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Article in *Journal of Psychotherapy Integration* · January 2017

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The proportion of integrationists among Czech psychotherapists and counselors: A comparison
of multiple criteria

Tomas Rihacek, Jan Roubal

Department of Psychology, Faculty of Social Studies, Masaryk University, Brno

Author note

Tomas Rihacek, Department of Psychology, Masaryk University; Jan Roubal,
Department of Psychology, Masaryk University.

This study was supported by the Specific University Research Grant No.
MUNI/A/1007/2015 provided by the Czech Ministry of Education, Youth, and Sports.

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

Abstract

A psychotherapist's integrationism/eclecticism can be operationalized in different ways. Existing studies estimating the proportion of integrationists/eclectics typically utilized a single criterion, often yielding incomparable results. The goal of this study was to estimate the prevalence of integrationism/eclecticism using four different criteria based on psychotherapy training, self-identified theoretical orientation and the use of psychotherapy techniques. The analysis was based on questionnaire data obtained from $N = 373$ Czech psychotherapy and counseling practitioners in an online survey. The proportion of integrationists was estimated to be 21.7, 32.7, 87.7, and 98.9 percent, depending on the criterion used. Furthermore, the endorsement of several types of integration was estimated and the frequency of combinations of the main theoretical orientations was explored. The findings are discussed in the context of previous studies and emphasize the role of adequate operationalization of integrationism. The results suggest that while the self-rated theoretical orientation may reflect a practitioner's professional identity and affiliation, measurement on the level of techniques may be more sensitive to the real-life integration of various orientations.

Key words: psychotherapy integration, eclecticism, operationalization, theoretical orientation, techniques

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of multiple criteria

Integration of multiple psychotherapy schools and approaches has been a predominant phenomenon in the recent decades of psychotherapy's evolution (Norcross & Goldfried, 2005). Within the context of this study, psychotherapy integration is defined broadly – as any combination of psychotherapy orientations in one's practice which may take many different forms. Traditionally, literature recognizes four main approaches or paths to integration: 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). While theoretical integration strives for a theoretical synthesis of two or more psychotherapy approaches, technical eclecticism is based on a combination of techniques originating in diverse psychotherapy approaches, where the choice of a technique is guided by its empirically based effectiveness rather than theoretical "purity." The common factors approach to psychotherapy integration emphasizes the commonalities among diverse psychotherapy approaches and assimilative integration, alternatively, proceeds from a primary theoretical orientation into which aspects of other orientations are incorporated. Norcross, Karpiak, and Lister (2005) found that, in a sample of eclectic/integrative therapists, the distribution of preferences for these four integration paths was rather even, with eclecticism being the least reported.

The tendency of psychotherapists and counselors to cross the boundaries of their primary orientations has been documented by a number of studies, even though the proportions reported by these studies vary considerably. For instance, in the 25 studies reviewed by Jensen, Bergin, and Greaves (1990), the percentage of psychotherapists who reported an eclectic orientation

ranged from 19 to 68. In studies where respondents are simply asked to pick one primary theoretical orientation from a list containing the integrative/eclectic orientation, among others, the percentage was typically around one quarter: 25 (Norcross & Rogan, 2013), 26.3 (Thoma & Cecero, 2009), and 29 (Norcross et al., 2005), although it can be as high as 42-43 (Hollanders & McLeod, 1999). Studies in which integrationism was operationalized as rating at least two theoretical orientations as “salient” (i.e., having at least “great” influence on the respondent) reported somewhat higher proportions: 39 in a sample of early-career psychotherapists (Romano, Orlinsky, Wiseman, & Rønnestad, 2010) and 42.6 in a more general sample (Heinonen & Orlinsky, 2013). In another study, in which eclecticism was considered on the level of technique, the percentage was as high as 94.8 (Hollanders & McLeod, 1999).

