

Psychotherapy Integration in Internships and Counseling Psychology Doctoral Programs

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Training directors from APA-accredited internships and counseling psychology doctoral programs reported on the status of doctoral training in psychotherapy integration. A mail survey was used to assess several areas related to psychotherapy integration, such as didactic and clinical training, faculty/staff theoretical orientation and hiring practices, student competency and evaluation, directors' beliefs about integrative/eclectic training, and internship admissions. Overall results show a positive attitude toward psychotherapy integration in predoctoral training and suggest that the foundations for further student development in psychotherapy integration exist.

Keywords: psychotherapy integration, eclecticism, training, counseling psychology, internships

Psychotherapy integration has been described as the zeitgeist of the 21st century (Lazarus, Beutler, & Norcross, 1992). Integrative/eclectic ideas have been around for several decades, and between one to two thirds of practitioners surveyed in a variety of samples identify themselves as integrative/eclectic (Norcross & Newman, 1992). Most recently, 29% of counseling and clinical psychologists, and 36% of psychotherapists surveyed reported their primary theoretical orientation as eclectic/integrative

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(Bechtoldt, Norcross, Wyckoff, Pokrywa, & Campbell, 2001; Norcross, Hedges, & Castle, 2002).

The psychotherapy integration movement¹ is a synthesis of different approaches, all of which transcend the limitations of single theories with the purpose of advancing the understanding of therapeutic change and improving clinical effectiveness. Four major integrative approaches have been described, which differ in terms of how much emphasis they put on the integration of psychotherapies at the theoretical or technical level. These four are theoretical integration, assimilative integration, technical eclecticism, and the common factors approach (Lampropoulos, 2001; Norcross & Newman, 1992). Detailed presentations of these approaches are available in authoritative publications by Gold (1996), Norcross and Goldfried (1992), and Stricker and Gold (1993).

In terms of training, integrative programs, workshops, and graduate courses have been developed by members of the Society for the Exploration of Psychotherapy Integration (SEPI) worldwide, many of them in psychology internships and graduate programs (Norcross & Kaplan, 1995). Multitheoretical and integrative understanding as well as working knowledge of at least two counseling theories has been an integral component in the training and accreditation of therapists in some parts of world (e.g., the United Kingdom; British Psychological Society, 2001). Despite the growing popularity of psychotherapy integration, integrative/eclectic training remains a largely unexplored and controversial area, where, for example, the issue of in-depth training in a single theoretical model before becoming integrative/eclectic has been debated over learning multiple theories at once or learning an integrative/eclectic model from the start (Andrews, Norcross, & Halgin, 1992; Beutler, Mahoney, Norcross, Prochaska, Sollod, & Robertson, 1987; Halgin, 1988; Hollanders, 1999; Norcross, 1986; Norcross & Beutler, 2000; Wolfe & Goldfried, 1988). Discussions in the literature regarding when, how, and what should be taught about psychotherapy integration have traditionally been in the form of personal accounts, in which integrative training appears to be a demanding task, more complex than training in a single theory (see Beutler et al., 1987; Castonguay, 2000a; Consoli, 2000; Gold, 2000; Norcross, 1986; Robertson, 1995, 2000; Wolfe, 2000). Also, self-identified integrative therapists are usually considered to be self-taught integrationists (Andrews et al., 1992; Robertson, 1986). However, no systematic surveys of integrative training have been conducted, and training practices and beliefs regarding psycho-

¹ For issues of convenience and brevity, the terms “psychotherapy integration” and “integrative” will be used interchangeably in the text to refer to a broadly defined psychotherapy integration movement (which includes eclecticism, the common factors approach, specific integrative models, etc.).

therapy integration in doctoral programs and predoctoral internships remain unknown.

This study aims to advance the existing knowledge of integrative training with a survey of training directors' (TDs) practices and attitudes toward psychotherapy integration (broadly defined) in doctoral programs and internships accredited by the American Psychological Association (APA). Considering that integrative ideas have been around for several decades and a great percentage of psychologists identify as integrative/eclectic, it seems important to study how psychotherapy integration is viewed and what is taught in relation to it in predoctoral training. Surveying basic psychotherapy training practices may also reveal the existence or absence of a foundation for future integrative training and development (Andrews et al., 1992). The assessment of institutional hiring practices and student competency evaluation in terms of theoretical orientations can be equally informative about how psychotherapy integration is viewed in the training of professional psychologists. Potential benefits of the present study include not only assessing the status of predoctoral integrative training, but also surveying TDs opinions on controversial integrative training issues identified in the literature (such as the process and timing of integrative training).

A secondary goal of this survey is to assess the internship admission process and attitudes toward integrative/eclectic applicants. Considering that a large number of clinicians identify with psychotherapy integration, it is of interest to see if internships encourage or discourage such identification at the admission level. Furthermore, the breadth and variability in the definition and the content of psychotherapy integration (Goldfried, 1999, 2001a; Jacobson, 1999; Jensen, Bergin, & Greaves, 1990) makes the explication of desired integrative qualities and requirements very important for integrative/eclectic internship applicants and internship programs alike. This may also be crucial because psychotherapy integration and eclecticism have often been accused of idiosyncratic, unsystematic, and unscientific practice (Lazarus et al., 1992; Norcross & Newman, 1992).

METHOD

Participants

Prospective research participants were (a) the 252 TDs from counseling and clinical² psychology doctoral programs in the United States (APA-

² Because of the low response rate (20%), clinical psychology programs are not included in the analyses of results. The data from the clinical psychology programs can be obtained from the first author.

accredited), and (b) the 438 TDs from psychology predoctoral internships in the United States (APA-accredited). The list of programs was obtained from the December 1999, issue of the *American Psychologist* and a supplement published by the APA in April 2000 (American Psychological Association, 1999, 2000). TDs were selected as the most suitable participants to provide general information regarding integrative/eclectic training and attitudes toward psychotherapy integration because they are the faculty/staff members primarily responsible for the overall training in their programs.

Instrument

A three-page survey was generated from a review of the literature on psychotherapy integration training. Because of differences in the format of training in doctoral and internship programs, two parallel surveys were developed (with similar or identical questions, when appropriate, to allow for comparisons between the internship and doctoral programs). Questions were limited to those that could be appropriately answered by TDs, and the terminology was also designed to communicate the basic integrative concepts and questions without the jargon that may be known only to SEPI members. The instrument was subsequently reviewed by two leading SEPI figures with experience as psychotherapy trainers and was revised based on their feedback. Then, it was re-examined by two senior psychology faculty members with training experience.³

Five questions in the academic programs survey were designed to obtain demographic information about the programs, such as type of program, number of full-time and part-time faculty, number of students, and the orientation of the program along a research and practice continuum. Six questions in the internships survey were designed to obtain descriptive and demographic information about the programs, such as type of program, number of full-time and part-time staff, number of students, and training rotations according to client age (adult/child), type of treatment facility (inpatient/outpatient), and type of treatment modality (individual/group/family).

