**WHAT IS PERSON-CENTERED APPROACH**

 **introduction**

Person-centered approach(therapy) also referred to as no-directive, client-centered or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. This form of psychotherapy is grounded in the idea that people are inherently motivated towards achieving positive psychological functioning. The client is believed to be the expert in their life and leads the general direction of therapy, while the therapist takes a non-directive role. This activity reviews person-centered therapy and highlights the role of the interprofessional team in improving care for patients who undergoes this approach.

 **OBJECTIVES OF THIS APPROACH**

1. Identify the core condition of person-centered therapy.
2. Describe the benefits and criticisms of person-centered therapy.
3. Explain the therapeutic process of person-centered therapy
4. Review the efficacy of person-centered therapy in the treatment of common psychiatric illnesses.

 **Origins of person-centered therapy**

Person-centered therapy was pioneered by Carl Rogers. His ideas were considered radical; they diverged from the dominant behavioral and psychoanalytic theories at the time. Rogers` method emphasizes reflective listening, empathy and acceptance in therapy rather than the interpretation of behaviors or unconscious driver.

In later, 1960s, approach became closely tied to the human potential movement, which believed that all individuals have a natural drive towards self-actualization. In this state, ones is able to manifest their full potential. According to Rogers, negative self-perceptions can prevent one from realizing self-actualization.

 **Process of this approach**

Rogers postulated that a state of incongruence might exist within the client, meaning there is a discrepancy between the client`s self-image and the reality of their experience, hence leads to feeling of vulnerability and anxiety.

This approach operates on the humanistic belief that the client is inherently driven towards and has the capacity for growth and self-actualization; it relies on this force for therapeutic change.

The role of the counselor is to provide a nonjudgement environment conducive to honest seif-exploration. The therapist attempts to increase the client`s self-understanding by reflecting and carefully clarifying questions without offering advices. The therapist functions under the assumption that the client knows themselves best; thus viable solutions can only come from them.

Direction from the therapist may reinforce the notion that solutions to one`s struggles lie externally. Through clients self-esteem, increase trust in one`s decision-making and increase one`s ability to ones with the consequences of their decisions. Rogers did not believe that a psychotherapy.

 The necessary and sufficient conditions to facilitate therapeutic change

Therapist-client psychological contact; the therapist and client are psychological contact

Client incongruence; the client is experiencing a state of incongruence

Therapist congruence; the therapist is congruent, or genuine, in the relationship

Therapist empathic understanding; the therapist experiences and communicates an empathic understanding of the client`s internal perspective.

Client perception: the client perceives the therapist`s unconditional positive regard and empathic understanding.

 **Core conditions**

Rogers define three attitudes on the therapist`s part that key to the success of person-centered therapy. These core conditions consists of accurate empathy, congruence, and unconditional positive regards.

 **Accurate empathy**

The therapist engages in active listening, paying careful attention to the client`s feelings and thoughts. The therapist conveys an accurate understanding of the patient`s private world thoughts the therapy sessions if it were their own. One helpful technique to express accurate empathy is reflection, which involves paraphrasing and summarizing the feeling behind what the client says rather than the content. This also allows clients to process their feeling after hearing them restated by someone else.

 **Congruence**

Th therapist transparently conveys their feelings and thoughts to genuinely relate to the client. Within the client-therapist relationship, the therapist does not hide behind a professional facades or deceive the client. Therapist may share their emotional reactions with their personal problems with clients but should not share their personal problems with clients or shift the focus to themselves in any way.

 **Unconditional positive regard**

The therapist creates a warm environment that conveys to client that they are accepted unconditionally. The therapist does not signal judgement, approval or disapproval, no matter how unconventional the client`s views may be. This may allow the clint to drop their natural defenses, allowing them to freely express their feelings and direct their self-exploration as they see fit.

 **Disadvantages of this approach, criticism**

Critics have contended that the principles of person-centered therapy are too vague. Some argue that person-centered therapy is in effective for clients who have difficulty talking about themselves or have a mental illness that alters their perceptions of reality. There is a lack of controlled research on the efficacy of person-centered therapy and no objective data suggests it efficacy of was due to its distinctive features. People have asserted that the unique qualities of client-centered therapy are not effective aspect are not effective aspects are not unique but characteristics of all good therapy.

