Therapeutic Intervention: Person-Centered Therapy

Introduction

In the social work profession, there are many therapeutic interventions which provide clients with the help and resources they need to enhance their quality of life. This is achieved by assisting the client by improving areas of wellbeing and daily functioning through thoughts, feelings, and beliefs. Therapeutic interventions are versatile and can be utilized in various settings such as homes, clinics, welfare agencies, private counseling practices, hospitals, care homes, schools, prisons, and etcetera. The versatility of therapeutic interventions is apparent as they can be used in individual, group, or family settings and focus on a range of issues and mental health disorders. Issues and mental health disorders commonly address by therapeutic interventions include but are not limited to anxiety, depression, addiction, stress, behavioral problems, mood disorders, personality disorders, eating disorders, and etcetera. It is also important to note that therapeutic interventions can be individualized to meet the needs of clients, including which therapeutic best fits the client. Using literature that highlights the important components and aspects of Person-Centered Therapy or Client-Centered Therapy, this paper will analyze the effectiveness of this specific therapeutic intervention.

Background and Components

Person-Centered Therapy also known as Rogerian Therapy is a widely used, evidence-based therapeutic intervention that has been proven effective. Person-Centered Therapy originated in the 1940s and was created by Carl Rogers (GoodTherapy, 2018). This intervention is a talk therapy, which allows the client to direct the conversation and focus exclusively on areas that are important to them. During discussion, the therapist refrains from giving the client any

direction (Ackerman, 2021). Different from traditional interventions, Carl Rogers used a humanistic approach to evolve Person-Centered therapy which highlights the importance of viewing the client and therapist as an equal team of partners (McLeod, 2015). Rogers believed that a client would have better outcomes if therapists focused on the person's subjective view or opinion of the world while displaying warmth, genuineness and understanding (McLeod, 2015). This supports the notion that everyone has different experiences, perceptions, and views. To implement Person-Centered Therapy, there are components and goals of the intervention that must be considered.

There are three central components of Person-Centered Therapy which are critical in the effectiveness of the intervention. Rogers highly believed that client success is dependent on the three components and must be displayed by the therapist. These components include congruence, unconditional positive regard, and empathy (Ackerman, 2021). According to Rogers, the most important component is congruence or genuineness. This refers to the therapist being authentic in showing their personality and not presenting themselves in a way that is unreal (McLeod, 2015). When a professional displays congruence, they are being honest, sincere, and humble, ultimately allowing the client to be comfortable, vulnerable, and self-aware. Another important component of Person-Centered Therapy is unconditional positive regard (GoodTherapy, 2018). This describes the therapist's ability to accept the client as they are. In maintaining unconditional acceptance and positive attitude, clients can experience growth and self-worth (McLeod, 2015). The last component is the capacity to understand and share the feelings of others, or empathy. This is an important aspect in client success as displaying empathy and having a proper understanding of the client's feelings facilitates the client's understanding of their own

experiences (McLeod, 2015). Utilizing each of these components has a positive effect on a person's feelings of self-worth and encourages the client to be fully functioning.

In Person-Centered Therapy, the client has the ability to set effective and desired goals for therapeutic intervention (Ackerman, 2021). This is due to the humanistic approach and belief that the client is the expert on themselves. It is the therapist's duty to support and assist the client in determining what goals they would like to address by asking appropriate questions. Goals will vary depending on the client, however, understanding general goals of humanistic approaches is beneficial. General goals include the facilitation of personal growth and development, eliminating feelings of distress, increase self-esteem, and increase the client's understanding of themselves (Ackerman, 2021). These general goals can likely be achieved through the client's individualized goals and come with many benefits. Clients receiving Person-Centered Therapy may experience benefits such as the ability to differentiate ideal and actual self, increased understanding and awareness of self, decreased defensiveness, decreased insecurity, decreased feelings of guilt, increased self-trust, healthier relationships, ability to express oneself, and improved mental health (Ackerman, 2021).

