

# The Tribes of the Person-Centred Nation: Some Pointers

Mick Cooper, 2<sup>nd</sup> February 2021.

## Introduction

Person-centred therapy is a wonderfully rich set of therapeutic approaches, based on the work of the US psychologist Carl Rogers. The aim of these pointers is to give a brief and systematic description of each of the principle ‘tribes’ of the person-centred approach.

The selection, and description of, these approaches is inevitably subjective, and other authors have articulated the principal tribes in somewhat different ways (e.g., Sanders, 2012). Of course, there are no ‘right’ answers and the field of person-centred counselling and psychotherapy—as a complex, multifaceted entity—could be ‘organised’ in a multiplicity of ways. Indeed, one could say that there are as many different person-centred therapies as there are person-centred therapists.

This means, too, that the tribes are not clearly separable entities, but overlapping sets of concepts and practices with numerous commonalities between them. The following pointers tend to emphasise the differences, to try and highlight the distinctive contributions of each tribe; but please bear in mind these are, in the main, tendencies and emphases rather than ‘hard-and-fast’ polarities.

As with Sanders (2012), I have described these tribes as members of the ‘person-centred’ nation, but it may be more accurate to describe the field, as a whole, as ‘person-centred and experiential’ (as, for instance, the journal [Person-Centered & Experiential Psychotherapies](#)). Again, there are no right answers: it depends how the term ‘person-centred’ is defined.

## What is a ‘Tribe’?

I have defined a person-centred ‘tribe’ as a form of therapeutic practice, that:

- Has evolved, wholly or primarily, from Rogers’s work.
- Is a comprehensive form of therapy in itself, rather than solely a ‘bolt-on’ to another practice.
- Has a ‘community’ of currently active practitioners (> 100 or so practitioners).
- Has key texts, trainings, and websites currently available.

Note, this is adapted from Sanders (2012), but slightly different, as it is inclusive of communities of practitioners where there may not be specific diploma-level, UK-based trainings.

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## General Resources

- *Core text:* Sanders, P. (Ed.). (2012). *The Tribes of the Person-Centred Nation: An Introduction to the Schools of Therapy Related to the Person-Centred Approach* (2nd ed.). Ross-on-Wye: PCCS Books.
- *Core journal:* [Person-Centered & Experiential Psychotherapies](#)
- *Core website:* [World Association for Person Centered & Experiential Psychotherapy & Counselling](#)

# Classical Client-Centred Therapy

Non-directive practice, as originally developed by Rogers, in which the therapist provides the client with an empathic, accepting, and genuine therapeutic relationship, thereby supporting the client's own actualising process.

## Founding Figure(s)

- Carl Rogers (1902–1987, US). Other figures associated with classical CCT include Barbara Brodley, John Shlein, Jerold Bozarth, Tony Merry, Pete Sanders, Elizabeth Freire.

## Timeline

- 1928: Rogers begins career as psychologist, working with children and families.
- 1942: Publication of *Counselling and Psychotherapy: Newer Concepts in Practice*, where Rogers introduces principles of *non-directive* practice.
- 1951: Publication of *Client-Centred Therapy*, detailing theory of development and behaviour.
- 1957: Classic paper on 'necessary and sufficient conditions' (Rogers, 1957).

## Develops Rogerian Principles of...

- Non-directivity.
- 'Core conditions': empathy, acceptance, congruence.

## Other Influences

- Philosophical humanism (e.g., Rousseau).

## Key Concepts

- *Actualising tendency* is core motivating drive: towards maintaining and enhancing organism. ∴ Clients can find own answers to problems, if allowed to re-connect with inner experiencing and not swayed by externally-imposed *conditions of worth*.

## Key Practice(s)

- 'Empathic understanding response process' (Brodley): tentative following of client and reflecting back/summarising meanings and understandings, in non-judgmental and genuine way.
- *Principled* (rather than *instrumental*) *non-directivity*: attitude of recognising client's autonomy and following their lead—*not* technique or mechanistic practice.

