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What is This?
Integrative Confusion: An Examination of Integrative Models in Couple and Family Therapy

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This article examines integrative therapy, emphasizing couple and family therapeutic models. Integrative models have developed at such a rapid pace that a review of their origins is essential. The literature review indicates the varied and confused state of integrative therapy. Yet, there are several promising couple and family therapy integrative models. In an attempt to understand and integrate the available models, their common factors are emphasized.

Keywords: integrative; eclectic; theory; psychotherapy; couples therapy

Integrative family therapy is, despite its surface attractiveness, in the end a misguided, probably impossible, and almost certainly unnecessary goal for our field.

—Henry Grunebaum, MD

Clinicians who work with couples and families are likely to combine several techniques, theories, or factors in their therapy to address the complexity of family systems. However, the nature of what they actually do seems to be murky at best. The descriptive term “integrative” has been assigned to such an approach. Yet, there is little agreement regarding what is actually meant by integrative, creating the present state of confusion. In an attempt to offer effective psychotherapeutic services to clients (i.e., couples and families), therapists have abandoned or modified underlying “pure” theories and models. The result has been to describe or categorize each new approach as integrative.

The authors, after a review of the literature related to integrative couple and family therapy, have concluded that there is more confusion when using this modality than there is clarity. Due to this confusion, a closer examination of integrative couple and family therapy is necessary to determine whether integration combines the strengths of several theoretical components or simply obscures their distinctive features (Nichols & Schwartz, 2001). Integrative models of couple and family therapy are discussed. Salient elements, common to integrative couple and family approaches, are presented in an attempt to define and clarify the concept of psychotherapy integration in marriage and family counseling. Figure 1 presents an outline of the topics.

DEFINING INTEGRATION


Today, only a modest number of therapists believe one method or approach to therapy is sufficient to meet the needs of a wide range of individual and couple issues. Clinicians following the one-theory or method belief are likely to be followers of theorists who founded well-conceived approaches, which have been advocated over many years. The original schools of psychotherapy from which pure or unitary theories arose recognized converging themes (cf. Goldfried, 1982). Yet, little progress has been made in developing a single comprehensive system of psychotherapy (Patterson, 1989). As new approaches combined techniques, theories, or factors of therapy, the umbrella descriptor “integrative” was born. Integrative seems to be replacing another perplexing term—“eclectic.”
Confusion still exists concerning the use of the terms “integration” and “eclecticism.” Hollanders (1999) stated that it has been difficult to arrive at universal definitions of these terms. The traditional definition has been that eclecticism referred to the use of diverse techniques without regard to their origins within a particular theoretical orientation, whereas integration referred to the combining of diverse theoretical concepts often resulting in a new theory or approach. In spite of attempts to differentiate eclecticism and integration, Norcross and Grencavage (1990) found evidence of boundary blurring: “No technical eclectic can totally disregard theory and no theoretical integrationist can totally ignore technique” (p. 11). Nuttall (2002) identified more than 400 new approaches that have evolved as a result of the integrationist movement, referring to this as “an ubiquitous process of conjunction that comes from relationship and conflict” (p. 250).
Nuttall (2002) described integration from at least two perspectives. First, as a concept of emergence, he sees integration as an expression of chaos and complexity science. He referred to this emergence as complicit integration, driven by relational dynamics and systems theory. Next, Nuttall (2002) described contiguous integration with the view that individuals and families have meaning only in relation to larger groups, organizations, or society. This perspective is based on a metasystem view of the integration phenomenon.

Therapeutic integration (Arkowitz, 1992; Norcross & Newman, 1992) has been defined according to three major categories: theoretical integration, technical eclecticism, and common factors. Theoretical integration combines principles and practices from a number of pure or unitary therapies. Several theories are combined to produce a new approach. An example is the combination of individual theories of psychotherapy with marriage and family theories (e.g., person-centered, solution-focused, structural, and cognitive-behavioral). Technical eclecticism, as the second category of integration, draws on intervention techniques from a number of therapeutic approaches to meet the needs of one’s clients. Techniques are applied to individual, couple, and family problems without regard to a particular theory. The common factors approach to psychotherapy integration identifies effective ingredients or principles in the therapeutic process that are included by several groups of therapies.