As noted, there are many goals and benefits of Person-Centered Therapy. While they are all important, Carl Rogers placed an emphasis on self-actualization (See Appendix A). Self-actualization refers to the constant, lifelong process of an individual's self-concept being maintained and strengthened (Miller, 2021). This is achieved through reflection and the reenactment of experiences, ultimately allowing the client to heal, change, and grow (Miller, 2021). According to Rogers, actualizing tendency is the motivation for all behavior and is impacted by societal and environmental factors (Miller, 2021). While self-actualization tendency is not the overall intent, when a client achieves their full potential, life begins. There

are several other concepts related to self-actualization such as organismic self, self-concept, and others' responses. Rogers suggested that the organismic self is the real self. This is what a person really feels, thinks, and wants (Miller, 2021). Another important concept is self-concept and self-worth. This refers to how a client sees themselves or their self-image. If a client sees themselves differently than what they wish to be, also known as the ideal self, they will have incongruence (Miller, 2021). This results in a client's self-esteem being negatively impacted and the client experiencing unpleasant feelings. The last concept is others' responses. This refers to what others do or how they react to a client. If others' responses do not reflect a client's experiences, incongruence will be the result. Person-Centered Therapy assists clients with the ability to differentiate their ideal and actual self and having an increased understanding and awareness of themselves. This results in congruence and positive feelings. This therapeutic intervention recognizes individualized goals and comes with many benefits, therefore it is important to understand who can implement it, how it is implemented, who it can be implemented with, and its efficacy.

Implementation

Person-Centered Therapy is a widely used therapeutic intervention as it does not require a license or certification to offer services as a person-centered therapist (Grande & Sookdeo, 2020). In the United States, many training programs in the mental health profession focus on the basic components of Person-Centered Therapy which results in professionals of social work, counseling psychology, or clinical psychology having knowledge on the intervention (Grande & Sookdeo, 2020). These aspects of the intervention allow for it to be easily accessible and utilized in therapeutic settings.

Understanding how Person-Centered Therapy is utilized and how it works can assist with determining if the intervention is going to meet the needs of clients. As previously mentioned, Person-Centered Therapy can be utilized in a variety of settings and is individualized to the client's desires. Cooper and McLeod (2011) suggest that individuals exist in an everchanging world therefore experiences and perspectives are unique and distinct. Carl Rogers believed that Person-Centered Therapy works because the approach is individualized, and clients are the experts on themselves (Cooper & McLeod, 2011). Before making assumptions, those who practice Person-Centered Therapy focus on the client's wants for therapy and strive to be responsive to that (Cooper & McLeod, 2011). Because of this, the client typically does much of the work, therefore, those who show motivation are more successful with this approach. However, therapists must be strategical in facilitating Person-Centered Therapy. Using the first session as an example, the therapist has several objectives to prioritize. For starters, the therapist needs to ask appropriate questions and demonstrate active listening while the client leads the discussion. Allowing the client to lead, assists the therapist in determining and understanding the client's presenting problem (Grande & Sookdeo, 2020). This will additionally assist the client in goal setting. Rogers suggested that people have the ability to determine goals and solutions that work best for themselves and the ability to make the needed changes to enhance their well-being and quality of life. Next, the therapist should prioritize building rapport and setting boundaries (Grande & Sookdeo, 2020). Boundaries may include how the intervention is conducted as well as topics that will potentially arise. As with any Person-Centered Therapy session, it is important to utilize congruence, unconditional positive regard, and empathy to begin enabling change in the client.

To be effective in implementing Person-Centered Therapy, there are a variety of resources including examples, worksheets, therapeutic activities, and questionnaires. It is important for the therapist to be strategical in implementing these resources in order to facilitate successful outcomes. Using a guide to gain a brief understanding and viewing examples (See Appendix B) is essential in demonstrating the key components of Person-Centered Therapy which include genuineness, unconditional positive regard, and empathy. The guide outlines genuineness and provides ways to demonstrate authenticity when asking clients questions. For example, a therapist may ask real questions such as "how are you today," "how have you been," or "how can I help you today" to show open-mindedness and care. Next, unconditional positive regard can be demonstrated by supporting clients, welcoming questions, and addressing worries. For example, a therapist may ask "what do you think about this," "what is on your mind," or "you seem to be upset, how can I help you" while unconditionally accepting the client's responses. Lastly, the guide outlines empathetic understanding and acknowledgment. To be empathetic towards a client, a therapist may say "thank you for sharing that with me," "that sounds really challenging," or "thank you for trusting me with this." Implementing these general examples into practice will ultimately increase a therapist's ability to demonstrate the key components of Person-Centered Therapy effectively.