The remaining questions focused on the training policies and practices related to training in psychotherapy integration. The doctoral program questionnaire was divided into three sections, each focusing on different areas of integrative importance (theoretical orientation of training and faculty, directors' beliefs, and student competency and evaluation). The

³ Copies of the instrument are available upon request from the first author.

internship questionnaire was also divided into three sections (theoretical orientation of training and staff, directors' beliefs, and admission policies).

The "training and faculty" section of the academic programs survey (14 questions) was designed to assess integrative training in terms of different single-theory and integrative/eclectic models taught, their mandatory or optional nature, the amount of training in credits, names of courses and books used, and the amount of teaching of empirical literature in psychotherapy (in credit hours). The teaching emphasis on strengths/weaknesses and similarities/differences between counseling theories was assessed via two questions, in which participants rated their agreement on a 7-point Likert scale: (a) "In your doctoral program, major theories of therapy are critically taught and evaluated (in one or more courses) with an emphasis on their *strengths and weakness* and their *indications and contra-indications* for specific clients and problems"; and (b) "In your doctoral program, major theories of therapy are taught (in one or more courses) with an emphasis on examining their *similarities and differences in theory and technique* in a comparative way." Exposure to specific integrative/eclectic models was assessed from a list constructed for that purpose.⁴

Other questions assessed the number of faculty with multitheoretical and integrative/eclectic orientation, and institutional hiring practices (in terms of their tendency for theoretical diversity, and in terms of hiring of faculty with integrative or single-theory orientations). Two forced choice format questions were used to measure hiring practices: "All other things being equal, your program would prefer to hire a faculty member with a theoretical orientation that is (a) similar to the majority of faculty members, (b) underrepresented and different from the majority of faculty members, or (c) it makes no difference"; and "All other things being equal, your program would prefer to hire a faculty member who (a) identifies as integrative/eclectic in clinical orientation, (b) identifies with two or more theories of therapy (but not as integrative/eclectic, (c) identifies with a pure-form theory in clinical orientation, or (d) it makes no difference." Participants were also asked to rate their agreement on a 7-point Likert scale with the following statement: "Your doctoral program would be

⁴ Psychotherapy integration models in the list were also drawn from the literature (i.e., Glass, Arnkoff, & Rodriguez, 1998; Norcross & Goldfried, 1992) and in consultation with two prominent SEPI members to cover all major models in the field. Thus, some additional approaches that were sufficiently presented in the literature were included (e.g., Howard's Adaptive Counseling and Therapy [1987]), whereas some models that were considered by SEPI reviewers as not really integrative or controversial (e.g., Eye Movement Desensitization and Reprocessing) were excluded. In a similar vein, models like Multicultural Counseling Theory or Feminist Therapy that may not focus predominantly on the integration of existing theories of therapy were not included (although they could be considered by some as forms of eclecticism).

willing to hire a full-time faculty member with primary treatment, research, and teaching qualifications and interests in the area of psychotherapy integration.”

The corresponding “training and staff” section of the internships survey (seven questions) aimed to assess the existence of staff members with different theoretical orientations, the number of specific staff members who identify as integrative/eclectic or with more than two theories, and the existence of staff who supervise the 11 most well known integrative/eclectic models in the literature (see also footnote 4). The same three questions of the academic survey were used to evaluate internship hiring practices in terms of theoretical orientation and diversity.

The section “directors’ beliefs” (three questions) was the same for both questionnaires. The first question assessed TDs’ personal attitude toward psychotherapy integration: “In order to succeed with treating different client populations/problems, therapists need to know (a) one therapeutic model well, or (b) a variety of therapeutic models.” The second question surveyed TDs’ views of the optimal time for integrative training: “Teaching specific integrative/eclectic models in doctoral programs (a) is premature and should be done at the postdoctoral level, or (b) can and should be done during the doctoral program.” The third question surveyed TDs’ views of the optimal training process: “In terms of effective psychotherapy integration training, students should be (a) first trained to be proficient in one therapeutic model, (b) first trained to be minimally competent in a variety of therapeutic models, or (c) trained in a specific integrative model from the outset.” Questions in this section were asked in a forced choice format between contrasting views in the literature. Although this format may force a clear-cut (either/or) choice in describing one’s beliefs, we were interested in examining the proportion of support among respondents for conflicting views regarding integrative training.

The “student competency and evaluation” section in the academic program’s survey consisted of four questions. These explored programs’ practices in terms of number of theories students should be competent in and their freedom to choose them (including integrative/eclectic models).

Lastly, the “internship admissions” section of the internship survey consisted of questions assessing how beneficial it is for an internship applicant to identify (a) as integrative/eclectic, and (b) with two or more theoretical orientations (but not as integrative/eclectic). These questions aimed to capture the general attitude of the programs toward these two major categories of integrationist applicants. In this section, directors were also asked to assess the desirability of a list of eight characteristics/requirements for integrative/eclectic applicants.

Procedure

In fall 2000, participants were mailed a cover letter explaining the purpose of the study and obtaining their consent, the survey, and a self-addressed, postage-paid return envelope. The survey was completely anonymous. The return envelopes were not coded and were destroyed on receipt. Two weeks later, a reminder/thank you card was sent to all participants. Approximately one month after the initial mailing, a follow-up letter and another copy of the survey was mailed to all participants.

RESULTS

Counseling Psychology Doctoral Programs

Demographics

Of the 64 counseling psychology programs, a total of 29 surveys were returned, yielding a return rate of 45%. Response rates varied slightly by item ($n = 26-29$, unless otherwise reported). Twenty-eight of the programs offered the Ph.D. degree and one the Psy.D. Programs reported a mean number of full-time faculty of 7.42 ($SD = 2.63$), part-time faculty of 2.95 ($SD = 2.28$, $n = 20$), and number of students in the program of 42.42 ($SD = 11.34$). Core faculty and student numbers are very similar to those reported by the APA for the universe of counseling psychology doctoral programs ($M = 7.45$, $SD = 4.63$, and $M = 44.26$, $SD = 15.13$, respectively; Office of Program Consultation & Accreditation, 2001). Regarding program training orientation ($M = 4.00$, $SD = 0.97$, ranging from 1 [*clinically oriented*] to 7 [*research oriented*]), most respondents (62%) reported an equal emphasis on research and practice. This is virtually identical with previously reported data from all 64 programs ($M = 4.15$, $SD = 0.78$; Mayne, Norcross, & Sayette, 2000).

