Cognitive-Behavioral Tasks Accomplished in a Person-Centered Relational Framework

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The authors propose a person-centered relational framework in which C. R. Rogers's (1957) core conditions remain the primary catalyst of therapeutic change and cognitive-behavioral work is accomplished while adhering to person-centered principles. Important ideas asserted include the following: Cognitive-behavioral tasks occur naturally within the person-centered approach, knowledge of cognitive-behavioral theory can increase counselor empathy, and cognitive-behavioral techniques can be carefully applied within a person-centered relational framework. Finally, the person-centered relational framework with other theories is addressed.

It is difficult to find one counseling approach that will satisfactorily lead to positive personality change for every client with every counselor. Nonetheless, we believe that the close, personal, deeply understanding relationship of the person-centered approach (PCA) provides the most healing and productive counseling relationship and the greatest client responsibility.

In counseling relationships, some clients want to learn skills for managing strong, painful emotions and desire significant direction from their counselors. Although the PCA can accomplish these outcomes, we have also found that some clients desiring to learn skills or receive direction may not tolerate the ambiguity that they may experience in traditional PCA and may prematurely terminate counseling.

In this article, we assert and illustrate that the PCA naturally accomplishes tasks commonly associated with cognitive-behavioral therapy (CBT). We also assert that CBT techniques can be applied within a person-centered relational framework and that a person-centered relational framework can be compatible with techniques associated with CBT. We conclude that this integration is highly effective in satisfying the needs of many clients with a wide range of presenting concerns. Finally, we address the person-centered framework with other counseling theories.

The Person-Centered Approach

Rogers (1957) stated the following:

For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent, or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

No other conditions are necessary. If these six conditions exist, and continue over a period of time, this is sufficient. The process of constructive personality change will follow.

(p. 96)

With the assertion of the aforementioned six conditions, Rogers outlined the relationship qualities that remain the hallmark of the PCA and are referred to as the "core conditions." In short, the PCA may be defined as adherence to the above conditions. Norcross's (2002) review of the literature found that the relationship is one of the most important factors in outcome variance. Orlinsky and Howard (1978) found substantial evidence supporting the importance of patients' perception of the core conditions to outcome in counseling. Other authors (Bergin & Lamberti, 1978; Kirschenbaum & Jourdan, 2005; Krumholz, Becker-Hamen, & Burnett, 1970) reviewing research have indicated concur-
rence. Patterson (1984) concluded in his review of reviews that "The evidence for the necessity . . . of the [core conditions] is incontrovertible" (p. 437). Behaviors associated with Rogers and person-centered counselors include attending, reflecting, clarifying, paraphrasing, summarizing (McCulloch, 2003a; Rogers, 1951), and avoiding questioning (Gundrum, Lietaer, & Hees-Matthijssen, 1999; Kirschenbaum, 2003; McCulloch, 2003b; Rogers, 1951, 1961).

Providing the core conditions may seem simple yet can inspire and require years of rich study of self as well as the subtleties, complexities, and interactions of the conditions. The following quote from Lietaer (1984) highlights one aspect of the self-development required of person-centered therapists: "The more I accept myself and am able to be present in a comfortable way with everything that bubbles up in me, without fear or defense, the more I can be receptive to everything that lives in my client" (p. 44). Bozarth (1998) added that all the conditions are ultimately one (e.g., the more a therapist is aware of her own experience, thus congruent, the more she or he is able to be aware of and open to client experience). Furthermore, each therapist must find the balance between therapist self-awareness and empathy, such that therapist self-awareness enhances rather than detracts from empathy (Cochran & Cochran, 2006). The PCA remains a growing and evolving approach with continuing new insights, developments, and applications of the paradigm of the core conditions (Bohart & Greenberg, 1997; Bozarth, Zimring, & Tausch, 2001; Demanchick, Cochran, & Cochran, 2003; Gendlin, 1996; Kirschenbaum & Jourdan, 2005; Levant & Shlien, 1984; Miller & Rollnick, 2002; Watson, Goldman, & Warner, 2002; Witschko, 1994).