## Client Populations

- Diverse.

## Evidence base

- Large number of controlled studies, for diverse populations, showing relatively good effects, though possibly marginally less than for more directive approaches (Elliott et al., 2013).
- Core conditions (as rated by clients) associated with positive outcomes (Norcross & Lambert, 2019), though [not evidenced](#) as necessary or sufficient.

## Current Dissemination

- Large, classical-ish PCT practitioner communities in UK and several other countries (e.g., Germany, Austria, Argentina). Only small community remaining in US.

## Examples of Practice

- Numerous Rogers videos available online, most famously [Gloria](#) (09:27–40:38). Brief: [Richie](#).
- For contemporary CCT work with young people (including outcome tools), see [here](#).

## Further Resources

- *Introductory chapter*: Merry, T. (2012). Classical client-centred therapy. In P. Sanders (Ed.), *The Tribes of the Person-Centred Nation* (2nd ed., pp. 21-46). Ross-on-Wye: PCCS.
- *Core text*: Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- *Website/Training*: [www.the-pca.org.uk/](http://www.the-pca.org.uk/) (UK), [www.adpca.org](http://www.adpca.org) (US)

# Child-Centred Play Therapy

Application of non-directive principle to therapy with children, based around play, as children's natural mode of expression.

## AKA

Non-Directive Play Therapy.

## Founding Figure(s)

- Virginia Axline (1911–1988), Clark Moustakas, Garry Landreth, Sue Bratton, Dee Ray (US)

## Timeline

- 1940s: Axline develops nondirective play therapy, based on Rogers's newly emerging PCA.
- 1987: Centre for Play Therapy established at University of North Texas.
- 1992: British Association of Play Therapy established.

## Develops Rogerian Principles of...

- Actualising tendency.
- Non-directivity.

## Other Influences

- Early child psychotherapists (e.g., Anna Freud). Attachment principles.

## Key Concepts

- Belief in child's inner capacity towards growth and healing, through natural media of play and creativity.

## Key Practice(s)

- Accepting, warm, respectful, permissive relationship in which child can take lead.
- Empathy: looking at the world through the child's eyes and reflecting back feelings, perceptions, and behaviours.

## Client Populations

- Children. Some application also with adolescents.

## Evidence base

- Well-established evidence of effectiveness across multiple, rigorously-conducted trials (e.g., Lin & Bratton, 2015).

## Current Dissemination

- Moderate-sized community of professional play therapists, and training programmes, in UK, US, and other regions of the world.

## Examples of Practice

- Garry Landreth, [Child-Centered Play Therapy DVD Preview](#)
- See also [CCTP Play Therapy Session](#), [Play Therapy Session](#)

## Further Resources

- *Core text*: Axline, V. (1971). *Dibs in Search of Self*. Harmondsworth, Middlesex: Penguin.
- *Core text*: Landreth, G. (2012) *Play Therapy: The Art of the Relationship*, 3<sup>rd</sup> ed. NY: Routledge.
- *Website* (US): [Centre for Play Therapy, University of North Texas](#).
- *Website* (UK): [British Association of Play Therapists](#).

# Focusing-Oriented Therapy

'Process directive' practice, based on the method of *focusing*, in which clients are encouraged to bring awareness to—and articulate—their bodily 'felt senses', such that there is a 'carrying forward' of experiencing.

## Founding Figure(s)

- Eugene Gendlin (1926–2017, American).

## Timeline

- 1953: Gendlin joined Rogers's group at University of Chicago.
- 1960s: Gendlin increasingly articulated own ideas and practices, following 'Wisconsin project' (client-centred therapy with schizophrenics).

## Develops Rogerian Principles of...

- 'Experiencing' as basis to human being and growth.

## Other Influences

- Phenomenological and existential philosophy, especially Merleau-Ponty.

