Method integration in psychotherapeutic practice in Europe (MIPEU)

- final report –

Hans-Christoph Eichert

Contents

Abstract

Background. Based on research into general and specific factors influencing psychotherapy, there have been repeated efforts to integrate various psychotherapeutic methods. It remains unclear to what extent these integration efforts have been implemented in psychotherapy practice. This study is based on Petzold's theoretically grounded integration approach (Orth, Petzold et al. 2015) and expands upon two studies conducted in German-speaking countries (Eichert 2024, Eichert 2026).

Objective. The study investigated how important psychotherapists consider integrative considerations from psychotherapy research to their own psychotherapeutic practice. It is assumed that there are differences related to specific psychotherapy methods, countries, and settings. Psychotherapists with an integrative background from countries with broad method recognition practices and from the inpatient sector rate the practical significance higher than others.

Method. Psychotherapists from 31 European countries (N=954) were surveyed online regarding the practical significance of therapeutic factors, modalities, relationship modalities, media, and structural levels (see Petzold et al. 2016) in their therapeutic practice.

Results. Almost all psychotherapists named one or more secondary methods in addition to their main method. Item ratings were generally high; however, significant differences in item ratings were observed within the various areas, albeit with small effect sizes. Hypothesis-consistent differences were found in relation to the method (11 for main IT method and 17 for secondary IT method), country (13), and setting (5). These differences primarily focus on the ratings of therapeutic factors and structural levels.

Conclusions. Within the European framework of psychotherapy, integration considerations from therapy research appear to have been implemented in practice in many, though not all, areas. An integrative psychotherapeutic background and a more open recognition practice in these countries are associated with a more integrative psychotherapeutic practice. In contrast, the setting in which psychotherapy takes place appears to play a lesser role.

Keywords: Method integration, integrative psychotherapy, international comparison, setting comparison

1. Background and research question

As part of a research project on integrative psychotherapy, conducted by the Heidelberg University of Education in collaboration with the European Academy for Health Foundation (SEAG), the integration of methods in psychotherapeutic practice is being investigated. Following studies on outpatient (Eichert 2024) and inpatient settings (Eichert 2026), this sub-study focuses on outpatient and inpatient settings in Europe.

The theoretical background of this study is research on general (e.g., Grawe 1998) and specific therapeutic factors in psychotherapy. While general therapeutic factors such as resource activation, motivational clarification, problem actualization, problem coping, and the therapeutic relationship (cf. Grawe 1998) are effective across different therapeutic approaches, specific therapeutic factors describe standard techniques dependent on the specific approach, such as reinforcement, free association, or circular questioning (cf. Pfammatter & Tschacher 2016). According to a meta-analysis by Wampold (2018), general therapeutic factors such as alliance or empathy, etc., play a significantly larger role than specific factors, as measured by effect sizes. Nevertheless, focusing exclusively on general therapeutic factors would be too narrow, because general therapeutic factors must be "created," which in psychotherapy occurs, among other things, through the application of methods and techniques—that is, specific therapeutic factors. (cf. Pfammatter 2012) Integrative work in the sense of a cross-method use of methods and techniques then enables more psychotherapeutic access to patients who might otherwise be more difficult or even impossible to reach.

Against this background, the history of psychotherapy research has seen repeated attempts to integrate various schools of thought in psychotherapy. These approaches range from eclectic (Lazarus 1967, Beutler 1983) and common- factor approaches (Frank 1961, Garfield 1982) to empirically and theoretically grounded approaches (Orlinsky & Howard 1986a, Grawe 1998), theoretically grounded approaches (Prochaska & Di Clemente 1992, Orth & Petzold et al. 2015), and even transtheoretical approaches (Castanguay & Beutler 2006, Hofman & Hayes 2019, Lutz & Rief 2022).

However, the question of how these considerations translate into practice has remained largely unanswered: Do psychotherapists work strictly according to school-specific guidelines, or has practice become more diverse? What role do method-specific, country-specific (e.g., regulation of psychotherapy), and setting-specific contexts play? These questions are the focus of the present study.

The present study is based on an assessment of the practical significance of therapeutic factors, modalities, relational modalities, media, and structural levels, as defined by Integrative Therapy (Petzold et al. 2016), for the authors' own psychotherapeutic practice. Petzold et al. formulated these factors against the backdrop of the theoretical model of Integrative Psychotherapy, which belongs to the theoretically grounded integrative approaches (see Table 1). Therapeutic factors refer to what "has an effect", modalities and relational modalities to the way in which the work is carried out, media to the "tools" used, and structural levels to the "areas and topics" addressed.

Table 1: Effective and healing factors, modalities, relationship modalities, media, structural levels

Effective and healing factors	*Modalities*	*Relationship modalities*	*Media*	*Structural levels*
Empathic understanding, empathy (EV)	Exercise-centered functional modality (ÜFM)	Contact (KON)	Language (SPR)	Strengthening self-esteem and self-confidence (SWG)
Emotional acceptance and support (ES)	Conservative-supportive modality (KSM)	Encounter (BEG)	Visual art media (BIM)	Strengthening coherence perception (KOH)
Support for coping with life realistically (HL)	Experience-centered stimulating modality (ESM)	Relationship (BEZ)	Poetic media (POM)	Strengthening self-efficacy/sovereignty (SWS)
Promoting emotional expression and volitional decision-making (EA)	Conflict-focused uncovering modality (KAM)	Attachment (BIN)	Movement and dance (BUT)	Promoting self-confidence (IST)
Promoting insight, a sense of meaning, and experiences of evidence (EE)	Network- and life-situation-oriented modality (NLM)	Mutuality (MUT)	Music (MUS)	Promoting Ego Flexibility (IFL)
Promoting communicative competence and relationship skills (KK)	Supportive modality (SUM)	Transference / Countertransference (ÜGÜ)	Puppets, masks and drama therapy media (PMD)	Promoting Identity Stability (IDS)
Promoting body awareness (LB)	Medication-assisted, supportive modality (MSM)			Promoting Identity Flexibility (IDF)
Promoting learning opportunities, learning processes and interests (LM)				Promoting of embodiment (LEI)
Promotion of creative experiences (KG)				Promotion of the social network (FSN)
Developing positive future perspectives and horizons of expectation (PZ)				Promotion of work/performance/leisure (ALF)
Promoting positive personal value references (PW)				Promotion of material security (FMS)
Promoting a concise sense of self and identity, and positive self-referential feelings and cognitions (PI)				Promoting the values (WER)
Promoting sustainable social networks (TN)				Addressing gender-specific perspectives (GSP)
Enabling empowerment and solidarity experiences (SI)				Addressing class-specific perspectives (SSP)
Promoting a lively and regular connection to nature (NB)				Addressing age-specific perspectives (LAP)
Facilitation of healing aesthetic experiences (ÄE)				
Synergistic multimodality (SM)				

Psychotherapy and its framework are not uniformly regulated in Europe. Method and setting-related priorities, as well as the respective legal frameworks, vary considerably from country to country (see Strauss et al. 2009, Deutsches Ärzteblatt series 2004–2018).

Against this background, it is assumed that assessments vary depending on the therapeutic background, setting (outpatient, inpatient), and country context. Therapists with integrative psychotherapy as their main or secondary method, those working in inpatient settings, and those from countries with fewer legal restrictions regarding method licensing should rate the efficacy and healing factors, modalities, relationship modalities, media, and structural levels of psychotherapeutic work higher. This leads to three hypotheses underlying the study:

Hypothesis 1: (Method hypothesis)

Psychotherapists with an integrative therapeutic background rate the practical importance of efficacy and healing factors, modalities, relationship modalities, media and structural levels in the sense of integrative therapy (cf. Petzold et al 2016) higher for their psychotherapeutic practice than therapists with a different background.

Hypothesis 2: (Country Hypothesis)

Psychotherapists from countries with fewer legal restrictions regarding the approval of psychotherapy methods rate the practical importance of healing factors, modalities, relationship modalities, media and structural levels in the sense of integrative therapy higher than psychotherapists from countries with stronger restrictions.

Hypothesis 3: (Setting hypothesis)

Psychotherapists in inpatient and day-patient settings value the practical importance of healing factors, modalities, relationship modalities, media and structural levels in the sense of integrative therapy more highly than therapists in outpatient settings.

2. Methodology

2.1 Study design

The research question and hypotheses were investigated in an online survey on Soscisurvey (Leiner 2025) using a questionnaire on therapeutic factors, modalities, relational modalities, media, and structural levels within the framework of Integrative Therapy (see Petzold et.al. 2016). Study participants were asked to rate the relevance of each item to their psychotherapeutic practice on a 5-point scale. The surveys took 15 minutes to complete. The questionnaire was available in German, French, English, Spanish, Italian, and Dutch.

2.2 Sample and sample access

The study included outpatient and inpatient medical and psychological psychotherapists, as well as child and adolescent psychotherapists, from across Europe. Sample collection was carried out in three waves:

1. In outpatient settings in German-speaking countries, via chambers, associations and direct contact with psychotherapists (October to December 2023),
2. in the inpatient sector in German-speaking countries via clinics and day clinics (July – October 2025) as well as
3. in outpatient and inpatient settings in non-German-speaking countries in Europe via associations, university hospitals, and direct contact with psychotherapists (October 2025 – February 2026). Overall, accessing the sample proved to be very challenging, as the willingness of chambers and associations to cooperate varied considerably.

2.3 Data analysis

The R and PSPP programs were used for data analysis. Descriptive analysis included mean, standard deviation, kurtosis and skewness. Differences in item ratings within domains were examined using the Friedman test.

Group differences between different forms of psychotherapy (first and second treatment), countries and contexts (outpatient, inpatient) were investigated using analysis of variance and t-test or Welch test.

In addition, effect sizes were calculated where significant differences were found. For the Friedman test, the effect size ω was calculated using the following thresholds: >0.1 small effect; >0.3 medium effect; >0.5 large effect. For the analyses of variance, η^2 was calculated with the following thresholds: < 0.01 no effect; 0.01–0.06 small effect; 0.060–0.140 medium effect; > 0.140 large effect. For the t-test/Welch's test, d was calculated using the following thresholds: < 0.1 no effect; 0.1–0.5 small effect; 0.5–0.8 medium effect; > 0.8 large effect. The interpretation was based on Cohen 1988 (cited in Döring 2023, p. 804)

3. Response rate and sample composition

3.1 Return

953 Psychotherapists from 31 countries participated in the survey at the various data collection points. 20.9% had a cognitive-behavioral therapy background, 26.1% a psychodynamic/psychoanalytic background, 10.9% a systemic background, 21.9% a humanistic-therapeutic background, and 21.9% an integrative-therapeutic background. The participants were distributed across the following countries:

Table 2: Total country participation

Countries	*frequency*	*valid percentage*
Austria	7	0,85%
Belgium	7	0,85%
Bosnia and Herzegovina	5	0,61%
Bulgaria	3	0,37%
Croatia	3	0,37%
Cyprus	4	0,49%
Czech Republic	51	6,23%
Denmark	10	1,22%
Estonia	11	1,34%
France	96	11,72%
Germany	201	24,54%
Greece	26	3,17%
Hungary	7	0,85%
Ireland	33	4,03%
Italy	19	2,32%
Latvia	7	0,85%
Liechtenstein	1	0,12%
Lithuania	3	0,37%
Luxembourg	14	1,71%
Netherlands	50	6,11%
Norway	16	1,95%
Poland	17	2,08%
Romania	4	0,49%
Slovakia	13	1,59%
Slovenia	5	0,61%
Spain	52	6,35%
Sweden	1	0,12%
Switzerland	71	8,67%
Ukraine	1	0,12%
Great Britain	79	9,65%
Kosovo	2	0,24%
Not provided	134	
In total	953	

Incomplete data records were removed from the sample.