It seems reasonable, to at least partially attribute the differences among individual studies to a different operationalization of psychotherapy integration. Nevertheless, apart from Hollanders and McLeod's (1999) study, none of these studies employed and compared multiple criteria for the identification of integrationists. Therefore, the goal of this study was to compare multiple methods of estimating the proportion of integrationism/eclecticism based on training (i.e., being trained in multiple approaches), self-identified theoretical orientation, and the use of psychotherapy/counseling techniques. Data from a national survey on Czech psychotherapists and counselors was used for this purpose. Since the study was explorative in nature, no hypotheses were formulated.

Method

Participants

$N = 373$ Czech psychotherapy and counseling practitioners participated in the study. Their ages ranged between 25 and 71 ($M = 40.17$, $SD = 10.17$) and 64% of them were women.

They had between half a year and 45 years of practice. Slightly over half of them (51.7%) had fully completed their training at the time of data collection, while the rest of the participants were in various stages of training completion. The most endorsed theoretical orientation was humanistic/experiential ($M = 3.08$, $SD = 1.51$, measured on a scale of 0 to 5), followed by systemic/postmodern ($M = 2.94$, $SD = 1.65$), psychodynamic/psychoanalytic ($M = 2.66$, $SD = 1.61$), and the cognitive/behavioral orientation ($M = 1.96$, $SD = 1.19$).

The sample represented different primary professions: psychology (62.5%), social work (19.0%), pedagogy (17.4%), psychiatry (5.9%), non-medical health professions (3.2%), addictology (2.4%), medicine other than psychiatry (1.9%), and theology (1.9%), with some of the participants having stated more than one primary profession. The participants worked in various settings, including private practice (49.6%), social services (34.3%), health services (33.8%), educational settings (16.1%), and armed and rescue services (8.6%). Again, some participants practiced in multiple settings and, therefore, the sum exceeds 100%.

Neither psychotherapy, nor counseling are formally recognized independent professions in the Czech Republic. With the exception of health care services, psychotherapy is not regulated by the state. A full-fledged psychotherapy training typically takes five years of part-time study and consists of personal therapy, theory, therapeutic methods, and supervision. Trainees are required to have completed at least a Bachelor's degree in psychology, medicine, social work, pedagogy, or other related field before admittance to a training. Psychotherapy trainings are most often provided by independent private institutes with little or no connection with the academic world. Trainees typically attend their training parallel to their practice (Rihacek, Kahancova, Jennings, Roubal, & Vybiral, 2016).

Instrument

A questionnaire was developed for the purpose of this study. The first part contained demographic questions concerning age, sex, and primary profession. The following part measured the use of selected psychotherapy techniques in the participant's practice. The list of techniques was constructed to represent four broad theoretical orientations, each of which was covered by four techniques: cognitive/behavioral (calming breathing training, behavioral experiment, cognitive restructuring, and social skills training), humanistic/experiential (emotional awareness and amplification, therapist self-disclosure, expression of empathic understanding, and phenomenological description), psychodynamic/psychoanalytic (free association, transference interpretation, interpretation of an inner conflict, and dream analysis), and systemic/postmodern (problem externalization, searching for exceptions, circular questioning, and the miracle question). The representativeness of the techniques for the particular orientations within the questionnaire was confirmed by leading psychotherapy Czech experts of each orientation. Specifically, they were asked to select four techniques they consider most representative of a given orientation as practiced by Czech practitioners. The questionnaire also contained several more techniques which ultimately were not analyzed in this study since they were not linked with any particular theoretical orientation. The use of each technique was measured on a scale from zero to five (0=never, 1=rarely, 2=sometimes, 3=often, 4=on most sessions, 5=on every session). An exploratory factor analysis (principal axis factor analysis with an oblique rotation) was conducted to explore the factor structure of the technique items. Although scree plot, Kaiser's criterion, and parallel analysis all suggested a five-factor solution, the fifth factor had very low item loadings (none of the exceeded .26) and was not interpretable. Therefore, we retained four factors which corresponded to the four theoretical orientations. All

technique item loadings were $> .30$ for their respective orientation and $< .30$ for the remaining orientations. The four factors explained 41% of the variation. Cronbach's α was .58 for the cognitive/behavioral, .63 for the humanistic/experiential, .78 for the psychodynamic/psychoanalytic, and .74 for the systemic/postmodern techniques. Although, from the psychometric perspective, the internal consistency was lower than optimal, the placement of the techniques in the four theoretical orientations was warranted theoretically and by expert judgement. The lower internal consistency may, in fact, reflect respondents' integrationism and personal preferences in the selection of techniques.