The PCA maintains a deep respect for each person’s natural movement toward self-actualization (Cohen, 1994; Rogers, 1959, 1961). Providing the core conditions is seen as a way to tap into, strengthen, or restart this naturally occurring positive growth potential (Rogers, 1980). Given this deep respect for each person’s potential to self-actualize, the PCA also maintains maximal focus on each person’s self-responsibility, providing a relationship experience in which clients are empowered to make new, positive decisions for action. In addition, given these emphases, the PCA maintains that each client’s path is individual rather than assuming that all persons from certain groups need to learn certain skills or that the counselor should decide what new actions or directions are best in clients’ lives (Glauser & Bozarth, 2001). (For a greater understanding of the PCA, we also suggest Bozarth, 1984; Farber, Brink, & Raskin, 1996; Mearns & Thorne, 1988; Tudor & Worrall, 1994.)

■ Convergence of the PCA and CBT

We recognize that there are important differences between the theories that guide these two approaches. For example, Ellis (1962) stressed the importance of directive interventions and stated that, although the conditions proposed by Rogers may be desirable, they are not necessary. However, PCA and CBT concepts converge more often than most counselors realize. Ellis (1962) stated that client-centered therapy and CBT have a lot in common and that the goals of each are similar, as are the goals of most methods of therapy. A cornerstone of the PCA is unconditional positive regard or deep respect for clients (Rogers, 1957, 1961). Similarly, Ellis (1977b) argued against making value judgments about people and stated that when individuals are evaluated, even in positive ways, an attempt to change, control, or manipulate the individual is underway. Another of Rogers’s (1957, 1967) core conditions is empathic understanding. Despite the fact that Ellis did not suggest that empathic listening is an essential element of counseling, he wrote that empathic listening is a desirable way of being (Ellis,
1977b). Moreover, Ellis (1962) also indicated that accepting clients and providing empathy and unconditional regard are similarities between CBT and the PCA, and Beck et al. (1979) stressed the importance of warmth, accurate empathy, and genuineness. Furthermore, Haaga, Rabois, and Brody (1999) concluded that when empathy is clearly conveyed it contributes to CBT success.

As stated above, a basic CBT premise is that people’s thoughts about events lead to emotions, and CBT works by changing detrimental thoughts (Beck, 1976; Beck et al., 1979; Ellis, 1962, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997). Cognitive restructuring also occurs within the PCA relationship. Rogers (1951) stated the following: “When the perception changes, the reaction of the individual changes” (p. 486). Similarly Beck (1967) referred to schemas, while Rogers referred to a perceptual map (Rogers, 1951). One of the trademarks of CBT is disputing irrational beliefs (Ellis, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997). In addition, Beck (1967) referred to illogical thinking. Similarly, Rogers wrote regarding the outcome of therapy: “You become more realistic and more objective. There are not so many irrational aspects to your thinking and feeling [italics added]” (Rogers, 1987, p. 43). In other words, Rogers is stating that one of the primary goals of CBT is accomplished in the PCA relationship. Both theories consider rigid beliefs to be a source of distress. Rogers stated that clients “tend to move away from ‘oughts’” (Rogers, 1967, p. 25). Ellis (Ellis & Dryden, 1997) referred to shoulds and oughts as expressions of irrational beliefs. Both Rogers (1951, 1961) and Ellis (1977a) wrote about the importance and likely outcome of self-acceptance for clients. Rice (1984) stated that a goal of most counseling approaches, including the PCA, is cognitive restructuring and that the greatest differences lie in methodology.

The value of self-direction is a fundamental concept of the PCA (Rogers, 1961, 1967). This is evident in the PCA process in which counselors respect the lead of clients (Gundrum et al., 1999; Rogers, 1951, 1961). Referring to clients in counseling, Rogers (1967) stated that “they tend to move away from meeting the expectations of others” and “self-direction is positively valued” (p. 25). About self-direction, Ellis (Ellis & Bernard, 1986) wrote, regarding healthy individuals, “they do not need or demand considerable support or succoring from others” (p. 9). Similarly, Rogers (1961) wrote about clients moving toward an internal focus of evaluation.