Training and Faculty

The vast majority of the responding programs offer a required course on theories of psychotherapy (85%), with the remaining programs offering courses on separate psychotherapy theories instead. Almost all required textbooks for the general theories course were transtheoretical (i.e., cover all major counseling theories), and many of them included a chapter on psychotherapy integration as well (e.g., Bongar & Beutler, 1995; Corey,

2000; Prochaska & Norcross, 1998). Approximately one third of the responding programs ($n = 23$) reported the additional or exclusive use of multiple readings (e.g., journal articles, book chapters) in their required psychotherapy theories course.

According to the TDs, 31% of programs offer mandatory or optional training in all five major psychotherapy theories, 23% in four theories, 15% in three theories, 15% in two theories, and 15% of programs in one theory (theoretical categories suggested by Norcross, Sayettee, & Mayne, 1996; $M = 3.38$, $SD = 1.47$). However, of the TDs who specified the mandatory or optional nature of the training ($n = 24$), only 54% stated that training in more than one theory was mandatory (33% reported mandatory training in all five theories, 17% in three theories, and 4% in two theories). Table 1 outlines the TDs' responses of the percentage of programs that offer training in each of the five major theories, percentage of programs in which training is mandatory or optional, and number of credits hours devoted to each theory.

In a question about teaching emphasis on examining different theories' strengths/weaknesses and indications/contraindications for specific clients and populations in their doctoral programs, the mean response by TDs was 5.37 ($SD = 1.56$, ranging from 1 [*strongly disagree*] to 7 [*strongly agree*]). The mean response to the question regarding the extent programs teach about the similarities and differences in theory and techniques of the different therapeutic models was 5.48 ($SD = 1.32$, ranging from 1 [*strongly disagree*] to 7 [*strongly agree*]). TDs also reported a mean number of 5.10 ($SD = 3.11$) semester credit hours of teaching the empirical literature of therapy (i.e., psychotherapy process and outcome research findings).

More than half of responding TDs (52%) reported that their program exposed their students to four or more specific integrative/eclectic models, and 90% of responding TDs reported student exposure to at least one integrative/eclectic model ($M = 3.68$, $SD = 2.12$). Table 2 summarizes the percentages of programs that teach each of the 11 most well-known integrative/eclectic models.

When asked about teaching dedicated specifically to the integration of theories of psychotherapy (either in individual, family, or group format), 90% of the responding TDs ($n = 20$) reported teaching psychotherapy integration in their programs as part of one course (72% of TDs) or more courses (28% of TDs), usually advanced theories/techniques of therapy seminars/ practicum. When asked about teaching dedicated specifically to the integration of psychotherapy with religion, pharmacotherapy, or alternative therapies, only three (15%) of responding TDs ($n = 20$) reported some teaching in the area.

In terms of theoretical orientation, TDs ($n = 20$) reported having a mean of 2.90 ($SD = 2.24$) full-time faculty members who identify as

Table 1. Training in Major Theoretical Orientations

Theoretical orientations	Counseling psychology doctoral programs (<i>n</i> = 26)				Internship programs (<i>n</i> = 129)			
	% of programs which offer training in:	% of these programs in which this training is:		# of credit hours in semester equivalents		% of programs which offer supervision in:	# of full time staff in these	
		Mandatory	Optional	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>
Family systems/ systems	89	46	54	3.17	2.71	50	1.90	1.44
Cognitive/cognitive- behavioral	77	65	35	1.93	1.00	88	4.97	5.16
Psychodynamic/psychoanalytic	69	77	23	1.83	0.99	79	3.74	3.62
Existential/phenomenological/ humanistic	69	75	25	1.67	0.91	43	2.33	1.87
Applied behavioral analysis/ radical behavioral	39	90	10	1.92	1.81	19	1.52	1.26

Table 2. Doctoral Program Exposure, and Internship Supervision in Integrative/Eclectic Models

Models	% doctoral programs (<i>n</i> = 29)	% internship programs (<i>n</i> = 139)
Multimodal therapy (Lazarus, 1981, 1989, 1997)	83	17
Common factors approach (Frank & Frank, 1991; Garfield, 1980, 1995)	65	6
Transtheoretical model (Prochaska & DiClemente, 1984, 1992)	48	18
Cognitive-interpersonal therapy (Safran & Segal, 1990)	38	14
Systematic treatment selection (Beutler & Clarkin, 1990)	38	6
Dialectical behavior therapy (Linehan, 1987, 1993, 2000)	21	34
Integrative problem-centered therapy (Pinsof, 1995)	17	11
Cognitive-analytic therapy (Ryle, 1990, 1995)	17	2
Adaptive counseling and therapy (Howard et al., 1987; Nance, 1995)	17	2
Cyclical psychodynamics (Wachtel, 1977, 1987, 1997)	7	1
Assimilative integration (Messer, 1992; Stricker & Gold, 1996)	7	1
Other models	10	8

integrative/eclectic, plus an additional 2.80 ($SD = 2.41$) faculty members identifying with two or more theoretical orientations, but not as integrative/eclectic. TDs ($N = 29$) rated their program's willingness to hire a core faculty member with primary integrative qualifications/interests with a mean response of 5.51 ($SD = 1.59$; rated on a 7-point scale with anchors of 1 [*strongly disagree*] and 7 [*strongly agree*]). However, when asked about hiring preferences based on the sole criterion of theoretical orientation, participants responded that it makes no difference (82% of them). Similarly, when asked about preferences in hiring faculty with similar theoretical orientations to the majority of the faculty (vs. different and underrepresented ones), TDs responded that this criterion makes no difference in their hiring decisions (59% of them). However, a much higher percentage of respondents suggested that their program would prefer to hire faculty to enhance the underrepresented theoretical orientations in their program (31%), as opposed to enhance existing theoretical orientations by hiring theoretically like-minded colleagues (10%).

Student Competency and Evaluation

With regard to programs' expectations of students to demonstrate competency in different theoretical orientations by the time of graduation, 29% of responding TDs ($n = 24$) reported three or more theories, 25% two theories, and 46% one theory. According to TDs ($n = 28$), these theories

may be chosen by the students in 68% of the programs, whereas the remaining 32% of the programs require a combination of student's choice with orientation(s) specified by the program. The majority (83%) of responding TDs reported encouraging students to develop their personal integrative/eclectic way of practicing psychotherapy, whereas fewer programs reported either requiring it (10%) or simply allowing it (7%). None of the TDs marked the choice "not allowed" from the available response options. In a similar question regarding the adoption of a well-known integrative/eclectic model as student's personal model of psychotherapy, directors' responses were split between 46% of programs reporting that this option is "encouraged" and 54% "allowed," with no program choosing any of the extreme options (i.e., "required" or "not allowed").