The counseling literature has attempted to define integration (Corey, 2005; Day, 2004; Gladding, 2005; Ivey, D’Andrea, Ivey, & Simek-Morgan, 2002). Corey (2005) stated that psychotherapy has been moving toward integration since the early 1980s. Goldfried and Castonguay (1992) characterized the integration movement as combining the best of several orientations that are evolving into more complete theoretical models and efficient treatments. Survey research indicated that a number of therapists identify themselves as eclectic rather than integrative (Norcross, Hedges, & Prochaska, 2002). Corey (2005) discussed the eclectic approach as a form of syncretism with the counselor grabbing for what may work without determining whether any of the therapeutic procedures are effective with a particular client or problem. Others (Lazarus, 1986; Lazarus, Beutler, & Norcross, 1992) identified syncretistic confusion as referring to the end product when therapists pull techniques from many different sources without a sound rationale. Corey (2005) noted that integration must include cultural factors due to the diversity of clientele and client problems. Other contributors (Frame, 2003; Miller, 1999) emphasized the importance of spirituality as a major force in any integrative approach. Ivey et al. (2002) highlighted the importance of culture and diversity as part of all attempts at therapeutic integration.

Day (2004) observed that the field of counseling has endorsed integrative approaches for more than 30 years. She considered Carkhuff’s Human Technology, developed in the late 1960s as one of the first integrative models that was used in counselor training, combining nondirective (Rogerian), psychodynamic, and behavioral practices. Recently, Brooks and Gavetti (2001) produced a Skill-Based Psychotherapy Integration model for practice and internship training. Counselor educators have tended to emphasize psychotherapy integration based on skills.

Other authors (Miller, Duncan, & Hubble, 2002; Prochaska & DiClemente, 2002; Wachtel, 1977) highlighted the common factors important to successful therapy. Miller et al. (2002) found the relationship to be by far the most important factor related to success in therapy, with other factors simply helping to enhance the process. Prochaska and DiClemente (2002) discussed integration in terms of stages of change within the therapeutic process (i.e., precontemplation, contemplation, preparation, action, maintenance, and termination). Such stages are believed to be common across theoretical orientations. Wachtel (1977), an early contributor to the synthesis of behavior therapy and psychoanalysis, simply said that integration was an evolving framework in which new elements can enter and old ones exit.

Integration was categorized by Nichols and Schwartz (2001) as eclecticism, selective borrowing, or specially designed models. Eclecticism is viewed as simply drawing from a number of theories and methods. Selective borrowing involves leaning toward one particular approach but occasionally using techniques from other theories. Specially designed integrative models are attempts to create a new approach or theory by carefully combining workable approaches and significant therapeutic factors. This last category is more comprehensive and complex than the first two. Current specifically designed integrative models in couple and family counseling/therapy are discussed in the next section of this article. Goldenberg and Goldenberg (2004) defined integrative as more than combining different theoretical models and described such approaches as holistic in nature. They stress the importance of continually seeking out methods of integration and researching their efficacy with couple and family problems.

The literature indicates a myriad of approaches to psychotherapy integration. Researchers and commentators tend to present their own views about integrative therapy, asserting whether integration itself is a good idea. There is no consensus on whether integration is a good idea.
Several integrative models in couple and family counseling or therapy have evolved over the past few decades. Metaframeworks grew out of the collaboration efforts of Douglas Breunlin, Richard Schwartz, and Betty Mac Kune-Karrer at the Institute for Juvenile Research in Chicago (Nichols & Schwartz, 2001). William Pinsof and colleagues at the Family Institute at Northwestern University developed Integrative Problem-Centered Therapy (IPCT) (Pinsof, 1995). Jacobson and Christensen (1996) produced an Integrative Couple Therapy Model. Lazarus (1986) developed the multimodal approach, which has been applied to couple and family systems. Three recent applications of the integrative perspective represent theoretical integration at the systems level: an Integrative-Contextual Model (Smith, 2001), a Biopsychosocial Model (Sperry, 2001), and the Integrative Family Therapy Model (Walsh, 1975/2001).

