Brief Therapy and Spiritual Crisis Intervention

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Abstract

This paper details a six phase crisis intervention program utilizing a combination of biblically based and cognitive-behavioral, concentrating on brief/solution-focused, therapies. The techniques discussed are an integration of Christian counseling and brief, or solution-focused, forms of psychotherapy. Recently, the two disciplines of theologically spiritual and philosophically empirical forms of therapies have been noted as progressively synchronizing; thus, formulating new and unique integrative and eclectic approaches to crisis intervention.

Christian Based and Brief/Solution-Focused Theories

Crisis intervention, like other forms of disciplines and therapies, are subjective in their applications; accordingly, there are differing viewpoints held by each group of adherents. Therefore, we begin by presenting some foundational definitions of crises. Callahan defines a crisis as: "… a loss of psychological equilibrium or a state of emotional instability that includes elements of depression and anxiety" (Callahan, 2009, p. 15). Greenstone and Leviton, in *Elements of Crisis* Intervention, reference (Rosenbluh 1970) who calls crisis intervention "emotional first aid" (Greenstone & Leviton, 2002). Additionally, Greenstone & Leviton provide the reader with their additional analogy of crisis: "Just as people bleed physically, they can also bleed—and bleed to death—emotionally" (Greenstone & Leviton, 2002, p. xvi). A crisis is caused by one's perception of a precipitating event and will ultimately decrease the functioning level of that individual. It is not so much the stressor of the event that causes the crisis; but, more so the state of the individual (Callahan, 2009). Based on the following definitions we notice that each crises event is distinctive; thus, there is no universal procedure for managing every crisis. Within the scope of this paper we will be dealing with mid-range crises which could encompass a time frame of present to a month. This time frame was chosen because of the two forms of therapy selected: Christian and brief therapies. Lastly, here is a simplified, yet practical, definition that will be useful when considerations are made regarding this paper: "A crisis is defined as a situation or event in which a person feels overwhelmed or has difficulty coping" (Franksih & Jeffereys, 2002, p. 209).

Crises can be: physically, emotionally, and spiritually wearing to the client as well as to the intervener. Due to the incessant nature of crises, and the differentiation of cliental behavioral

dangers, the interventional counselor is considered by most to be a high risk profession. Torrey provides this astounding statistic: "The occurrence of severe psychiatric disorders (e.g., schizophrenia, bipolar disorder, panic disorder, obsessive compulsive disorder) has doubled since 1985, making them the largest and fastest-growing diagnostic category for federal programs providing assistance to individuals with disabilities (Torrey, 2002)" (McAdams, Fall 2008, p. 388). It is for these reasons that the interventionist must be acutely aware regarding the potentiality of becoming a victim; therefore, it is essential they take the proper safeguards to prevent victimization. Some simple steps that can be taken by the interventionist are: approach a scene cautiously; putting themselves in a position of quick exit; and, installation of panic buttons (Kleespies & Richmond, 2009, p. 39).

One last item of mention before we discuss the six fundamental phases of crisis intervention are the perceptions of the psychological, secular, and Christian communities regarding Christian and brief-solution based therapies. From the standpoint of many highly educated psychiatrists; brief therapy and Christian based counseling are considered inferior and not accepted as a formal form of psychotherapy. Shepperson gives us the following example regarding this negative perception concerning short term therapy: "Traditionally this type of therapy [short-term or brief therapies] has been viewed as a sort of stop-gap intervention that one resorts to if one does not have an adequate amount of time or expertise to do anything else" (Shepperson, 1985, p. 1079). Shepperson goes on to say that this viewpoint is presently shifting as brief therapy continues to discover its effective place within the therapeutic sectors of our modern civilization. Secular adherents, looking at Christian counseling, have historically seen it as an oppositional form of therapy. Yarhouse, Butman, & McRay (2005) provide us an example of this oppositional viewpoint:

> Historically, ministry or pastoral care has been "based chiefly on reflection and deduction from principles derived from Scripture and pastoral experience, whereas modern psychologies, while also indebted to reflection and theorizing, are grounded more in behavioral science investigation characterized by inductive, empirical study. (Hunter, Summer 2009, p. 101)

From a recent Christian perspective, the combining of Scripture and counseling therapies receives mixed and varying opinions. In one school of thought there are those who feel the Bible was written to address every potential problem and it is the sole authority when dealing within the area of crises. Hunter gives the following summation of one of its proponents:

> Pastoral counselors that subscribe to Scripture as the sole source of knowledge for understanding human behavior often advocate that addressing sin nature and the subsequent externalizing behaviors is not only necessary but is solely sufficient in guiding clients to a state of healthy mindedness (Adams, 1973; Sanford, 1947).” (Hunter, Summer 2009, p. 101)

As seen by the date of the source material, those who primarily follow this thinking are generally of the older generation and/or their persuasion. Secondly, there is a school of believers that are in support of a fusion of the psychological and Christian counseling disciplines; but, are apprehensive towards those who are not genuinely authentic in its Christian rooted approaches and practices. Stafford quotes some of today’s most well known and successful Christian psychologists who refer to this influx of pseudo-Christian psychologists:

> James Dobson said, "If I had to boil everything I have to say to you into one thing, it would be to be followers of Jesus Christ first, and mental-health professionals second. And keep it in that order." Chuck Swindoll warned, "There's a lot of schlocky stuff being

> passed off as Christian counseling by a lot of schlocky people." Psychologist Gary Collins, Atlanta '92's national coordinator, warned of two dangers in his keynote speech: "Number one, that we will abandon the church. And the second danger is that our field will take over the church. (Stafford, 1993)

Ultimately, the Christian based community must find a resolution because Christian based counseling and the need for Christian Psychologists is rapidly rising within our Christian based communities. The need for Christian based Psychologists can be seen in the following statistic: "A 1991 CHRISTIANITY TODAY reader survey suggests that evangelicals are far more likely to take problems to a counselor than to a pastor. (Thirty-three percent sought "professional" help, versus 10 percent who looked to a pastor)" (Stafford, 1993).

It is interesting to note that crisis intervention is a technique that was necessitated as a direct result of many social and economical events; such as: return of WW II veterans; shortages of trained psychiatrists; the Coconut Grove night club tragedy; increased not-for-profit organizational involvement within poorer communities; and mandated reduced health care costs (Kanel, 2007). Nugent (1994) gives us numerous reasons for the reduction of spending on counseling: "Brief therapy also became important in the late 1980s because of an interest by counselors and insurance companies in efficient and less expensive counseling due to fewer financial resources, higher costs, and an increase in demand for counseling" (Miller, 2005, p. 211). We see through Nugent's numerous reasons; that, the popularization of shorter term therapies are a direct result of social and economical requirements. Many professional psychiatrists would like to impose certain educational requirements, such as a lower level master's degree, upon those who perform crisis intervention counseling; but, this would

unquestionably impact the less fortunate who would not have the financial resources to pay (Kanel, 2007).

We have: defined crisis and crisis intervention; identified hazards towards clients and interveners; introduced varied reactions towards each discipline; and presented some historical events, which provide us with a foundational platform regarding short form therapies and ultimately crisis intervention. The six step model used in this paper is taken from *Elements of Crisis Intervention* and includes the following basic steps: immediacy; control; assessment; disposition; referral; and follow-up (Greenstone & Leviton, 2002). Admittedly, it seemed very difficult to find Christian based resources that dealt directly with immediate crisis intervention. The few sources found were sparse in content; therefore, we will frequently refer to Christian based resources that are designed for a more gradual intervention. We must keep in mind that most of the techniques found in the few Christian based resources are biblically based; as they should be. The applications we will make might be most beneficial within a thirty day time frame; though, many are adaptive to an immediate crisis as well.

The first phase of the crisis intervention is that of: immediate action. As aforementioned, we live in a frenzied and insensate society. Today's society is one in which we seldom slow down long enough to identify a crisis, especially in regards to another. Our goal regarding immediate response is: relief of anxiety; prevention of further damages; and minimization of self inflicted or abusive injuries (Greenstone & Leviton, 2002). We can begin the realization of our goal through the simple standardization of a well organized, developed, and systematic rapport with our client. Jesus, our supreme example, always took time to establish rapport, even when He was vigorously involved in the dynamics of His ministry. Jesus made time for: rich; poor; influential; lepers; outcasts; the sick and demon possessed. Jesus made time for everyone. Jesus

established rapport through the essential attending behavioral techniques that included: questions, paraphrasing, and reflective summarization. It was through these behaviors in which Jesus was able to meet the goals of restored functioning levels and emotional relief. Similarly, a Christian oriented immediate response should mirror the same characteristics Jesus exemplified.