Extensive literature supports the PCA (Demanchick et al., 2003; McCulloch, 2002; Rogers, 1951, 1961, 1967, 1980, 1987) and CBT (Beck, 1967, 1976, 1993; Beck et al., 1979; DiGiuseppe & Miller, 1977; Ellis & Dryden, 1997; McGovern & Silverman, 1986; Teusch, 1990; Tierney, McPhee, & Papadakis, 2003). Considering this, choosing one theoretical approach over the other may be difficult. Also, if one accepts the premises behind CBT, one may assume that traditional CBT methods are necessary to achieve CBT goals that it has been shown to accomplish. We do not believe this assumption is necessarily or usually true. We wish to illustrate that the PCA and CBT can, in practice, be reconciled, that CBT goals can naturally be met through a PCA relationship, and that CBT techniques can be carefully incorporated into the PCA relationship if needed.

**Examples of CBT Naturally Occurring Within the PCA Relationship**

A focus on client thoughts and perceptions commonly and naturally occurs in person-centered relationships. Tausch (1988) stressed the importance of responding to cognitions and emotions in person-centered counseling, and Rice (1984) stated that counselors could help clients explore schemas by reflecting them back when heard. Hayes and Goldfried (1996) analyzed Rogers’s work with Mark, a South African man struggling with incongruence between his values and actions. They found that 65% of Rogers’s responses focused on Mark’s perception of experience and associated meaning and indicated that he allowed Mark to challenge his own thoughts.

Consider the following examples from Rogers’s well-known work with Miss Mun:

C1 I think the thing I talked about last time . . . my feeling of ‘should’ about . . . of having to, sort of . . . be responsible for this person, or . . . and yet feeling demands that I was unable to respond to and didn’t want to respond to. It sort of made sense . . . this week. Why should I, this is the place where I do have limits and (mhm) should have them, and, ah . . . it would be much better for me to recognize them and just act on them, than to feel hostile (mhm) about not being clear about what my limits are and setting them straight. I think it’s sort of had new meaning (mhm).

T1 Maybe if I accepted the fact that I . . . need and must have limits here, and set them . . . then I wouldn’t feel so hostile. (as cited in Gundrum et al., 1999, p. 463)

Rogers reflected that Miss Mun seemed to be saying that she feels hostile because she believes that she should not have limits. He did not dispute the belief that she should not have limits; she seemed to have disputed these irrational beliefs herself. We may look at this interaction within the framework of Ellis’s ABC theory (Ellis, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997). In this interaction A = the limits, B = she should not have limits, and C = hostility.

Before the following excerpt, Miss Mun was talking about her mother allowing others to take advantage of her:

C24 And really not wanting to be that kind of person myself. I find that it’s not a good way to be, and yet . . . I think I’ve had sort of a . . . that’s sort of the way you have to be if you intend to be thought a lot of and loved . . . that kind of feeling, too . . . (mhm).
T24 Sort of really contradictory, first to be feeling, 'I don't want to... I don't want to be a person who just... gives in to all demands.' And yet feeling... that's the only chance I have of being loved. (as cited in Gundrum et al., 1999, p. 468)

Miss Mun was exploring her belief that she must give into all the demands to be loved. No emotion was explicitly stated but a sense of disappointment was clearly conveyed. A = existence of demands, B = these demands must be met to receive love, and C = the sense of loss or disappointment.

Before the following excerpt, Miss Mun is talking about loneliness:

C37 And I think it's a comfort (long pause—1 min. 27 sec.). And I guess the feeling that I have now is, well, I'm probably looking at the very blackest part of it. And maybe there's no real need for that... I mean I... it may just take time to reassure me (5 sec. pause). And then this will all be sort of unimportant (mhm), although it's something I shan't forget, I'm sure (laughs) (mhm)... But it's been sort of hard to be optimistic about it. Usually I can sort of see the bright thing, but... this has been sort of something that's thrown me, I guess.

T37 I guess you feel as though you've really...lived with the blackest possibilities... even though the facts may turn out to be quite otherwise (mhm). But it has been... hard (18 sec. pause). (as cited in Gundrum et al., 1999, p. 470)

Miss Mun seemed to have disputed irrational beliefs herself in this excerpt. A = unpleasant, "or black" events that she has lived through, B = these events must continue to affect her negatively, and C = unspecified negative feelings.