3.2. Sample composition

The adjusted sample comprised 654 psychotherapists. 73.1% were women, and the average age was 52.16 years. Most participants came from Germany (24.1%), France (12.3%), Switzerland (8.9%), and Great Britain (8.9%). No participants came from Finland, Portugal, Malta, or some Balkan countries. (see figure 1)

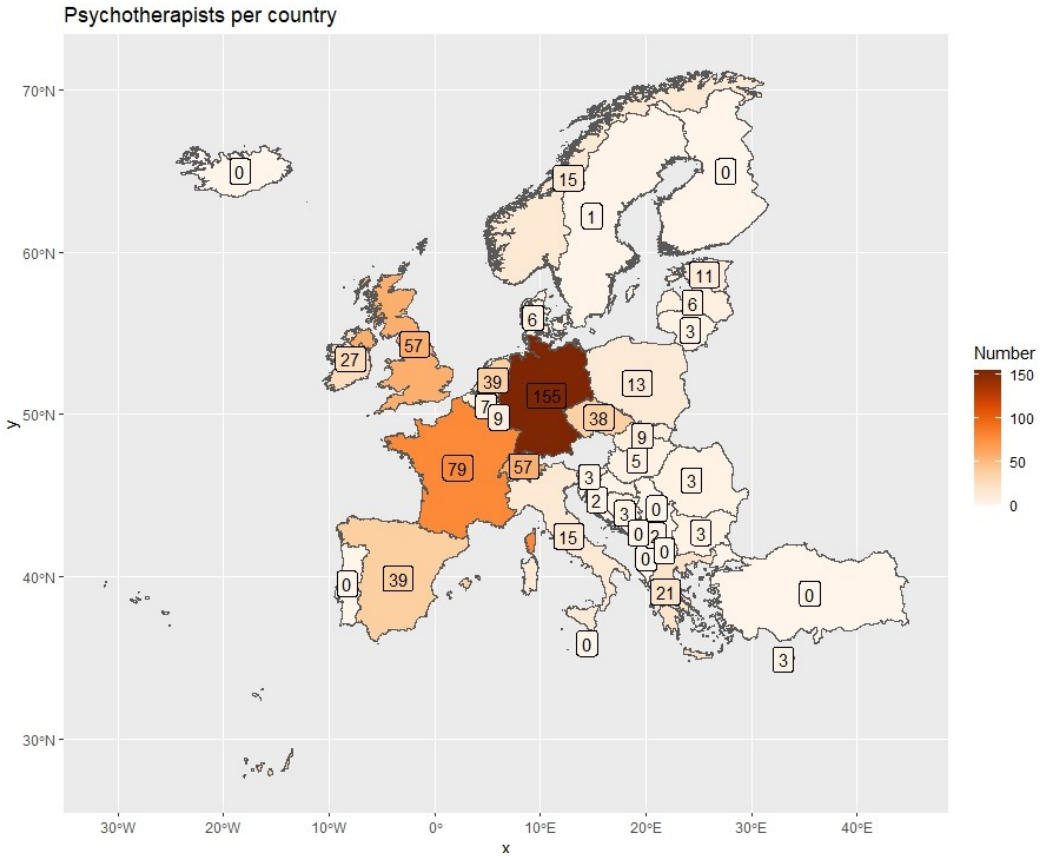

Figure 1: Participants by country

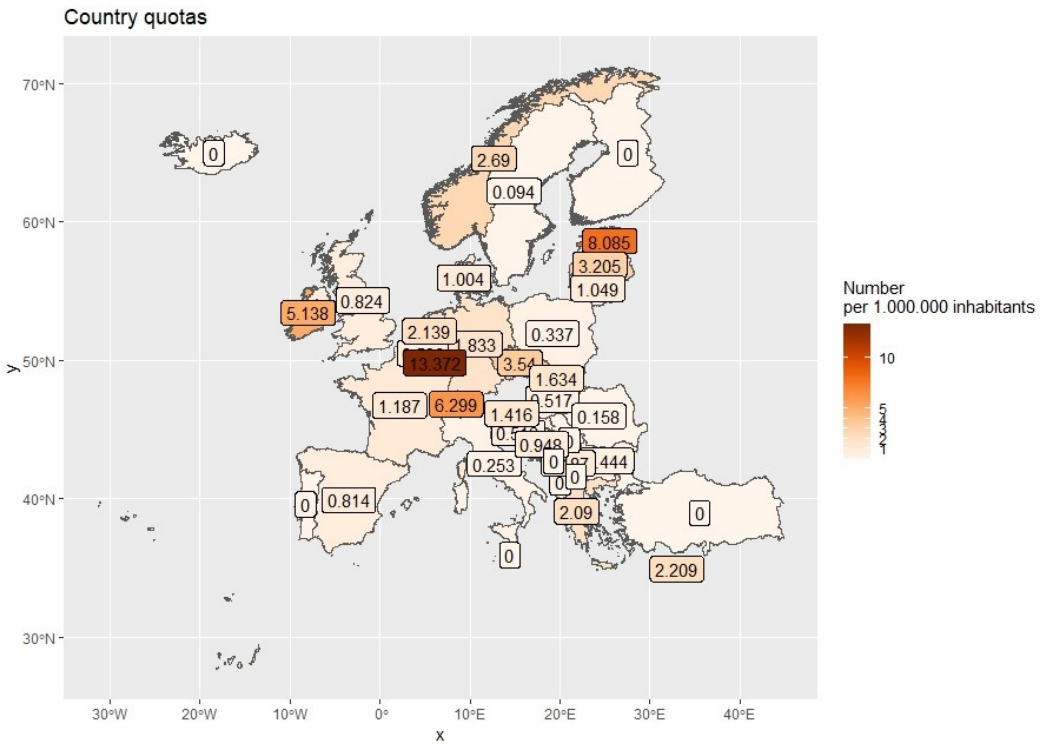

Figure 2: Country quotas

Due to a lack of available data on the number of psychotherapists, the response rate from each country was adjusted for comparison purposes by relating it to the population of the respective countries. Figure 2 shows the participation rates in per million. The highest rates were found in smaller countries (Luxembourg, Liechtenstein). Participation rates below 0.5 per 1 million were recorded for Bulgaria, Italy, Poland, Romania, Sweden, and Ukraine. (see figure 2)

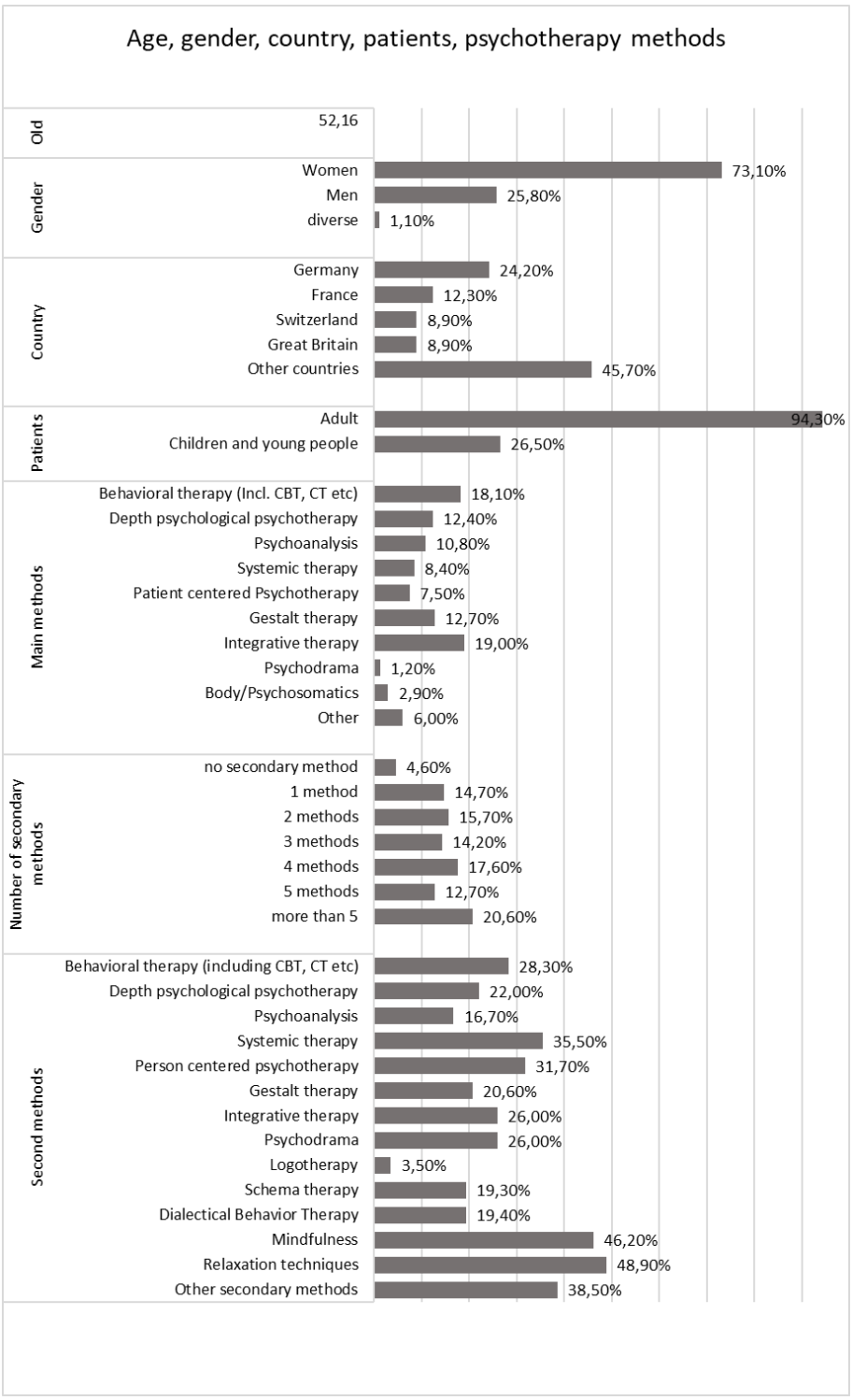

Figure 3: Sociodemographics I

The most commonly named main methods were behavioral therapy (18.1%), depth psychology-based psychotherapy (22%), psychoanalytic psychotherapy (10.8%), systemic therapy (8.4%), client-centered

psychotherapy (7.5%), Gestalt therapy (12.7%), integrative therapy (19%), psychodrama (1.2%), and body-oriented therapies (2.9%). Other main methods were reported by 6%.[1]

