

# Personal Therapeutic Approach: Concept and Implications

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Psychotherapist professional development can be viewed as the development of a therapist's personal approach. Research evidence suggests that psychotherapy practitioners actively select from the vast array of psychotherapy theories and techniques, often from outside their primary theoretical orientation, and “metabolize” them into unique personal approaches. While the idea of a personal approach is by no means new and is shared by many scholars, practitioners, trainers, and supervisors, a fundamental reflection of this phenomenon is still missing in psychotherapy literature. The goal of this article is to make a step toward the conceptualization of personal therapeutic approach and to explore its implications for psychotherapy integration, practice, training, and research.

*Keywords:* psychotherapist development, psychotherapy integration, personal approach

In this article, we argue that, instead of adopting one of the existing “textbook” psychotherapy approaches, psychotherapists tend to develop an idiosyncratic, personal approach. We draw on evidence which suggests that psychotherapy practitioners actively select from the vast array of psychotherapy theories, techniques, relational stances, and other aspects of psychotherapy, often from outside their primary theoretical orientation, and “metabolize” them into unique personal approaches. These approaches evolve within the interaction of psychotherapists' personal characteristics and life experiences, as well as their professional training and clinical experience throughout their careers.

Although the idea of a personal approach is by no means new and is shared by many schol-

ars, practitioners, trainers, and supervisors, a fundamental reflection of this phenomenon is still missing in psychotherapy literature. The goal of this article is twofold: (a) to establish the concept of personal therapeutic approach (PTA), building on a range of theoretical and empirical literature, and (b) to explore its implications for psychotherapy integration, practice, training, and research. In particular, we argue that the assumption that psychotherapists can fully adhere to a manual is unrealistic and some form of integrationism or personal modification is unavoidable. Instead of dismissing this personalization of psychotherapists' approaches as mere “noise” in the evaluation of psychotherapy efficacy and effectiveness, a PTA can be acknowledged as a necessary and meaningful vehicle of psychotherapy effectiveness and trainees can be systematically supported in the reflective development of their PTAs. More research should be focused on how psychotherapists actually develop and use their PTAs.

## The Concept of PTA

The concept of PTA can be defined as an entirety of characteristics describing a particular way of conducting psychotherapy which is specific for a given practitioner. It consists of explicit, as well as implicit, beliefs and metatheoretical assumptions, theories, and concepts a practitioner endorses and, more importantly, the

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way they understand and use them in practice. It also describes the kinds of information they attend to (or dismiss) in the therapeutic process, techniques and interventions they employ with their clients, relational manner, agency, and stances they have in their repertoire, their self-relatedness, and professional identity. Shortly, it consists of the complete repertoire of cognitive, emotional, and behavioral tools a therapist has at his or her disposal, as well as a specific manner of using them during psychotherapy.

In our conceptualization of PTA, we build on the work of Fernández-Álvarez et al., who coined the concept of personal style of the therapist (PST) to capture a set of psychotherapist characteristics which shape his or her style of being, intervening, and interacting with clients (Fernández-Álvarez, Gómez, & García, 2015). According to these authors, PST represents a phenomenon that remains relatively stable over time, yet is susceptible to certain changes. In their words, PST determines the scope of the theoretical model applied, as well as the specific techniques employed in each treatment. To measure PST, they developed the Assessment Questionnaire on the Personal Style of the Therapist (PST-Q, Fernández-Álvarez García, Lo Bianco, & Corbella Santomá, 2003) in which PST is operationalized in five dimensions (i.e., flexibility-rigidity, distance-closeness, level of engagement, width of focus, and spontaneous-planned).

Indisputably, the dimensions Fernández-Álvarez et al. selected to describe a therapist's style are very appropriate and central to the therapist functioning. Yet in our view, they represent just a small portion of what constitutes a therapist's personal approach to psychotherapy. We understand style as a layer added to a therapist's theoretical orientation, which flavors his or her manner of conducting psychotherapy. By using the term *approach*, on the other hand, we want to establish a more radical perspective in which we assume that every psychotherapist develops his or her own personal approach based on an idiosyncratic selection and reshaping of theories, techniques, relational stances, and other aspects of psychotherapy. PTA represents a system with its own inner logic of organization and principles of development. It evolves within the interaction of a psychotherapist's personal characteristics on the one hand, and his or her professional training and experi-

ences on the other. Finally, PTA includes features typical for a therapist (i.e., observable across many clients and situations), as well as features rarely employed but still present in a therapist's repertoire (i.e., emerging as a therapist tailors his or her approach to a particular client).

