered a natural part of psychotherapist development and plays its role in the development of professional autonomy.

Regarding speculative models of psychotherapist development toward integration, three models (Castonguay, 2000; Castonguay et al., 2003; Gold, 2005) describe a movement from an adherence-oriented attitude toward a more relativistic and open stance, without mentioning a consolidation of a personalized psychotherapeutic approach. The other two (Jones-Smith, 2012; Norcross, 2005), on the contrary, include consolidation as a final stage of this development. Because all of these models are speculative in nature, we may assume that the difference is caused by the authors wanting to stress different aspects of the developmental trajectory. As we have shown above, these two perspectives are not mutually exclusive. Rather, they may be combined to describe the spiral-like

movement of consolidating a personal approach and then once again exposing it to the possibility of change.

Limitations and Future Directions

First, the study is based on retrospective data (i.e., on the psychotherapists' own interpretations of their personal and professional development made from the perspective of an experienced psychotherapist), thus leaving space for constructive memory processes (Neusar, 2014). While this approach is fully justifiable, research designs based on longitudinal investigation or standardized psychometric instruments might produce different results.

Second, the study is based on published data. The autobiographic chapters and articles have been inevitably influenced by the fact that they were intended as public testimonies, which may be reflected in formulations and stylizations, selection of the autobiographic material, as well as a tendency to give meaning to one's experience. Furthermore, all the book chapters and four of the seven articles have been shaped and unified to some degree by editorial instructions. Also, the sample includes only data from those psychotherapists who were willing to share their experiences publicly. The publication process might have discouraged those, for instance, who did not define themselves as integrative, who were unable to formulate their experience clearly enough, or who simply did not find their experience interesting enough to write about it.

Third, the data did not originate in response to our research question, which is often an issue when existing documents are analyzed. To minimize the risk that important themes could have been left out from the resultant model, we asked all the psychotherapists to provide feedback on our model.

Fourth, we went to considerable lengths to create a heterogeneous sample that would include psychotherapists of diverse theoretical orientations, psychotherapists who developed toward integration from a single theory perspective, as well as those trained in an integrative model from the outset. By focusing primarily on published autobiographies, however, our sample was "skewed" toward psychotherapists who stand out as writers and academics/teachers and are not representative of the population of psychotherapists (most of whom are women, do not work in universities, and do not publish). Other limitations are the underrepresentation of women (5 of the 22) and non-White ethnic groups in our sample, as well as the fact that the psychotherapists trained under historical conditions different from the present, and were, thus, influenced by social-cultural milieu of their time. Therefore, our findings may not fully represent the experience of present-day trainees and need to be validated in this regard.

Several recommendations can be made for future research. First, it can be recommended that future studies be based on multiple data sources, including interviews, autobiographic data (e.g., diaries), and psychotherapists' case material to study the process of integration from multiple perspectives. Second, studies can utilize a longitudinal design to overcome the limitations of a retrospective perspective. Third, it would be advisable to focus on trainees and beginning psychotherapists to assess the validity of the model for new generations of psychotherapists exposed to multiple orientations and integrative efforts from the beginning of their careers. Fourth, future studies can focus on the social-psychological dimension of psychotherapist development, which is not addressed by this study. It has been shown that interpersonal sources of influence (i.e., trainers, personal therapists, supervisors, peers, etc.) play a more important role than "impersonal" sources (i.e., books, articles) in psychotherapist development (Rønnestad & Skovholt, 2003) and that the restricting or legitimizing influence of a psychotherapist's reference group may affect his or her attitude toward an orientation or toward integration as such (Rihacek et al., 2012). Fifth, future studies should aim at garnering a better understanding of the nature of personalized working styles in psychotherapists, as this personalization may interfere with adherence to evidence-based treatment models. Studies on therapist effects (Baldwin & Imel, 2013) show that psychotherapists differ in their effectiveness. More research is needed to understand in what ways this process of personalization may support and/or hinder psychotherapy's effectiveness.

Conclusions

To our knowledge, this study represents the first systematic attempt to empirically answer the question of the phases in the development of a psychotherapist toward integration. We may conclude that the model corresponds to general findings on psychotherapist development and that it gives support to earlier speculative models regarding development toward integration. The results suggest that the creation of an integrative perspective is by no means separable from the general dynamics of psychotherapist development and is better understood as a natural part of this process. Even though we initially refrained from imposing any assumptions about the value of integration itself, the results suggest its beneficial role in psychotherapist development, as it constitutes psychotherapists' response to perceived limitations of their primary orientations and to their increasing ability to discern among various clients' needs. Such a conclusion would, however, require comparison with psychotherapists who remained within a single orientation through their whole career.