One or more secondary methods were mentioned by 95.45% of respondents, with relaxation techniques (48.9%), mindfulness (46.2%), and systemic therapy (35.5%) being the most frequently cited. Other therapies were mentioned by 38.5%. A total of 201 different, sometimes overlapping, methods and combinations of methods were mentioned, with EMDR being the most frequent (6.3%) [2]. (see Figure 3)

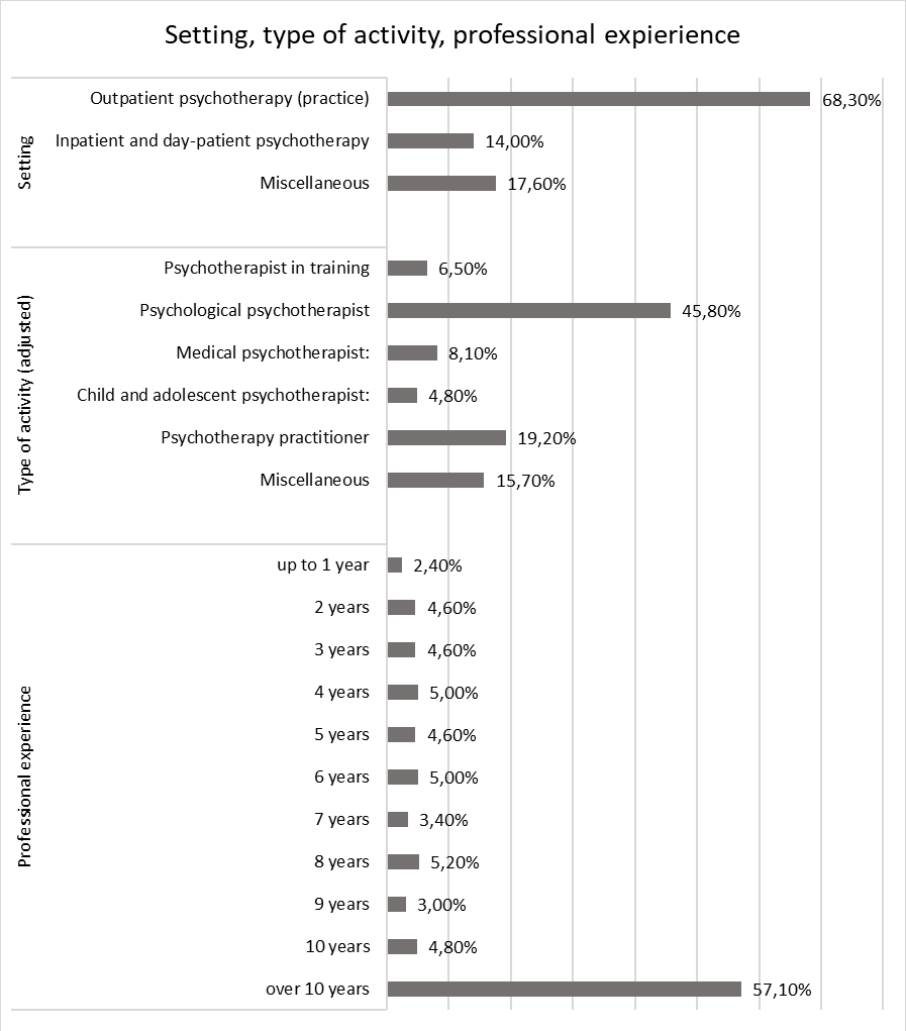

Figure 4: Sociodemographics II

68.3% work in outpatient settings (private practice), and 14% in inpatient settings (acute care hospital, day clinic, rehabilitation). 26.5% work with children/adolescents, and 94.3% with adults (see Figure 4). 68.3% worked in outpatient settings, and 14% in (partial) inpatient settings.

The majority are psychological psychotherapists (45.8%) with more than 10 years of professional experience (57.1%). (see Figure 4)

[1] An unfiltered overview of all the methods mentioned can be found in the appendix
[2] An overview of all methods mentioned can be found in the appendix.

4. Descriptive Results

4.1 Descriptive Results Items

Table 3: Descriptive results

Effective and healing factors	*N*	*Mean*	*SD*	*Variance*	*Kurtosis*	*Skewness*
Empathic understanding, empathy (EV)	647	4.78	0.52	0.27	13.86	-3.08
Emotional acceptance and support (ES)	644	4.64	0.65	0.42	5.42	-2.13
Support for coping with life realistically (HL)	646	3.65	1.03	1.06	-0.74	-0.29
Promoting emotional expression and volitional decision-making (EA)	639	4.24	0.8	0.65	0.8	-0.96
Promoting insight, a sense of meaning, and experiences of evidence (EE)	641	4.27	0.86	0.74	0.94	-1.12
Promoting communicative competence and relationship skills (KK)	642	4.19	0.79	0.63	0.59	-0.82
Promoting body awareness (LB)	642	4.06	0.95	0.9	0.4	-0.88
Promoting learning opportunities, learning processes and interests (LM)	640	3.42	1.02	1.04	-0.6	-0.2
Promoting creative experiences and design skills (KG)	641	3.5	1.06	1.12	-0.67	-0.18
Developing positive future perspectives and horizons of expectation (PZ)	641	3.87	0.89	0.79	-0.18	-0.5
Promoting positive personal value references (PW)	642	3.99	0.92	0.84	0.28	-0.76
Promoting a concise sense of self and identity, and positive self-referential feelings and cognitions (PI)	639	4.11	0.91	0.83	0.83	-1.02
Promoting sustainable social networks (TN)	644	3.63	1.11	1.23	-0.05	-0.73
Enabling empowerment and solidarity experiences (SI)	641	3.66	1	1.01	-0.47	-0.37
Promoting a lively and regular connection to nature (NB)	642	3.06	1.09	1.19	-0.59	0.01
Facilitation of healing aesthetic experiences (ÄE)	637	2.66	1.14	1.31	-0.57	0.31
Synergistic multimodality (SM)	635	3.47	1.27	1.62	-0.78	-0.47
Modalities						
Exercise-centered functional modality (ÜFM)	637	2.95	1.27	1.62	-1.08	-0.06
Conservative-supportive modality (KSM)	634	2.98	1.09	1.19	-0.56	-0.22
Experience-centered stimulating modality (ESM)	639	3.92	1.06	1.13	0.47	-0.96
Conflict-focused uncovering modality (KAM)	639	3.41	1.19	1.41	-0.57	-0.46
Network- and life-situation-oriented modality (NLM)	634	3.47	1.04	1.08	-0.27	-0.36
Supportive Modality (SUM)	636	3.89	0.97	0.94	0.09	-0.66
Medication-assisted, supportive modality (MSM)	633	2.04	1.1	1.21	-0.53	0.72
Relationship modalities						
Contact (KON)	636	4.39	0.97	0.94	3.14	-1.83
Encounter (BEG)	639	4.29	0.86	0.75	1.48	-1.23
Relationship BEU	640	4.69	0.61	0.37	7.61	-2.42
Attachment (BIN)	639	4.13	0.99	0.97	0.47	-1.01
Mutuality (MUT)	634	3.65	1.08	1.16	-0.42	-0.45
Transference / Countertransference (ÜGÜ)	644	3.86	1.09	1.18	-0.22	-0.7
Media						
Language (SPR)	644	4.82	0.57	0.33	21, 22	-4.24
Visual art media (BIM)	637	2.9	1.22	1.48	-0.95	-0.03
Poetic media (POM)	632	2.21	1.14	1.29	-0.4	0.66
Movement and dance (BUT)	630	2.11	1.23	1.51	-0.52	0.8
Music (MUS)	629	1.82	1.06	1.11	0.55	1.18
Puppets, masks and drama therapy media (PMD)	631	1.88	1.21	1.46	0.24	1.19
Structural levels						
Strengthening self-esteem and self-confidence (SWG)	644	4.59	0.69	0.48	5.12	-2
Strengthening coherence perception (KOH)	641	4.07	0.91	0.82	0.68	-0.91
Strengthening self-efficacy/sovereignty (SWS)	642	4.33	0.83	0.69	2.33	-1.4
Promoting self-confidence (IST)	632	4.02	1.07	1.14	0.84	-1.12
Promoting Ego Flexibility (IFL)	643	4.08	0.97	0.94	0.8	-1.03
Promoting Identity Stability (IDS)	641	3.89	0.98	0.96	0.45	-0.82
Promoting Identity Flexibility (IDF)	639	3.93	0.99	0.97	0.43	-0.86
Promoting the embodiment (LEI)	636	3.24	1.15	1.33	-0.73	-0.15
Promotion of the social network (FSN)	638	3.52	1.05	1.11	-0.08	-0.58
Promotion of work/performance/leisure (ALF)	640	3.27	1.06	1.12	-0.42	-0.28
Promotion of material security (FMS)	638	2.55	0.99	0.98	-0.21	0.26
Promoting the values (WER)	637	3.74	1.05	1.1	-0.24	-0.56
Addressing gender-specific perspectives (GSP)	637	3.03	1.18	1.39	-0.87	-0.03
Addressing class-specific perspectives (SSP)	636	2.71	1.18	1.4	-0.79	0.24
Addressing age-specific perspectives (LAP)	637	3.53	1.05	1.09	-0.07	-0.55

With the exception of the *effective factor* "Facilitation of healing aesthetic experiences (ÄE)" all factors were rated above the scale mean (χ^2 = 3159.2, df = 16, p < 0.001; ω = 0.320). The " Exercise-centered functional modality (ÜFM)", "Conservative-supportive modality (KSM)", and "Medication-assisted, supportive modality (MSM)" were rated below average (χ^2 = 1031.4, df = 6, p < 0.001; ω = 0.275). The *relationship modalities* were all rated above the scale mean (χ^2 = 630.47, df = 5, p < 0.001; ω = 0.202). Among the *media* only "Language (SPR)" was rated above average (χ^2 = 1665, df = 5, p < 0.001; ω = 0.535). Regarding the *structural levels* "Promotion of material security (FMS)" and "Addressing gender-specific perspectives (GSP)" were rated below average (χ^2 =2837.4, df =14, p<,001; ω =,330).

4.2 Profiles of psychotherapy methods

The evaluation differentiated between "Behavioral therapy (BT)", "Depth psychological psychotherapy/Psychoanalysis" (TPPA), "Systemic therapy (ST)", "Humanistic methods (HT)" and "Integrative therapy (IT)":

Table 4: Methods recoded

Methods recoded	*N*	*percent*
Behavioral therapy (VT, CBT)	118	20,1%
Depth psychological therapy/psychoanalysis (TPPA)	151	25,7%
Systemic psychotherapy (SYT)	55	9,4%
Humanistic methods (HT)	140	23,8%
Integrative therapy (IT)	124	21,1%
In Total	654	100%

The report highlights the highest significant ratings in comparison with other methods.