### The Idea of a Personal Approach in Psychotherapy Literature

Despite the recent growth of empirical literature on psychotherapist development, the idea of the personalization of a therapeutic style remains largely unexplored. It is sometimes dismissed as *syncretism*, an uncritical and unsystematic combination of therapists' favorite techniques or procedures which is determined by therapists' mood rather than an empirically basis (Norcross & Newman, 1992) and tends to be haphazard and undisciplined (Lampropoulos, 2001). There is a valid argument behind this viewpoint: Idiosyncratic selection of techniques and theories may lead to the disintegration of an effective psychotherapeutic approach (Aradi & Kaslow, 1987) and to a psychotherapist's avoidance of important issues (Boswell, Castonguay, & Pincus, 2009). On the other hand, empirical evidence suggests that outcomes may be more dependent on the therapist than on the training or type of treatment (Anderson & Strupp, 1996; Wampold, 2006; Wampold & Imel, 2015) and strong links between treatment fidelity and client outcomes were not found (e.g., Miller & Binder, 2002; Webb, DeRubeis, & Barber, 2010).

A number of scholars conceive the process of personalizing one's therapeutic approach as natural and inevitable. As Carere-Comes (2001) wrote, "we have almost as many psychotherapies as psychotherapists" (p. 107). A patient reader can find a number of similar statements, such as, "Psychotherapists take up the teachings of the field—the theoretical orientations and clinical techniques—in their own unique ways and express them with personal style" (Hart, 1985, p. 5); "Individual therapists must, and will, modify their original learning to create a unique therapeutic orientation" (Benjamin, 2005, p. 19); "We all were working out personal styles" (Stricker, 2005, p. 74); or "Each practitioner will shape his or her general school affiliation and its specific techniques to fit his or

her own personality” (Lazarus, 1978, p. 360). These are just a few examples of how eminent scholars and practitioners reflect on the phenomenon and confirm its practical validity.

### Prevalence of Integrationism/Eclecticism as Indirect Evidence of a PTA

Psychotherapists’ and counselors’ tendency to cross the boundaries of their primary orientations has been documented by a number of studies. For instance, in 25 studies reviewed by Jensen, Bergin, and Greaves (1990), the percentage of psychotherapists who reported an eclectic orientation ranged from 19 to 68. In another study, where eclecticism was considered on the level of a technique, the percentage reached almost 95% (Hollanders & McLeod, 1999). Several studies have shown that even in randomized clinical trials, where adherence to a treatment protocol is of the utmost importance, therapists’ activity may correlate with prototypes of unintended treatments and this correlation can be predictive of the outcome of the therapy (e.g., Ablon & Jones, 2002). Similar findings were presented in a naturalistic setting (Ablon, Levy, & Katzenstein, 2006) and in expert therapists’ demonstration videos (Solomonov, Kuprian, Zilcha-Mano, Gorman, & Barber, 2016). Furthermore, Stiles, Shapiro, and Firth-Cozens (1989) studied the differences between two therapists in the use of verbal response modes. Each of the therapists provided two contrasting manualized treatments (exploratory therapy and prescriptive therapy). Across multiple clients, differences between the two therapists were large in both treatments and suggested that stable differences exist in therapists’ verbal styles. Interestingly, therapists seem to be even less directed by their theoretical orientation when engaging in self-help (Prochaska & Norcross, 1983). These findings suggest that practitioners tend to develop their personal styles of psychotherapy instead of simply copying manualized psychotherapeutic procedures.

### The Core Aspects of PTA

Building on the existing empirical as well as theoretical literature, we now summarize what we consider to be the fundamental aspects,

which define the PTA concept: idiosyncratic selectivity, metabolization, responsiveness to a clinical situation, and constant evolution.