## Key Concepts

- Clients with low levels of 'experiencing' less likely to make good progress ∴ may be helpful for therapists to encourage/facilitate clients' experiential awareness.
- *Felt sense*: a bodily, implicit, not-yet-fully-articulated sense of what is 'right' (i.e., fits) or 'not right': a 'gut feeling', at the *edges of awareness*.
- 'Carrying forward' of felt senses can be blocked/stuck/interrupted.

## Key Practice(s)

- Focusing procedure (client-led, but with varying degrees of therapist encouragement/guidance/instruction): bringing awareness into the body, noticing concerns, articulating 'felt sense' in words/images, noticing when it brings relief, 'receiving what has come from that experiential shift' (Purton, 2012, p. 50).

## Client Populations

- Focusing method widely used in self-help and by lay people in 'focusing partnerships,' as well as in professionally-delivered therapy.

## Evidence base

- Limited trials of effectiveness; but good evidence that deeper experiencing is associated with better outcomes (Hendricks, 2002; Krycka & Ikemi, 2016).

## Current Dissemination

- Large international focusing community, inclusive of focusing-oriented therapists.
- Focusing method incorporated into wide range of person-centred, humanistic, and integrative practices.

## Examples of Practice

- International Focusing Institute (2015) [What is Focusing?](#)

## Further Resources

- *Introductory chapter*: Purton, C. (2012). Focusing-oriented therapy. In P. Sanders (Ed.), *The Tribes of the Person-Centred Nation* (2nd ed., pp. 47-70). Ross-on-Wye: PCCS Books.
- *Introductory book*: Cornell, A. W. (1996). *The Power of Focusing: Finding Your Inner Voice*. Oakland, CA: New Harbinger Publications.
- *Core book*: Gendlin, E. T. (1996). *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. New York: The Guilford Press.
- *Website/Training*: [www.focusing.org/](http://www.focusing.org/)

# Emotion-Focused Therapy

'Process-directive' practice in which clients are invited to deepen emotional processing through a range of tasks (e.g., two-chair work), grounded in a collaborative and empathic therapeutic alliance.

## AKA

Process-Experiential Psychotherapy. *Note* EFT ≠ Emotional Freedom Technique. Also, distinct from (though springboard for) [Sue Johnson's Emotionally Focused Therapy](#) for couples.

## Founding Figure(s)

- Laura Rice (1920–2004, Canada), Les Greenberg (Canada), Robert Elliott (US/Scotland).

## Timeline

- Mid 1970s: Rice and Greenberg identify particularly helpful change events in therapy (e.g., two chair technique to resolve intrapersonal splits, Greenberg, 1979).
- 1993: Publication of key text, *Facilitating Emotional Change*.
- 2011: Foundation of International Society for Emotion Focused Therapy.

## Develops Rogerian Principles of...

- Centrality of emotions to experiencing.

## Other Influences

- Focusing, Gestalt therapy, contemporary psychological theory and research (e.g., cognitive neuroscience, attachment theory, emotion theory).

## Key Concepts

- *Emotion schemes*: synthesising structures that process cognitive, affective, and sensory information—at a pre-conscious level—to create meaning (cf. CBT's cognitive schema). Schemes can be dysfunctional, such that we respond in maladaptive ways >> poor 'emotion regulation'. Emotion schemes can be restructured if evoked, symbolised, and 'worked through'.
- *Primary and secondary emotions*: latter are feelings about feelings (e.g., shame about feeling angry), and may be problematic: blocking natural, organismic emotional response.

## Key Practice(s)

- Range of therapeutic 'tasks' proposed where 'task markers' present—though practice always grounded in empathic attuned, accepting, and collaborative alliance. Tasks include: focusing for unclear felt sense, two-chair dialogue for self-criticism/conflict splits, empty chair work for unfinished business (Elliott et al., 2004) >> re-establish adaptive emotions/emotion regulation.