Table 5: Group differences in main methods

Main methods	*F*	*p*	*η^2*
Active and healing factors			
Empathic understanding, empathy (EV)	2,556	0.037	0.017
Emotional acceptance and support (ES)	2,484	0.042	0.016
Support for coping with life realistically (HL)	6,419	<0.001	0.041
Promoting emotional expression and volitional decision-making (EA)	2,538	0.039	0.017
Promoting insight, meaning, and experiences of evidence (EE)	3,513	0.007	0.023
Promoting communicative competence and relationship skills (KK)	3,716	0.005	0.025
Promoting body awareness (LB)	6,601	<0.001	0.043
Promoting learning opportunities, learning processes and interests (LM)	4,137	0.002	0.027
Promoting creative experiences (KG)	8,242	<0.001	0.054
Developing positive future perspectives and horizons of expectation (PZ)	6,319	<0.001	0.041
Promoting positive personal value references (PW)	5.78	<0.001	0.038
Promoting sustainable social networks (TN)	10.35	<0.001	0.066
Promoting a lively and regular connection to nature (NB)	4,067	0.002	0.027
Facilitation of healing aesthetic experiences (ÄE)	7,105	<0.001	0.047
Synergistic multimodality (SM)	17.44	<0.001	0.108
Modalities			
Exercise-centered functional modality (ÜFM)	34.05	<0.001	0.192
Conservative-supportive modality (KSM)	7.78	<0.001	0.051
Experience-centered stimulating modality (ESM)	11.64	<0.001	0.074
Conflict-focused uncovering modality (KAM)	8,695	<0.001	0.057
Network- and life-situation-oriented modality (NLM)	5,466	<0.001	0.036
Supportive modality (SUM)	4,876	<0.001	0.032
Relationship modalities			
Contact (KON)	6,291	<0.001	0.042
Encounter (BEG)	4,897	<0.001	0.032
Mutuality (MUT)	9,883	<0.001	0.064
Transference / Countertransference (ÜGÜ)	38.33	<0.001	0.209
Media			
Language (SPR)	3,735	0.005	0.025

Main methods	*F*	*p*	η^2
Visual art Media (BIM)	4,877	<0.001	0.032
Movement and dance (BUT)	8,300	<0.001	0.055
Puppets, masks and drama therapy media (PMD)	4,258	0.002	0.029
Structural level			
Strengthening self and self-esteem (SWG)	3,176	0.013	0.021
Strengthening self-efficacy/sovereignty (SWS)	3,624	0.006	0.024
Promoting self-confidence (IST)	3.17	0.013	0.021
Promoting Identity Stability (IDS)	4,360	0.001	0.029
Promoting ego flexibility (IFL)	2,392	0.049	0.016
Promoting of embodiment (LEI)	4,254	0.002	0.028
Promotion of social network (FSN)	8,204	<0.001	0.053
Promotion of work / performance / leisure (ALF)	11,17	<0.001	0.072
Promoting the values (WER)	4,847	<0.001	0.032
Addressing class-specific perspectives (SSP)	3,437	0.008	0.024
Addressing class-specific perspectives (SSP)	3,459	0.008	0.023
Addressing age-specific perspectives (LAP)	2,420	0.047	0.016

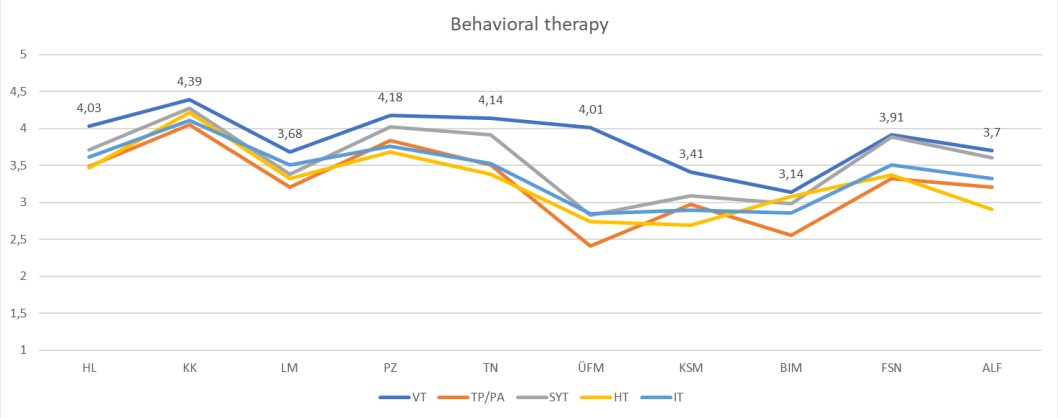

Figure 5: Profile VT

Behavioral therapists/CBT rated the following factors higher than others: "Promoting communicative competence and relationship skills (KK)", "Support for coping with life realistically (HL)", "Promoting learning opportunities, learning processes and interests (LM)", "Developing positive future perspectives and horizons of expectation (PZ)" (small effect sizes), factor “Promoting sustainable social networks (TN)” (medium effect size), the “Experience-centered stimulating modality (ESM)" (large effect), "Conservative-supportive modality (KSM)" (small effect sizes), "Visual art Media (BIM)" (small effect), and the structural levels "Strengthening self-efficacy/sovereignty (SWS)", "Promotion of social network (FSN)", and "Promotion of work / performance / leisure (ALF)" (small effect sizes).

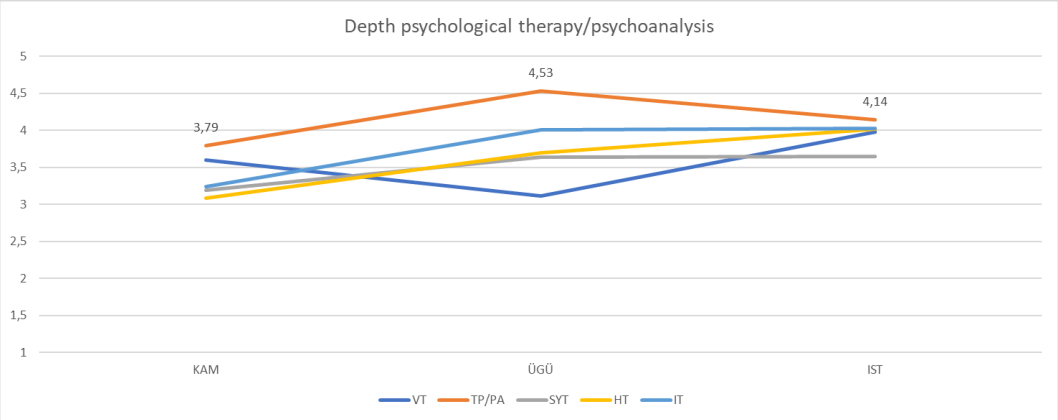

Figure 6: Profile TPPA

Depth psychological/psychoanalytic therapists rated the "Conflict-focused uncovering modality (KAM)" (small effect), the relationship modality "Transference / Countertransference (ÜGÜ)" (large effect size) and the structural level “Promoting ego flexibility (IFL)” (small effect size) higher than other methods.

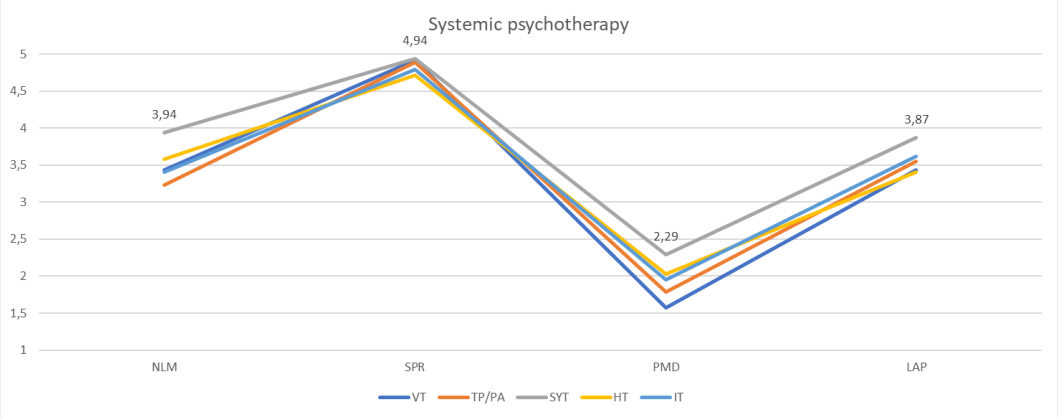

Figure 7: Profile SYT

Systemic therapists rated the “Network- and life-situation-oriented modality (NLM)” (small effect size), the media “Language (SPR)” and “Puppets, masks and drama therapy media (PMD)” (small effect size), and the structural level “Addressing age-specific perspectives (LAP)” (small effect) higher than others.

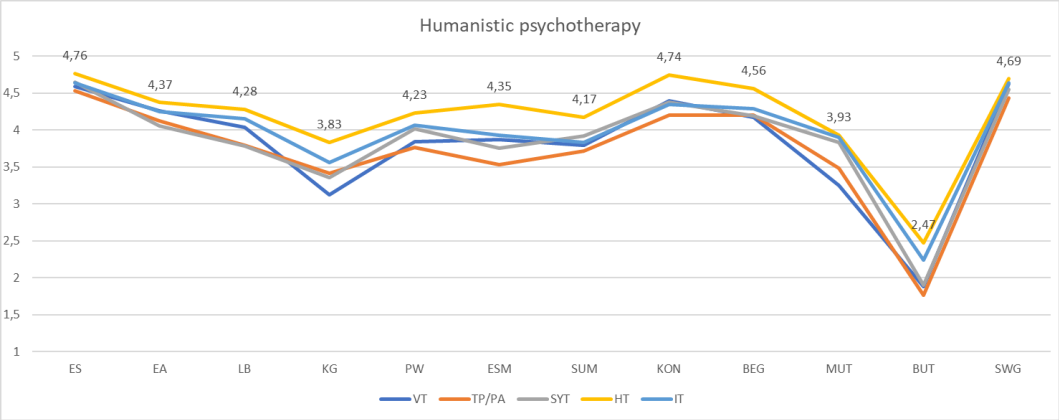

Figure 8: Profile HT

Therapists from the field of *humanistic methods* rated the following factors higher than others: “Emotional acceptance and support (ES), “Promoting emotional expression and volitional decision-making (EA)”, “Promoting body awareness (LB)”, “Promoting creative experiences (KG)” and “Promoting positive personal value references (PW)” (small effects), the “Experience-centered stimulating modality (ESM)” (medium effect size), “Supportive modality (SUM)” (small effect size) the relationship modalities “Contact (KON)”, “Encounter (BEG)” (small effect sizes) and “Mutuality (MUT)” (medium effect size), the medium “Movement and dance (BUT)” (small effect size) and the structural level “Strengthening self and self-esteem (SWG)” (small effect).