### PTA Is Selective in an Idiosyncratic Way

Psychotherapists do not indiscriminately accept all theories and techniques they are exposed to. Rather, they choose those which best match their personal characteristics: “[E]very therapist integrates modes that originate in other approaches into his or her approach. But he or she does so in an individual, idiosyncratic way—one that fits his or her particular gifts, capacities, and needs” (Carere-Comes, 2001, p. 107). This tendency has been supported, for instance, by studies on the relationship between psychotherapists’ choices of theoretical orientation and their personal characteristics. In his review, Arthur (2001) found convincing evidence that personality and epistemic traits play a significant role in orientation choice. In other studies, theoretical orientation was found to be related to trainees’ personality traits (Boswell, Castonguay, & Pincus, 2009; Varlami & Bayne, 2007), therapeutic attitudes (Taubner, Kächele, Visbeck, Rapp, & Sandell, 2010), philosophical assumptions, interpersonal control, and the theoretical resonance between a trainee and his or her supervisor (Murdock, Banta, Stromseth, Viene, & Brown, 1998), relational style (Heinonen & Orlinsky, 2013), and learning style (Heffler & Sandell, 2009). Respondents in Vasco and Dryden’s (1994) study ranked personal philosophy and values as the variable most influential in the choice of their initial theoretical orientation. In their qualitative study on marital and family therapists, Bitar, Bean, and Bermúdez (2007) identified several categories explaining the influence of diverse personal and professional aspects on the development of theoretical orientation. Plchova, Hytych, Rihacek, Roubal, and Vybiral (2016) demonstrated that even the very choice of a trainee’s first psychotherapy training is an active process in which critical comparison and information processing play an important role. These studies suggest that therapists are selective regarding theoretical orientations and their personal characteristics significantly influence their choices.

Furthermore, several qualitative studies have demonstrated that psychotherapy practitioners tend to choose those therapeutic approaches, or

individual techniques and concepts, which they find congruent with their personal predispositions and preferences (e.g., Fear & Woolfe, 1999; Fitzpatrick, Kovalak, & Weaver, 2010; Maruniakova, Rihacek, & Roubal, 2016; Rihacek & Danelova, 2015; Rihacek, Danelova, & Cermak, 2012). In their study, Vasco, Garcia-Marques, and Dryden (1993) computed an index of dissonance between metatheoretical assumptions of therapists' theoretical orientations and their personal values. They found that the degree of dissonance was negatively related to therapists' satisfaction with their orientation and increased the probability of becoming eclectic or even abandoning their career in psychotherapy. These findings suggest that the congruence between a therapist and his or her orientation plays an important role in the adoption (and subsequent development) of one's theoretical orientation and professional development in general.

### **PTA Is Created From Metabolized Theories and Techniques**

During their training and further professional development, psychotherapists tend to adapt or "digest" theories and techniques they encounter, rather than simply adopt them. As Stiles (2007) wrote: "Rather than adhering to a pure version of what they have read, [psychotherapists] are privately engaging in theory building" (p. 1). In Hart's (1985) words: "Psychotherapists must find their own way to experience traditional theoretical insights anew and enact psychotherapeutic techniques so that they are an extension of the self rather than mere imitation" (p. 5). This is achieved through experimenting with different theoretical approaches, "trying on" and "trying out" various theories, strategies, and techniques (Maruniakova et al., 2016; Spruill & Benschhoff, 2000). Betan and Binder (2010) introduced a concept of "metabolizing theory" to account for the fact psychotherapy experts do not apply knowledge mechanically or even in the same way that they learned the information. Instead, they have adapted and extended their knowledge based on their own experience. In their empirical study on counselor trainees, Fitzpatrick et al. (2010) showed that the process of metabolization took place both on the level of practical skills and on the level of conceptual understanding. Thus, it is not the knowledge

itself, but a therapist's ability to use a technique in a particular situation or to apply a concept to a particular case, that constitutes effective practice. In another study, Wolff and Auckenthaler (2014) described how trainee counselors actively construct their personal theories of psychotherapy, constantly defining and redefining theoretical orientations, assimilating new elements into their existing theoretical frameworks, as well as accommodating these frameworks to fit new experience. In a qualitative study on experienced psychologists, Dixon (2005) found that their individual integration of theories was best described as a problem-solving activity, resulting in "an idiosyncratic personal body of psychological knowledge" (p. 15). All these studies portray psychotherapy and counseling trainees, as well as experienced practitioners, as active constructors of their personal approaches, rather than mere recipients of knowledge and skills. It inevitably follows that, in this process of interaction between the professional formative influences and personal characteristics, every therapist develops a unique personal approach.