Directors' Beliefs

Almost 79% of respondents agreed that knowing one therapeutic model well is not sufficient for the treatment of a variety of problems and populations; instead, training in a variety of models is needed. Although almost all responding TDs (96%) believe that teaching specific integrative/eclectic models could be done at the predoctoral level, their views of the optimal integrative training process differ: about 21% believe that students should be trained first to be proficient in one therapeutic model, 57% believe that students should be minimally competent in a variety of models, and 21% believe that students should be trained in a specific integrative/eclectic model from the outset.

Internship Programs

Demographics

Of the 438 programs, a total of 139 usable surveys were returned, yielding a return rate of 32%. Response rates varied slightly by item ($n = 124-139$). Another three surveys were returned blank because the programs were no longer providing training, and one because therapy was not the primary focus of the training site. The composition of responses was made of 35 university counseling centers (25% of the sample), 22 community mental health centers (16%), 22 Department of Veterans Affairs (VA) medical centers (16%), 10 state/county hospitals (7%), 10 medical schools (7%), 8 child/adolescent facilities (6%), and 7 consortia (5%). Private psychiatric hospitals, private general hospitals,

military hospitals, and correctional facilities were each represented by 4 responses (3% of the sample), while 9 responders (6% of the sample) were categorized as other internship sites. Estimated return rates for each type of internship site were determined based on numbers of APA-accredited sites listed in the 2000–2001 Association of Psychology Postdoctoral and Internship Center (APPIC) Directory. APPIC listed 431 APA-accredited sites, which differs slightly from the sample in this study. The estimated return rates were 44% of both private psychiatric hospitals and military hospitals, 43% of community mental health centers, 42% of university counseling centers, 40% of correctional facilities, 33% of VA medical centers, 29% of consortia, 26% of state/county hospitals, 24% of private general hospitals, 21% of child facilities, and 16% of medical schools. Nine sites were categorized as other (an estimated 40% return rate).

With respect to the training offered, 84% of the programs offered a major training rotation with adult populations, 5% minor, and 11% no training at all. Forty-four percent of the programs offered major training rotations with children, 12% minor rotations, and 44% no training. In terms of outpatient therapy training the percentages were 88% offered major rotations, 6% minor rotations, and 6% no training, while for inpatient therapy the numbers were 47%, 13%, and 40% respectively. With regards to treatment modalities, 91% of the programs offered major training rotations in individual therapy, 7% minor rotations, and 2% no training. The numbers for group therapy were 55% (major rotations), 40% (minor rotations), and 5% (no training), and for family therapy 25%, 40%, and 35%, respectively. Internship programs reported a mean number of full-time staff psychologists of 10.65 ($SD = 7.21$), and number of interns in the program of 4.54 ($SD = 2.15$).

Training and Staff

Twenty-six percent of programs have staff who primarily subscribe (and can offer supervision) in at least four major theories of therapy, 60% in at least three theories, and 89% in a least two theories (theoretical categories suggested by Norcross et al., 1996). Table 1 outlines the percentage of programs that offer training in each of the five major theories, and the number of staff members who primarily subscribe to each theory of therapy.

In terms of integrative staff, 80% of programs reported staff members who identify as integrative/eclectic in orientation, and 51% of programs reported staff members who identify with more than two

orientations (but not as integrative-eclectic). These programs reported a mean number of 6.35 ($SD = 5.38$) full-time staff members who identify as integrative/eclectic, plus an additional 5.02 ($SD = 4.61$) staff members who identify with two or more theoretical orientations, but not as integrative/eclectic.

Fifty-five percent of all programs have at least one full-time staff member who teaches/supervises at least one of the 11 most well known integrative models in the literature. The mean number of specific integrative/eclectic models that these programs offer training/supervision in is 2.30 ($SD = 1.40$, range 1–7). Table 2 summarizes the percentages of programs with staff members who teach/supervise each of the 11 most well-known integrative/eclectic models.

In terms of hiring practices, programs rated their willingness to hire a full-time staff member with primary treatment, research, and teaching qualifications/interests in psychotherapy integration with a mean response of 5.27 ($SD = 1.54$, rated on a 7-point scale with anchors of 1 [*strongly disagree*] and 7 [*strongly agree*]). However, when asked about hiring preferences based on the sole criterion of theoretical orientation, most participants responded that it makes no difference (59%). A much higher percentage though reported they would hire someone who identified as integrative/eclectic (29%) or someone with two or more theoretical orientations (8%), as opposed to a single theorist (4%). Similarly, when asked about preferences in hiring staff with similar theoretical orientations to the majority of the staff (vs. different and underrepresented ones), most programs (56%) responded that this criterion makes no difference in hiring decisions. However, more respondents suggested they would prefer to hire staff to enhance the underrepresented and minority theoretical orientations in their program (27%), as opposed to enhance their existing theoretical orientations by hiring theoretically like-minded colleagues (17%).

Directors' Beliefs

Almost 90% of respondents agreed that knowing one therapeutic model well is not sufficient for the treatment of a variety of problems and populations; instead, training in a variety of models is needed. Although almost all directors (91%) believe that teaching specific integrative/eclectic models could be done at the predoctoral internship level, their views of the optimal training process differ: about 38% believe that students first should be trained to be proficient in one therapeutic model, 47% to be minimally competent in a variety of models, and 15% to be trained in a specific integrative model from the outset.

Internship Admissions

Internship programs reported a slightly higher than average/neutral admission benefit for applicants who identify as integrative/eclectic ($M = 4.34$, $SD = 0.99$; rated on a 7-point scale with anchors of 1 [*very negative*] and 7 [*very positive*], and 4 [*neutral*]), and for multitheoretical applicants (i.e., identify with two or more theories, but not as integrative/eclectic; $M = 4.50$, $SD = 0.86$). With regards to admissions, program directors also rated the importance for self-identified integrative/eclectic applicants to be able to satisfy eight psychotherapy integration conditions/ requirements. These are listed in Table 3.