The brief model of immediate response hinges upon two foundational principles: simplicity and non-threatening tactics. In the article *Suicide Prevention: A Holistic Approach* Berg and Shazer provide some simplistic rules found in the inmost philosophy of solution and short form therapies: "… *Rule 1*: If it isn't broken, don't fix it. *Rule 2:* If it's working, do more of it. *Rule 3:* If it's not working – *do something else*" (De Leo, Schmidtke, & Diekstra, 2002, p. 186). Secondly, brief therapy brings a non-threatening format to the crisis. Stability is normally a missing element amidst a crisis and if the situation is not approached correctly it could de-stabilize the crisis even more. The importance of relevant questions, in the least threatening posture possible, vice accusations, is paramount in brief therapy's approach to a crisis. Berg shows that an approach with humility allows interaction: "The therapist takes a posture of "not knowing", a non-hierarchical and facilitative role, thus making it possible for the client to create a solution that is congruent with his way of conducting life (Berg, 1994b, p.13)" (De Leo, Schmidtke, & Diekstra, 2002, p. 187).

The second phase of the crisis intervention is that of: taking control. Indecisiveness is one of the worst things a crisis interventionist can bring to a crisis situation. Some of the useful basics when attempting to gain control include: clarity, cautiousness', stability, and clear communications (Greenstone & Leviton, 2002). During the intervention phase "of taking control" it is crucial that two fundamental qualities are blatantly obvious to the client: empathy and authenticity. Additionally, the values of: empathy and authenticity are clearly acceptable

morale qualities, promoted by the Bible and society; therefore, they should be utilized by either discipline in their quest to reestablish order and function-ability. Sometimes control is best re-gained by allowing the victim to find their own solution. Mckergow and Korman explain the brief therapist's concept regarding self-discovered solutions and its effectiveness: "A solution-focused therapist must have an uncompromising belief that the client is expert in what will work best for them" (Mckergow & Korman, 2009, p. 65). Structure is elementary when attempting to control a crises; the client has to know exactly who you and what your motives are. Voice, eye, and non-confrontational postures are all significant factors during an interventional process; and if possible, they should be supplemented with: compassion, love, and understanding. Sometimes the victim is looking for a ray of light in a dark and miserable situation. Kleespies and Richmond emphasize the strength of non-verbal cues:

> It comes from the capacity of the interviewer to be real and genuine in his or her interactions with the patient or client. If the patient shows humor, a clinician's smile can allay some of the patient's anxiety and also convey the message that the clinician is human and can enjoy things as others do. (Kleespies & Richmond, 2009, p. 35)

The third phase, and probably the largest, of the crisis intervention is that of: assessment. The goal of the intervener is to find a quick, simple, and efficiently effective solution to the current crisis. Additionally, the intervener strives to return the client back to their normal and pre-existing functioning level. Greenstone and Leviton recommend the following tools in relation to effective crises assessment: the American Academy of Crisis Interveners Lethality Scale and the Life Index Scale (Greenstone & Leviton, 2002). These are two enormously helpful documents and should be utilized by each interventionist to aid them in achieving an accurate assessment of each individual crisis. The identification of the precipitating event and the

analysis of the person in crises perception are critical. The initiative of properly identifying the perception of a client, or as earlier termed as the appraisal of a client, is key (Callahan, 2009). Therapeutic assessment techniques that must be employed by the intervener include: validation, educational statements, reframing statements, empowering statements and potential support system evaluations (Kanel, 2007). It is during the assessment time the interventionist must determine the potentiality for possible suicide and substance abuse's. Kanel informs us that there is no particular standardized suicide assessment guide readily available and that it is usually a judgment call on the part of the counselor. (Kanel, 2007). Furthermore, Kanel indicates that Steiner has developed an outline, though not standardized, that can be utilized as an assessment tool for suicide (Kanel, 2007). Another determination that must be made is if a suicide contract is warranted; if so, one should be agreed upon and initiated in writing. Lastly, in regards to suicide; it may become obligatory, if the interventionist believes the client may intentionally hurt themselves of someone else. If this intentionality of suicide, or harmful behavior, exists the interventionist must immediately notify the appropriate law enforcement, medical and legal agencies.