The next part focused on training- and practice-oriented items which included the length of practice (in years), work setting (health care, social services, educational setting, armed and rescue services, private practice, and other), theoretical orientation, and level of training completion.

Broad-band theoretical orientation was measured by four items that investigated an endorsement of each of the four broadly defined theoretical orientations: cognitive/behavioral, humanistic/experiential, psychodynamic/psychoanalytic, and systemic/postmodern. The level of endorsement was measured on a scale from zero to five (0 =not at all, 1=only slightly, 2=rather little, 3=moderately, 4=greatly, 5=very greatly) adopted from the Development of Psychotherapists Common Core Questionnaire (Orlinsky & Ronnestad, 2005).

The survey questionnaire did not contain a question directly addressing whether respondents consider themselves integrationists/eclectics. In this study, psychotherapy integration was understood as an attitude toward traditional orientations, rather than an orientation itself. Since all integrative approaches are, by definition, composed of elements of traditional orientations, the respondents should be able to indicate their

integrationism/eclecticism by rating the influence of each of the broad-band theoretical orientations on their practice. By adding the integrative orientation to the list of orientations we would risk that the respondents would simply indicate their integrationism instead of decomposing it to the original influences.

All practice-related questions were framed by an introductory statement asking participants to answer them with the last year of their practice in mind. The questionnaire also contained several other items which were not analyzed in this study.

Procedure

The questionnaire was administered online, using the LimeSurvey platform (LimeSurvey Project Team, 2015) hosted at the Faculty of Social Studies, Masaryk University, Brno. To maximize the sample size, we used several recruitment methods. First, national societies for psychotherapy and counseling practitioners were asked to distribute the questionnaire to their members. Second, all Czech psychotherapy training institutes were asked to distribute the questionnaire to their trainees and graduates. Third, personal e-mails and Facebook were used to increase participation. Unfortunately, the combination of all these recruitment methods prevents us from determining or even estimating the response rate.

Three hundred seventy-eight practitioners completed the questionnaire. Five of them stated they had no psychotherapy training experience at all and were consequently excluded from the study. This yielded the final sample of $N = 373$. Statistical analysis was conducted using the R statistical package, version 3.3.0 (R Core Team, 2016).

This study is a part of a larger survey on Czech psychotherapists. The project was approved by the Research Ethics Committee of the Masaryk University.

Results

Proportion of integrationists

To determine the proportion of integrationists in the sample, four different criteria were applied. First, a training-based criterion was used: the number of psychotherapy approaches¹ in which a respondent was trained was counted for each respondent (i.e., if a participant reported having completed or attended, for instance, two psychodynamic trainings, these were counted as a single category). If respondents reported trainings (either completed or ongoing) representing two or more psychotherapy approaches, they were considered integrative. We faced a dilemma of how to treat the psychotherapy trainings which themselves claim to be integrative. On the one hand, graduates of these trainings had already integrated several psychotherapy schools and can be thus considered integrative by definition. On the other hand, even therapists with an integrative training can blindly follow whatever they have learned in their training (Castonguay, 2005; Gold, 2005). In other words, they can still behave as pure-form practitioners, not showing any openness to nor interest in multiple theories, which can be regarded as the corner stone of an integrationist attitude (Consoli & Jester, 2005; Halgin, 1985; Nuttall, 2008). We therefore decided to treat the group of trainings labeled as “integrative” as simply another approach which could be combined with other approaches. Consequently, if a respondent reported either completing or undergoing a single training belonging to the “integrative” group, he or she was still classified as non-integrative. According to this criterion, 17.4% of our sample combined two narrow-band approaches, 3.5% combined three, and 0.8% combined four or more narrow-band approaches. Altogether, 21.7% of the sample can be considered integrationists according to this criterion.