### **PTA Is Responsive to the Context of a Therapeutic Situation**

Psychotherapists' action is affected by the emerging context of a particular psychotherapy session. In their behavior, therapists are responsive to particular clients' needs and they adjust their approaches accordingly (e.g., Hardy, Stiles, Barkham, & Startup, 1998; Zickgraf et al., 2016). In the Orlinsky and Rønnestad's seminal study on psychotherapist development, direct clinical experience was the most frequently endorsed positive influence on the growth therapists were experiencing at the time (Orlinsky & Rønnestad, 2005b), as well as the overall development of their careers (Orlinsky & Rønnestad, 2005a). The decision to incorporate a technique or concept into one's personal approach is, among other criteria, guided by its utility in helping clients get better, as perceived by therapists (Fitzpatrick et al., 2010; Maruniakova et al., 2016; Rihacek et al., 2012). The perceived utility of techniques and theories, however, depends on a therapist's ability to apply them, which consequently seems to be dependent on their congruence with a therapist's personality. Two conclusions can be

drawn so far. First, these findings suggest that therapists' responsiveness (Stiles, Shapiro, & Firth-Cozens, 1989) is shaped by their personal qualities. Second, they imply that PTA is not the static property of a therapist alone. Rather, it is a flexible and unfolding product of a therapist's interaction with his or her clients.

### PTA Evolves Throughout a Therapist's Career

Psychotherapists' approaches are in a constant state of evolution. Psychotherapy practitioners tend to develop from an externally driven working style to an autonomous and personally integrated one (Rihacek & Danelova, 2016; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992) and a tendency to integrate multiple approaches emerged as a natural consequence of this development toward professional autonomy (Rihacek et al., 2012). Furthermore, several studies have demonstrated that this tendency toward the creation of a personal approach tends to appear rather early in a practitioner's career (Carlsson, Norberg, Sandell, & Schubert, 2011; Hill, Charles, & Reed, 1981). Even though a psychotherapist's personal approach might reach a certain stability at some point in his or her career, they remain open to further modifications, especially when starting to work with a different kind of clientele. Openness to new knowledge and experience were particularly prominent in studies on master therapists (e.g., Jennings et al., 2008; Jennings & Skovholt, 1999, 2016).

In a qualitative study on a group of seasoned integrative therapists, Rihacek and Danelova (2016) observed that their professional development took place as a sequence of the adherence to an existing approach, the destabilization of the integrity of their working approach, and, finally, the consolidation of an internally coherent, as well as personally congruent, personal approach. Furthermore, they observed some evidence that this sequence may take place repeatedly, leading to an unending evolution of a practitioner's PTA. Therefore, PTA is in constant flux and needs to be understood in the context of psychotherapists' professional, as well as personal, development.

### Implications

The PTA perspective provides a practice-based alternative to the manual-based approach to psychotherapy. Numerous implications regarding psychotherapy integration, therapeutic practice, training, and research can be derived from the above-stated principles and research findings.

**Implications for psychotherapy integration.** There is an ongoing debate concerning the future of psychotherapy integration. Although for some scholars, an integrative, unifying theory represents an ultimate goal (Wolfe, 2001), for others psychotherapy integration is outdated and not useful anymore (Lazarus, 2005). Our opinion is that psychotherapy integration will neither cease to exist, nor will it achieve the stage of a final grand theory. Rather than being a goal in itself, integration (together with its complement, i.e., differentiation) represents the very process of psychotherapy's development. Integration is as old as psychotherapy itself and every psychotherapy school was created through the integration of multiple preceding influences (McLeod, 2009). Even the founders of the "pure" schools deviated from the schools they founded (Castonguay, Reid, Halperin, & Goldfried, 2003) and the pure forms of traditional schools are hard to find in practice (Halgin, 1985). In fact, the theories themselves initially developed as personalized therapeutic styles of their founders (Aradi & Kaslow, 1987) and can be adopted only through the process of personalization again. The number of "official" therapeutic approaches has been estimated to be several hundred (e.g., Prochaska & Norcross, 1999) and new approaches and modifications are still being created. The reason behind this proliferation may simply be that no therapist is, in fact, capable of adopting any approach in an exact way but needs to personalize it to be able to apply it effectively.