Differences Among Internship Programs

A number of univariate analyses were conducted to examine differences of interest among internship programs. Because of the number of comparisons, alpha was set at $p < .01$ for all tests (to reduce the likelihood of Type I error). In terms of type of internship, we compared university counseling centers, community mental health centers, and VA medical centers (because of few respondents, other types of programs were not included in the analyses). There were no significant differences among the three types of internships in terms of number of integrative models super-

Table 3. Helpful Conditions for Self-identified as Integrative/Eclectic Internship Applicants

In internship applications/interviews, how helpful is it for those self-identified as integrative/eclectic applicants to be able to do the following:	<i>M</i>	<i>SD</i>
Describe what they do in clinical practice	6.33	0.79
Have a clear rationale/scheme for treatment selection	6.15	0.89
Provide clinical examples to demonstrate their integrative/eclectic theory	5.79	1.17
Explain why they are integrative/eclectic instead of single-theorists	5.54	1.19
Present some form of empirical support from the literature for their chosen approach	5.00	1.29
Applicant's integrative approach is a well-known (or published) integrative/eclectic model (as opposed to a personal selection/combination of theories)	4.23	1.34
Have done research, presented, or published in the area of psychotherapy integration/eclecticism	3.60	1.50
Provide a paper/essay of their personal integrative/eclectic theory or model of therapy	3.36	1.52

Note. $N = 139$. Means and standard deviations were figured on a 7-point scale from 1 (*not at all helpful*) to 7 (*very helpful*).

vised, willingness to hire integrative staff, or willingness to accept interns with integrative or multitheoretical orientations.

Although the vast majority of programs offered training/rotations with adults, outpatients, and individual psychotherapy, approximately only half of the responding programs offered major/minor rotations with children or with inpatients. In a series of *T* tests conducted among internships which offer or did not offer training with children, and among internships which offer or did not offer training with inpatients, no significant differences were found in terms of number of integrative models supervised, programs' willingness to hire integrative staff, or willingness to accept interns with integrative or multitheoretical orientations.

Differences Between Doctoral Programs and Internships

In order to compare counseling psychology doctoral programs and internships, *T* tests and chi-square tests were conducted. No differences were found in the integrative hiring practices or in TDs' opinions about psychotherapy integration between respondents from the two types of settings.

DISCUSSION

This study is a first attempt to survey the status of predoctoral exposure and training in psychotherapy integration. Overall, results indicated a relatively positive picture of program directors' perceptions of integrative training in counseling psychology and predoctoral internships. What follows is a discussion of findings from both settings and their implications, as well as descriptions of the limitations of this study. Recommendations for future training and research are also offered.

Multitheoretical/Integrative Training and Faculty/Staff

First, questions that aimed at an assessment of preintegrative training showed that the context for integrative training partially exists. More than half of the responding counseling psychology TDs reported training in four major psychotherapy systems (humanistic, psychodynamic, cognitive-behavioral, and family/systems), with the great majority of responding TDs reporting training in at least two theoretical orientations. Although this training may often be optional and relatively limited in terms of credit

hours (see Table 1), it minimally establishes the educational foundations for further integrative/eclectic training and practice (Andrews et al., 1992). Psychotherapy integration/eclecticism by definition assumes some knowledge of at least two different psychotherapy models. In fact, the more training/supervision available in a variety of theories, the better will be the foundation knowledge for further integrative activity (see Andrews et al., 1992; Beutler et al., 1987; Lecompte, Castonguay, Cyr, & Sabourin, 1993; Norcross, 1986; Norcross & Halgin, 1997). Further, the vast majority of the surveyed internships also reported staff in at least two theoretical areas, with more than one fourth of the programs employing staff in four major systems of therapy (humanistic, psychodynamic, cognitive-behavioral, and family/systems). The existence of theoretically diverse faculty/staff and training/supervision is a necessary (but not sufficient) condition for psychotherapy integration because it lays the preintegrative foundations for further integrative/eclectic work.

The existence of such preintegrative foundations are further supported by the way that different psychotherapy theories are taught in counseling doctoral programs, typically in a required advanced theories of psychotherapy course. The books commonly used in this teaching have a multi-theoretical focus, many of them with specific discussions or chapters devoted to psychotherapy integration. Also, the use of a variety of different theoretical readings/sources enriches the multitheoretical nature of teaching advanced psychotherapy theory. The use of textbooks that are oriented toward critical/comparative examination of theories and contain integrative references (e.g., Corey, 1998; Prochaska & Norcross, 1998) could be considered as showing an open-minded theoretical attitude, if not a positive predisposition toward psychotherapy integration.

More encouraging is the reported teaching emphasis on similarities/differences and strengths/weaknesses among theoretical orientations and the amount of reported teaching of the empirical literature in psychotherapy, all of which can be seen as preparation for further integrative training (Andrews et al., 1992; Hollanders, 1999). There has been a consensus that the critical teaching of all major theories of counseling is a good starting point to introduce psychotherapy integration in graduate school (Andrews et al., 1992; Beutler et al., 1987; Norcross, 1986). Specifically, a teaching emphasis on explicating strengths/weaknesses and indications/contraindications of each therapeutic model in terms of populations and problems treated constitutes an examination that lays the ground for eclecticism by identifying that not all types of clients/problems can be treated equally well by all theories (Norcross & Newman, 1992). The identification of limits/contraindications of different theories and referral training is also an integrative/eclectic activity in itself, even if only one theory is taught (Andrews et al., 1992; Beutler, 1999; Norcross, Beutler, & Clarkin, 1990).

Further, a teaching focus on identifying similarities and differences in theory and technique among models of psychotherapy, in addition to eclecticism, can introduce students to “the common factors” approach (Lampropoulos, 2000a, b). The critical and comparative teaching of psychotherapy theories is of great importance, since simple exposure to different theories does not mean that any integrative activity will automatically occur, and the way theories are taught could affect students’ future integrative/eclectic behavior (Schacht, 1991). Lastly, teaching the empirical research literature in psychotherapy that underlies and gave rise to psychotherapy integration (such as comparative outcome research and counseling process research; Hill, 2001; Lambert, 1992; Norcross, 2002) is another major step in introducing students to the integrative ideas (see Hollanders, 1999).

In addition to the critical presentation of psychotherapy theories, more than half of the responding counseling psychology TDs report some amount of teaching explicitly focused on the subject of psychotherapy integration, usually as part of an advanced practicum or theories of therapy course. Courses or lectures specifically devoted to psychotherapy integration are valuable in promoting and organizing multitheoretical knowledge. Overall, the critical examination of theories of therapy coupled with courses or lectures specifically devoted to their integration are considered essential elements of integrative training (Andrews et al., 1992).

Further, counseling psychology TDs are aware and expose their students to a variety of well-known specific integrative/eclectic models (see Table 2), which can provide them with a vehicle for integrative practice. However, this may not necessarily translate into in-depth training in these models in a way that will allow their independent practice, but it may be limited to an introductory presentation. Overall, considering that structurally “deeper” integration will occur and should be expected much later in one’s professional development (as a result of accumulated experience and critical thinking; Andrews et al., 1992; Messer, 1992; Schacht, 1991), the level and degree of integrative exposure reported by responding TDs appears to be appropriate for trainees’ developmental stage and the typical credit load and diversity that characterizes doctoral training curricula in counseling psychology. Internship programs also reported the existence of full-time staff who supervise many of the aforementioned specific integrative/eclectic models (see Table 2). Given the applied character of internship training, this seems very promising for the professional development of future integrative/eclectic clinicians.