## Client Populations

- Diverse. Evidence based for depression (in US). Tailored treatment models/tasks being researched and developed for range of other difficulties (e.g., generalised anxiety, trauma).
- UK: Person-Centred Experiential Counselling for Depression (prev. 'Counselling for Depression') is NICE-approved, combines elements of EFT with Classical CCT (Murphy, 2019).

## Evidence base

- Substantial, and growing, body of rigorous research demonstrating effectiveness of EFT, and EFT tasks, for depression and other problems (Elliott et al., 2013).

## Current Dissemination

- Active, and growing, international community of practitioners and trainers.

## Examples of Practice

- See various texts. Range of videos available for purchase: [Counselling Channel](#), [APA](#).

## Further Resources

- *Introductory book*: Elliott, R. & Greenberg, L. S. (2001). *Emotion-Focused Counselling in Action*, London: Sage.
- *Key book*: Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating Emotional Change: The Moment-by-Moment Process*. New York: Guilford Press.
- *Website*: [International Society for Emotion Focused Therapy](#).

## Dialogical/Relational Approaches

Variant of classical client centred therapy that puts stronger emphasis on interactional, two-way encounter between therapist and client, as contrasted with wholly non-directive stance.

### Founding Figure(s)

- Peter Schmid (1950–2020, Austria), Dave Mearns (Scotland).

### Timeline

- 1990s/2000s: Peter Schmid publishes range of papers describing the essence of person-centred therapy in ‘dialogical’, ‘encounter-based’ terms: ‘the unfolding of interpersonality.’
- 2005: Publication of *Working at Relational Depth* (1<sup>st</sup> ed.).

### Develops Rogerian Principles of...

- Relationship, encounter.

### Other Influences

- Existential/relational philosophy: Martin Buber’s *I and Thou*, Emmanuel Levinas.
- Relational perspectives in wider therapy and psychology field: e.g., attachment, relational Gestalt therapy, interpersonal neuroscience.

### Key Concepts

- *Intersubjective ontology*: human beings dialogically intertwined with others, not isolated entities.
- We are always, unavoidably influencing others: ‘non’-directivity is never wholly possible.
- The client as *Other*: ‘infinitely foreign,’ ‘infinitely distant,’ ‘irreducibly strange’ (Levinas, 1969). Dialogue as welcoming/openness to encounter with Other.
- *Relational depth*: ‘a state of profound contact and engagement between people’ (Mearns & Cooper, 2005, p. xvii).

### Key Practice(s)

- Flexibility and range of therapist responses, above and beyond empathic understanding response process: bringing therapist’s own responses, questions, reflections, perceptions in (without taking focus off client). Directivity (to a limited degree) is not taboo.
- Focus of work is on establishing connection, being together, co-presence—allowing the emergence of relational depth.

### Client Populations

- General.

### Evidence base

- No trials of effectiveness, or comparison against classical approach
- Good evidence that range of relational factors are associated with positive outcomes (Norcross & Lambert, 2019), with preliminary evidence relational depth is too (Wiggins, 2012).
- Current body of research looking at experience of relational depth, its measurement, impact, and facilitating/inhibiting factors (see Cooper, 2013; Mearns & Cooper, 2018).

### Current Dissemination

- Loosely disseminated across person-centred practice and training in UK—and, to some extent, internationally—to varying degrees.

### Examples of Practice

- Mick Cooper: [Counselling Session Demonstration: Julie](#).

### Further Resources

- *Core paper*: Schmid, P. F. (2006). The challenge of the other: Towards dialogical person-centered psychotherapy and counseling. *Person-Centered and Experiential Psychotherapies*, 5(4), 240-254.
- *Core book*: Mearns, D., & Cooper, M. (2018). *Working at Relational Depth in Counselling and Psychotherapy* (2nd ed.). London: Sage.
- *Websites*: <http://pfs-online.at/> , [www.mick-cooper.squarespace.com/relational-depth](http://www.mick-cooper.squarespace.com/relational-depth)

## Creative Person-Centred Practices

A range of practices that use creative media—such as movement, dance, painting, sculpting, music, and creative writing—in a non-directive and non-interpretative way to facilitate self-discovery, spontaneity, healing, and growth.