 **CLINICAL SIGNIFICANCE**

1. **Indication of psychotherapy**

Clinicians may initiates or refer a patient to psychotherapy for seasons not limited; like, treatment of psychiatric disorder, hep with maladaptive thoughts or behaviors, support during stressful circumstances or when chronic problem impaire s functioning, helping with interpersonal problems and improve a patient`s ability to make positive behavioral changes, such as healthy lifestyle changes or increasing adherence o medical treatment.

Person-centered therapy can be used in various settings, including individual, group and family therapy with young children. There are no set guidelines on the length or frequency of person-centered therapy, but it may be used for short-term or long-term treatment. Person-centered therapy, may be good choice for patients who are not suitable for other forms of therapy which require homework assignments and the ability to tolerate high levels of distress that may occur when elucidating unconscious process.Person-centered therapy relies on the client's active participation and may not be appropriate for individuals who lack motivation or insight into their emotions and behaviors.

1. **Efficacy**

To examine the efficacy of person-centered therapy in the treatment of various psychiatric conditions, this article will include recent studies using any form of non-directive counseling based on Rogerian principles, including person-centered therapy, non-directive supportive therapy , and supportive counseling . Important limitations exist as NDST is not a popular focus of most researchers in the field. It is often only included as a control for nonspecific therapeutic conditions, and therapists may not have administered optimal treatments. Consequently, the researcher's allegiance to a specific therapy could skew results.

 c. **Depression**

There is evidence in the literature to support the efficacy of non-directive therapy as a treatment for depression. Three meta-analyses conducted within the past decade concluded that ST is an effective therapy for adult depression but may be less effective than other forms of therapy. Importantly, the authors mention that researcher bias may have played a role in the superiority of the other psychotherapies. After controlling for researcher allegiance, the differences in efficacy between non-directive therapy and other psychotherapies disappeared. This was true for all three meta-analyses.

A 2021 randomized, non-inferiority trial comparing person-centered therapy with CBT as a therapeutic intervention for depression found that person-centered therapy was not inferior to CBT at six months; however, person-centered therapy may be inferior to CBT at 12 months. The authors suggest that there needs to be continued investment in person-centered therapy to improve short-term outcomes. In adults with depression over the age of 50, one meta-analysis found non-directive counseling to be effective, with effects maintained for at least six months. However, non-directive counseling was less effective than CBT and problem-solving therapy.

1. **Bipolar disorder**

One randomized controlled trial compared ST/SC to CBT in treating bipolar disorders and observed no difference in relapse rates.

1. **Anxiety**

Non-directive psychotherapy may be comparable to CBT and other forms of psychotherapy in treating generalized anxiety disorder in older adults.

 **f. Post-Traumatic Stress Disorder (PTSD)**

In the treatment of PTSD, non-directive therapy may be an effective treatment. Person-centered therapy may be comparable to evidence-based treatments for PTSD, with fewer dropouts. Trauma treatment research consistently shows lower dropout rates with person-centered therapy compared to other types of treatment.Despite mixed evidence of its efficacy compared to other forms of psychotherapy, person-centered therapy is consistently recommended as a viable option, given the rising demand for psychological therapy. The literature suggests an important role for PCT in low-resource communities where the training and supervision of more technical psychotherapies may be less readily available, and access to mental healthcare is limited.

 **Enhancing Healthcare Team Outcomes**

It is estimated that 1 in 5 adults living in the United Kingdom and the United States suffer from mental illness. Most patients receive treatment for a nonpsychotic psychiatric disorder in a primary care setting. In recent years, mental health care in children and adolescents has increased more rapidly compared with adult mental health care. Again, most of this mental health care has been provided by non-psychiatrist providers.

In response to this rising need, there have been recent efforts to integrate behavioral health and primary care—an interprofessional care strategy will result in the best outcomes. The Collaborative Care Model employs a team-based approach emphasizing collaboration between different providers and has demonstrated improvement in depression outcomes compared to the usual care that persists for at least 24 months. Compared to other forms of psychotherapy, person-centered therapy has the advantage of being more readily available and more easily implemented in other healthcare roles. Rogers himself stated that professional psychological knowledge is not required of the therapist; the qualities of the therapist and their experiential training are more important than intellectual training.

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