Second, the number of self-identified theoretical orientations was used as a measure of integrationism. The value of 4 (“greatly” on the 0 to 5 scale) was used as the minimal threshold for an orientation to become “salient” (Heinonen & Orlinsky, 2013; Orlinsky & Ronnestad, 2005; Romano et al., 2010). According to this criterion, 28.7% of our sample combined two theoretical orientations, 3.2% combined three, and 0.8% combined all four. Altogether, 32.7% of the sample can be considered integrationists according to this criterion.

Third, we applied the same approach but lowered the threshold value to 2 (“rather little” on the 0 to 5 scale as the minimal threshold), at which point we considered a given theoretical orientation as having some influence on a practitioner. The reason for setting the threshold rather low was the fact that we measured theoretical orientation in very broad categories. This approach does not allow us to detect integration within a single broad category (e.g., we cannot detect a practitioner’s integration of person-centered approach with logotherapy and existential analysis, as they both fall into the same broad category of the humanistic/experiential orientations). From this perspective, even low scores on multiple broad-band orientations can already be taken as a sign of integration. From this perspective, 19.8% of our sample combined two theoretical orientations, 34.3% combined three, and 33.5% combined all four. Altogether, 87.7% of the sample can be considered integrationists according to this criterion.

The fourth approach we employed was the use of techniques typical for a particular orientation (Hollanders & McLeod, 1999; Thoma & Cecero, 2009). If participants stated that they used at least one technique belonging to a particular orientation, this orientation was considered as an influence on their practice. The same logic was followed as in the previous analyses, with the minimal threshold set to the value of 2 (“sometimes” on the 0 to 5 scale). From this perspective, 8.8% of our sample combined two theoretical orientations, 27.3%

combined three, and 62.7 combined all four. Altogether, 98.9% of the sample can be considered integrationists according to this criterion. The results are summarized in Table 1.

Insert Table 1 about here.

The relationship between self-identified orientation and orientation derived from the use of techniques

Having established multiple criteria for assessing practitioners' theoretical orientation (and, hence, psychotherapy integration), we also became interested in their convergence. To this end, we computed correlations between two measures of theoretical orientation: self-identified orientation (where the score was obtained simply from a participant's self-rating of the orientation, using the low-threshold version) and orientation derived from the use of techniques (where the score was computed as the number of orientation-specific techniques used "sometimes" or more by a participant). The correlation between the self-identified and technique-based orientations ranged from $r = .46$ (cognitive/behavioral) to $r = .60$ (psychodynamic/psychoanalytic and systemic/postmodern).

The whole correlation matrix (see Table 2) suggests that practitioners who self-identify with the cognitive/behavioral orientation tend to also employ techniques from the systemic/postmodern repertoire. Practitioners who endorse the self-identified humanistic/experiential orientation also tend to use cognitive/behavioral techniques to some extent. Those who self-identify with the psychodynamic/psychoanalytic orientation also tend to draw on techniques from the humanistic/experiential framework, while, at least to some degree, avoiding systemic/postmodern techniques. And finally, those who self-identify with the systemic/postmodern orientation tend to avoid techniques which fall under the psychodynamic/psychoanalytic and humanistic/experiential frameworks.

Insert Table 2 about here.

Type of integration

The questionnaire did not contain any item that directly measured type of integration. Nevertheless, data on self-identified theoretical orientation was used to estimate the type of integration using a combination of two thresholds: if an orientation was rated 2 (“rather little”) or 3 (“moderately”), it was considered to have a background influence on a given practitioner; if an orientation was rated 4 (“greatly”) or 5 (“very greatly”), it was considered to be central for a practitioner. If a practitioner had one central and no background orientation, we classified him or her as a pure-form practitioner (i.e., non-integrationist). If a practitioner had one central and one or more background orientations, he or she was classified as an assimilative integrationist. If a practitioner had more than one central orientation, he or she fell into the category of theoretical integration/common factors (the nature of our data prevented us from distinguishing between these two classifications). And finally, if a practitioner had several background orientations but no central orientation, we classified him or her as an eclectic. The most frequently endorsed type of integration in the sample was assimilative integration (49.9%), followed by theoretical integration/common factors (32.7%), a pure-form approach (10.7%), and eclecticism (5.1%). Six respondents (1.6%) did not fall into any of these categories. The results are summarized in Table 3.