Questions regarding the multitheoretical and integrative/eclectic orientation of counseling psychology faculty members and internships’ staff also revealed a positive picture. The numbers of faculty/staff members identifying as integrative/eclectic or multitheoretical are indicators of pos-

itive integrative trends in training programs, and hold promise for the future of psychotherapy integration (Andrews et al., 1992; Schacht, 1991).

Multitheoretical/Integrative Student Competency

Reports regarding counseling psychology programs' practices in terms of students' multitheoretical competency and evaluation are encouraging, with more than half of the responding programs requiring students to acquire and demonstrate skills in two or more psychotherapy theories. Although clinical training in more than one theory obviously requires more time, effort, resources, and skills (and there is always a trade-off between depth and breadth of training), this could be more advantageous and rewarding in the future for prospective integrationists and it is an essential step in integrative training/development (Andrews et al., 1992; Beutler et al., 1987; Lecompte et al., 1993; Norcross, 1986, 1988; Norcross & Halgin, 1997).

Although all responding TDs allow (if not encourage) the development of personal integrative models or the adoption of well-known integrative/eclectic models, it is worth noting that most responding TDs prefer to encourage the former over the latter (83% vs. 46%, respectively). Despite the fact that well-known and established integrative/eclectic systems are more likely to be reliable/systematic and less subjective/arbitrary sources of integrative practice compared to personal integrative models, it seems that responding TDs are mostly concerned with allowing their students to develop a personal way of practicing therapy in which they will be comfortable and effective. This is consistent with findings showing that counselors highly value personality compatibility and personal effectiveness (as opposed to general model effectiveness) in their choice of a counseling theory and in the development of personal integrative/eclectic models (Lampropoulos, 1999; Vasco & Dryden, 1994; see also Goldfried, 2001b). However, the observed preference for development of personal integrative/eclectic models entails the danger that empirically supported approaches may be overlooked, and in that sense students should be guided in seeking and providing adequate research/clinical support for their choices.

Hiring Practices and Integrative Beliefs

Despite the fact that theoretical orientation may not generally be a decisive criterion in doctoral programs and internships' hiring practices,

responding TDs were positive in the prospect of strengthening their programs integrative teaching/practice/research by hiring faculty/staff with interests primarily in the area of integration/eclecticism. Programs' tendencies for employing integrative personnel and seeking theoretical diversity/pluralism in their hiring practices (as opposed to a desire for like-minded colleagues and theoretical homogeneity that may be guided by self-affirming motivation; Andrews et al., 1992; Schacht, 1991) are essential for the dissemination of integrative ideas in higher education institutions, considering that it is also subject to political and organizational forces that may favor the existing theoretical status quo (see Andrews et al., 1992).

Internship and counseling doctoral program directors' personal opinions regarding psychotherapy integration and its usefulness are generally consistent with their reported programs' practices in this area. Responding TDs endorsed the importance of pluralistic theoretical training over the adequacy of single theories. The issue of predoctoral versus postdoctoral integrative training was also answered in favor of the former view, whereas opinions regarding the best order to proceed with this training were divided three ways, with the majority view favoring the option of "trainee minimum exposure to multiple models before integration occurs." Although such choice will be obviously time- and effort-consuming, it provides more resources for the aspiring integrative/eclectic clinician, promotes a critical approach to psychotherapy, and guards against the development of any premature, unexamined, and partisan allegiances to specific theories. However, the option of "trainee proficiency in one model before integration occurs" (and even the option of "training in a specific integrative model from the get go") may be easier to accomplish and could provide clinical structure and solid ground for trainees to build on (for a complete discussion of these issues see Andrews et al., 1992; Beutler et al., 1987; Castonguay, 2000b; Halgin, 1988; Lecompte et al., 1993; Norcross, 1986; Norcross & Halgin, 1997; Schacht, 1991; Walder, 1993).

Internship Admissions

Results indicate that integrative/eclectic applicants are welcome by internship sites, where the knowledge of more than one theory of therapy could be viewed as an asset. The endorsement of a series of conditions for integrative/eclectic applicants by internship directors suggests that these applicants are being screened in terms of providing clinically meaningful, systematic and empirically supported practice. Although integrative/eclectic applicants do not have to submit any written proofs of their

integrative identity (e.g., clinical essays or research papers), they are advised to develop and clearly articulate their ideas about how they do integrative/ eclectic therapy. Such reports can provide guidance to student integrative identity development, and are particularly important because they support the need for a clear, coherent, systematic and data-driven integrative/eclectic practice (all of which have been commonly reported concerns regarding psychotherapy integration/eclecticism; Jacobson, 1999; Lazarus et al., 1992; Norcross & Newman, 1992; Norcross & Thomas, 1988).

Limitations and Recommendations

Study limitations include the lack of data from clinical psychology programs, and the response rate of 45% for counseling psychology programs (which, however, appeared to be representative of the universe of APA-accredited counseling programs). The also relatively low response rate of 32% for internship programs (which actually varied among types of internships) may be explained by the fact that some internship programs are mostly or exclusively involved with diagnostic and other services, and not with psychotherapy (thus less interested in psychotherapy integration as well). This observation is consistent with the higher return rates from counseling centers and community mental health centers, and the lower returns from general hospitals, medical schools, and child/pediatric facilities. The self-report nature of data collected only from one person from each program is also a limitation. However, training directors are the most informed individuals regarding training in their programs (despite their limitation in knowledge of some of the issues surveyed). All these reasons suggest caution in the interpretation and generalization of findings.

However, results from the different areas surveyed indicate a relatively positive environment for integrative ideas to grow, where most responding counseling psychology and internship TDs at least seem open, if not willing to work toward this direction. Future training steps may include the programmatic enhancement of integrative training at the doctoral and internship level via developing courses, modifying training curricula, and hiring qualified faculty/staff. Experimental and naturalistic research on integrative training and the development of integrationist professional identity are also needed. In addition, programs can locally monitor the training they provide and study the development of their students/interns, both in psychotherapy in general (e.g., Meier, 1999) and in psychotherapy integration in particular (e.g., Lampropoulos, 1999; Lampropoulos, Moagi-Gulubane, & Dixon, 1999). Integrative/eclectic internship applicants would

also be better prepared by paying attention to the development of those integrative characteristics and conditions that internship directors consider important. Such efforts could not only facilitate internship admissions, but also enhance the quality of integrative/eclectic practice and the development of solid integrative professional identities.