For the Christian oriented therapist a spiritual assessment can be made if the client and counselor seem open to this pathway. Spirituality offers stability and is interwoven into the fabric of many people's lives; it should be given serious deliberation during the assessment phase of crisis. Hawks, Hull, Thalman and Richins define spiritual health as:

> A high level of faith, hope, and commitment in relation to a well-defined worldview or belief system that provides a sense of meaning and purpose to existence in general, and that offers an ethical path to personal fulfillment which includes connectedness with self,

> others, and a Higher Power or larger reality. (Hawks, Hull, Thalman, &Richins, 1995, p. 373).” (Miller, 2003, p. 204)

Moreover, *The Harvard Mental Letter* gives some statistics that reveal the entrenched and deep seated belief many Americans have regarding spirituality and religion:

> American culture has become increasingly interested in spirituality and religion. Baker (1997) found that 95% of Americans believe in God and 85% believe in personal prayer having healing powers (Wallis, 1996). Also, the majority of Americans belong to religious organizations (62%); believe religion is “very important” as a part of their lives (60%), and a large percentage worship weekly or close to weekly. (*The Harvard Mental Health Letter*, 2001). (Miller, 2003, p. 1)

So we can surmise that assessment can, and should if appropriate, involve both the pragmatic and spiritual spheres with regards to the client who is experiencing the crisis. Today, we are finding a combined form of both disciplines, pragmatic and spiritual, being utilized during crises intervention and assessment situations. Hunter presents this combined form of Psychology: “As the field of psychology advances, there is an increasing interest in integration of theology and psychology among Christian psychologists in licensed settings” (Hunter, Summer 2009, p. 101).

The fourth phase of the crisis intervention is that of: disposition. Once assessment is complete it must be decided upon what form of recourse would be best for the clients return to their past function-abilities. Spiritually based techniques would include such things as: prayer; Bible study; pastoral counsel, church support groups, forms of meditation, and rituals. These techniques are employed with a definitive desire to return the person to their old effective coping behaviors or to formulate new and necessary coping skills. Prayer, a dialogue with God, is essential to stable Christian living and can be extremely effective in crisis intervention situations.

Welcomed prayer is a non-evasive method of integrated counseling and gives those who are experiencing crisis and helplessness a restored sense of control over their present circumstances. Bibliology and usage of scripture is a welcomed form of reassurance and counsel that promotes: comfort; faith; God's love; and God's assurance of sovereignty. Some biblically oriented themes, that define ministry and counsel, include: fellowship; investing in others; edification; building of others (Rom. 15:1, 2; Rom. 14:19; Eph. 4:29); supporting others; teaching; training (1 Tim. 4:11; 6:2); burden bearing, nurturance; and discipleship (Gal. 6:2; Rom. 15:1)" (Taylor, 1985, pp. 243-244). Regarding Bibliology and Scripture, Richards and Bergin (1997) make the following report:

> Clients may enjoy, be comforted by, and experience insight or the presence of their Higher Power by reading sacred writings. The authors also state that using these writings may help clients change their beliefs, look at their problems differently, understand their sacred writings better, and seek their Higher Power. (Miller, 2003, p. 196)

When inclusive considerations are made regarding cooperative efforts involving religious leaders, crisis interventions can form an effective cohesion between faith and society. Pastoral counseling is another form of counsel that is often sought during a crisis. Pastors offer: a unique form of theologically based insight; biblical applications, and the restorative powers of theologically based remedies. Clergy and parishioner relationships traditionally allow for a greater freedom of genuinely based rapport and confidentiality between client and clerical leader. Regarding additional involvement encompassing the body of believers, the church; Stafford states: "Therapists say people need encounters with other Christians who will "speak the truth in love"; the entire church can be therapeutic, particularly through small groups that are completely accepting and encourage honest relationships" (Stafford, 1993). Meditation is another form of

successful and time proven spiritual therapy available to those in crisis. We find approximately twelve passages in Scripture that speak favorably of meditation towards such things as: God (Ps. 63:6); God's law (Jos. 1:8; Ps. 1:2; 119:15; 119:23; 119:48; 119:78; 119:148); and God's works (Ps. 77:12; 143:5). We find biblical figures such as: Patriarch Isaac; Judge Joshua; King David; and Prophet Isaiah meditating on a regular basis in a therapeutic fashion. Carrington explains the meditative benefits as: "…an increase in being more relaxed, alert, aware, willing to change, and being more sensitive and empathic toward others (Carrington, 1977; LeShan, 1974; Shafii, 1985)" (Miller, 2003, p. 204). The last Christian based form of therapy we will look at is that of rituals. Normally, ritualism is thought upon in a negative sense within Christian circles because it is often used to replace the true worship of God. In psychotherapy, rituals can have a positive effect upon those experiencing crisis because it serves to connect physical realm to spiritual. Moreover, ritualism can effectively move individuals from painful plateaus to peaceful ones.