Some authors distinguished between what may be called "external" and "internal" integration (e.g., Norcross, 2006). The former refers to the creation of new, integrative systems, while the latter refers to a never-ending personal endeavor which is, in fact, identical to the PTA development described in this article. PTA, as such, does not represent a new approach to integration. Rather, it taps into the process

through which psychotherapy integration takes place. Traditionally, four routes to integration have been distinguished in literature, namely theoretical integration, technical eclecticism, common factors, and assimilative integration (e.g., Castonguay et al., 2003; McLeod, 2009; Norcross & Goldfried, 1992). Since all these routes represent a distinct “logic” of integration, each of them may be used by a therapist in the course of PTA development. The very process of integration, however, takes place “inside” the therapist (Blow, Sprenkle, & Davis, 2007) and is inevitably “colored” by his or her idiosyncratic values, beliefs, tendencies, and preferences, as well as their ability to apply particular techniques and theories (Aradi & Kaslow, 1987). Nevertheless, PTA development does not necessarily imply an integration of multiple theoretical approaches. It can be developed within a single theoretical orientation as well (e.g., Gabbard & Ogden, 2009) and, from this point of view, it is a broader concept than psychotherapy integration.

**Implications for practice.** The acknowledgment of PTA raises the need for a practitioner’s continuous reflection. Although the adaptation of one’s therapeutic approach to one’s beliefs, needs, and preferences seems to be a natural and inseparable part of therapist professional development, as such, it does not warrant effective and ethical practice. We agree with Aradi and Kaslow (1987), who assert that therapists should “avoid chaotic, hodgepodge eclecticism which causes confusion and unenlightened experimentation” (p. 607). This raises the question of how psychotherapists can best maintain the practices of various established approaches while developing and personalizing their own approach. The answer, in our opinion, can be found in conscientious and frequent reflection on a therapist’s practice and awareness of one’s strengths and limitations. From this perspective, the concepts of reflective practitioner (Schön, 1987), deliberate practice (Miller, Hubble, Chow, & Seidel, 2013), and local clinical scientist (Stricker & Trierweiler, 1995) seem to be extremely useful in guiding psychotherapists’ systematic and reflective development. Furthermore, the idea of feedback-informed therapy (e.g., Lambert, 2015; Miller et al., 2013), where therapists adapt their treatments to a particular client based on the client’s current progress, is consistent with the PTA concept, especially if it

explicitly acknowledges the role of the therapist in processing the feedback (Miller, Hubble, Chow, & Seidel, 2015).

There is an ongoing debate about the utility of treatment manuals (Addis & Cardemil, 2006; Duncan & Miller, 2006) and the empirical evidence is inconsistent. While some studies demonstrated a positive effect of manualization, others provided support for nonmanualized therapy or demonstrated a hindering effect of manualization on the psychotherapy process (see Chambless & Ollendick, 2001, or Cooper, 2008, for a review). In this article, however, we have gathered evidence that the very assumption that a treatment can be standardized across therapists is questionable. In this light, therapeutic manuals should be regarded as important reference points and sources of inspiration but not as rules to be blindly followed. Manuals allow a therapist to check his or her adherence to a particular approach. This, however, does not imply that the therapist’s PTA is, or even can be, identical with this manual.

There are probably no ideal combinations of therapist characteristics in a personal style. Some style, however, may be more suitable when working with a particular type of client, problem, or clinical situation (Fernández-Álvarez et al., 2003). Developing a rich repertoire of theories and interventions can thus enable a therapist to help a wider range of clients. Therapists’ flexibility in the use of techniques appears to be related to a better outcome (Owen & Hilsenroth, 2014). A similar benefit can be expected if a therapist enhances his or her ability to accommodate to various clients’ worldviews and relational styles (Norcross, 2011; Winter, 2007). This idea is in line with the concepts of therapeutic matching (Beutler & Harwood, 2000) and responsiveness (Stiles et al., 1989). From the perspective of PTA development, however, an emphasis should be put on a proper integration of new therapeutic elements (e.g., theories, techniques, and relational stances) into one’s PTA.