Metaframeworks

Metaframeworks attempts to cross the boundaries of several marriage and family approaches, including structural, strategic, and intergenerational theories. This model views families through six domains: the intrapsychic, family organization, sequences of family interactions, development, culture, and gender. A collaborative approach is used with families to help release constraints in any of the six domains. The metaframeworks model transcends individual schools of family therapy. Because it focuses on a number of dimensions and considers several theoretical models, metaframeworks is a complex approach that demands practitioners to work in context with several systems, subsystems, and factors affecting family functioning.

Integrative Problem-Centered Therapy

Integrative Problem-Centered Therapy attempts to integrate family, individual, and biological therapies (Norcross, 1996). Therapy is conducted according to identifying factors that prevent problem resolution in families. Therapy, according to Pinsof (1995), is conducted according to the most cost-effective approach first, which often means a short-term behavioral method. Depending on the severity of the presenting problem, the therapist may need to implement other approaches, thus transcending boundaries of pure theoretical models. This may include examining potential biological problems or implementing family of origin and intrapsychic approaches. The problem-centered approach is seen as comprehensive and flexible. “By integrating so many different orientations (behavioral, experiential, psychodynamic, etc.) as well as individual and family contexts, the theory and practice domains one draws upon are almost endless” (Pinsof, as cited in Norcross, 1996, p. 306).

Integrative Couple Therapy

Integrative Couple Therapy (Jacobson & Christensen, 1996) combined two major schools of therapy. The humanistic approach was added to a more traditional behavioral approach to obtain better results when working with couples. Jacobson and Christensen (1996) recognized patterns in the behavior of couples that challenged the skill-building foundation of the classic behavioral model. Therefore, they encouraged couples to practice acceptance and support. The integrative couple therapy model emphasized empathy, a characteristic of person-centered therapy. The therapist facilitates relationship change through acceptance and empathy.

Technical Eclecticism

Lazarus (1986) provided the best and most researched example of technical eclecticism. Technical eclecticism applies techniques from several sources in accordance with the needs of the different clients. Earlier surveys (Jensen, Bergin, & Greaves, 1990) found that clinical psychologists, marriage and family therapists, psychiatrists, and social workers endorsed eclecticism from 59% to 72% as their preferred approach. Many have endorsed Lazarus’s multimodal approach, which focuses on specific modalities and combines social, biological, relationship, and communication factors. Clinical judgment is an important feature of this integrative model. Lazarus recommended techniques from gestalt, cognitive, behavioral psychodynamic, and family systems therapies.
Integrative-Contextual Therapy

The Integrative-Contextual Model (Smith, 2001) is defined as a framework for conducting couple and family counseling/therapy within the context of the therapeutic setting. Professionals working from this complex model consider the following: (a) therapist characteristics, client characteristics, and their match with each other (gender, values, beliefs, experiences, culture, knowledge-base, etc.); (b) relationship skill level; (c) developmental stages of the client system and the developmental process of therapy; (d) integration of proven theories, techniques, and change processes; and (e) mega-systems that interact from a contextual perspective with the therapist, client system, and the therapeutic process. This model focuses on at least two levels of integration (Sperry, 2001) by first integrating theory (structural, cognitive-behavioral, solution-focused, and psychoeducational) and then tailoring treatment modalities based on a number of important contextual factors.

Biopsychosocial Model

The Biopsychosocial Model integrates theory and techniques according to client or couple levels of distress (Sperry, 2001). This model is particularly useful in health care settings where clients might present medical problems. Several treatment modalities are utilized with this approach, including individual, group, couple, family, and medical. In addition, theories such as cognitive-behavioral, systemic, and psychoeducational are included within this integrative model. The foundation of this model is that couple and family therapists must consider the biological, psychological, and social functioning levels of their clients. Sperry (1999) described the biopsychosocial model as a systematically eclectic approach.

Integrative Family Therapy Model

The Integrative Family Therapy (IFT) Model also combines theory and technique. Several approaches to therapy are integrated within this model, including structural, communication-based, cognitive-behavioral, solution-focused, and narrative therapies. Walsh (1975/2001) described the IFT therapeutic process as well defined and structured, usually consisting of about 10 sessions. In addition to integrating several pure theories, this model follows five stages: structuring, observation/assessment, intervention, change maintenance, and review/termination.