We have identified an abundant supply of spiritually based therapies available to the interventionist while attempting to bring a disposition of stability and finalization to those in crises; now, we will look at a few features of the brief therapy discipline. We know from statistical data that brief therapy is proven to be a very effective form of therapy. Mckergow and Korman (2009) in *Journal of Systemic Therapies* give the following statistic:

> The collected research on the effectiveness of SFBT is impressive (see Macdonald, 2007). In October, 2008 there were eighty relevant studies: two meta-analyses; eight randomized controlled trials showing benefit from solution focused brief therapy, with five showing benefit over existing methods. Of 25comparison studies, 18 favor SFBT. Effectiveness data are available from more than 2800 cases with a success rate exceeding

> 60%; requiring an average of three to five sessions of therapy time. (Mckergow & Korman, 2009, p. 35)

One cornerstone feature found in brief therapy is the idea that a solution is built upon the client's strengths rather than their shortcomings and weaknesses. Brief therapy sees a cure as unattainable and life's complexities as ever-changing; thus, a solidified answer is not a solution; it is the coping mechanisms that are solutions. When evaluating the solution-based discipline, there are many rudimentary actions that guide the interventionist to a quick and immediate solution. Solution based, brief therapy, focuses on small steps of change and rely upon the rippling effect to instigate change in other areas of life (Etherington, 2001). So the brass tacks of: strength building, vice weakness identification; small changes, rippling other desired changes; and acceptance of life's ever-changing circumstances ,with room for failure are what makes brief therapy effective regarding solution based dispositions during crises. Greenstone & Leviton make the following suggestions when dealing with crisis intervention and assessment; "help the victim identify and mobilize personal resources; mobilize special resources; hold out hope that solutions are possible; develop options; and help the parties to the crisis make an agreement" (Greenstone & Leviton, 2002, p. 13). If application to these practical suggestions can be successfully implemented, regarding the aforementioned fundamentals of disciplines, the interventionist and client will be progressing towards an amendable solution.

The fifth phase of the crisis intervention is that of: referral. Proper and professional referral to the appropriate agencies is critical. As an interventionist, a resource manual of community resources should be developed for immediate usage during exigently sensitive situations. The community resource guide is simply a guide for rapid reference to important numbers and web-sites where additional in depth information would be available. There are a

tremendous amount of social, secular and religious institutions which have trained and specialized counselors in certain areas of expertise; such as: alcoholism; children and spousal abuse; sexual assault; disease; domestic violence; suicide; mental and behavioral health; family support; marital; financial; homelessness; legal; medical; unwanted pregnancies; and adoptions. It becomes painfully obvious that we live in a world that is riddled with crises and the importance of each specialized area of counseling becomes readily plain. Here, is where many religious leaders get caught up with the common misconception that anything outside of Scripture, in regards to counseling, is taboo. Miller gives us an example of a very popular mind set among many Christian leaders: "The underlying assumption is that spiritual resources aren't sufficient to deal with what's going on--that only people with massive levels of professional training can help. Ultimately, we're saying the Scriptures and Christianity don't meaningfully address the core concerns of our lives" (Miller K. D., 1995). The resources are out there and each individual is going to have different social, ethnical and religious beliefs; it is imperative that the interventionist ensures the resources are made readily available to each client keeping their social, economical, ethnical and religious preferences in mind. Integrative services are essential and this where Christian based counseling becomes controversial. There are many popular Christian psychologists who are supportive of an integrative, one involving secular psychotherapy, approach:

> Careful to use "sound exegesis and biblical interpretation" (p. 50), Tan also draws from core psychological concepts to assist others in viewing "human beings from a more comprehensive perspective" (p. 51). McMinn (1996) holds an integrationist position similar to that of Tan (2005) in that he believes one must appreciate what theology and psychology offers for the Christian counselor. (Hunter, Summer 2009, p. 103)