Taken from the other side, a therapist cannot be expected to handle every type of problem or every kind of client. A constant reflection on one’s limits should be an integral part of PTA. Acknowledging a therapist’s strengths and limits in working with some type of problems or clients, therapists could be matched to clients in a similar way in which treatments are now (e.g., Beutler & Harwood, 2000). This idea is already being developed within

the context of outcome monitoring systems (e.g., Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011).

**Implications for training.** The PTA concept assumes that, in the interaction of psychotherapeutic theories and their own worldview and experiences, trainees develop their own personal understanding of the therapeutic process (i.e., a personal theory). This is an assumption supported empirically (e.g., Fitzpatrick et al., 2010) and also didactically: several authors offered guidelines and frameworks intended to support the process of the development of a trainee's personal approach in psychotherapy and counseling training (e.g., Bager-Charleson, 2012; Jones-Smith, 2012; McLeod, 2010; Owens & Neale-McFall, 2014; Spruill & Benschhoff, 2000). For instance, McLeod (2010) offered a guide for trainees to develop their personal approaches, building on their own life experiences, developing self-awareness, constructing a theoretical framework, applying theory to psychotherapy cases, dealing with a therapeutic relationship, and building their professional identity. While existing resources are predominantly focused on the development of a trainee's personal theory and professional identity, similar guidelines focusing on psychotherapy techniques and interventions are still missing. These guidelines would show trainees how to actively adapt psychotherapy techniques so that they feel adept at naturally and smoothly applying them in practice.

Training and supervision should support trainees in the development of their personal approaches, based on the acknowledgment of their strengths and reflection on (as well as compensation for) their limitations. Several authors stressed the need to tailor training and supervision to individual trainees, their needs and styles (e.g., Andrews, Norcross, & Halgin, 1992; Fernández-Álvarez et al., 2003). Specifically, Spruill and Benschhoff (2000) recommended starting by focusing on what trainees already know instead of treating them as *tabula rasa* to be filled with predetermined content. An actual training program developed on this basis was described by Roubal (2015). Furthermore, to avoid the danger of unreflected syncretism (Boswell et al., 2009), systematic reflection and exploration of trainees', as well as trainers', presumptions and biases must be promoted. For instance, in developing a case formulation (Eells, 2007), trainees should foster an awareness of how their personal values, life expe-

riences, and expectations shape their personal theory of psychopathology and therapeutic change. Since no theory is value-free, there is no such thing as an "objective" case formulation. Reflecting on their PTA, trainees would thus acknowledge their own contribution to the formulation.

By promoting the idea of PTA, we are not implying that there should be no standards in psychotherapy. It should be acknowledged, however, that every therapist has his or her own approach to achieving these standards. For instance, when striving to apply a particular principle of therapeutic change, such as corrective experience (Castonguay & Hill, 2012) or insight (Castonguay & Hill, 2007), each therapist will probably bring this principle into practice in a personalized way congruent with his or her personal beliefs, skills, and preferences.

**Implications for research.** Taking the PTA perspective into consideration, several suggestions can be made for future research. First, more research on psychotherapist development is needed. While a considerable body of research exists on the choice of theoretical orientation, there is a lack of studies exploring how a practitioner's theoretical orientation develops and what kind of changes it undergoes in different stages of his or her career and in contact with diverse challenges that arise (e.g., training, specific clientele, and organizational demands). Empirical studies are needed to explore the psychological processes through which PTA is developed and organized within therapists (such as Wolff & Auckenthaler, 2014). Little is known about how therapists integrate their professional and personal selves (Spruill & Benschhoff, 2000). Interestingly, individual autobiographies of integrative therapists suggest that, at least in certain stages of professional development, various parts of a therapist's PTA may be rooted in different theoretical orientations (e.g., Wolfe, 2005). The nature of PTA consistency in various developmental stages needs to be explored in more depth to understand how psychotherapists create their PTAs. To study the stability, as well as variability of a therapist's PTA, a series of the therapist's case formulations or pieces of case documentation can be analyzed (Edwards, 2010). Furthermore both empirical and theoretical studies are needed to develop a comprehensive map of PTA's facets and dimensions.