REFERENCES

- American Psychological Association. (1999). Accredited doctoral programs in professional psychology: 1999. *American Psychologist*, *54*, 1099–1111.
- American Psychological Association. (2000). *Supplement to listing of accredited doctoral programs in professional psychology: April 3, 2000*. Available from the APA Office of Program Consultation and Accreditation, and the Committee on Accreditation.
- Andrews, J. D. W., Norcross, J. C., & Halgin, R. P. (1992). Training in psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration*. (pp. 563–592). New York: Basic Books.
- Bechtoldt, H., Norcross, J. C., Wyckoff, L. A., Pokrywa, M. L., & Campbell, L. F. (2001). Theoretical orientations and employment settings of clinical and counseling psychologists: A comparative study. *The Clinical Psychologist*, *54*, 3–6.
- Beutler, L. E. (1999). Manualizing flexibility: The training of eclectic therapists. *Journal of Clinical Psychology*, *55*, 399–404.
- Beutler, L. E., & Clarkin, J. (1990). *Systematic treatment selection: Toward targeted therapeutic interventions*. New York: Brunner/Mazel.
- Beutler, L. E., Mahoney, M. J., Norcross, J. C., Prochaska, J. O., Sollod, R. M., & Robertson, M. (1987). Training integrative/ eclectic psychotherapists II. *Journal of Integrative and Eclectic Psychotherapy*, *6*, 296–332.
- Bongar, B. M., & Beutler, L. E. (1995). *Comprehensive textbook of psychotherapy: Theory and practice*. New York: Oxford University Press.
- British Psychological Society (2001). *Regulations and syllabus for the Diploma in Counseling Psychology, April 2001 to March 2002*. Retrieved September 2, 2001, from http://www.bps.org.uk/documents/Diploma_Counselling_Psychology.pdf
- Castonguay, L. G. (2000a). A common factors approach to psychotherapy training. *Journal of Psychotherapy Integration*, *10*, 263–282.
- Castonguay, L. G. (2000b). Training in psychotherapy integration: Introduction to current efforts and future visions (special series). *Journal of Psychotherapy Integration*, *10*, 229–286.
- Consoli, A. J. (2000, May). *A model for teaching psychotherapy theory through an integrative structure*. Paper presented at the 16th International Meeting of the Society for the Exploration of Psychotherapy Integration, Washington, DC.
- Corey, G. (2000). *Theory and practice of counseling and psychotherapy* (6th ed.). Belmont, CA: Wadsworth Publishing.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing* (3rd ed.). Baltimore, MD: Johns Hopkins University Press.
- Garfield, S. L. (1980). *Psychotherapy: An eclectic approach*. New York: Wiley.
- Garfield, S. L. (1995). *Psychotherapy: An eclectic-integrative approach* (2nd ed.). New York: Wiley.
- Glass, C. R., Arnkoff, D. B., & Rodriguez, B. F. (1998). An overview of directions in psychotherapy integration research. *Journal of Psychotherapy Integration*, *8*, 187–209.
- Gold, J. R. (1996). *Key concepts in psychotherapy integration*. New York: Plenum Press.
- Gold, J. R. (2000, May). *Conflict emotion and resistance in the teaching and the learning of an integrative model*. Paper presented at the 16th International Meeting of the Society for the Exploration of Psychotherapy Integration, Washington, DC.

- Goldfried, M. R. (1999). A participant-observer's perspective on psychotherapy integration. *Journal of Psychotherapy Integration, 9*, 235–242.
- Goldfried, M. R. (2001a). Introduction: The evolution of therapists. In M. R. Goldfried (Ed.), *How therapists change: Reflections of psychodynamic, cognitive-behavioral and experiential therapists* (pp. 3–16). Washington, DC: American Psychological Association.
- Goldfried, M. R. (Ed.). (2001b). *How therapists change: Reflections of psychodynamic, cognitive-behavioral and experiential therapists*. Washington, DC: American Psychological Association.
- Halgin, R. P. (Ed.). (1988). Special section: Issues in the supervision of integrative psychotherapy. *Journal of Integrative and Eclectic Psychotherapy, 7*, 152–180.
- Hill, C. E. (Ed.). (2001). *Helping skills: The empirical foundation*. Washington, DC: American Psychological Association.
- Hollanders, H. (1999). Eclecticism and integration in counseling: Implications for training. *British Journal of Guidance and Counselling, 27*, 483–501.
- Howard, G. S., Nance, D. W., & Myers, P. (1987). *Adaptive counseling and therapy: A systematic approach to selecting effective treatments*. San Francisco: Jossey-Bass.
- Jacobson, N. S. (1999). An outsider's perspective on psychotherapy integration. *Journal of Psychotherapy Integration, 9*, 219–233.
- Jensen, J. P., Bergin, A. E., & Greaves, D. W. (1990). The meaning of eclecticism: New survey and analysis of components. *Professional Psychology: Research and Practice, 21*, 124–130.
- Lambert, M. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.
- Lampropoulos, G. K. (2000a). Evolving psychotherapy integration: Eclectic selection and prescriptive applications of common factors in therapy. *Psychotherapy, 37*, 285–297.
- Lampropoulos, G. K. (2000b). Definitional and research issues in the common factors approach to psychotherapy integration: Misconceptions, clarifications, and proposals. *Journal of Psychotherapy Integration, 10*, 415–438.
- Lampropoulos, G. K. (2001). Bridging technical eclecticism and theoretical integration: Assimilative integration. *Journal of Psychotherapy Integration, 11*, 5–19.
- Lampropoulos, G. K. (Chair). (1999, November). *How counselors develop their integrative or pure-form theories of therapy*. Symposium presented at the Fall Convention of Indiana Psychological Association, Indianapolis, IN.
- Lampropoulos, G. K., Moagi-Gulubane, S., & Dixon, D. N. (1999, April). *Integrative/ eclectic training in counseling psychology*. Poster presented at the 12th Annual Great Lakes Conference of Division of Counseling Psychology of APA, Columbus, OH.
- Lazarus, A. A. (1981). *The practice of multimodal therapy*. New York: McGraw-Hill.
- Lazarus, A. A. (1989). *The practice of multimodal therapy*. Baltimore, MD: Johns Hopkins University Press.
- Lazarus, A. A. (1997). *Brief but comprehensive psychotherapy: The multimodal way*. New York: Springer.
- Lazarus, A. A., Beutler, L. E., & Norcross, J. C. (1992). The future of technical eclecticism. *Psychotherapy, 29*, 11–20.
- Lecompte, C., Castonguay, L. G., Cyr, M., & Sabourin, S. (1993). Supervision and instruction in doctoral psychotherapy integration. In G. Stricker, & J. R. Gold (Eds.), *Comprehensive handbook of psychotherapy integration* (pp. 483–498). New York: Plenum Press.
- Linehan, M. M. (1987). Dialectical behavior therapy for borderline personality disorder. *Bulletin of the Menninger Clinic, 51*, 261–276.
- Linehan, M. M. (1993). *Cognitive-behavioral therapy of borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M. (2000). The empirical basis of Dialectical Behavior therapy: Development of new treatments versus evaluation of existing treatments. *Clinical Psychology: Science and Practice, 7*, 113–119.
- Mayne, T. J., Norcross, J. C., & Sayette, M. A. (2000). *Insider's guide to graduate programs in clinical and counseling psychology* (2000/2001 ed.). New York: Guilford Press.

