

Ch 15 Integrative Perspective

24. Of the 11 therapy models, the criteria I would develop to create my own integrative approach to counseling includes a review of the client's: needs, presenting problem(s), previous experience(s) in therapy, personality, cultural context, strengths and areas for development. Is the reason for seeking therapy to focus on feelings, cognitive patterns, behavior or a combination? For example, a client presenting with difficulties in personal relationships may show indications of low emotional awareness and processing as evidenced by the presenting problem of conflict and anxiety in romantic relationships which we discover is related to fear of abandonment. This client may benefit best from cognitive behavioral therapy with the theoretical integration of emotionally focused therapy as a framework of evidence-based support that blends relational aspects of person-centered work with phenomenological awareness of attachment due to infancy to age 5 of being in foster care. It is important to carefully review the client's presenting problem(s) and to carefully choose a blended approach that first benefits the client before selecting model(s) for consideration of integration across psychotherapy.

Therapists will evaluate theoretical models often that align with themselves from one of four lanes of integration: technical, theoretical, assimilative or common factors. I tend to lean towards technical and theoretical integration. The theory needs to have published and peer reviewed empirical research studies and findings of its efficacy for treatment required to produce outcomes of the client's presenting problem(s), for me to consider using it. Assuring clients receive benefits from therapy, it is important to me to clarify specific goals, develop co-created action plans designed to move the client toward the outcomes and results they want and determine realistic timelines.

During the completion of an in-take questionnaire, spiritual beliefs, practices and religious affiliation(s) are included and discussed in the first session. Throughout sessions, I will be mindful about the presenting problem(s) and how the client answered these questions. For a client seeking Pastoral Care or Spiritual Guidance, I will clearly stay in the lane of the T Therapist, indicating to the client that I do not hold the profession of Theologian, Biblical Scholar or ordained Pastor. It is important to maintain ethical and professional care. As a Christian, I plan to pray for my clients who do not identify as Christians, and for Christian clients I will ask how they, or if they, would like to include their spirituality and religious beliefs and/or practices, including prayer before and after sessions, or interest in practices or reading outside of sessions.

I have read a few articles about Spiritually Integrated Practice in Counseling, and am interested in the SIP training and credentials. At this point, I hope to work in an internship with a Christian Counseling practice and later full-time with a Christ-centered, Biblically-grounded organization to deliver dating, courtship, premarital, marriage and family enrichment and therapy - at least that is where I feel called to serve the Lord and His Kingdom.

25. Theory affects practice through its efficacy for delivering clinical outcomes for clients related to the presenting diagnosis or problem (s). Before selection of a theory, I believe therapists must do their due diligence into the research and studies to assure the theory is supported by empirical evidence and a theoretical integration needs address the client's needs, and making sure the theory is well-aligned to produce results the client seeks, extremely important in delivering ethical and professional care. Also, the therapist needs to believe in the theory and model and be well versed in specifically using it, and have clear rationale for doing so. A therapist who has no strategy, or insight or data to back the modality they choose to use with their client is not adhering to the ethical, legal and professional standards. In addition, the client cannot only rely on the theory alone to deliver the client's outcomes. As the textbook has repeated, imperative to outcomes is the client-therapist relationship. The client's clinical skills in practice as well as choice of the theory which fits the client's multicultural context are both imperative for positive client outcomes.

27. The most important therapeutic goals are those that belong to the client, their progress, their desired outcomes and their expanded growth and capacity to become well and equipped to integrate the new skills, practices and resources in their everyday lives to allow the client to end therapy well, and to return only for significant decisions, changes and life transitions or situations new and more complex. The theoretical orientations that most guide me in formulating my goals are: Solutions-Focused Brief, Family Systems, Strategic-Structural, Emotionally Focused, ChoiceTheory/Reality, Narrative.

33. The four approaches to developing an integrative counseling style are technical integration, theoretical integration, assimilative integrations and common factors. Technical integration best suits me because I value efficacy, efficiency and results. Selecting the best treatment techniques for the individual and the problem focuses on differences, choosing from many different schools without subscribing to the one that spawned the theory. I value options and creativity and collaboration. I enjoy having a toolkit and customizing what I sense will fit the client's problem, learning style and personality as well as cultural context, amount of time and

eagerness to try new things. Some clients learn from reading, others from writing, and others from meditation.