Other resources that are helpful when conducting Person-Centered Therapy include worksheets (See Appendix C). Worksheets allow clients to be proactive and have tangible documentation of activities or skills learned in sessions. The "What Do I Want to Talk About" worksheet is an example of a Person-Centered activity that can be utilized with clients. The worksheet facilitates conversation about what is important to the client and how they would like to direct the conversation. For example, the worksheet instructs the client to color or read the

topics that they would like to discuss. On this specific worksheet, areas of discussion include things that are going well, worries and fears, needs, dreams, anger, thoughts, feelings, bullies, things not going well, family, school, sad things, something to be proud of, happy things, pets, and something at home. This worksheet can be modified and used with a versatile population including children and adults. Worksheets, such as this one, that allow writing and coloring may be beneficial for clients who struggle expressing themselves through words.

Population and Efficacy

Several studies have shown that Person-Centered Therapy is versatile and is effective with diverse populations as Rogers believed that his approach could be adapted to fit the needs of clients or therapist (Miller, 2021). While Carl Rogers developed this approach in a children's clinic, the intervention can be used to treat clients of all ages due to its adaptation (Encyclopedia of Mental Disorders, n.d.) Another way this approach proves to be versatile is that it can be implemented with those who suffer from a range of issues and mental health disorders. While this intervention can be utilized with a wide range of issues, research suggests that it can be commonly implemented with those experiencing anxiety disorders, depressive disorders, trauma and stress related disorders, and psychotic disorders.

Anxiety disorders are the most common mental health disorder in America, according to the Anxiety and Depression Association of America (2021). Studies show that those suffering from anxiety disorders can benefit from Person-Centered Therapy. In their study, MacLeod and Elliott (2014) found that Person-Centered Therapy is effective while intervening with clients diagnosed with social anxiety disorder. To make this conclusion, a Hermeneutic Single-Case Efficacy Design study was conducted with a client suffering from social anxiety disorder. During this study, additional finding suggests that the key components, specifically unconditional

positive regard has a large contribution to a client's success. Furthermore, positive change is dependent on the client's readiness for change and understanding of the therapeutic process. As this study suggests, implementing the key components of Person-Centered Therapy are effective while intervening with clients who suffer from anxiety disorders.

Depression is another common mental health disorder and is the top cause of disability in America (World Health Organization, 2020). There are many therapeutic interventions that have been proven effective when intervening with depression including Person-Centered Therapy. Delgadillo and Gonzalez (2020) found that Person-Centered Therapy is as effective as Cognitive Behavioral Therapy when intervening with clients suffering from depression, however, it is critical to understand factors that impact its success. For instance, clients in minority ethnic groups, living in poverty, and with disabilities were shown to respond better to Person-Centered Therapy. Conversely the intervention was shown less effective for patients who had a less chronic form of depression, high outcome expectations, and who were taking antidepressant medications (Delgadillo & Gonzalez, 2020). Considering the circumstances surrounding a client's background and presenting issues is critical in successfully implanting Person-Centered Therapy.

In America, PTSD affects 3.5 percent of adults each year (American Psychiatric Association, 2020). Approximately half of the people diagnoses with PTSD will suffer from depression (Flory & Yehuda, 2015). A study conducted by McLean, Su, Carpenter, and Foa focuses on post-traumatic stress disorder and depression. The study ultimately concluded that Person- Centered Therapy has the ability to facilitate reductions in PTSD symptoms and depressive symptoms. In agreement, Hashemi and Bahreinian (2019) also found that Person-Centered Therapy is effective as it significantly reduced PTSD and depression symptoms in

client victims of rape. Closely monitoring symptoms of PTSD prior to and during treatment is beneficial in determining if Person-Centered Therapy is right for the client.