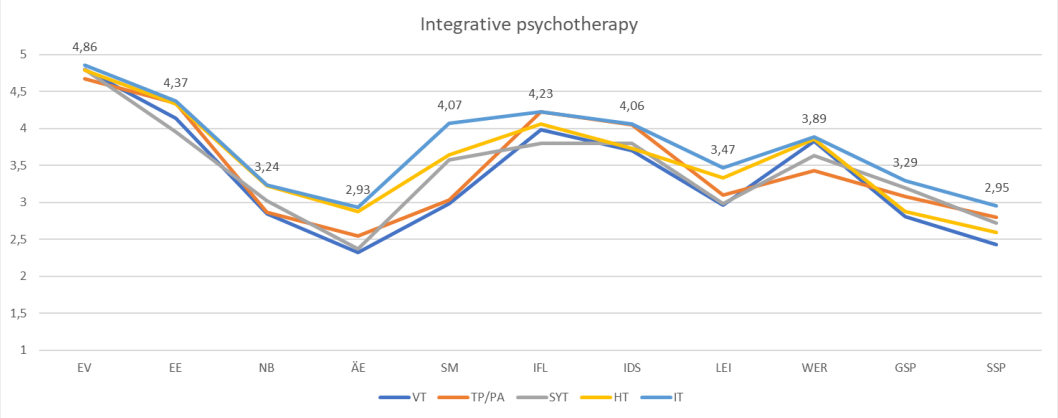

Figure 9: Profile IT

Integrative therapists rated the following factors higher than others: "Empathic understanding, empathy (EV)", "Promoting insight, meaning, and experiences of evidence (EE)”, "Promoting a lively and regular connection to nature (NB)", "Facilitation of healing aesthetic experiences (ÄE)" (small effect sizes), and "Synergistic multimodality (SM)" (large effect size). They also rated the following structural levels higher than others: "Promoting ego flexibility (IFL)", "Promoting Identity Stability (IDS)", "Promoting the embodiment (LEI)", "Promoting the values (WER)", "Addressing class-specific perspectives (SSP)", and "Addressing gender-specific issues (GSP)" (small effect sizes).

The pairwise comparison of IT with the other methods revealed the following differences:

- EV: significantly higher compared to TPPA

- EE: significantly higher compared to SYT
- NB: significantly higher compared to VT, TPPA
- ÄE: significantly higher compared to VT, TTPA, SYT
- SM: significantly higher compared to VT, TPPA, SYT, HT
- IFL: significantly higher compared to SYT
- IDS significantly higher compared to VT, HT
- LEI: significantly higher compared to VT
- WER: significantly higher compared to TPPA
- SSP: significantly higher compared to VT
- GSP: significantly higher compared to VT

5. Group comparisons

5.1 Differences in main methods

A comparison of main method IT versus main method non-IT methods (summarised) to test the hypothesis revealed the following significant differences in assessment:

Table 6: Group differences main method IT vs. Non-IT

Main method IT vs. main method Non-IT	*t*	*Sig.*	d
Effective and healing factors			
Empathic Understanding, empathy (EV)	2,739	0,006	0,212
Promoting a lively and regular connection to nature (NB)	2,294	0,022	0,232
Facilitation of healing aesthetic experiences (ÄE)	3,156	0,001	0,319
Synergistic Multimodality (SM)	6,890	<0,001	0,640
Relationship modalities			
Mutuality (MUT)	2,794	0,005	0,283
Transfer/Counter-transfer (ÜGÜ)	1,980	0,048	0,178
Structural level			
Promoting Ego Flexibility (IFL)	2,021	0,044	0,174
Promoting Identity Stability (IDS)	2,673	0,008	0,236
Promoting of embodiment (LEI)	2,996	0,002	0,305
Addressing gender specific perspectives (GSP)	2,690	0,007	0,274
Addressing class-specific perspectives (SSP)	2,648	0,008	0,270

Differences were found in the therapeutic factors “Empathetic understanding (EV)”, “ Promoting a lively and regular connection to nature (NB)”, “Facilitation of healing aesthetic experiences (ÄE)” and “Synergistic multimodality (SM)”. With regard to relational modalities, the groups differed in terms of “mutuality (MUT)” and “Transference / Countertransference (ÜGÜ)”. At the structural levels, differences emerged in ‘promoting ego flexibility (IFL)’, ‘promoting identity stability (IDS)’, ‘promotion of embodiment (LEI)’, ‘addressing gender-specific perspectives (GSP)’, and ‘addressing class-specific perspectives (SSP)’. For all items, the scores of the IT group were significantly higher than those of the non-IT group; with the exception of SM (moderate effect), these were small effects.

For the main method comparison, the method hypothesis can be confirmed with regard to EV, NB, ÄE, SM, MUT, ÜGÜ, IFL, IDS, LEI, SSP and GSP.

5.2 Differences in Secondary method IT – Non-IT

The groups with and without the named secondary method of Integrative Therapy were compared:

Table 7: Group differences Secondary method IT – Non-IT

Secondary methods IT – Non-IT	*t*	*p*	*D*
Effective and healing factors			
Support for coping with life realistically (HL)	2,416	0.015	0,215
Promoting positive personal value references (PW)	2,191	0.028	0,196
Enabling empowerment and solidarity experiences (SI)	2,735	0.006	0,245
Promoting a lively and regular connection to nature (NB)	4,162	<0.001	0,373
Facilitation of healing aesthetic experiences (ÄE)	3,372	<0.001	0,296
Synergistic Multimodality (SM)	6,009	<0.001	0,494
Relationship modalities			
Attachment (BIN)	2,172	0.030	0,194
Mutuality (MUT)	3,252	0.001	0,292
Transfer/Counter-transfer (ÜGÜ)	2,388	0.017	0,197
Media			
Poetic Media (POM)	2,356	0.018	0,212
Structural level			
Strengthening coherence perception (KOH)	3,243	0.001	0,290
Promoting Ego Flexibility (IFL)	3,583	<0.001	0,285
Promoting Identity Stability (IDS)	3,226	0.001	0,289
Promoting Identity Flexibility (IDF)	3,192	0.001	0,287
Promoting of embodiment (LEI)	2,421	0.016	0,218
Promoting material security (FMS)	2,353	0.018	0,212
Addressing class-specific perspectives (SSP)	2,599	0.009	0,227

Differences were found in the healing factors "Support in coping with life realistically (HL)", "Promoting positive personal value references (PW)", "Enabling empowerment and solidarity experiences (SI)", " Promoting a lively and regular connection to nature (NB)", "Facilitation of healing aesthetic experiences (ÄE)", and "Synergetic multimodality (SM)". No differences were found regarding modality. With respect to relationship modalities, the groups differed in "Attachment (BIN)", "Mutuality (MUT)", and "Transference / Countertransference (ÜGÜ)". Differences between the groups were found regarding "Poetic media (POM)". Differences emerged in structural levels concerning "Strengthening coherence perception (KOH)", "Promoting ego flexibility (IFL)", "Promoting identity stability (IDS)", "Promoting identity flexibility (IDF)", "Promoting of embodiment (LEI)", "Promoting material security (FMS)", and "Addressing class-specific perspectives (SSP)". For all items, the values of the IT group were significantly higher; these were small effects.

For the secondary methods comparison IT – Non-IT, the method hypothesis can be confirmed for HL, PW, SI, NB, ÄE, SM, BIN, MUT, ÜGÜ, POM, KOH, IFL, IDS, IDF, LEI, FMS, and SSP.

5.3 Country-specific differences

The study compared groups of countries with limited recognition of methods with countries with fewer restrictions. The grouping is based on references in the literature (Strauss et al. 2009, Mozina 2024) and on our own survey of health ministries across Europe.

The group with more restricted method recognition comprises Germany, Latvia, the Netherlands, Spain, and the United Kingdom. 296 study participants belonged to this group.

All other countries were assigned to the group with broader method recognition. This included Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Greece, Hungary, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Norway, Poland, Romania, Slovakia, Slovenia, Sweden, Switzerland, Ukraine, and Kosovo. 358 study participants belonged to this group.

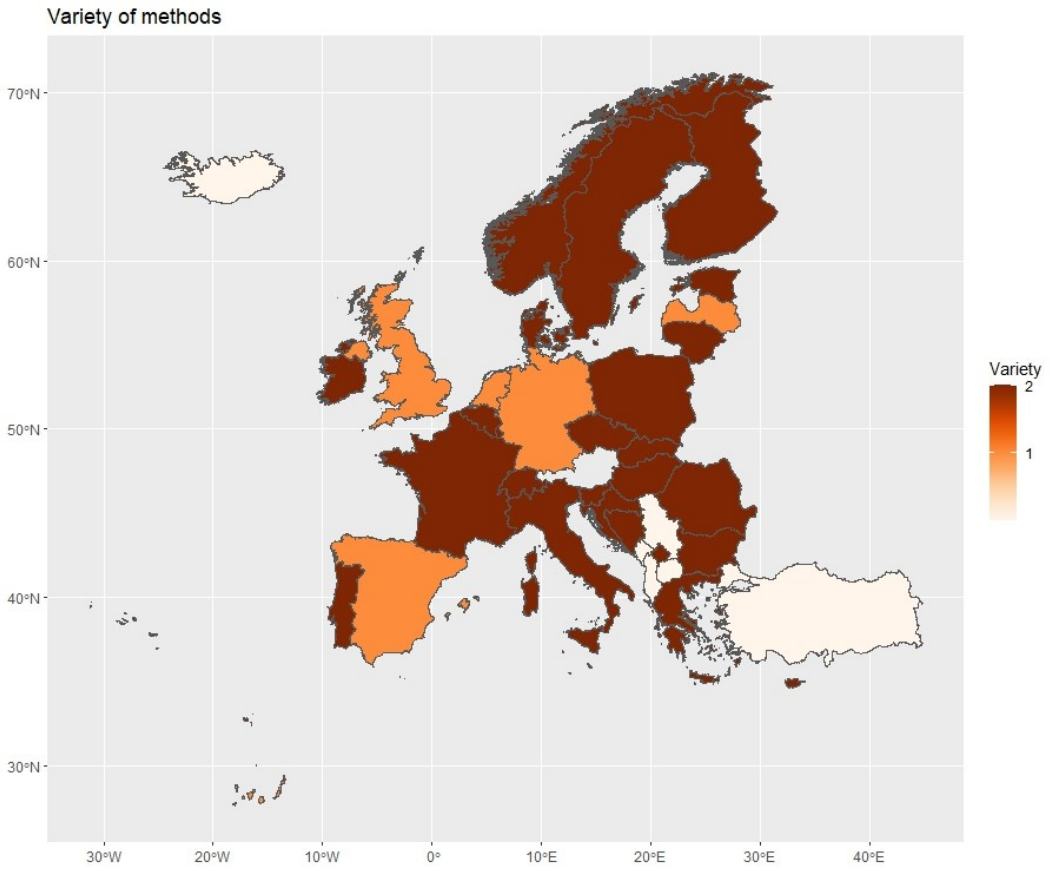

Figure 10: Variety of methods in countries

Table 8: Group differences between countries

Countries	*t*	*p*	*d*
Effective and healing factors			
Emotional acceptance, empathy (ES)	3,193	0.001	0,253
Promoting emotional expression and volitional decision-making (EA)	1,985	0.047	0,120
Promoting body awareness (LB)	3,085	0.002	0,157
Promotion of creative experiences (KG)	4,556	<0.001	0,361
Promoting positive personal value references (PW)	3,205	0.001	0,253
Promoting sustainable social networks (TN)	2,664	0.007	0,210
Promoting a lively and regular connection to nature (NB)	3,317	<0.001	0,2904
Facilitation of healing aesthetic experiences (ÄE)	3,659	<0.001	0,291
Synergistic Multimodality (SM)	4,871	<0.001	0,390
Modalities			
Experience-centered stimulating modality (ESM)	3,360	<1.001	0,266
Conflict-focused uncovering modality (KAM)	2,160	0.031	0,171
Network- and life-situation-oriented modality (NLM)	2,265	0.023	0,180
Supportive modality (SUM)	4,749	<0.001	0,382
Media			
Language (SPR)	3,502	<0.001	0,263
Movement and dance (BUT)	3,228	0.254	0,254
Structural level			
Promoting of the social network (FSN)	3,145	0.001	0,247
Promoting of work/performance/leisure (ALF)	2,348	0.019	0,186

Higher scores for countries with broader recognition were observed for the following factors: "Emotional acceptance, empathy (ES)", "Promoting emotional expression and volitional decision-making (EA)", "Promotion of body awareness (LB)", “Promoting creative experiences (KG)”, "Promoting values (PW)", "Promoting a lively and regular connection to nature (NB)", "Facilitation of healing aesthetic experiences (ÄE)" and "Synergistic multimodality (SM)". Modality-related differences were found in "Experience-centered stimulating modality (ESM)", "Network- and life-situation-oriented modality (NLM)" and "Supportive modality (SUM)". The medium of "Movement and dance (BUT)" and the structural level of "Promoting of work/performance/leisure (ALF)" were also rated differently. These were small effect sizes.