- Meier, S. T. (1999). Training the practitioner-scientist: Bridging case conceptualization, assessment and intervention. *The Counseling Psychologist, 27*, 846–869.
- 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: Basic Books.
- Nance, D. W. (Ed.). (1995). *How therapists ACT: Cases combining major approaches to psychotherapy and the Adaptive Counseling and Therapy model*. Washington, DC: Accelerated Development.
- Norcross, J. C. (1988). Supervision of integrative psychotherapy. *Journal of Integrative and Eclectic Psychotherapy, 7*, 157–166.
- Norcross, J. C. (Ed.). (1986). Training integrative/eclectic psychotherapists. *International Journal of Eclectic Psychotherapy, 5*, 71–94.
- Norcross, J. C. (Ed.). (2002). *A guide to psychotherapy relationships that work*. New York: Oxford University Press.
- Norcross, J. C., & Beutler, L. E. (2000). A prescriptive eclectic approach to psychotherapy training. *Journal of Psychotherapy Integration, 10*, 247–262.
- Norcross, J. C., Beutler, L. E., & Clarkin, J. F. (1990). Training in differential treatment selection. In L. E. Beutler & J. F. Clarkin, *Systematic treatment selection: Toward targeted therapeutic intervention* (pp. 289–307). New York: Brunner/Mazel.
- Norcross, J. C., & Goldfried, M. R. (Eds.). (1992). *Handbook of psychotherapy integration*. New York: Basic Books.
- Norcross, J. C., & Halgin, R. P. (1997). Integrative approaches to psychotherapy supervision. In C. E. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 203–222). New York: Wiley.
- Norcross, J. C., Hedges, M., & Castle, P. H. (2002). Psychologists conducting psychotherapy in 2001: A study of the Division 29 membership. *Psychotherapy, 39*, 97–102.
- Norcross, J. C., & Kaplan, K. J. (1995). Training in psychotherapy integration I: Integrative /eclectic programs. *Journal of Psychotherapy Integration, 5*, 267–272.
- Norcross, J. C., & Newman, C. F. (1992). Psychotherapy integration: Setting the context. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 3–45). New York: Basic Books.
- Norcross, J. C., Sayettee, M. A., & Mayne, T. J. (1996). *Insider's guide to graduate programs in clinical and counseling psychology*. New York: Guilford Press.
- Norcross, J. C., & Thomas, B. L. (1988). What's stopping us now: Obstacles to psychotherapy integration. *Journal of Integrative and Eclectic Psychotherapy, 7*, 74–80.
- Office of Program Consultation and Accreditation (2001). *2000 Annual Report*. Washington, DC: American Psychological Association.
- Pinsof, W. M. (1995). *Integrative problem-centered therapy*. New York: Basic Books.
- Prochaska, J. O., & DiClemente, C. C. (1984). *The Transtheoretical approach: Crossing the traditional boundaries of therapy*. Homewood, IL: Dow Jones-Irwin.
- Prochaska, J. O., & DiClemente, C. C. (1992). The transtheoretical approach. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 300–334). New York: Basic Books.
- Prochaska, J. O., & Norcross, J. C. (1998). *Systems of psychotherapy: A transtheoretical analysis* (4th ed.). Belmont, CA: Wadsworth Publishing.
- Robertson, M. H. (1986). Training eclectic psychotherapists. In J. C. Norcross (Ed.), *Handbook of eclectic psychotherapy* (pp. 416–435). New York: Brunner/Mazel.
- Robertson, M. H. (1995). *Psychotherapy education and training: An integrative perspective*. Madison, CT: International Universities Press.
- Robertson, M. H. (2000, April). Psychotherapy integration training. In G. K. Lampropoulos (Chair), *Psychotherapy integration in the Midwest: Theory, practice and training*. Symposium presented at the 13th Annual Great Lakes Conference in Counseling Psychology, Muncie, IN.
- Ryle, A. (1990). *Cognitive-analytic therapy: Active participation in change*. Chichester, UK: Wiley.
- Ryle, A. (Ed.). (1995). *Cognitive-analytic therapy: Developments in theory and practice*. Chichester, UK: Wiley.

- Safran, J., & Segal, Z. (1990). *Interpersonal processes in cognitive therapy*. New York: Basic Books.
- Schacht, T. E. (1991). Can psychotherapy education advance psychotherapy integration? A view from the cognitive psychology of expertise. *Journal of Psychotherapy Integration, 4*, 305–319.
- Stricker, G., & Gold, J. R. (1996). Psychotherapy integration: An assimilative, psychodynamic approach. *Clinical Psychology: Science and Practice, 3*, 47–58.
- Stricker, G., & Gold, J. R. (Eds.). (1993). *Comprehensive handbook of psychotherapy integration*. New York: Plenum Press.
- Vasco, A. B., & Dryden, W. (1994). The development of psychotherapists' theoretical orientation in clinical practice. *British Journal of Guidance and Counseling, 22*, 327–341.
- Wachtel, P. L. (1977). *Psychoanalysis and behavior therapy: Toward an integration*. New York: Basic Books.
- Wachtel, P. L. (1987). *Action and insight*. New York: Guilford Press.
- Wachtel, P. L. (1997). *Psychoanalysis, behavior therapy, and the relational world*. Washington, DC: American Psychological Association.
- Walder, E. (1993). Supervision and instruction in postgraduate psychotherapy integration. In G. Stricker, & J. R. Gold (Eds.), *Comprehensive handbook of psychotherapy integration* (pp. 499–512). New York: Plenum Press.
- Wolfe, B. E. (2000). Toward an integrative theoretical basis for training psychotherapists. *Journal of Psychotherapy Integration, 10*, 233–246.
- Wolfe, B. E., & Goldfried, M. R. (1988). Research on psychotherapy integration: Recommendations and conclusions from an NIMH workshop. *Journal of Consulting and Clinical Psychology, 56*, 448–451.