Insert Table 3 about here.

Combinations of theoretical orientations

Table 4 shows the frequency of all possible combinations of theoretical orientations, based on how subjects self-identified their theoretical orientations. First, we used the low-threshold criterion (i.e., criterion for “background orientation,” based on ratings of “rather little”

and higher). The results of this analysis are displayed on the left side of Table 4 and indicate that by far the most prominent was a combination of some aspects of all four orientations, followed by a combination of the humanistic/experiential and psychodynamic/psychoanalytic orientations and the systemic/postmodern orientation alone. Second, we used the high-threshold criterion (i.e., criterion for “central orientation,” based on ratings of “greatly” and higher). The results are displayed on the right side of Table 4 and show that, from this perspective, single orientations were more frequent than their combinations. As for combinations, humanistic/experiential + psychodynamic/psychoanalytic and humanistic/experiential + systemic/postmodern were most frequent.

Insert Table 4 about here.

Discussion

After adopting four different criteria to determine the proportion of integrationists in a sample of Czech psychotherapists and counselors, we obtained a corresponding number of differing estimates. Based on the number of completed/ongoing trainings, the percentage was roughly 22%. Expectedly, this proved to be the most stringent criterion in our study, since it required respondents to be actually trained in multiple approaches. It can be argued that this criterion is too conservative since many practitioners complete only one full-fledged psychotherapy training but they still can integrate knowledge, skills, and experience external of their orientation gained through workshops, reading, and peer-supervision. We are not aware of any other study using a similar criterion and, therefore, cannot compare our findings here.

When the number of salient orientations was used as a criterion, the proportion increased to approximately one third. This is roughly equivalent to 42.6% found by Heinonen and Orinsky's (2013) and 39% found by Romano et al. (2010) in international samples. When we

released the criterion to include not only “salient” (i.e., “greatly” endorsed) orientations but also those having partial influence (i.e., more than “only slightly”), the proportion further increased to 87.7%. Again, we have no knowledge of any study that employed a similar criterion.

Nevertheless, we assume that it may be a more realistic estimate of the actual integrative/eclectic practice. For instance, assimilative integrationists can be expected to endorse one theoretical orientation “greatly” and to incorporate small influences of others.

Based on the number of orientations from which practitioners draw their repertoire of techniques, the proportion of integrationists was estimated to be nearly 100%. This corresponds to the 94.8% observed by Hollanders and McLeod (1999), using a similar method in a study on a British sample. Our study therefore confirmed their observation that when the level of technique is considered, almost all practitioners can be considered integrative in a broad sense. This is in stark contrast to estimates of approximately 25 to 29% obtained in studies where respondents are simply asked to pick one primary theoretical orientation from a list containing the integrative/eclectic orientation, among others (Norcross et al., 2005; Norcross & Rogan, 2013; Thoma & Cecero, 2009). Our study did not include such a question, so its results cannot be compared here. Nevertheless, what we found in our study was only moderate correlation ($r \sim .46$ to $.60$) between self-identified integrationism and integrationism defined by the use of techniques. This suggests that these two measures indeed capture different aspects of integration: while the self-rated theoretical orientation probably reflects a practitioner’s professional identity and affiliation, measurement on the level of techniques may be more sensitive to the real-life integration of various orientations. Therefore, these two aspects should not be interchanged and adequate care needs to be devoted to operationalizing integrationism appropriately in future surveys.

Why does such a discrepancy between identity and actual practice exist? We may hypothesize that different needs come into play on these two levels. On the level of actual practice, the main goal is to help a client, and psychotherapy integration is in service of this goal. Various theories and techniques are accommodated to meet a client's complaints, life situation, readiness for change, relational style, phase of therapy, among other aspects. On the level of identity, however, practitioners may need to maintain a sense of consistency and belongingness to a community of professionals (Gold, 2005). They need to be able to define and defend their approach, as well as face the anxiety-provoking multiplicity and relativity of psychotherapy theories. This may explain why it may be more difficult to regard oneself as an integrationist than to actually be one.