Solution based therapy brings some uniquely pertinent points of consideration to the interventionist regarding resources within the brief therapy discipline. In the area of referral, brief therapy mimics the overall model and looks for utilizable resources that can be provided by the client themselves. The thought is that the client's goals and solutions are self oriented; therefore, the desired resources should be customized by the client so that these goals can be realistically achieved with success (De Leo, Schmidtke, & Diekstra, 2002). Brief Therapy regards change as a constant occurrence and no problem is concrete; the resources are not found in a series of therapies but in attainable and manageable coping mechanisms that find their success in pre-existing strengths within each particularly unique client (De Leo, Schmidtke, & Diekstra, 2002). Brief therapy has a unique focus concerning outcome; therefore, the utilization factors regarding referral contrast with those found within long therapy practitioners. Budman and Gurman (1988) give us an excellent idea of the differentiation between the two disciplines:

> The brief therapist, while maintaining an appreciation for the role of psychiatric diagnosis, has a health rather than an illness orientation. The brief therapist wishes to help the patient build on his or her existing strengths, skills, and capacities… In contrast, many long term therapists often emphasize deficits, deep seated weaknesses and pathology. (Budman, Simon; Gurman, Alan S., 1988, p. 14)

When we refer our clients to specialists we should ensure the following information: physical and mailing addresses; phone numbers; e-mail addresses; and contact persons are accurate. If we discover the information is incorrect we should carefully correct the information in our community resource manual (Greenstone & Leviton, 2002). Secondly, we should carefully review the information with the client and make sure all the necessary provisions needed for successful contact are intact. Thirdly, the information can be printed on a card or utilization of

verbal feedback verification for phone contacts can be initiated. By going this extra step we can be assured the client will not attempt to only memorize the information; written documentation is more effective regarding future recollection (Greenstone & Leviton, 2002). These are simple tools that should be employed by the interventionist to make certain the referral will go as smoothly as possible.

The sixth and final phase of the crisis intervention is that of: follow-up. By the time we arrive at this step the following five steps: immediacy; control; assessment; disposition; and referral, should have been exhaustively completed. Follow-up is similar to adding the icing on the cake, it is the final step taken towards total resolution to the crisis. During the referral phase of our intervention we send the client to appropriate contacts, counselors, and resources. Our job in the follow-up phase is to ensure that these contacts were successfully contacted, frequented and utilized. If there are factors involved that caused hindrance and prevented the contact; we must take appropriate steps to remove the barriers that are hindering the process of recovery. Perhaps, the clients were unable to make the committed appointment for various reasons. Missed appointments will happen; the interventionist should strive to remove the barriers and settle on a re-appointment time. Follow-up is important and can be hindered by glitches from any of the multiple parties involved. The key to successful follow-up is constant persistency and patient understanding. Another tool that is successfully being utilized by those involved in crisis situations is referred to as the debriefing phase. During a debriefing, reflections with positive and negative feedback can be identified, assessed, and corrected.

We have looked at crises and attempted to follow as six phase format: immediacy; control; assessment; disposition; referral; and follow-up. Bearing in mind the six phase format, within the scope of this paper, was to make application regarding these phases of two different,

yet similar, models of intervention: Christian and brief-solution focused. We have looked at differential and similarity within each model; but, key is the integration of both when dealing with clients amidst a crisis. For the Christian based counselor, Hunter gives a remarkable suggestion of integration: "By virtue of the integrative tasks, Christians in psychology attempt to balance empirical findings relevant to their profession and at the same time hold true to the Scriptural maxims and interpretations" (Hunter, Summer 2009, p. 102). Throughout the paper, the attempt has been to show the necessity of an integrated approach between the two approaches. Solution and recovery are painfully dependent upon the uniqueness of each individual and their belief system, social class and economical situation. Returning to the original definition chosen for this paper: "A crisis is defined as a situation or event in which a person feels overwhelmed or has difficulty coping" (Franksih & Jeffereys, 2002, p. 209) we as interventionists must consider the best possible solution: biblical, empirical, or integrated. We conclude with an appropriate statement when counseling integration is a consideration: "Clearly, "one-size treatment" does not fit all, and there is tremendous value in judiciously combining theoretical perspectives, treatments, and interventions from across the spectrum of options" (Berman, 2006, p. 207).

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