Higher values were observed in countries with limited method recognition for the effect factor "Promoting sustainable social networks (TN)", the "Conflict-focused uncovering modality (KAM)", the medium "Language (SPR)" and the structural level "Promoting of the social network (FSN)". These were small effect sizes.

The country hypothesis can be confirmed for ES, EA, LB, KG, PW, NB, ÄE, SM, ESM, NLM, SUM, BUT, ALF.

5.4 Setting-specific differences (inpatient, outpatient)

Table 9: Group differences between settings

Setting	*t*	*p*	*d*
Effective and healing factors			
Promoting communicative competence and relationship skills (KK)	1.97	0.049	0,228
Promoting sustainable social networks (TN)	2.57	0.01	0,300
Promoting a lively and regular connection to nature (NB)	2,456	0,014	0,285
Modalities			
Exercise-centered functional modality (ÜFM)	2,510	0.012	0,292
Medication-assisted supportive modality (MSM)	6,441	<0.001	0,751
Relationship modalities			
Encounter (BEG)	2,070	0.038	0,244
Transfer/Counter-transfer (ÜGÜ)	1,993	0.046	0,233
Structural levels			
Promoting Identity Flexibility (IDF)	2,944	0.003	0,344
Promoting the embodiment (LEI)	3,443	<0.001	0,406
Promoting of the social network (FSN)	2,601	0.009	0,305

Higher values in the inpatient setting were observed for the efficacy factors "Promoting communicative competence and relationship skills (KK)", "Promoting sustainable social networks (TN)", the modalities "Exercise-centered functional modality (ÜFM)", "Medication-assisted supportive modality (MSM)", and the structural level "Promoting of the social network (FSN)”. A medium effect size was found for "Medication-assisted supportive modality (MSM)" while all other effect sizes were small.

In outpatient settings, the values for the effect factor "Promoting a lively and regular connection to nature (NB)", the relationship modalities "Encounter (BEG)" and "Transference / Countertransference (ÜGÜ)", as well as the structural levels "Promoting Identity Flexibility (IDF)" and "Promoting the embodiment (LEI)" were higher. These were small effect sizes.

The setting hypothesis can be confirmed for KK, TN, ÜFM, MSM, and FSN.

6. Comments from survey participants

The survey participants were able to make comments on the questionnaire. 140 of them took advantage of this opportunity and made 195 comments and additions, which could be assigned to 21 categories, which in turn were grouped into eight main categories:

Table 10: Comments

Categories (multiple selections)	*Number*	*percent*
Own approach and experiences		
- Little experience	1	0.51%
- Assignment problems, own method	5	2.56%
- Independent learning	1	0.51%
- Explanation of own method	9	4.62%
Additions		
- Active ingredient supplements	16	8.21%
- Supplementary therapy methods	16	8.21%
Integrative work		
- Justification for integration	3	1.54%
- Evaluation Integration	1	0.51%
context		
- Framework conditions Germany	1	0.51%
- Political framework	1	0.51%
- Relevant context variables	4	2.05%
criticism		
- Critical Critique Questionnaire	36	18.46%
- Critique of the theoretical framework	9	4.62%
- Gender-inclusive language	1	0.51%
Positive feedback		
- Feedback on the study	28	14.36%
- Desire for results	6	3.08%
- Proposal for further studies	2	1.03%
Understanding		
- Comprehension problems Content	33	16.92%
- Language problems	7	3.59%
- Questionnaire difficult	13	6.67%
Miscellaneous		
- Incomprehensible comments	2	1.03%
In total	195	

The following examples illustrate the main categories with quotations. The numbers at the end of the quotations indicate the feedback number:

In the category *"Own approach and experience",* there were 16 entries:

- „Als Psychotherapeutin mit langjähriger Berufserfahrung bin ich mittlerweile in verschiedenen Therapiemethoden geschult. Verhaltenstherapeutische Methoden gehören genauso in meine alltägliche Arbeit wie Gestalttherapeutische Methoden und körperpsychotherapeutische Methoden. Mein Eindruck auch nach all den Jahren ist, dass je nach Therapiephase und Mensch der vor mir sitzt unterschiedliches hilfreich und wirksam ist. Die einen brauchen klare Anleitung im Alltag mit Struktur und Üben von Kompetenzen. Andere profitieren von gestalterischen Elementen oder körperpsychotherapeutischen Methoden. Wieder anderen hilft die Gesprächstherapie mit aufdeckenden und Konfliktbearbeitenden Elementen. Aus diesem Grund haben alle Therapiemethoden ihre Berechtigung und Ihre Wirksamkeit.“ (1)
- „Ich habe als Psychotherapeut eine Identität entwickelt, in der ich mich der humanistisch-psychologischen Psychotherapie zuordne. D. h. nicht, dass ich Sichtweise oder Interventionen aus den drei anderen Grundorientierungen ignoriere. Aber ich integriere nach Möglichkeit alle

Vorgehensweisen in mein humanistisch-psychologisches Menschenbild. Ich "mache" also - z.B. - keine VT, wenn ich lernpsychologische Prinzipien (mit) beachte, und auch keine Analyse, wenn ich meine Reaktion auf Pt. registriere (Ebene der Übertragung) und bei einer Reaktion "verwerte". (60)

The category *"Additions"* contained 32 suggestions for additional factors or methods:

„Aktives Ermöglichen vermiedener Themen wie Sexualität, Scham, Tod etc. Szenisches Arbeiten, kultursensibel“ (3)

„Ich arbeite min. 90 % der Therapie traumafokussiert. Das attraktive sich sehr bewährt und führt auch innerhalb von oft wenigen Sitzungen zu einer deutlichen Verbesserung. Dieser Ansatz kommt in Ihren Fragen leider nicht vor.“ (56)

The category *“Integrative work”* included four statements on the justification and evaluation of method integration:

- „Es macht Freude schulenübergreifend und integrativ zu arbeiten. Je grösser das Repertoire des Therapeuten, umso individueller kann er auf Klienten eingehen.“ (28)

Six respondents identified general and political “ *contextual factors” :*

- “Greatest threat to profession of psychotherapy in Ireland currently is that government statutory registration board has issued standards which decimate the profession . We in our accreditation bodies are mounting significant campaign to challenge them . Awaiting intervention from our department of health . New proposed standards not in compliance with European Association for psychotherapy .” (35)

46 respondents expressed *“criticism” of content aspects of the questionnaire and the theoretical background:*

- „Es ist bedauerlich, dass bei einer Untersuchung zu "integrativer Psychotherapie" erneut fast nur Begriffe und Dimensionen aus der Verhaltenstherapie abgefragt werden, TP und analytische Therapie wieder auf "Beachtung von Übertragung und Gegenübertragung" und supportives vs. konfliktzentriertes Vorgehen reduziert werden (….)“ (27)
- „Het abstractieniveau van de vragen was vrij groot waardoor het soms moeilijk is om niet akkoord te zijn“ (40)
- „I was thinking about equality, diversity and inclusion and anti oppressive practice and wondering where this fits with your questions.“ (52)

36 respondents provided *“positive feedback” (feedback on the study, desire for results, suggestion of further research):*

- “I acknowledge and appreciate this research initiative as an important contribution to the development of the field of psychotherapy . I believe that this study can serve as a basis for further , more in- depth research .” (42)

- “I would like to hear from you when you have collected and analyzed the data what conclusions you can draw from this survey (54)

53 respondents commented on content-related and linguistic *“comprehension problems” :*

- „El tema del estudio me parece de maximo interes e importancia. Aunque no estoy segura de q la relacion preguntas respuestas sean representativas. Espero q sea útil este estudio. Gracias por la iniciativa.“ (23)
- „J'aurais aimé que certains termes utilisés dans le questionnaire soient définis, car ils ne correspondent pas forcemént a mes références conceptuelles. J'ai donc souvent dû inférer le sens que je comprenais dans telle ou telle question pour pouvoir y répondre.“ (79)
- „Many of the words and complex formulation used do not have strong meaning for me - perhaps a translation issue?“ (99)

In summary, it can be said that the study – measured by the free-text feedback – has met with a positive response despite linguistic and sometimes also content-related comprehension problems.

7. Summary and Conclusions

The data on secondary methods clearly show that only a small minority of psychotherapists rely on a single method. Almost all indicated that they use at least one other method in their own psychotherapeutic practice. While this does not necessarily imply integrative work, it demonstrates that working with a single method no longer reflects the reality of psychotherapeutic practice.

As in previous studies in German-speaking countries, the *overall ratings* were predominantly in the middle to upper range of the scale. While significantly different ratings of the items were observed in all areas, the effects were generally rather small. The following factors received significant lower ratings: the efficacy factor "providing therapeutic aesthetic experiences", the “conservative-supportive modality”, the “medication-assisted supportive modality”, non-verbal media, and the structural levels "promoting material security" and "addressing gender perspectives". With regard to single items, it can therefore be concluded that while the relevance to one's own psychotherapeutic practice is assessed differently overall, the differences are relatively moderate, and the level of agreement is generally high.

Significant differences were observed in relation to the specific methods – particularly the main methods. These differences reflect the respective theoretical backgrounds of the methods (TPPA, VT, SYT, HT, IT) and therefore do not support integration. This also applies to the aforementioned secondary method IT. *Country-specific differences* focus on efficacy factors, modalities, and media, with generally higher ratings in countries with broader method recognition. *Regarding settings,* higher ratings were found in both inpatient and outpatient settings.

Regarding the initial question and the hypotheses, it can be stated:

1. Non-linguistic media of psychotherapeutic work, the effective factor of conveying healing aesthetic experiences, the structural levels of promoting material security and addressing gender-specific perspectives, as well as exercise-centered, conservative-supportive and medication-assisted modalities are obviously less significant overall for psychotherapeutic practice.

2. Method differences in main and secondary method were the most frequently observed. They reflect the respective theoretical backgrounds and do not support integration in psychotherapeutic practice. These differences reflect the respective theoretical backgrounds in the method profiles and do not support integration in psychotherapeutic practice.