COMMON FACTORS

The integrative couple and family counseling models have more similarities than differences. Figure 2 reflects common factors in integrative couple and family counseling models. All models evolved out of a desire to address effectively the needs of diverse client systems possessing a variety of presenting problems. The founders moved away from traditional single theory approaches and instead have drawn on concepts and techniques representing a host of theoretical orientations. Current couple and family counseling models are not easily categorized in one of the three integrative categories; theoretical integration, technical eclecticism, or common factors integration. Most of the models incorporated different theories and include a wide range of factors within their approach. All of the approaches discussed the importance of the relationship and include it as a major factor (Miller et al., 2002).

Following the systemic base of marriage and family counseling and therapy, integrative theories presented are not considered linear in terms of their process or application. Each integrative model has a working framework that is flexible in the application of concepts, techniques, or theories. The sequence of the integrative framework will be affected by client readiness, client system composition, presenting problems, problem severity, and other contextual factors. Flexibility and spontaneity are common elements of each approach.

All models continue to evolve and can be viewed in their early stage of development. A characteristic common to all models is the need to demonstrate effectiveness. As new approaches to therapy are presented and proven effective, each model will change and adapt. Research on effectiveness will clarify the number of practices and concepts of existing models. Some model components will be discarded and replaced by more effective strategies. Research involving all integrative approaches, with the exception of Lazarus’s model, is considered to be at the infancy state.

CONCLUSIONS

The importance of integration in couple counseling and family therapy is reflected by the attention given to this movement by the professional literature. According to a Delphi poll on the future of psychotherapy (Norcross et al., 2002, p. 318), technical eclecticism and theoretical integration were ranked fifth and sixth, respectively, by clinicians. It is predicted that all forms of psychotherapy integration are likely to experience significant growth in the next decade. However, attempts at defining integration or integrative therapy have generally failed, thus creating confusion. Due to the rapid evolution of integration and the diverse nature of this concept, a degree of confusion should be expected.

Within couple and family therapy, several integrative models have evolved. Current models are diverse despite the presence of several common features. There is a need to research the efficacy of these models; yet, it is a difficult task due to their complex and evolving nature. The promise of psychotherapy integration returns the profession to the original challenge by Paul (1967): “What treatment, by whom, is more effective for this individual with that specific problem and under which set of circumstances?” (p. 111).
Several conclusions regarding integrative counseling and therapy, with an emphasis on couple and family therapy, can be made. First, the trend toward integration will continue. New models, ideas, and thoughts about integrative therapy are surfacing. Each counselor or therapist will continue to put his or her mark on a personal practice approach, typically involving some form of integration. The integrative phenomenon occurs due to necessity. As clients and problems continue to differentiate, so will the approaches used to solve these problems. Integrative models in couple and family therapy will continue to grow, with early approaches being modified as new methods are presented and researched. With this ongoing evolution, the complexity and sophistication of integrative approaches will increase. Current integrative models already blur the integrative categories of theoretical integration, integrative eclecticism, and common factor integration.

Although definitions of integration or integrative therapy seem elusive at times, there is general agreement that available models and approaches need to be understood and defined with research demonstrating their efficacy. There is consensus among consumers, professional societies, and practitioners to identify the best methods to solve various family problems. The goal of demonstrating effectiveness should proceed not to prove one integrative model’s superiority over another but to simply share and collaborate on the efficacy of all potential models and approaches. Integrative approaches are here to stay. They may soon consume, not replace, all unitary models, with few if any clinicians working from one pure approach. There remains a need for increasing the knowledge and skills by integrative counselors and therapists working with couples and families.

FIGURE 2: Common Factors: Integrative Models in Couple and Family Therapy
Despite significant confusion associated with psychotherapy integration, there are promising clinical innovations occurring within couple and family therapy. Sound theory development based on clinical experience and research is indicated. Ongoing exploration by marriage and family counselors and dialogue among professional colleagues from various schools of thought will facilitate the transition to integrative models.

REFERENCES


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