Second, studies on therapist effect show that psychotherapists differ in their effectiveness

(Baldwin & Imel, 2013). Studies that would tell us which PTA dimensions are responsible for these differences (such as Heinonen et al., 2014; Heinonen, Lindfors, Laaksonen, & Knekt, 2012) are needed. Furthermore, perceived efficacy was suggested as one of the fundamental criteria which therapists use to decide whether they incorporate a technique or concept into their PTA (Rihacek et al., 2012). Qualitative, as well as quantitative, studies are needed to explore how psychotherapists assess their effectiveness in their everyday practice beyond the use of outcome monitoring systems.

Third, the idea of PTA can substantially supplement the medical model of psychotherapy. The medical model assumes the treatment, separable from the therapist, as the active ingredient in therapeutic change. Furthermore, it assumes a specific relationship between various treatment ingredients and particular disorders or complaints (Wampold & Imel, 2015). Adherence is then measured to determine “the extent to which a therapist used interventions and approaches prescribed by the treatment manual and avoided the use of intervention procedures proscribed by the manual” (Waltz, Addis, Koerner, & Jacobson, 1993). From the PTA perspective, however, the treatment method cannot be separated from the therapist as a person and psychotherapists cannot be expected to adhere to any treatment model completely. Thus, instead of striving for the adherence to an existing treatment, variables pertaining to the individual nature of PTA can be measured and used to predict the outcome of psychotherapy. For instance, if the breadth, flexibility, and theoretical consistency of a therapist’s PTA, as well as a therapist’s congruence with his or her own PTA, would predict outcome, this would have straightforward implications for psychotherapy training and supervision.

Finally, there is one caveat that needs to be borne in mind. By studying PTA, we move our focus to therapists, reprivileging them as the main resource in psychotherapy (Baldwin & Imel, 2013). However, we shall not ignore the contribution of the client who is the true hero of therapeutic change (Duncan, Miller, & Sparks, 2004) and the cocreated nature of the therapeutic relationship.

### Conclusion

In this article, we have introduced PTA as a generic concept which can be used to study psychotherapist development, as well as the psycho-

therapy process. This perspective puts an emphasis on (a) the overall personal approach as an organized whole, as opposed to studying isolated skills or aspects of therapist functioning, (b) the unique, idiosyncratic nature of each therapist’s approach, questioning the utility of the concept of adherence, and (c) a career-long perspective on therapist development, extending well beyond the training period. The PTA perspective challenges the manual-based approach to psychotherapy practice, training, and research and represents a more practice-based approach to psychotherapy. Yet, we strived to demonstrate that it can still be found compatible with the culture of evidence-based practice.

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## Enfoque Terapéutico Personal: Conceptos e implicaciones

El desarrollo profesional de psicoterapia se puede ver como el desarrollo del enfoque personal de un terapeuta. La evidencia de la investigación sugiere que los practicantes de psicoterapia seleccionan activamente de los varios teorías y técnicas de psicoterapia, muchas veces fuera de sus orientaciones teóricas primarias, y se 'metabolizan' en enfoques únicos y personal. Mientras la idea de un enfoque personal no es nada nuevo y es compartido por varios becarios, practicantes, entrenadores, y supervisores, una reflexión fundamental de este fenómeno es todavía perdido en la literatura de psicoterapia. El objetivo de este artículo es hacer un paso hacia la conceptualización de Enfoque Terapéutico Personal (Personal Therapeutic Approach; PTA por sus siglas en inglés) y explorar sus implicaciones para la integración, práctica, entrenamiento, e investigación en la psicoterapia.

Desarrollo psicoterapeuta; integración de psicoterapia; enfoque personal

### 个人治疗方式：概念和影响

心理治疗师的专业发展可以被看作是治疗师个人化方法的发展。研究证据表明，心理治疗从业者积极从大量心理治疗理论和技术中选择，（这些）通常来自其主要理论取向的外部，将其消化为独特的个人方式。虽然个人方式这个想法绝非崭新，并且是许多学者，从业人员，培训师和督导所知晓的，但心理治疗文献中仍然缺少这一现象的根本反思。本文的目标是往个人化治疗方法（PTA）的概念化的方向迈向一步，并探索其对心理治疗整合，实践，培训和研究的影响。

心理治疗师发展;心理治疗整合;个人方式(方法)

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