Rogers's now famous session with Gloria (Rogers, Perls, Ellis, & Shostrom, 1965) offers excellent examples of cognitive work in a person-centered relationship. Tausch (1988) analyzed this session and found that Rogers responded to cognitions and emotions and that his responses focused on cognitions more than emotions 67% of the time. When watching this session, one can see emotions present, but one can also witness Gloria's beliefs about her actions. Emotions tied to thoughts are prominent. In the session, Gloria expressed concerns about her relationships with men, including how they may affect her relationship with her children. If we look at this session within the framework of the ABC concept (Ellis, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997), we can label Gloria's sexual relations with men as an activating event (A). The consequence (C) is guilt. The belief (B), which leads to this consequence, is that she should not have these relations and is a bad mother and person for doing so. A counselor practicing CBT may dispute this belief directly. In contrast, Rogers didn't argue for or against this belief. Instead, by allowing Gloria to struggle with the belief and by expressing his acceptance and empathy with her struggle, his actions prompted and allowed Gloria to take responsibility for her decision, which inherently allowed her to be true to herself. By his way of being, he disputed the belief that he knew better than Gloria about what was right for her. His empathic understanding and unconditional positive regard effectively disputed the belief that her decision, one way or the other, would make her a lesser person.

Improving Accurate Empathy Through Understanding Cognitive-Behavioral Concepts

In addition to cognitive work occurring naturally in a person-centered relationship, we believe that counselors' knowledge of counseling theories enhances empathic ability. This has also been asserted by Truax and Carkhoff (1967). The following hypothetical interaction between a client and a counselor illustrates an understanding of Ellis's ABC concept (Ellis, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997) helping a counselor working in a person-centered framework to better understand and more accurately reflect a client's experience.

Client: [Client's voice sounds increasingly shaky. She appears to feel increasing fear and nervousness as she speaks.] I have a presentation to do for school next week and it's making me nervous. I can't stop thinking about it. It's a big part of the grade for this class and I'm not a very good public speaker. [Momentary pause] Over and over I just keep seeing my mind go blank and making me look foolish.

Counselor: [Empathy (i.e., matching the client's emotional intensity) and unconditional positive regard (i.e., accepting, rather than evaluating client thoughts and feelings) are clear in the counselor's tone.] You see yourself as a poor speaker. You picture yourself looking foolish and that really scares you.

Client: [Seeming emboldened by the counselor's understanding and empathy, she expresses more of what she thinks and feels.] Yes, I'll get so nervous that I'll just stand there looking like an idiot. Then I'm just gonna disappear, crawl under the table and die [shuddering as she says those last words].

Counselor: [Continuing with a clearly empathic tone, rather than implying any sort of criticism of the client's thoughts and resulting feelings] That's your worst fear and you seem to be deciding that it's going to happen and that you just will not be able to cope with that worst-case scenario.

Client: [Brief pause] Well, it may not happen and I haven't imploded in one of these situations so far, but I've sure wanted to and I know I'm a lousy speaker. I've gotten bad grades and criticism that was just awful.

Counselor: So clearly you've felt hurt in such situations before and you look at that history and see that it may very well happen again.

Client: Yes. I know that I'm making a big deal about this. I'll probably judge myself more harshly than anyone else will judge me. It's not like anything terrible can really happen to me.
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Counselor: So, it may not be nearly as bad as you're thinking.
Client: Right. But I don't think like that. Every time I think about this I think about the bad things that can happen.
Counselor: So, it sounds like you're saying that it's your thinking about the situation, more than the situation, which causes these feelings.
Client: [In an angry tone] Yes. I don't know why I do this. I don't know why I can't just get up and do this without worrying about it.
Counselor: [Speaking with increasing intensity that matches the client] You sound angry with yourself. You seem to be saying, "I should be able to do this without making a big deal about it. And if I can't, there's something wrong with me."
Client: Yes. I do feel that way.

Rogers (1957) stated that, for constructive personality change to occur, the counselor must have "an empathic understanding of the client's internal frame of reference" (p. 96) and that this must be communicated to the client to some degree. In this example, the counselor's understanding of concepts from CBT, including the ABC concept for the connection between thoughts and the resulting feelings, the power of irrational and absolute expectations, and the process of gathering evidence to evaluate the accuracy of expectations, helped the counselor more quickly understand this client's internal frame of reference and communicate that empathic understanding to the client. From this counselor's ability to understand, the client was empowered to understand herself better. In our view of the case example above, the skills of helping the client dispute and possibly revise troubling and possibly irrational thought patterns might continue to proceed naturally within the process of genuine empathy and acceptance or, as will be shown in the next section, could be overtly brought into a person-centered relational framework, if the client and counselor carefully choose to add this to their work.

