Integrative Theory of Therapy

Outcome-------→

Elicitation

1st-order change via
Situation Management

Social Mediators: Opportunity

Neuroticism/Narcissism

Emotionally overreactive

Good adjustment

Opportunity

Situational Mediators:

Neurological

Neurochemical

Predisposition

3rd-order change via re-programming

Temperament

Trauma

Internal Working Models

Integrated/respectful

Radical Acceptance: need for change

Emotional Regulation (ER)
Cognitive Flexibility (CF)
Social Intelligence (SI)

Meta-emotion

Meta-cognition

Meta-social awareness

Aware of vulnerability
Monitor reaction intensity
Control—Respond vs. react
*Mindfulness—aware/accept emotion
*Identify labels, triggers
*Delay, scale reaction
*Apply S-O-B-E-R
Stop, Observe. Breath. Expand Options, Breathe

Aware of rigidities
Monitor biases
Control—relabel
*Cognitive style:
Concrete/abstract
Dualism/Relativism
*Coping style focus:
Emotion vs solution
*Cognitive complexity
*Problem-solving skills

Aware of IWMs
Monitor assumptions
Control—decenter by:
*Ask other’s perspective
*Clarify meaning
*Identify shared goals
*Request positive change
*Negotiate two-winner outcome
*Retain what is learned

For productive therapy: Use dimensional assessment vs categorical diagnosis

1 Evaluate ER, CF, SI.
2. Formulate case—assets, vulnerabilities, mediators, objectives and participants
3 Create Goal Attainment Scale to plan to strengthen or build & evaluate A-M-C skills

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<tr>
<th>Type of Therapy</th>
<th>Initial Focus</th>
<th>Developed Focus</th>
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<tr>
<td>Supportive therapy</td>
<td>Elicitation</td>
<td>Potentiation, if needed</td>
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<tr>
<td>Incidental—Psychodynamic therapies</td>
<td>Predisposition</td>
<td>None</td>
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<tr>
<td>Intentional—skill-building therapies</td>
<td>Potentiation</td>
<td>Elicitation→Predisposition</td>
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