Other research suggests that Person-Centered Therapy is an effective therapeutic intervention for clients suffering from psychotic disorders. In their article, Traynor, Elliott, and Cooper (2011) found that Person-Centered Therapy was effective with clients experiencing psychotic symptoms such as hallucinations, delusions, paranoia, and unusual thinking or behavior. Using a population of 20 Person-Centered therapists and over 40 of their clients experiencing psychotic symptoms, after implementation of the intervention, many clients reported improved mood and decreased symptoms. As MacLeod and Elliott (2014) suggested, unconditional positive regard was found to have the greatest effect on client's success in this study. While Person-Centered Therapy has been proven to be effective, it is important to understand the therapeutic intervention's strengths and weaknesses to determine if it is the best option for clients.

Strengths and Limitations

Person-Centered therapy comes with many strengths. First, the therapeutic intervention is easily accessible as the therapist is not required to complete licensing or certification. This allows therapists to tailor the intervention to best fit the needs of clients. It can additionally be implemented with other therapeutic interventions. According to Seligman (2006), Person-Centered Therapy has provided a basis for many therapeutic interventions such as the emphasis on the client and therapist as an equal team of partners. This strength empowers clients and promotes autonomy. Another strength of Person-Center Therapy is that therapists express unconditional positive regard which ultimately allows the client to express themselves without feeling judges.

As with any therapeutic intervention, Person-Centered therapy has limitations. For starters, this intervention works best with clients who are motivated, therefore the approach is not effective with those unwilling to be productive (Corey, 2011). Furthermore, the intervention may facilitate the therapist's inability to challenge clients because they are constantly demonstrating support (Corey, 2011). Listening, supporting, and caring for clients may not be enough to promote positive change (Seligman, 2006). Corey (2011) also suggests that Person-Centered therapist may have difficulty allowing clients to direct the discussion and determine their own goals. Another limitation of Person-Centered Therapy surrounds the three central components. If a therapist is unable to appropriately demonstrate congruence, unconditional positive regard, and empathy the client will not be successful (Corey, 2011). It is important to navigate these limitations to provide the maximum efficacy of person-centered therapeutic interventions.

Future Practice

Being that Person-Centered Therapy is easily assessable and does not require licensing or certification, I will implement this therapeutic intervention in my future practice as a master's level social worker. Many aspects of this approach and the central components of Person-Centered Therapy will guide my interaction with clients as they align with my values and beliefs. To facilitate change in clients, I am committed to displaying congruence, unconditional positive regard, and empathy. As found in the literature above, these components have the ability to produce successful outcomes with many benefits. This evidence-based practice is proven to be effective and coincides with the NASW Codes of Ethics as it ultimately promotes service, dignity and worth of the client, integrity, importance of human relationships, and competence.

To implement this evidence-based therapeutic intervention into my future practice, I will be dedicated to research further and identify ways to meet the needs of clients. I will be self-

aware and mindful to encourage growth in my ability to effectively demonstrate skills while identifying my strengths and challenges. With this in mind, I will practice the techniques and concepts associated with the approach while interacting with clients. Identifying additional Person-Centered Therapy resources such as trainings, books, workbooks, and exercises will assist with my comfort and competence when demonstrating this therapeutic intervention. Furthermore, I will identify limitations of Person-Centered Therapy and discover ways to navigate the challenges. This allows needs and gaps of the intervention to be addressed. I look forward to increasing my knowledge and ability to serve clients through Person- Centered Therapy.

Conclusion

Through this literature review and analysis, it is apparent that the humanistic approach of Person-Centered Therapy is effective and has the capacity to facilitate positive change with diverse populations. Created by Carl Rogers, the approach is unique as it focuses on three key components including genuineness, unconditional positive regard, and empathy. It is also unique and effective as it focuses on the client and the therapist as a team of experts. There are many concepts associated with this approach, however it is easily applied and accessible to therapists and clients. This approach can be utilized with a range of issues and mental health disorders while allowing the intervention to be individualized to the client. This is in part due to the client's ability to direct the discussion and goals of the intervention. Additionally, adaptions can be made by the therapist to ensure the client's needs and goals are being met. There are strengths and limitations when utilizing Person-Centered Therapy, however, implementing the approach into practice can be beneficial for clients and therapist.

