

SUPPLEMENT TO
CHAPTER 12, V1¹:
PSYCHOTHERAPY INTEGRATION

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From Tryon, W. W. (2014)

Cognitive Neuroscience and Psychotherapy: Network Principles for a Unified Theory

New York: Academic Press

EMOTION

Clinicians have long appreciated that each of the Big five clinical orientations (cognitive, behavioral, cognitive-behavioral, psychodynamic, pharmacologic) has value and that a comprehensive clinical practice requires that responsible clinicians recognize and utilize the best features of each clinical orientation. Practical utility has been the main justification for such a broad clinical practice. That these clinical orientations are based on theories that recommend contradictory practices is problematic. The absence of any principled way to choose which clinical orientation to start with or to change to when treatment does not go as planned is also problematic. How to explain to patients how and why you are changing your treatment in a contradictory way may strain or even jeopardize your working alliance. These problems complicate and mitigate against practicing from anything but a single orientation. Selecting one clinical orientation as their major point of reference and dabbling in others is more what clinicians who claim to have an eclectic practice do because they have lacked a unifying theoretical orientation; until now.

Tryon (2014) offers a Bio↔Psychology Network explanatory system based on core and corollary principles that collectively provides a coherent theoretical basis for a comprehensive clinical practice. Chapter 1 of Tryon (2014, p. 18) identified five ways in which your clinical practice will likely change if you endorse the core and corollary principles that compose the

¹ V1 stands for Version 1 which implies that subsequent chapter updates will become available.

Bio↔Psychology Network explanatory system. I reproduce the third way here for your convenience.

Your clinical practice will become more **comprehensive** in at least the following four ways. (a) Your therapeutic goals will expand to include increasing psychological mindedness and emotional regulation in addition to symptom reduction/removal. (b) You will be open to all ESTs regardless of the orientation from which they were developed. (c) You will use multiple ESTs as necessary. (d) You will have a theoretical basis for this eclectic practice.

A limitation of Tryon (2014) is that he could have provided more details regarding exactly how your clinical practice might expand to include emotional regulation. This limitation has been overcome by Thoma and McKay (2014) in their forthcoming book entitled *Working with Emotion in Cognitive-Behavioral Therapy: Techniques for Clinical Practice*. The following advertisement provides additional information.

Working actively with emotion has been empirically shown to be of central importance in psychotherapy, yet has been underemphasized in much of the writing on cognitive-behavioral therapy (CBT). This state-of-the-art volume brings together leading authorities to describe ways to work with emotion to enrich therapy and achieve more robust outcomes that go beyond symptom reduction. Highlighting experiential techniques that are grounded in evidence, the book demonstrates clinical applications with vivid case material. Coverage includes mindfulness-and acceptance-based strategies, compassion-focused techniques, new variations on exposure-based interventions, the use of imagery to rework underlying schemas, and methods for addressing emotional aspects of the therapeutic relationship. Further information is available at www.guilford.com/p/thoma.

PRINCIPLE 13: RESONANCE

Chapter 5 of Tryon (2014) concerns the neural networks that generate emotions. The concept of automatic feelings was emphasized as a consequence of Principle 1: Unconscious Processing by subcortical neural networks.

Tryon (2014) did not propose a network principle regarding emotional processing in Chapter 5 but did so in Chapter 13 which was written after the book was published. The central observation upon which this principle is based is that the mirror neuron system mediates empathy, our ability to resonate to and with the thoughts, feelings, and intentions of others.

PSYCHOTHERAPY INTEGRATION

Tryon (2014) is essentially three books in one. Psychotherapy integration (third book) is facilitated by theoretical unification (second book) because the most meaningful way to get clinicians to agree on treatment is for them to agree on what is wrong. This was done by providing mechanism information that is fully consistent with the Big Five clinical orientations identified above. Mature sciences explain phenomena using principles. Tryon (2014) proposed core and corollary principles that enable psychology to be practiced as a mature science (first book).

The remainder of my post-publication comments on psychotherapy integration are contained in **Chapter 13: Final Evaluation**.

REFERENCES²

- Thoma, N. C., & McKay, D. (2014). *Working with Emotion in Cognitive-Behavioral Therapy: Techniques for Clinical Practice*. New York: Guilford
- Tryon, W. W. (2014). *Cognitive neuroscience and psychotherapy: Network Principles for a Unified Theory*. New York: Academic Press.

² References not included in this list are in the reference section of the Tryon (2014).