Carefully Integrating CBT Interventions in the PCA Relationship

The next issue addressed is integrating interventions from CBT in a person-centered relational framework. Other theorists have proposed using interventions in addition to providing Rogers's core conditions (Carkhuff, 1987; Culley, 1992; Kelly, 1994, 1997; Tausch, 1990; Truax & Carkhuff, 1967).

Clients often ask counselors for some technique that they could use to make themselves feel better. Bozarth (1998) stated that techniques are appropriate in the PCA if they develop from clients' frames of reference and are chosen by clients. Cohen (1994) presented a scenario in which a person-centered counselor was able to honor a client's wishes by implementing a behavioral intervention at the client's request for a technique. The heart of the PCA is Rogers's core conditions. In a therapeutic relationship based fully on these conditions, rather than partly on teaching or directing, clients choose and take full ownership and responsibility for their unique lives and counseling directions. To us, this client self-responsibility is critically important, and we assert that it should be carefully considered when combining any intervention in the therapeutic relationship.

Homework is an intervention associated with CBT (Beck et al., 1979), including homework in the form of disputing irrational beliefs (Ellis & Dryden, 1997). The following hypothetical example illustrates the application of homework within a PCA relationship emphasizing client self-direction and choice. Imagine that this excerpt occurred during a session in which the client was speaking about problems with anger.

Client: I wish you could give me ideas about what to do. It seems like everything sets me off. I am constantly fighting with my wife, screaming at my kids. It's hard to explain. When someone says something that upsets me, I find myself out of control. I say things that I shouldn't. I can't help it... and later, I feel guilty.
Counselor: In the heat of the moment, your response is like a reflex. And later you feel awful.
Client: Yes. I don't want to be like this.
Counselor: This is a side of you that you don't like...
Client: Yeah.
Counselor: ... and you feel helpless because you don't know how to change it.
Client: Yes. All my life, I have had this problem. I know that many of my relationships were ruined because of my temper.
Counselor: You feel a sense of great loss over these relationships.
Client: Yeah. And now I see myself doing the same with my family.
Counselor: You fear that you'll lose them.
Client: Yes. I can hardly stand it. I need something to do to start getting better.
Counselor: So you can hardly stand it anymore and you see an immediate need to do something.
Client: Yes. I was hoping you could give me some suggestions.
Counselor: OK, as you are certain of what you want, I'll make a suggestion. It may be helpful to try to identify what you are thinking when someone says something offensive to you. So, between now and our next session, you can concentrate on identifying the thoughts that occur immediately before and during times when you feel offended.
Client: Yeah, I'd like to try something.
Counselor: Then I suggest that you either stop and write your thoughts when you are just beginning to feel anger or at least stop a couple of times in the day to write what your thoughts have been at emotional times so far that day. We'll continue our work whether you choose to try this or not. But, you sounded like you like the idea and see it as a place to start.

The counselor may teach Ellis's ABC concept (Ellis, 1977a; Ellis & Bernard, 1986; Ellis & Dryden, 1997) or
Beck's (1976) techniques for changing maladaptive thought patterns in the remaining minutes, then include disputing irrational thoughts or changing distorted and troubling thought patterns as part of later homework. Or, the counselor may simply suggest identifying thoughts for homework and the possibility of teaching the models in upcoming sessions. Another common opportunity to integrate techniques from CBT into a person-centered relational framework would be when an adolescent or adult client asks for skills to help cope with emotions that seem overpowering. If through the genuine, deep empathy of a person-centered relationship, clients come to realize they are in a cycle of anxiety or depression that is becoming debilitating, and they are having a great deal of difficulty breaking the cycle, that client might understandably ask the counselor for help in breaking that cycle. A piece of such a session might go as follows:

Client: I know that I just feel worse when I sleep so late, get up, eat junk, and just keep my room all dark, even when the sun does shine, but I just can't stand the light . . . I guess I'm really afraid to face the day.