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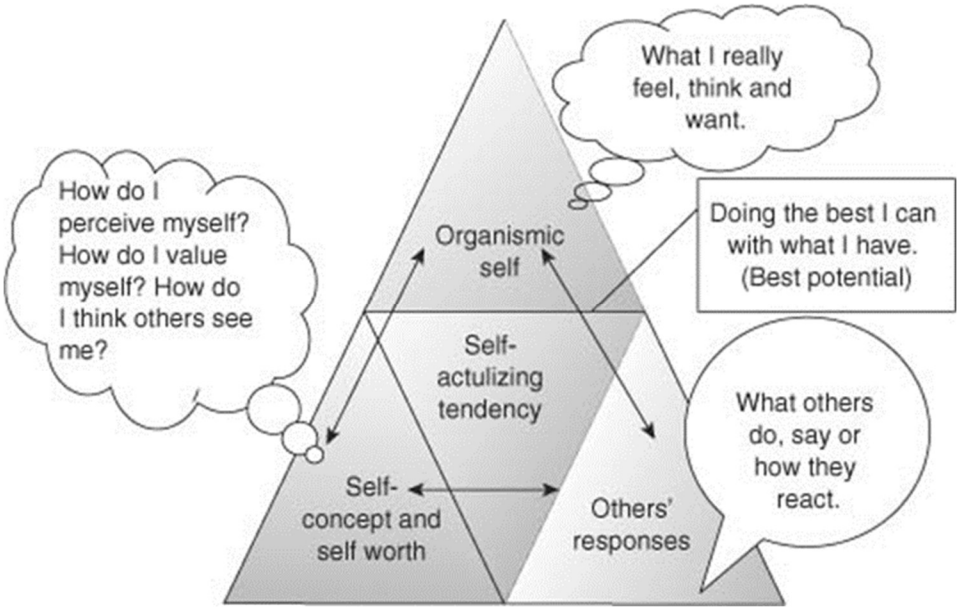
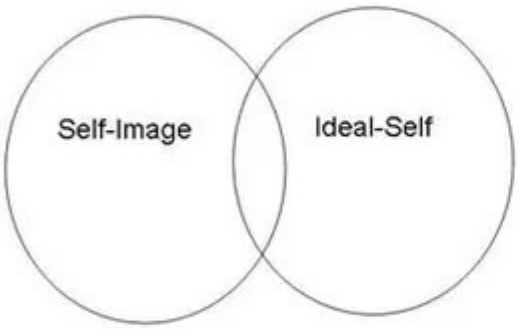
Appendix A

Self- Actualization Charts



Incongruent

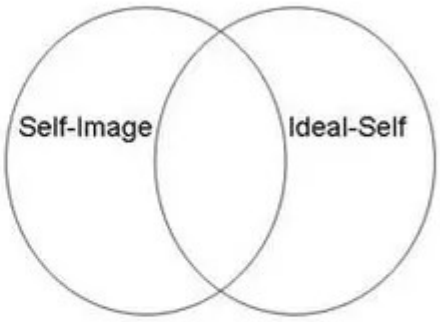


The self-image is different to the ideal self.

There is only a little overlap.

Here self-actualisation will be difficult.

Congruent



The self-image is similar to the ideal self.

There is a more overlap.

This person can self-actualise.

Appendix B

Key Components Overview and Examples

Genuineness	**Being a real person** • Kind (friendly and caring) instead nice (pleasing and agreeable) • Open-minded and approachable **Asking real questions** • How are you today? How have you been? • What can I do to help you in your studies today?
Unconditional Positive Regard **Students do not have to achieve to feel accepted!**	**Welcoming questions and worries** • Struggles are very common in this class/subject/course. • I'd be happy to answer your questions! **Trying to see the world through other people's eyes** • What do you think about this? • What is on your mind? **Help for voicing out worries and struggles** • You seem to be xxx about this. What can I do to help you?
Empathetic Understanding	**Acknowledging struggle:** • This must be hard to talk about, thanks for telling me this. • That sounds really challenging. **Expressing gratitude that they shared their struggle:** • Thank you for sharing this with me. • Thank you for trusting me with this. **Supporting and encouraging:** • What can I do to help you? • What do you need right now?

Appendix C

What Do I Want to Talk About Worksheet