### Founding Figure(s)

- Natalie Rogers (1928–2015, US); Liesl Silverstone (1927–2013, UK).

### Timeline

- 1970s/1980s: Natalie Rogers (Carl Rogers's daughter) develops person-centred expressive arts therapy and establishes training and community.
- 1985: Liesl Silverstone establishes the Person-centred Art Therapy Centre in London.

### Develops Rogerian Principles of...

- Creativity, as pathway towards healing and growth.

### Other Influences

- Arts, performance, and creative practices.

### Key Concepts

- Creativity is an expression of our organismic actualising tendency: our movement towards healing and growth.
- Creative methods can be a powerful means of helping clients express feelings and discover hidden aspects of 'self'.

### Key Practice(s)

- Creative media (e.g., paints, clay, musical instruments) made available to client, and client invited to express emotions and experiences through them.
- Client provided with a permissive, supportive, non-judgmental environment in which they can express themselves spontaneously and freely.
- Reflection back to client of emotions, perceptions, actions, words, and artwork. Focus is on creative process, creative work, and meaning (rather than outputs).
- Clients' creative processes and work not interpreted, directed, or judged. Trust in client's own path.

### Client Populations

- Adults, young people, and children. Individual and groups.

### Evidence base

- None.

### Current Dissemination

- Small community with handful of training courses in the US and UK.

### Examples of Practice

- [Expressive Arts Therapy Video with Natalie Rogers](#)
- Liesl Silverstone: [Art Therapy the Person Centred Way](#)

### Further Resources

- *Introductory chapter*: Rogers, N. (2013). Person-centred expressive arts therapy: connecting body, mind and spirit. In M. Cooper, P. F. Schmid, M. O'Hara & G. Wyatt (Eds.), *The Handbook of Person-Centred Psychotherapy and Counselling* (2nd ed., pp. 237-247). Basingstoke: Palgrave.
- *Core text*: Rogers, N. (1993) *The Creative Connection: Expressive Arts as Healing*, Ross: PCCS.
- *Core text*: Silverstone, L. (1997) *Art Therapy—The Person-Centred Way: Art and the Development of the Person*, 2<sup>nd</sup> ed., London: Jessica Kingsley.
- *Website (UK)*: [Association for Person Centred Creative Arts](#)
- *Website (US)*: [Person-Centered Expressive Arts](#)



# Pre-Therapy

A form of non-directive practice specifically developed for people with psychosis and other 'contact impairments', aiming to facilitate re-connection through very close, 'mirroring' reflections.

## Founding Figure(s)

- Garry Prouty (1936–2009, US), Dion Van Werde (Belgium).

## Timeline

- 1966: Garry Prouty gives 'birth' to Pre-Therapy, working with mentally ill clients in Illinois.
- 1970s: Prouty starts to publish work.
- 1985: Pre-Therapy International Network established.

## Develops Rogerian Principles of...

- Psychological contact, as the first condition for therapeutic work.

## Other Influences

- Gendlin (who mentored Prouty), phenomenology.

## Key Concepts

- 'Contact' = contact with the world (*reality contact*), contact with emotions (*affective contact*), or contact with others (*communicative contact*).
- Contact needs to be established before therapeutic work can progress. *But* helping clients re-establish contact functioning (as expressed in 'contact behaviours') can be valuable in itself.

## Key Practice(s)

- *Contact reflections*: very concrete, literal, 'duplicative' reflections that closely mirror the client's actions and aim to re-establish a 'web of contact' with the client:
  - *Situational reflections* of client's behaviour in context, e.g., 'Rana is touching the table'.
  - *Facial reflections*: reflective expressions and affect, e.g., 'You are looking sad.'
  - *Body reflections*: e.g., 'You are rocking,' 'You are holding your arm out.'
  - *Word-for-word reflections*, even if not fully clear or coherent, e.g., client says, 'Fast... very fast... very fast'; therapist repeats 'Fast... very fast... very fast'.
  - *Reiterative reflections*: repeat of reflections that have previously established contact.