3. A number of higher ratings in countries with broad method recognition and in inpatient settings support the importance of these framework conditions for method-integrative work, although setting differences are of lesser importance.

With regard to the hypotheses, it can be noted:

1. Regarding the first hypothesis (method hypothesis), it can be stated that 11 differences consistent with the hypothesis were observed in the main method (four therapeutic factors, two relationship modalities, five structural levels). In the secondary method Integrative Therapy, 17 differences consistent with the hypothesis were observed (six therapeutic factors, three relational modalities, one medium, and seven structural levels); four therapeutic factors and four structural levels also showed overlaps with the first method. In this respect, the hypothesis was confirmed.

2. The second hypothesis (country hypothesis) can be confirmed for eight factors, three modalities, one medium and one structural level.

3. The third hypothesis (setting hypothesis) can be confirmed for two factors, two modalities and one structural level.

It follows that, within the European context of psychotherapy, theoretical integration appears to have found its way into practice in many, though not all, areas. This is supported by the fact that almost all study participants indicated one or more secondary methods. The high ratings given to most questionnaire items and the ultimately rather small number of significant differences consistent with the hypotheses also support this conclusion. On the other hand, the importance of therapeutic schools is particularly evident in the method-related differences that go beyond the hypotheses.

It should be noted that, due to the varying levels of cooperation from associations, ministries, and professional chambers, access to psychotherapists was sometimes difficult, and it could not be guaranteed that all therapists had access to the study. Therefore, it is hardly possible to make a statement about the representativeness of the sample.

As some of the free-text comments indicated, the terminology of integrative therapy was not familiar to all survey participants. The explanations provided for download in the questionnaire may not have been accessible to everyone. It might be beneficial to include explanations directly in the questionnaire in future surveys, even if this significantly increases the reading time for all participants.

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Tables

Figures

Attachment

Table 11: Other main methods (free text entries, unsorted)

Other main methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
	526	80,4%	80,4%
AT analitic transaction	1	,2%	,2%
Analyse Psycho-Organique	2	,3%	,3%
Analyse Transactionnelle	1	,2%	,2%
Analyse psycho organique et Imago	1	,2%	,2%
Analyse psycho-organique	1	,2%	,2%
Analyste/therapeute centre sur le soin mediatise a la personne	1	,2%	,2%
Approche centre sur la personne	1	,2%	,2%
Art Psychotherapy	1	,2%	,2%
Art psychotherapy	1	,2%	,2%
Bewegungstherapie	1	,2%	,2%
Body Psychotherapy	1	,2%	,2%
Body Psychotherapy or Integrative Psychotherapy	1	,2%	,2%
CBT	1	,2%	,2%
Child-centered	1	,2%	,2%
Client centered psychotherapy	1	,2%	,2%
Cognitive behavioral therapy	1	,2%	,2%
Depp Brain Reorienting	1	,2%	,2%
Depth psychological psychotherapy oriented in body - bodypsychotherapy (Biodynamic and body oriented school)	1	,2%	,2%
Dramatherapist psychoanalytic	1	,2%	,2%
EMDR	2	,3%	,3%
Emdr	1	,2%	,2%
Emotion focussed Therapie/ Experientielle psychotherapie	1	,2%	,2%
Ericksonian therapy	1	,2%	,2%
Existenthial, hypnotherapy	1	,2%	,2%
Existential	1	,2%	,2%
Existential Psychotherapy	2	,3%	,3%
Expressive Arts	1	,2%	,2%
GESTALTISTE JUNGIENNE	1	,2%	,2%
GesprÃ¤chspsychotherapie analytisch orientiert	1	,2%	,2%
Groepspsychotherapie	1	,2%	,2%
Group Analytic Psychotherapy	1	,2%	,2%
Humanistisch-psychologische Therapie (GT ud Gestalt)	1	,2%	,2%
Humanistische Psychotherapie	3	,5%	,5%
Hypnotherapie	1	,2%	,2%
I am trained in different approaches, I choose the approach depending on patients´ psychotherapeutic needs	1	,2%	,2%
I use four on the list plus analytical psycology (Jungian)	1	,2%	,2%
ISTDP	1	,2%	,2%
Including CBT, other third wave interventions	1	,2%	,2%
Integral	1	,2%	,2%
Integrale Psychotherapie	1	,2%	,2%
Integrative Körperpsychotherapie	1	,2%	,2%
Integrative Körperpsychotherapie	1	,2%	,2%
Integrative psychotherapy	1	,2%	,2%
Integrative therapy	1	,2%	,2%
Internal Family Systems	1	,2%	,2%
Interpersonal Neurobiology (IPNB) as a framework around existential, humanistic principle with Gestalt and other experiential elements	1	,2%	,2%
Integration Posturale Psychotherapeutique + Gestalt	1	,2%	,2%
Inzichtgevende psychotherapie	1	,2%	,2%
Jungian	1	,2%	,2%
KBT	1	,2%	,2%
Körperpsychotherapie (Funktionelle Entspannung)	1	,2%	,2%
Körperpsychotherapie und Verhaltenstherapie	1	,2%	,2%
Körperpsychotherapie, Humanistsiche Psychotherapie	1	,2%	,2%
Körperpsychotherapie/spezielle Psychotrauma Therapie	1	,2%	,2%
Körperzentrierte PSychotherapie und Hypnose	1	,2%	,2%
Logotherapie und Existenzanalyse	1	,2%	,2%
Narrative psychotherapy	1	,2%	,2%
PCA	2	,3%	,3%
PCA - Person centered psychotherapy	1	,2%	,2%
PNL	1	,2%	,2%
PNL Humaniste	1	,2%	,2%
Person Centered Approach	1	,2%	,2%

Other main methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
Person Centred	1	,2%	,2%
Person Centred and Experiential	1	,2%	,2%
Person Centredand Experiential, Trauma informed, neuroaffirming.	1	,2%	,2%
Person centered & Experiential therapy	1	,2%	,2%
Person centred	1	,2%	,2%
Person-Centred and Experiential	1	,2%	,2%
Person-Centred and Experiential psychotherapy	1	,2%	,2%
Person-centered therapy	2	,3%	,3%
Person-centred	1	,2%	,2%
Person-centred and FOT	1	,2%	,2%
Personzentrierte Psychotherapie	1	,2%	,2%
Persoonsgerichte experientele psychotherapie	1	,2%	,2%
Process Work (Process-oriented Psychology)	1	,2%	,2%
Programmation neuro linguistique	1	,2%	,2%
Prozessorientierte Psychotherapie	1	,2%	,2%
Prozessorientierte Psychotherapie mit systemischen Ansätzen	1	,2%	,2%
PsicoanÃ¡lisis relacional	1	,2%	,2%
Psicoterapia Costruttivista	1	,2%	,2%
Psicoterapia grupoanalitica	1	,2%	,2%
Psychoanalytische psychotherapie	1	,2%	,2%
Psychodinamic Therapy	1	,2%	,2%
Psychodynamic	2	,3%	,3%
Psychodynamic therapy	1	,2%	,2%
Psychotherapie analytique jungienne et gestalt therapie	1	,2%	,2%
Rogers	1	,2%	,2%
Satir Model	1	,2%	,2%
Schematherapie	2	,3%	,3%
Schematherapie (schema focused Therapy)	1	,2%	,2%
Solutions Focused	1	,2%	,2%
THERAPIE LI ICV	1	,2%	,2%
TRANSACTIONAL ANALYSIS	1	,2%	,2%
Therapie breve / systemique	1	,2%	,2%
ThÃ©rapie centrÃ©e sur la Personne	1	,2%	,2%
ThÃ©rapie psychocorporelle	1	,2%	,2%
Transpersonal Integrative	1	,2%	,2%
Traumatherapy	1	,2%	,2%
aedp	1	,2%	,2%
client-centered experientielle existentielle psychotherapie	1	,2%	,2%
daseinsanalysis	1	,2%	,2%
experientiele en persoonsgerichte psychotherapie	1	,2%	,2%
hypnotherapie integrativ und systemisch	1	,2%	,2%
hypnotherapy	1	,2%	,2%
jungian / analytic / transpersonal	1	,2%	,2%
körperorientierte Psychotherapie	1	,2%	,2%
person-centered psychotherapy	1	,2%	,2%
person-centred	1	,2%	,2%
persoonsgerichte experientiele psychotherapie/ client centered therapy	1	,2%	,2%
persoonsgerichte experiÃ«ntele psychotherapie geinspireerd op Carl Rogers	1	,2%	,2%
psychodynamic	2	,3%	,3%
psychodynamische psychotherapie	1	,2%	,2%
psychotanalytische psychotherapie	1	,2%	,2%
psychotherapie corporelle	1	,2%	,2%
schematherapie	2	,3%	,3%
tiefenpsychologisch orientierte Körperpsychotherapie	1	,2%	,2%
with additional trainings in psychosomatics	1	,2%	,2%

Table 12: Other secondary methods (free text entries, unsorted)

Other seconrdary methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
	404	61,8%	61,8%
ACT	7	1,1%	1,1%
ANALYSE PSYCHO ORGANIQUE	1	,2%	,2%
Acceptance and Commitment Therapie	1	,2%	,2%
Acceptance and Commitment Therapy	1	,2%	,2%
Addiction therapy	1	,2%	,2%
Analyse transactionnelle	2	,3%	,3%
Analyse transactionnelle Sophrologie	1	,2%	,2%
Analytische Körperpsychotherapie, Immaginative Körperpsychotherapie	1	,2%	,2%
Analisis Transaccional	1	,2%	,2%