Counselor: [reflecting with empathy] I get the idea that you're so afraid that you feel miserable and see yourself as absolutely stuck.

Client: [after a sigh and a defeated seeming pause, looks up at her counselor pleadingly] Yeah, afraid, . . . miserable. I hate this! It just goes on and on and on.

Counselor: [reflecting with empathy] You hate it! And you fully expect that it may go on forever.

Client: [somewhat indignant] Yes, I hate it. And I don't know about forever, but I sure don't know what to do right now.

Counselor: [reflecting with empathy] I thought that you were maybe irritated with what I said or maybe just the situation, but I get that you don't know how to help yourself right now and wish you did.

Client: [sounding almost flippant and looking up smiling slightly, as if to lighten the impact of the statement] Yeah, if you have any bright ideas, I'd like to hear 'em.

Counselor: [reflecting with the client's tone and smiling the same slight smile, but even smaller] That sounded like a challenge to me, but I get that you would like to hear suggestions of how to manage this difficulty, although you're not so sure anything would help.

Client: [brightening slightly] Yes, I'll take about any suggestions you got. I'll try just about anything right now.

Counselor: That's just how bad this is; you'll try about anything [client nods in the pause after this statement]. I have some ideas for skills that might help, but I want you to understand that they are not quick fixes. I think they will be difficult changes.

In this excerpt, the counselor identified irritation that the client was experiencing related to a desire to take steps to alleviate negative feelings. This helped the client articulate a desire for suggestions about what action to take. Clients do not always explicitly state a desire for such interventions. However, consistent with Rogers's work, when carefully attending to their clients and achieving accurate empathy, counselors can respond to aspects of experience not explicitly stated (Bowen, 1996; Bozarth, 1996; Gundrum et al., 1999; Raskin & Rogers, 1989; Rogers, 1980). In this case, also consistent with Rogers's work, counselors should check with clients to ensure that their understanding is correct (Brink & Farber, 1996; Raskin & Rogers, 1989).

Despite the care taken to allow clients to identify and dispute thoughts that they think are irrational or maladaptive, some person-centered counselors may view the aforementioned intervention as a mistake, arguing that the counselor took the role of expert away from the client. In contrast, we believe that counselors are experts in the counseling process. When counselors decide to adhere to any theoretical orientation, including the PCA, they are enacting their belief that this approach is effective, in other words, taking on the role of an expert. We see expertise as a counselor as different from the claim that one is an expert regarding the client. In other words, counselors should avoid believing that they know the best way for clients to handle their problems or live their lives but may judiciously and carefully make suggestions for actions when clients make their desires and requests for this known. It is important to note that within this framework, these interventions are not implemented because of counselor discomfort with clients' pace or process, but because of clients' indications of desires.

An important element of using cognitive interventions in a person-centered framework lies in allowing clients to learn to identify and dispute irrational thoughts, rather than telling clients their thoughts are irrational or maladaptive and disputing the thoughts for them. When using these interventions, we suggest that counselors explain that the goal is to help reduce distress by looking at thoughts leading to distress, rather than to criticize a person's thought process. Also, within this framework, counselors offer this intervention as a suggestion. It may be framed as a method that has been helpful to others and may, therefore, be helpful to the client. Clients are free to decide if they do want therapy to move in that direction.

Using homework within the person-centered relational framework does not necessarily lead to significant CBT work in subsequent counseling sessions. From one session to the next, clients may experience events that quickly shift their focus. However, we believe that significant CBT work is possible within a person-centered relational framework and that CBT homework done by clients between counseling sessions can be a helpful addition to that framework. Even when homework is suggested, the counselor may work within sessions predominately in a traditional PCA model and maintain a focus on providing deep, genuine empathy and unconditional positive regard.
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It is important to realize that integrating CBT skills and techniques in a person-centered relational framework requires a high level of counselor self-development. For example, the counselor needs a sound understanding of two theories (PCA and CBT) and needs to maintain two roles with a client at the same time. It is crucial for the counselor to continue to maintain the core conditions of counseling while teaching cognitive strategies. If the client is reluctant or seems blocked in learning skills, this could prompt frustration in the counselor. Working in a person-centered relational framework the counselor may openly express this frustration, but in doing so, must maintain empathy and unconditional positive regard. When counselors add the role of teacher to their counseling relationship, they must remember that teachers often feel frustrated with wayward students. But in counseling focused on client self-direction, any apparent client resistance to learning or applying new skills must be fully accepted and met with empathy because it is a part of the person in that moment.