## Client Populations

- People with 'contact impairment' and 'grey-zone' (i.e., partially impaired) functioning; for instance schizophrenia, learning disabilities, organic impairments, autism, dementia.
- Practiced both as formal one-to-one therapy, and in more informal/everyday care interactions (e.g., as part of nursing practice). Also group/ward practices to establish 'contact milieu'.

## Evidence base

- Very limited body of controlled, pre-/post-, and case studies; but showing some evidence of positive effects (Dekeyser et al., 2008).

## Current Dissemination

- Small international network. Training at post-qualification level.

## Examples of Practice

- See example dialogues in Sommerbeck, L. [Beyond Psychotherapeutic Reach](#).

## Further Resources

- *Introductory chapter*: Van Werde, D., & Prouty, G. (2013). Clients with contact-impaired functioning: Pre-therapy. In M. Cooper et al. (Eds.) *The Handbook of Person-Centred Psychotherapy and Counselling* (2nd ed., pp. 327-342). Basingstoke: Palgrave.
- *Introductory book*: Sanders, P. (2007) *The Contact Work Primer*. Ross: PCCS.
- *Core book*: Prouty, G., Pörtner, M., & Van Werde, D. (2002). *Pre-Therapy: Reaching Contact Impaired Clients*. Ross: PCCS.
- *Website*: [Pre-Therapy International Network](#)



# Motivational Interviewing

Person-centred style of guiding, developed for people with substance use problems, which specifically aims to elicit and strengthen motivation for change.

## Founding Figure(s)

- William Miller, Stephen Rollnick.

## Timeline

- 1983: Motivational Interviewing (MI) first described by Miller.
- 1991: Publication of comprehensive guide.

## Develops Rogerian Principles of...

- Empathic, accepting, collaborative relationship (cf. authoritarian, pathologising approach to people with substance use problems).
- Aimed at eliciting client's own desire for change and growth (cf. persuasion, confrontation).
- (MI/Miller explicitly claims Rogerian heritage, see Miller & Moyers, 2017).

## Other Influences

- 'Stages of change': precontemplation, contemplation, preparation, action, maintenance, termination (Prochaska & DiClemente, 1986). Empirical research. Behaviour change principles.

## Key Concepts

- *Change talk*: person's own statements that favour positive change (e.g., 'I want to stop drinking'); cf. *sustain talk*, statements favouring status quo. *Ambivalence* (existence of both change and sustain talk) is the norm. MI specifically sides with change talk (cf. classical CCT).

## Key Practice(s)

- Guiding principles: express empathy, develop discrepancy (i.e., elicit client's desire for things to be different/change talk), avoid arguments, 'roll with the resistance', support self-efficacy.
- Four processes/steps:
  - *Engaging*: establishing relational foundations—listening, understanding, open questions.
  - *Focusing*: establishing orientation, direction, goals towards positive change.
  - *Evoking*: inviting and supporting client's change talk (desires, abilities, reasons, needs, importance); using open questions, affirmation, reflection, and summaries.
  - *Planning*: establishing specific, concrete strategies; supporting confidence, persistence.

## Client Populations

- Primarily used as brief intervention for people with alcohol and other substance use problems, across a broad range of settings (e.g., addiction treatment, healthcare, social work); but can be used with other client populations or incorporated into more general therapy.

## Evidence base

- Vast body of rigorous trials show effectiveness of MI for substance use problems, at level equivalent to CBT and AA (DiClemente et al., 2017; Project MATCH Research Group, 1997).
- Process evidence supports MI claim that more change talk >> more change.

