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# Is an integrative model of OD possible? Therapy has one.

By Alan Landers, May 1, 2022

Here's a question I've been pondering recently: *How is the work done by an OD or IO practitioner alike or different from the work of a therapist?* The obvious difference is that one mainly works to resolve dysfunctions in individuals (or perhaps groups or families) and the other primarily works to resolve dysfunctions (effectiveness) of organizations and the people in them.

I was thinking about the doctor-patient relationship. Doctors diagnose, treat, and prescribe. That's a bit like diagnostic OD. That got me thinking about dialogic OD. Perhaps it's more akin to the therapist-client relationship. Therapists mostly engage in dialogue, help people discover things for themselves, ask them to try out their discoveries, and help them make positive changes permanent parts of their lives. So, I did some Googling to learn more about counseling therapies.

I found 16 different types of counseling therapies. a list with very brief descriptions of them is below. Reading about them revealed a lot of similarities between OD, IO, and therapy, especially if aspects of the different types of therapy are combined into an integrative therapeutic approach. (Which BTW, is a type of therapy).

It occurred to me that there are several approaches to OD/IO. The three most commonly used today are diagnostic OD, dialogic OD, and Emergent OD. Some practitioners contend that diagnostic OD and Dialogic/Emergent OD are incompatible. I disagree. I believe both have strengths and liabilities. I also believe that it is possible to extract practices from all three and create an Integrative OD approach. I think that's what IO is supposed to do, but I believe it encompasses too many disciplines. (More on that later.)

Regardless, please take a look at the 16 different therapies listed and tell me how you might combine the theories and methodologies to create an Integrative OD model.

1. **Cognitive Behavioral Therapy:** seeks to address negative thoughts and feelings that have become patterns and transform them into more productive thoughts and feelings. It contends that thoughts, emotions, and behaviors are inextricably linked. The way that you perceive situations influences your physiological, emotional, and behavioral responses.
2. **Behavioral Therapy:** aims to change a person's behavior by breaking unproductive associations, discouraging negative behavior, and rewarding positive behavior through classical conditioning, desensitizing, and operant conditioning.



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3. **Cognitive Therapy:** focuses on how people's thinking can change feelings and behaviors and works to promote more positive thinking with the expectation that positive feelings and behaviors will follow. Therapists concentrate on current situations rather than the past.
  4. **Dialectical Behavioral Therapy:** A subtype of CBT that assumes systems and their parts constantly are in a state of change or flux, and changes in one influence changes in the other. It involves talk therapy (a safe place to discuss feelings and emotions) to better understand and manage thoughts and behaviors resulting from constant change. Treatment considers the whole patient rather than discrete dysfunctions. Aims to control the focus of attention, integrate emotional and rational thinking, and experience a sense of unity or openness to situations and others.
  5. **Narrative Therapy:** is based on the notion that we all create meaning out of our life experiences through the stories we tell ourselves and share with others. They shape and influence how we perceive and respond to the world around us. Sometimes the stories we tell constrict us. Therapists work collaboratively with clients to create alternate stories using a nonjudgmental, respectful approach to give them new meaning and exploring other, more empowering stories. This involves learning how to change how you think and feel about yourself and your life.
  6. **Mindfulness:** focuses on the present moment. Attention is paid to thoughts, feelings, sensations, impulses, and senses to tune in to what's happening around you in nonjudgmental ways. It slows things down in the midst of turmoil so one stays calm, avoiding automatic thoughts or behaviors.
  7. **Strength-Based, Solution-Focused Therapy:** Focuses on understanding one's strengths and resources to discover or rediscover ways to overcome difficult challenges. It utilizes short-term, achievable goals as reinforcement to proceed toward larger, overarching goals. It is future-focused.
  8. **Choice Theory:** Assumes that almost all behavior is chosen, and we are all ultimately responsible for our behavioral choices. According to choice theory, through the development of close, caring relationships we can most effectively fulfill our other needs and achieve happiness.
  9. **Reality Therapy:** supports a strong sense of responsibility for your behavior and the belief that you can attain desired results through your choices. It tends to be present-focused, problem and solution-oriented. The goal is to gain new perspectives and techniques so clients can manage challenges on their own.
  10. **Interpersonal Therapy:** works to eliminate the repetition of ineffective social interaction patterns. The goal is to create a safe and trusting relationship with the therapist which can be

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used to explore and discover issues and test different behaviors. As success is experienced the new behaviors can be tested/tried with others.

11. **Family Therapy:** difficulties are viewed as symptoms of a problem in the family system. The system is regarded as a whole, where all the parts influence one another. The therapist's goal is to find the sources of tension and conflict within the system and assist in resolving that tension by engaging in new, more positive interaction patterns.
12. **Humanistic/Client-Centered Counseling:** is based on the assumption that individuals already possess the qualities needed to flourish. It encourages curiosity, intuition, creativity, humility, empathy, and altruism. Client-Centered Therapy promotes a safe climate in which the therapist is empathetic and nonjudgmental. Clients do most of the talking and make their own discoveries rather than the therapist providing direction. The therapist's role is to guide clients in an accepting way, helping them to see the beauty within themselves.
13. **Constructionism:** is a theory of learning, teaching, and design that contends that knowledge is better gained when students construct it by themselves by 1) exploration of ideas, 2) the constructing of artifacts, and 3) the evaluation of an artifact.
14. **Constructionist Therapy:** is concerned with language and how it constructs meanings about people themselves, others, and the world around them. Within this framework, much of what we know and believe is shaped by cultural influences and human interpretation. Therapists invite clients to develop alternative constructions of their identities, problems, and relationships which are more positive and productive.
15. **Systemic Therapy:** underscores the influence of how patterns across systems influence behaviors and psychological issues. A systemic approach aims to treat the underlying system rather than focusing on the problem itself.
16. **Integrative Therapy:** Integrative therapists don't subscribe to any one of the therapeutic approaches described above. Instead, they treat each client as an individual and pull from a variety of therapeutic approaches based on what the client seems to need in the therapy session.

So, what would you extract from these therapeutic methods (or add from contemporary OD models) to create an integrative OD model? It seems to me that we OD practitioners have already modified many of these methods to make them work in organizational settings. Yes, I know that OD emerged in the 1930s out of human relations studies and that the early practitioners were psychologists. So it is natural and expected that elements of these therapies can be seen in OD. My question is: Is there such a thing as Integrative OD and what would it look like?