It should be noted that cognitive interventions are best used after relationships have been well established and counselors know their clients’ internal frame of reference very well. However, when clients make it clear as early as the first session that they have a strong desire to implement new skills, CBT skill teaching could begin as early as the first session. In such situations, it is imperative that the counselor maintains the core conditions and deep respect for clients’ self-responsibility while also teaching the skills. The counselor may have to help clients understand that the skill teaching is an aspect of their counseling and that their (the clients’) self-expression is also an essential part. We are not suggesting that these interventions are prominent methods of therapy. In the aforementioned examples, the counselor frequently reflected feelings that the client is experiencing with deep empathy. From our perspective, this is and should be the dominant method of therapy. However, similar to statements by Bozarth (1998), desires to take action are important aspects of a person’s frame of reference and can be brought into therapy at times.

The Person-Centered Relational Framework and Other Integrative Theories Involving PCA

Others have suggested an integration of the PCA, or approaches valuing the core conditions, and interventions associated with other theories. Bohart (1990) stated that similarities between the PCA and other orientations make it a sound foundation for an integrative counseling approach.

Truax and Carkhuff (1967) highlighted genuineness, nonpossessive warmth, and accurate empathy and presented a model similar to the PCA in some ways. However, they also proposed that counselors increase efficacy by trying different interventions when current strategies appear to be ineffective. Carkhuff’s (1987) approach appears similar to Rogers’s (1951, 1961) in some ways, although it includes interventions that are much more directive, such as goal setting.

Kelly (1994, 1997) proposed the relationship-centered counseling model. He stated that “the therapeutic relationship is the primary, integrative core of counseling,” and “technical expertise constitutes the secondary, instrumental component of counseling” (Kelly, 1997, p. 339).

Tausch (1990) suggested integrating the PCA with empirically supported techniques. He stressed the importance of respect for each client’s phenomenological view but would offer additional interventions to clients who do not make progress in alleviating emotional disturbance in the first 10 sessions. He explained that these interventions are most often presented separately from the PCA being provided and sometimes by another counselor.

Linehan’s (1993) dialectical behavior therapy is a form of CBT in which accepting clients and the client–counselor relationship are also given a high level of importance. Culley (1992) developed a model integrating PCA and CBT and separated the counseling process into three stages in which goal setting and action planning are important parts of the final stage. Although the person-centered relational framework shares common ground with these models, there are important differences. Consistent with Bozarth (1998) and Cohen (1994), when working in a person-centered relational framework, additional strategies may be implemented when the client indicates desire for additional help. Also, when implementing additional strategies, counselors adhering to a person-centered relational framework introduce new skills in a manner allowing clients to change their thoughts rather than relying on their counselors to dominate this process. Working within a person-centered relational framework is not an equal integration. The PCA is clearly the dominant model.

Conclusion

We assert significant similarities in the underlying ideas and in key counseling results of the PCA and CBT approaches. In addition, we assert that techniques from CBT can be carefully integrated into the framework of a PCA relationship. Given these assumptions, it would seem that using PCA or CBT would be equally desirable. However, we assert that cognitive work is often naturally accomplished in the person-centered relationship. Furthermore, we believe that a PCA relationship offers advantages in client self-responsibility and empowerment.

Cognitive theory gives us invaluable information that can make counseling an extremely productive endeavor and a deep understanding of CBT can help counselors enhance their empathic understanding of clients, which is a crucial aspect of a person-centered relationship. We also believe that this is not limited to cognitive theory. Gundrum et al.
(1999) analyzed the session with Miss Mun, from which excerpts have been presented in this article; they determined that Rogers makes "process diagnoses" and that he evoked "implicit aspects of meaning; focusing on the bodily felt sense; completing 'unfinished business'; empathic affirmation at times of intense vulnerability; and protecting the client's experience against interfering characters" (p. 476). With such a range of ways to conceptualize Rogers's responses, one may argue an influence of other theories. For example, in psychoanalysis, a goal of therapy is assisting clients in awareness and working through current reactions to events in key formative relationships (Arlow, 2005). Compare this with the statement above, completing "unfinished business." Perhaps Rogers's knowledge of psychoanalysis was an influence on his understanding of Miss Mun. Moreover, techniques other than cognitive may be implemented within a person-centered relational framework.