The three-phase model presented here may have implications for psychotherapy training, especially when it is based on an integrative or a multitheoretical approach. Some authors argue that it is beneficial to introduce trainees to an integrative perspective early in their training to prevent the development of an unconsidered preference for one approach (e.g., Allen, Kennedy, Veeser, & Grosso, 2000; Consoli & Jester, 2005; Halgin, 1985). Others, however, emphasize that trainees should first become skilled in at least one unimodal approach before they begin to integrate (e.g., Castonguay, 2005; Gold, 2005; Wolfe, 2000). Our model suggests that trainees' need for adherence to some model of psychotherapy should be respected in the initial stages of training. If trainees are exposed to integration early in their training, it should be provided using some unambiguous structure so that they do not get lost and confused. This structure can be provided by an integrative model (e.g., Evans & Gilbert, 2005), a trans-theoretical model that enables a trainee to see how different orientations complement each other (e.g., Consoli & Jester, 2005; Hill, 2009), or a single-orientation model into which they can later assimilate new techniques or concepts (e.g., Castonguay, Newman, Borkovec, Holtforth, & Maramba, 2005; Stricker & Gold, 2005). Later, when psychotherapists begin to manifest their need for individuation and personalization and start to explore other approaches, they

should be supported to do so in a reflexive and conscientious manner.

References

References marked with an asterisk indicate publications used as data in this study.

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

Baldwin, S. A., & Imel, Z. E. (2013). Therapist effects: Findings and methods. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 258–297). Hoboken, NJ: Wiley.

Benjamin, L. S. (2005). A developmental history of a believer in history. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 17–35). Washington, DC: American Psychological Association.

Bischoff, R. J., Barton, M., Thober, J., & Hawley, R. (2002). Events and experiences impacting the development of clinical self confidence: A study of the first year of client contact. *Journal of Marital and Family Therapy, 28,* 371–382. http://dx.doi.org/10.1111/j.1752-0606.2002.tb01193.x

*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

Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity: International Journal of Methodology, 36,* 391–409. http://dx.doi.org/10.1023/A:1020909529486

Bohart, A. C. (2005). The evolution of an integrative experiential therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 221–246). Washington, DC: American Psychological Association.

Carlsson, J. (2012). Research on psychotherapists' professional development during and after training. *Nordic Psychology, 64,* 4–21. http://dx.doi.org/10.1080/19012276.2012.731310

Carlsson, J., Norberg, J., Sandell, R., & Schubert, J. (2011). Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it. *Psychotherapy Research, 21,* 141–153. http://dx.doi.org/10.1080/10503307.2010.506894

Castonguay, L. G. (2000). A common factors approach to psychotherapy training. *Journal of Psychotherapy Integration, 10,* 263–282. http://dx.doi.org/10.1023/A:1009496929012

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

*Castonguay, L. G. (2006). Personal pathways in psychotherapy integration. *Journal of Psychotherapy Integration, 16,* 36–58. http://dx.doi.org/10.1037/1053-0479.16.1.36

Castonguay, L. G., Eubanks, C. F., Goldfried, M. R., Muran, J. C., & Lutz, W. (2015). Research on psychotherapy integration: Building on the past, looking to the future. *Psychotherapy Research, 25,* 365–382. http://dx.doi.org/10.1080/10503307.2015.1014010

Castonguay, L. G., Newman, M. G., Borkovec, T. D., Holtforth, M. G., & Maramba, G. G. (2005). Cognitive-behavioral assimilative integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 241–260). Oxford; New York, NY: Oxford University Press.

Castonguay, L. G., Reid, J. J., Halperin, G. S., & Goldfried, M. R. (2003). Psychotherapy integration. In G. Stricker, T. A. Widiger, & I. B. Weiner (Eds.), *Handbook of psychology: Clinical psychology* (pp. 327–346). Hoboken, NJ: Wiley.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Los Angeles, CA: Sage.

Consoli, A. J., & Jester, C. M. (2005). A model for teaching psychotherapy theory through an integrative structure. *Journal of Psychotherapy Integration, 15,* 358–373. http://dx.doi.org/10.1037/1053-0479.15.4.358

De Stefano, J., D'Iuso, N., Blake, E., Fitzpatrick, M., Drapeau, M., & Chamodraka, M. (2007). Trainees' experiences of impasses in counselling and the impact of group supervision on their resolution: A pilot study. *Counselling & Psychotherapy Research, 7,* 42–47. http://dx.doi.org/10.1080/14733140601140378

Duryee, J., Brymer, M., & Gold, K. (1996). The supervisory needs of neophyte psychotherapy trainees. *Journal of Clinical Psychology, 52,* 663–671. http://dx.doi.org/10.1002/(SICI)1097-4679(199611)52:6<663::AID-JCLP8>3.0.CO;2-L

Eagle, M. N. (2005). Reflections of a psychoanalytic therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 37–53). Washington, DC: American Psychological Association.