Other seconrdary methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
Art psychotherapy	2	,3%	,3%
Art therapy, drama therapy, play therapy, geek therapy, cinema therapy	1	,2%	,2%
Art therapy, play therapy	1	,2%	,2%
Art therapie	1	,2%	,2%
Art-therapie	1	,2%	,2%
Arts therapy	1	,2%	,2%
Bewegungs-Körpertherapie	1	,2%	,2%
Biosynthesis	1	,2%	,2%
Brief dynamic	1	,2%	,2%
CBASP	1	,2%	,2%
CBASP, ACT	1	,2%	,2%
CBT, EFT, EMDR	1	,2%	,2%
CFT, ACT	1	,2%	,2%
Cbasp, ACT	1	,2%	,2%
Cbt and hypno psychotherapy	1	,2%	,2%
Clientcentered therapie, emdr	1	,2%	,2%
Compassion focused therapy, emdr	1	,2%	,2%
Creative arts: music, movement, art	1	,2%	,2%
Creative therapies, psychodynamic psychotherapy	1	,2%	,2%
Developmental Somatic Psychotherapy	1	,2%	,2%
Drama therapy, expressive arts therapy	1	,2%	,2%
Dramatherapy, IFS	1	,2%	,2%
EFT	1	,2%	,2%
EFT, Körpertherapie, Somatic Experiencing	1	,2%	,2%
EMDR	28	4,3%	4,3%
EMDR and traumatherapy	1	,2%	,2%
EMDR psychotherapy	1	,2%	,2%
EMDR, Brainspotting, Ego State Therapie, PITT, PEP	1	,2%	,2%
EMDR, CRM traumatherapy	1	,2%	,2%
EMDR, NARM, Körperintegrative Psychotherapie nach J.L. Rosenberg, TRE	1	,2%	,2%
EMDR, Parts work (IFS influenced), Focussing	1	,2%	,2%
EMDR, REBT	1	,2%	,2%
EMDR, Somatic Trauma Therapy, Bioynamic Massage	1	,2%	,2%
EMDR, sensorimotortherapie	1	,2%	,2%
EMDR, somatique experencing	1	,2%	,2%
EMI, Somatic Experiencing, PITT, PEP, Ego-State- Therapie, TRIMB, Hypnotherapie	1	,2%	,2%
Ego State Therapie, (EMDR)	1	,2%	,2%
Ego-State-Therapie, ACT, Hypnotherapie	1	,2%	,2%
Ego-state-Therapie und Hypnotherapie, Körper bezogene Verfahren, z.B. Klopfen,Brainspottig	1	,2%	,2%
Emdr	1	,2%	,2%
Emdr, Internal family systÃ¨m	1	,2%	,2%
Emotion Focused Therapy	1	,2%	,2%
Emotion focused Therapy for individuals	1	,2%	,2%
Emotionally Focused Couples Therapy	1	,2%	,2%
Emotionally Focused Therapy	1	,2%	,2%
Emotionsfokussierte Therapie	1	,2%	,2%
Emotionsfokussierte Therapie (EFT)	1	,2%	,2%
Emotionsfokussierte Therapie, Körperpsychotherapie	1	,2%	,2%
Energy therapy, ecotherapy	1	,2%	,2%
Existential psychotherapy	1	,2%	,2%
Existential therapy	1	,2%	,2%
Familientherapie	1	,2%	,2%
Family Constellations	2	,3%	,3%
Focus on body	1	,2%	,2%
Focusing Oriented Psychotherapy, Cognitive Behavioral Hypnotherapy	1	,2%	,2%
Focusing, EFT	1	,2%	,2%
GROUP ANALYSIS	1	,2%	,2%
Guided Imagery and Music, NeuroAffective Relational Model	1	,2%	,2%
Homeopathy and meditation	1	,2%	,2%
Hxypnosystemische Therapie	1	,2%	,2%
Hypnose	2	,3%	,3%
Hypnose reiki	1	,2%	,2%
Hypnosis	1	,2%	,2%
Hypnosystemische Therapie	1	,2%	,2%
Hypnotherapie	5	,8%	,8%
Hypnotherapie (M.E.G.)	1	,2%	,2%
Hypnotherapie, EMDR, Ego-States	1	,2%	,2%
Hypnotherapy, IFS, trauma (EMDR), Art,	1	,2%	,2%
Hypnotherapy, solution-focused therapy	1	,2%	,2%
ICV integration du Cycle de vie et psychogenealogie	1	,2%	,2%

Other seconrdary methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
IFS	1	,2%	,2%
IFS, Trauma healing throught multiple practicies	1	,2%	,2%
INTEGRATION POSTURALE PSYCHOTHERAPEUTIQUE	1	,2%	,2%
IRRT, ACT	1	,2%	,2%
ISTDP	1	,2%	,2%
ISTDP (Intensive short-term dynamic psychotherapy)	1	,2%	,2%
Imagery Rescripting Therapy	1	,2%	,2%
Imaginationstherapietechniken EMDR	1	,2%	,2%
Inneres Team, pit	1	,2%	,2%
Internal family systems, EMDR, Sensorimotor Psychotherapy	1	,2%	,2%
Ipnosis	1	,2%	,2%
KBT	2	,3%	,3%
KIP, SPez. Traumatherapie, EMDR	1	,2%	,2%
Klinische Hypnose	1	,2%	,2%
Klinische Hypnose/Hypnotherapie, Lösungsorientierte Kurzzeittherapie, Psychodynamisch/Imaginative Traumatherapie, EMDR, Famielientherapie/-beratung	1	,2%	,2%
KlÃƒÂ¤rungsorientierte PT nach R.Sachse sowie EMDR	1	,2%	,2%
Kunsttherapie und EMDR	1	,2%	,2%
Körperpsychotherapie	2	,3%	,3%
Körperpsychotherapie (FE)	1	,2%	,2%
Körperpsychotherapie, Traumatherapie	1	,2%	,2%
Körpertherapie	1	,2%	,2%
Körperzentrierte Arbeit, transpersonale Psychologie	1	,2%	,2%
Körperorientierte Psychotherapie	1	,2%	,2%
Körperpsychotherapie	1	,2%	,2%
MBT	2	,3%	,3%
Man kann nichtn andere Therapierichtungen"nutzen". Das entspricht nicht meinem Verständnis von "Integration".	1	,2%	,2%
Mentalisation	1	,2%	,2%
Mentalisation-based therapy, neuroaffective therapy, existential therapy, music therapy	1	,2%	,2%
Motivational interviewing	1	,2%	,2%
NARM, EMDR, Körperintegrierende Psychotherapie	1	,2%	,2%
NARM, SOmatic experiences, EFT, yoga	1	,2%	,2%
NLP, Family Constellations	1	,2%	,2%
Neurovegetotherapie reichienne	1	,2%	,2%
Object relations	1	,2%	,2%
PITT, IFS	1	,2%	,2%
Person Centred Therapy, Egostate Therapy, Comprehensive Resource Model	1	,2%	,2%
Person centred and Focusing Oriented Therapy	1	,2%	,2%
Pferdegestützte Therapie	1	,2%	,2%
Philosophie	1	,2%	,2%
Phenomenologie existentielle	1	,2%	,2%
Play Therapy, Creative Arts Therapy	1	,2%	,2%
Psicoanalisis relacional, mentalizacion	1	,2%	,2%
Psicoterapia Focalizada en la Transferencia- Aplicada	1	,2%	,2%
Psychoanalytic psychotherapy, Transference focudes psychotherapy, Group analysis, Jungian analytic psychotherapy, Jungian analysis, CBT	1	,2%	,2%
Psychodynamic, CBT, attachment influenced approached	1	,2%	,2%
Psychosynthesis	1	,2%	,2%
Psychosynthesis, person centred therapy	1	,2%	,2%
Psychotraumatologie, ICV, Hypnose, EMDR	1	,2%	,2%
Reality Therapy, Hypnotherapy as integrative practice (not stand-alone)	1	,2%	,2%
Ressource Therapy nach Gordon Emmerson	1	,2%	,2%
Sandspieltherapie, Körperpsychotherapie, Somatic Experience, traumabezogene Spieltherapie	1	,2%	,2%
Sexualtherapie	1	,2%	,2%
Solution focused therapy	1	,2%	,2%
Soma, sand,nature based, culturally informed	1	,2%	,2%
Somatic Experiencing	1	,2%	,2%
Somatic Experiencing, EFT	1	,2%	,2%
Somatic experiencing	2	,3%	,3%
Somatic experiencing, IPNB	1	,2%	,2%
Somatic techniques,	1	,2%	,2%
Spiritual psychology, Somatic approaches	1	,2%	,2%
Systemische Therapie	1	,2%	,2%
TA, person centred, psychodynamic, existential, transpersonal	1	,2%	,2%
TPV	1	,2%	,2%
Tanztherapie, Bewegungstherapi	1	,2%	,2%
Teatro terapeutico.	1	,2%	,2%
Terapia basada en la mentalizacion (MBT)	1	,2%	,2%
Terapia cognitiva constructivista, EMDR	1	,2%	,2%
Theorie Polyvagale	1	,2%	,2%

Other seconrdary methods	*Häufigkeit*	*Prozent*	*Gültige Prozente*
Therapie ACT	1	,2%	,2%
Therapie life span integration	1	,2%	,2%
Tierunterstützte Psychotherapie	1	,2%	,2%
Transactional Analysis	2	,3%	,3%
Transactional Analysis, body awareness work, psychodynamic therapy	1	,2%	,2%
Transaktionsanalyse	1	,2%	,2%
Transaktionsanalyse, Bioenergetik, Hypnotherapie, NLP	1	,2%	,2%
Transpersonal, TA, Transpersonal	1	,2%	,2%
Trauma informed and Psychoeducation	1	,2%	,2%
Traumatherapie	3	,5%	,5%
Traumatherapie PITT	1	,2%	,2%
Traumatherapie, Ego State Therapie	1	,2%	,2%
Traumatherapie, Kunsttherapie	1	,2%	,2%
Traumatherapie, Körperpsychotherapie	1	,2%	,2%
Traumatherapie, TFP,	1	,2%	,2%
Tecnicas expresivas protectivas, caja de arena	1	,2%	,2%
art therapie (mouvement & danse)	1	,2%	,2%
art-therapie	1	,2%	,2%
biosynthese, operative Gruppentherapie	1	,2%	,2%
clientcentered	1	,2%	,2%
cognitieve remediatie, mentalisation based	1	,2%	,2%
creative arts therapy	1	,2%	,2%
dance movement therapy	1	,2%	,2%
dance therapy, imaginations, regres, trauma therapy	1	,2%	,2%
emdr	1	,2%	,2%
emdr, hypnotherapie	1	,2%	,2%
emotion focussed therapie (EFT- Greenberg)	1	,2%	,2%
existential	1	,2%	,2%
existential therapy	1	,2%	,2%
eye movement integration emdr brainspotting interpersonelle psychotherapie pyschodynamisch imaginative psychotherapie hypnotherapie	1	,2%	,2%
grief therapy	1	,2%	,2%
group	1	,2%	,2%
group analytic psychotherapy, hypnotherapy, ego-state therapy, internal family systems approach	1	,2%	,2%
hypnose, constellations familiales	1	,2%	,2%
hypnosystemisch, provokativ	1	,2%	,2%
hypnoterapie, art terapie	1	,2%	,2%
ik zet ook paarden in in de therapie en doe lichaamswerk	1	,2%	,2%
lichaamsgerichte psychotherapie	1	,2%	,2%
person-centred	1	,2%	,2%
primarily PCA with occasional eclectic use of other mentioned (according to needs of a specific client)	1	,2%	,2%
psychoanalytische psychotherapie	1	,2%	,2%
psychodynamic	1	,2%	,2%
psychodynamic, object relations, self psychology	1	,2%	,2%
sensorimotor psychotherapie, focus oriented psychotherapie, lichaamsgerichte psychotherapie	1	,2%	,2%
sensorimotor psychotherapy, trauma informed stabilizing therapy	1	,2%	,2%
solution focused brief psychotherapy, art therapy	1	,2%	,2%
some techniqes & approaches drawn from CBT/DBT (eg mood diaries, grounding exercises to stop spiralling); Gestalt (2-chair); TA (inner child).	1	,2%	,2%
systemique	1	,2%	,2%
terapia informada de trauma, terapia focalizada en la emocion, sensoriomotriz, codependencia, hakomi	1	,2%	,2%
therapie centree trauma	1	,2%	,2%
Therapllay	1	,2%	,2%
therapie cognitive, EMDR et hypnotherapie	1	,2%	,2%
therapie psychocorporelle	1	,2%	,2%
traumaspezifische Psychotherapie	1	,2%	,2%
verschiedene traumaadaptierte und Traumaexpositionsverfahren	1	,2%	,2%