We assert that adhering to a person-centered relational framework offers advantages to clients. Allowing clients' to evaluate the rationality of their own thought patterns is most empowering and keeps them maximally in charge of directions and pace of change. Consistent with Rank (1936), we believe that if counselors veer into too heavy an influence on changing clients' thought patterns, the attempted change may be in directions unnatural to their clients' development and may delay deep and lasting change, due to attempting to move in a direction that is contrary to clients' natural development or to institute changes before clients are ready for that step.

Another advantage of a person-centered relational framework is seen in the context of working with clients who have experienced tragedy. Instead of labeling clients' thoughts around the tragedies as irrational, counselors allow clients to struggle through emotions and actually become less affected in time by fully realizing feelings related to the tragedies. Similar to Frankl (1968) and May (1953), we believe it may be healthier in the long run to fully realize the oppressive power of tragedy in one's life rather than change thoughts to believing that such experiences do not have the power that they do, thereby avoiding the truth of the problem or tragedy. Also, the experiencing of such a struggle may provide clients with the evidence they need to rationally realize their individual competence and potential. Adhering to a person-centered relational framework can ensure that counselors respond with empathy to clients' experience, allowing clients a safe place to fully realize their experiences and avoiding inadvertently minimizing or devaluing of clients' experiences.

Within the PCA, desirable behaviors are naturally reinforced. For example, when clients are open, they are naturally accepted and feel encouraged to greater openness. A more congruent, real person emerges. Similarly, Truax and Carkhuff (1967) stated,

There is the possibility that counselors or therapists high in empathy, warmth, and genuineness are more effective in psychotherapy because they are more personally potent positive reinforcers [italics added] and thus elicit a high degree of positive affect in the patient, which increases the level of the patient's positive self-reinforcement [italics added], decreases his anxiety, and increases the level of positive affect in the patient (which, in turn, increases the level of the patient's positive self-reinforcement [italics added], decreases anxiety, and increases the level of positive affect and positive reinforcement [italics added] received from others). (p. 150)

Although counselors using techniques from other therapeutic approaches may also maintain this same acceptance and prizing of clients, the discipline of carefully adhering to a person-centered relational framework can help ensure this process. Also, within the person-centered relationship, clients' self-direction is reinforced, whereas, in a directive counseling relationship, there would be the potential that the belief that others know better, that others are the experts regarding one's life, may be reinforced.

By using the phrase person-centered relational framework regarding cognitive-behavioral work accomplished in the person-centered relationship, we suggest that the lines between seemingly very different ideas are less rigid than some may suggest. Instead of viewing different theoretical orientations as separate entities in which we must choose one and reject all aspects of the others, or necessarily create an eclectic approach if any of these ideas are combined, we may look at the knowledge offered by other theories as a way in which to offer greater empathic understanding. An example above suggested that knowledge of REBT allowed the counselor greater understanding of processes occurring within the client. This idea can be extended to other theoretical orientations. For example, existential theory offers insight into many aspects of the human experience. Realizing how clients often struggle with finding meaning in their lives certainly may help counselors better understand their clients.

We know that what we suggest is not easy. It requires multiple areas of expertise from counselors, when even just one can take years to accomplish. We see our assertions for a person-centered framework as one way to honor the convergence of literature supporting the efficacy of the core conditions in counseling outcomes (Bergin & Lambert, 1978; Krumblotz et al., 1979; Norcross, 2002; Orlinsky & Howard, 1978; Patterson, 1984; Rogers, 1957, 1961), as well as a way of counseling that allows counselors a wide range of actions in order to meet a maximal diversity of clients' needs or wants.

Finally, we advocate an approach that honors the core conditions for counselor efficacy and that helps counselors to be thoughtfully integrative, rather than haphazardly eclectic. We advocate for a person-centered relational framework, in which the ideals and methodology begun by Rogers are honored while techniques from other therapeutic approaches may be carefully applied to offer a full range of service to a diversity of clients with wide-ranging needs, wants, and tolerances.
References