Evans, K., & Gilbert, M. (2005). *An introduction to integrative psychotherapy*. New York, NY: Palgrave Macmillan.

Fensterheim, H. (2005). The professional autobiography of a behavior therapist. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 105–122). Washington, DC: American Psychological Association.

Finlay, L., & Evans, K. (2009). *Relational-centred research for psychotherapists: Exploring meanings and experience*. Chichester: J. Wiley.

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

Fodor, I. E. (2005). Making meaning of therapy: A personal narrative of change over 4 decades. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 123–146). Washington, DC: American Psychological Association.

Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling & Psychotherapy Research, 10,* 83–92. http://dx.doi.org/10.1080/14733141003750509

*Giovazolias, T. (2005). Counselling psychology and the integration of theory, research and practice: A personal account. *Counselling Psychology Quarterly, 18,* 161–168. http://dx.doi.org/10.1080/09515070500143542

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. San Francisco, CA: University of California.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

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

Goldfried, M. R. (Ed.), (2005). *How therapists change: Personal and professional reflections*. Washington, DC: American Psychological Association.

Gray, M. J., & Lombardo, T. W. (2001). Complexity of trauma narratives as an index of fragmented memory in PTSD: A critical analysis. *Applied Cognitive Psychology, 15,* S171–S186. http://dx.doi.org/10.1002/acp.840

Greenberg, L. S. (2005). My change process: From certainty through chaos to complexity. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 247–270). Washington, DC: American Psychological Association.

Halgin, R. P. (1985). Teaching integration of psychotherapy models to beginning therapists. *Psychotherapy: Theory, Research, and Practice, 22,* 555–563. http://dx.doi.org/10.1037/h0085540

Henry, W. P., Strupp, H. H., Butler, S. F., Schacht, T. E., & Binder, J. L. (1993). Effects of training in time-limited dynamic psychotherapy: Changes in therapist behavior. *Journal of Consulting and Clinical Psychology, 61,* 434–440. http://dx.doi.org/10.1037/0022-006X.61.3.434

Hill, C. E. (2009). *Helping skills: Facilitating exploration, insight, and action* (3rd ed.). Washington, DC: American Psychological Association.

Hill, C. E. (Ed.), (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.

Hill, C. E., Charles, D., & Reed, K. G. (1981). A longitudinal analysis of changes in counseling skills during doctoral training in counseling psychology. *Journal of Counseling Psychology, 28,* 428–436. http://dx.doi.org/10.1037/0022-0167.28.5.428

Hill, C. E., Sullivan, C., Knox, S., & Schlosser, L. Z. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, & Practice, 44,* 434–449. http://dx.doi.org/10.1037/0033-3204.44.4.434

Hilsenroth, M. J., Defife, J. A., Blagys, M. D., & Ackerman, S. J. (2006). Effects of training in short-term psychodynamic psychotherapy: Changes in graduate clinician technique. *Psychotherapy Research, 16,* 293–305. http://dx.doi.org/10.1080/10503300500264887

Hollanders, H., & McLeod, J. (1999). Theoretical orientation and reported practice: A survey of eclecticism among counsellors in Britain. *British Journal of Guidance & Counselling, 27,* 405–414. http://dx.doi.org/10.1080/03069889908256280

Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46,* 88–102. http://dx.doi.org/10.1002/j.1556-6978.2006.tb00015.x

Jacobs, L. (2005). Pathways to a relational worldview. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 271–287). Washington, DC: American Psychological Association.

Jones-Smith, E. (2012). *Theories of counseling and psychotherapy: An integrative approach*. Los Angeles, CA: Sage.

*Lampropoulos, G. K. (2006a). On the road to psychotherapy integration: A student's journey. *Journal of Psychotherapy Integration, 16,* 5–19. http://dx.doi.org/10.1037/1053-0479.16.1.5

Lampropoulos, G. K. (2006b). The next generation of SEPI: Integrationists from the "get go". *Journal of Psychotherapy Integration, 16,* 1–4. http://dx.doi.org/10.1037/1053-0479.16.1.1

Lawson, D. M., McClain, A. L., Matlock-Hetzel, S., Duffy, M., & Urbanovski, R. (1997). School families: Implementation and evaluation of a middle school prevention program. *Journal of Counseling and Development, 76,* 82–89. http://dx.doi.org/10.1002/j.1556-6676.1997.tb02379.x

Lazarus, A. A. (2005). From insight and reflection to action and clinical breadth. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 163–181). Washington, DC: American Psychological Association.