The explanation of this observation might be even less sophisticated: It is possible that the adoption of a new technique simply does not change practitioners' theoretical identity and is not considered integrationism by many of them. A therapeutic identity may be associated with theories, meta-theoretical worldviews, attitudes, and professional roles (Woo, Henfield, & Choi, 2014), rather than particular techniques. Practitioners may, in fact, assimilate a number of techniques into their working styles before an accommodative change occurs, resulting in a more profound identity change (Castonguay, 2000). This hypothesis, however, needs to be tested in future studies.

To our knowledge, only one study explored the popularity of the main path towards psychotherapy integration (Norcross et al., 2005). While the distribution of preference for theoretical integration, common factors, assimilative integration, and eclecticism was rather even in Norcross et al.'s study (27.5%, 27.5%, 26%, and 19%, respectively), practitioners in our sample unequivocally preferred assimilative integration to other approaches. The discrepancy

can be attributed to different methods, however. While Norcross et al. (2005) asked their respondents directly, we inferred the preference based on patterns of the endorsement of theoretical orientations.

Limitations

Several limits need to be taken into account when generalizing the results of this study. First, as our results show, the percentages of integrationists largely depend on the criteria chosen for their identification. If we had decided, for instance, to use a different threshold, to classify psychotherapy trainings in a different way, or to treat graduates of an integrative training as integrative automatically, we would obtain different figures. One aspect that limits the comparability of our results to those of other studies is the lack of questions dealing with integration directly. Nevertheless, we consider such questions less relevant given their propensity to reflect respondents' identity rather than their actual practices.

Another limitation is the selection of techniques used in our questionnaire. We strived to include techniques most representative of the four main theoretical orientations. Nowadays, some of these techniques can be considered trans-theoretical (e.g., self-disclosure, Ziv-Beiman, 2013, and empathy, Elliott, Bohart, Watson, & Greenberg, 2011) or at least shared by two or more orientations (e.g., behavioral experiment, originally developed in Gestalt therapy, see Roubal, 2009, and now considered an integral part of CBT). We believe, however, that this fact is a consequence of the ongoing process of psychotherapy integration and, thus, it does not threaten the validity of this study.

Using broad-band categories, our differentiation of theoretical orientations was rather crude. This can be seen as an advantage, however, as it leads to more conservative estimates of the prevalence of integrationism. Furthermore, it is a common practice in this kind of study to

collapse narrow categories into broader ones to facilitate analysis (Hollanders & McLeod, 1999; Thoma & Cecero, 2009).

Another limitation is the indeterminable representativeness of the sample. Since the population of Czech psychotherapists and counselors is unknown, it is not possible to estimate the amount of potential bias. Since this was the first study conducted on a Czech sample, we cannot infer this information from a comparison with previous studies. Although when compared with studies conducted in other countries, we can see a strong agreement supporting the validity of our findings.

Conclusion

Previous studies estimating the proportion of integrationists/eclectics typically applied a single criterion of integrationism. In our study, we systematically compared four different criteria for the identification of integrationists/eclectics and demonstrated that the estimate of integrationism varies considerably depending on the particular criterion. The estimates in our study varied between 21.7 and 98.9%, suggesting that different operationalizations, in fact, represent different phenomena. While the self-rated theoretical orientation may reflect a practitioner's professional identity and affiliation, measurement on the level of techniques may be more sensitive to the real-life integration of various orientations. Our findings thus demonstrate the need for an adequate operationalization in integrationism in future studies.

Acknowledgement

The authors thank Ondrej Bily, Vera Raskova, Vladislav Chvala, Frantisek Matuska, Petr Mozny, Dana Krausova, Roman Hytych, Jana Kostinkova, Michal Cevliceck, Stanislav Jezek, Karel Kobic, Ondrej Pec, Petr Vejrosta, Jindriska Kotrlova and all others, who through their

valuable suggestions and critique contributed to the construction of the questionnaire. The authors also thank all who actively participated in the distribution of the questionnaire.