## Current Dissemination

- Extensively used, across globe, in range of addiction and treatment settings. Less common as one-to-one counselling/psychotherapy. Somewhat outside of global PCA community.

## Examples of Practice

- [Motivational Interviewing – Good Example – Alan Lyne](#) (and numerous others on YouTube).

## Further Resources

- *Introductory text*: [Motivational Interviewing](#)—Wikipedia entry.
- *Core book*: Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change* (3rd ed.). New York: Guilford.
- *Website*: [Motivational Interviewing Network of Trainers](#).
- [Motivational interviewing in brief consultations](#). Free online module, BMJ learning.

## Integrative Person-Centred Approaches

Range of both general integrative frameworks (e.g., 'pluralistic therapy') and specific integrative combinations (e.g., 'person-centred CBT') which encourage the combination of person-centred principles and practices with other therapeutic ideas and methods.

### Founding Figure(s)

- Numerous, including Reinhard Tausch (German), Les Greenberg (see EFT, above), David Cain (American), Richard Worsley (British), John McLeod & Mick Cooper (Scottish/British).

### Timeline

- Late 1970s: Greenberg researches effectiveness of Gestalt method two chair technique.
- Late 1980s: Tausch proposes 'supplements' to PCT.
- 2000s: McLeod & Cooper articulate 'pluralistic' variant of person-centred practice.

### Develops Rogerian Principles of...

- Full functioning (in therapist) = flexibility, responsiveness, and openness to multiplicity of understandings and practices.
- Uniqueness of each individual client, their strengths, and their therapeutic needs.
- Uniqueness of each individual therapist and their strengths and abilities (Keys, 2003).

### Other Influences

- Specific integrative practices have combined PCT with numerous other approaches, e.g., CBT (e.g., Josefowitz & Myran, 2005), systemic (e.g., O'Leary, 1999), existential (e.g., Cooper, 2012).
- General integrative frameworks draw on postmodern rejection of singular 'truths': no one size fits all (including classical PCT concepts of 'actualising tendency' and 'non-directivity').

### Key Concepts

- Core conditions can be useful supplemented (for some clients, some of the time) by understandings and practices from other approaches. Challenges PCT 'purism'.

### Key Practice(s)

- Diverse practices (alongside core conditions), depending on particular type of integration.
- Pluralistic framework emphasises shared decision-making/preference work.

### Client Populations

- Diverse.

### Evidence base

- No trials of effectiveness outside of EFT (see above).
- Good evidence for working with preferences/shared decision making (e.g., Swift et al., 2019).

### Current Dissemination

- Numerous counsellors and psychotherapists, worldwide, integrate core person-centred practices with ideas and methods from other approaches (Thoma & Cecero, 2009).
- Integrative practices less clearly/confidently articulated in person-centred field, per se.
- Small but lively pluralistic community in UK, distinct from PCT community.

### Examples of Practice

- See EFT (above). [Working with Goals](#)—pluralistic.

### Further Resources

- *Introductory chapter*: Cain, D. (2013). Integration in person-centred psychotherapies. In M. Cooper, P. F. Schmid, M. O'Hara & G. Wyatt (Eds.), *The Handbook of Person-Centred Psychotherapy and Counselling* (2nd ed., pp. 248-260). Basingstoke: Palgrave.
- *Introductory chapter*: Worsley, R. (2012). Integrating with integrity. In P. Sanders (Ed.), *The Tribes of the Person-Centred Nation* (2nd ed., pp. 125-147). Ross-on-Wye: PCCS Books.
- *Core debate*: See Cooper & McLeod, '[Person-centered therapy: A pluralistic perspective](#)' with critique by Ong et al., '[Unnecessary and incompatible](#)'.
- *Website/Training*: [www.pluralisticpractice.com](http://www.pluralisticpractice.com)

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- Elliott, R., Watson, J. C., Goldman, R., & Greenberg, L. S. (2004). *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change*. Washington DC: American Psychological Association.
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