Mahoney, M. J. (2005). Behaviorism, cognitivism, and constructivism: Reflections on people and patterns in my intellectual development. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 183–200). Washington, DC: American Psychological Association.

McLeod, J. (2009). *An introduction to counselling* (4th ed.). New York, NY: Open University Press.

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

Neusar, A. (2014). To trust or not to trust? Interpretations in qualitative research. *Human Affairs, 24,* 178–188. http://dx.doi.org/10.2478/s13374-014-0218-9

Norcross, J. C. (2005). A primer on psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 3–23). Oxford; New York, NY: Oxford University Press.

*Norcross, J. C. (2006). Personal integration: An N of 1 study. *Journal of Psychotherapy Integration, 16,* 59–72. http://dx.doi.org/10.1037/1053-0479.16.1.59

Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration* (2nd ed.). Oxford; New York, NY: Oxford University Press. http://dx.doi.org/10.1093/med/9780195165791.001.0001

*Nuttall, J. (2008). The integrative attitude—A personal journey. *European Journal of Psychotherapy and Counselling, 10,* 19–38. http://dx.doi.org/10.1080/13642530701869326

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

Pasupathi, M., & Mansour, E. (2006). Adult age differences in autobiographical reasoning in narratives. *Developmental Psychology, 42,* 798–808. http://dx.doi.org/10.1037/0012-1649.42.5.798

Peace, K. A., & Porter, S. (2004). A longitudinal investigation of the reliability of memories for trauma and other emotional experiences. *Applied Cognitive Psychology, 18,* 1143–1159. http://dx.doi.org/10.1002/acp.1046

Persson, M., & Friberg, F. (2009). The dramatic encounter: Experiences of taking part in a health conversation. *Journal of Clinical Nursing, 18,* 520–528. http://dx.doi.org/10.1111/j.1365-2702.2008.02535.x

Prochaska, J. O., & Norcross, J. C. (1999). *Systems of psychotherapy: A transtheoretical analysis* (4th ed.). Pacific Grove, CA: Brooks/Cole.

Rennie, D. L. (2000). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. *Theory and Psychology, 10,* 481–502. http://dx.doi.org/10.1177/0959354300104003

Rhoads, J. M. (2005). A therapist's journey. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 55–66). Washington, DC: American Psychological Association.

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., Danelova, E., & Cermak, I. (2012). Psychotherapist development: Integration as a way to autonomy. *Psychotherapy Research, 22,* 556–569. http://dx.doi.org/10.1080/10503307.2012.688883

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

Silverman, D. (2003). *Doing qualitative research: A practical handbook*. London: Sage.

Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling and Development, 70,* 505–515. http://dx.doi.org/10.1002/j.1556-6676.1992.tb01646.x

Spruill, D. A., & Benshoff, J. M. (2000). Helping beginning counselors develop a personal theory of counseling. *Counselor Education and Supervision, 40,* 70–80. http://dx.doi.org/10.1002/j.1556-6978.2000.tb01800.x

Stricker, G. (2005). How I learned to abandon certainty and embrace change. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 67–81). Washington, DC: American Psychological Association.

Stricker, G., & Gold, J. (2005). Assimilative psychodynamic psychotherapy. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 221–240). Oxford; New York, NY: Oxford University Press.

Thoma, N. C., & Cecero, J. J. (2009). Is integrative use of techniques in psychotherapy the exception or the rule? Results of a national survey of doctoral-level practitioners. *Psychotherapy: Theory, Research, Practice, Training, 4,* 405–417. http://dx.doi.org/10.1037/a0017900

Topley, D. K., Schmelz, J., Henkenius-Kirschbaum, J., & Horvath, K. J. (2003). Critical care nursing expertise during air transport. *Military Medicine, 168,* 822–826.

Vasco, A. B., & Dryden, W. (1994). The development of psychotherapists' theoretical orientation and clinical practice. *British Journal of Guidance & Counselling, 22,* 327–341. http://dx.doi.org/10.1080/03069889408253678

Wachtel, P. L. (2005). An (inevitably) self-deceiving reflection on self-deception. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 83–101). Washington, DC: American Psychological Association.

*Watson, J. C. (2006). Reconciling different voices—Developing as an integrative scientist practitioner. *Journal of Psychotherapy Integration, 16,* 20–35. http://dx.doi.org/10.1037/1053-0479.16.1.20

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

Wolfe, B. E. (2005). The integrative experience of psychotherapy integration. In M. R. Goldfried (Ed.), *How therapists change: Personal and professional reflections* (pp. 289–312). Washington, DC: American Psychological Association.

Received March 24, 2015
Revision received September 29, 2015
Accepted October 2, 2015 ■