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Footnotes

¹ Psychotherapy approaches reported by the respondent included: Gestalt therapy, satithery (an original Czech mindfulness-based approach), person-centered approach, emotion-focused therapy, logotherapy and existential analysis, Daseinsanalysis (an existential form of psychotherapy), psychoanalysis, psychoanalytic psychotherapy, psychodynamic psychotherapy, SUR (an original Czech version of group psychodynamic/integrative psychotherapy training), Jungian psychotherapy, katathym imaginative psychotherapy, systemic/family therapy, solution-focused therapy, collaborative/dialogical approach, narrative therapy, Milton Erickson's approach, Virginia Satir's approach, cognitive-behavioral therapy, eye movement desensitization and reprocessing, Pessó Boyden system psychomotor, biosynthesis, body therapy, transactional analysis, integrated psychotherapy (an original Czech form of integrative psychotherapy), and other integrative approaches (which were collapsed into a single category called "integrative").

Tables

Table 1

Percentage of integrationists

Number of orientations	Criterion							
	Trainings		Self-identified (≥ “greatly”)		Self-identified (≥ “rather little”)		Use of techniques (≥ “sometimes”)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
0	14	3.8	25	6.7	3	0.8	-	-
1	278	74.5	226	60.6	43	11.5	4	1.1
2	65	17.4	107	28.7	74	19.8	33	8.8
3	13	3.5	12	3.2	128	34.3	102	27.3
4	3 ^b	0.8 ^b	3	0.8	125	33.5	234	62.7
% of integrationists^a		21.7		32.7		87.7		98.9

Note: ^a Percentage of practitioners who endorse more than one theoretical orientation according to a given criterion (calculated by adding rows 2, 3, and 4).

^b One participant who reported having completed/attended trainings in six different approaches was added to this line.

Table 2

Correlation between self-identified and technique-based theoretical orientation (N = 373)

<i>Theoretical orientation</i>		<i>Technique-based</i>			
		CBT	HUM	DYN	SYS
<i>Self-identified</i>	CBT	.46 ^{***}	.01	.01	.13 [*]
	HUM	.23 ^{***}	.50 ^{***}	.06	-.05
	DYN	.03	.32 ^{***}	.60 ^{***}	-.26 ^{***}
	SYS	.08	-.20 ^{***}	-.37 ^{***}	.60 ^{***}

Note: HUM = humanistic/experiential orientation. DYN = psychodynamic/psychoanalytic orientation. SYS = systemic/postmodern orientation. CBT = cognitive/behavioral orientation.

Significance level: * $p < .05$ and *** $p < .001$. No correction to the p -level was applied.

Table 3

Type of integration

Type of integration	<i>N</i>	% ^a
Assimilative integration	186	49.9
Theoretical integration/Common factors	122	32.7
Pure-form (no integration)	40	10.7
Eclecticism	19	5.1
Unclassified	6	1.6

Note: ^a Percentage from the total sample.

Table 4

Combinations of theoretical orientations

Threshold: at least "rather little"		Threshold: at least "greatly"	
Combination	<i>N</i>	Combination	<i>N</i>
ALL	125	SYS	87
HUM+DYN	31	HUM	66
SYS	27	DYN	63
HUM+SYS	16	HUM+DYN	41
HUM+CBT	9	HUM+SYS	35
DYN	7	HUM+DYN+SYS	25
DYN+CBT	7	HUM+DYN+CBT	25
SYS+CBT	7	DYN+SYS+CBT	25
HUM	6	HUM+SYS+CBT	25
DYN+SYS	4	DYN+SYS	14
CBT	3	CBT	10
HUM+DYN+SYS	3	SYS+CBT	9
HUM+DYN+CBT	3	HUM+CBT	4
DYN+SYS+CBT	3	DYN+CBT	4
HUM+SYS+CBT	3	ALL	3

Note: ALL = number of practitioners who endorsed all four orientations. HUM = humanistic/experiential orientation. DYN = psychodynamic/psychoanalytic orientation. SYS = systemic/postmodern orientation. CBT = cognitive/behavioral orientation.