

A pluralistic framework for counselling and psychotherapy practice: implications for therapist training and development

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Abstract: A pluralistic framework for counselling and psychotherapy practice: implications for therapist training and development

There exists a substantial amount of research evidence supporting the effectiveness of a wide range of psychotherapeutic interventions, and therapy approaches. There is also evidence for the positive impact on psychological difficulties, of a wide range of everyday activities, such as engagement in spiritual practice, physical exercise, and travel. A pluralistic perspective on counselling and psychotherapy encourages the use of all possible sources of learning and support, in the interest of enabling clients to achieve their therapeutic goals and move on in their lives. The present paper offers an outline of a model of collaborative pluralistic practice, designed to encourage client active participation in therapy, and the maximisation of both client and therapist resourcefulness. This is followed by a discussion of the implications of adopting a pluralistic approach, for therapist training and professional development. Finally, consideration is given to the role of research as a means of enhancing pluralistic practice.

Keywords: counselling, pluralism, personal and professional development, psychotherapy, research, training

Contemporary theory and practice in counselling and psychotherapy is characterized by the co-existence of a wide range of ideas about the causes and alleviation of psychological issues. Professional training and research in counselling and psychotherapy, and the delivery of services, continue to be primarily organized around discrete 'schools' of therapy, such as psychodynamic and Cognitive-Behavioral Therapy (CBT). These models, in turn, reflect complex cultural discourses around mental health and well-being. This situation creates a choice and dilemma for therapy practitioners. Should they locate their thinking and practice within a single approach to therapy? Or is it better to find some way to integrate theories and methods from a variety of approaches? It seems clear that it is possible for practitioners to pursue productive and satisfying careers within either of these scenarios. The present paper is directed toward trainees and practitioners who are drawn to the opportunities and challenges represented by therapy integration. The aim of the paper is to offer an outline of a pluralistic framework for therapy integration, and to explore the implications of pluralism for both initial training and on-going personal and professional development.

A pluralistic framework for counselling and psychotherapy has been developed in Britain in recent years, by Mick Cooper and myself, along with many of our students and colleagues (Cooper & McLeod, 2011; McLeod, McLeod, Cooper & Dryden, 2014). The underlying principle of pluralistic therapy is that there are many activities or change processes that can be helpful for people, and that effective therapy involves the client and therapist working together to find the best way of utilizing the resources that are available to them. The process of pluralistic therapy is organised around collaborative conversations between client and therapist in relation to goals, tasks and methods, and the establishment of shared understanding of the client's problem. The early stage of therapy includes attention to the construction of a climate of feedback, to facilitate client expression of preferences for different types of therapeutic activity (McLeod, 2012). The actual interventions or 'methods' used in pluralistic therapy consist of basic counselling skills employed by the therapist, therapy techniques and exercises in which the therapist has received training, and activities and rituals known to the client. In addition, a pluralistic approach seeks to make use of 'cultural resources' within the life space of the client, such as spiritual practices, reading, relationships, walking, pets, and many other sources of potential meaning-making and social support. A central aspect of pluralistic therapy comprises the establishment of dialogue between client and therapist, in which each participant is open about his or her own ideas, knowledge and experience that might be relevant to the issues being faced by the client.

It is important to acknowledge that the pluralistic framework described in this paper represents only one way of approaching the challenge of psychotherapy integration. Other approaches to integration focus on the construction of new theoretical models, the assimilation of new therapy

methods into an existing core model, or the use of generic 'common factors' as a guide to practice (see Stricker, 2010; and Stricker & Gold, 2006, for further discussion of these integrative pathways). What is distinctive about a pluralistic perspective, is that it consists of integration 'in the room' rather than 'on the therapist's desk' or 'in the therapist's head'. Each therapy encounter presents opportunities to adapt and improvise in order to arrive at a way of working that builds on the resources that are available to the client and therapist in that moment.

The counselling and psychotherapy research literature has been dominated by studies that seek to evaluate the relative effectiveness of different approaches to therapy. Within the world of clinical work, evidence-based practice is mainly defined in terms of the delivery of therapy protocols that have been shown to be effective through randomised controlled trials (RCTs). On the whole, this line of research has tended to converge on the conclusion that most therapy approaches are equivalent in their effectiveness. It may be useful, here, to turn this statement around – the evidence of research also shows that most therapy approaches are equivalent in their *lack* of effectiveness: as many as 40 % of clients who complete therapy do not improve; many as clients quit therapy within a few sessions; gains at the end of therapy may not be sustained over long-term follow-up. What has begun to emerge, in recent research, is that differences in outcome may be due more to the person of the therapist, rather than the therapy approach that is being applied. Studies by Okiishi, Lambert, Nielsen and Ogles (2003) and Saxon and Barkham (2012) have shown that, in everyday practice, some therapists achieve good results with almost all of their clients, while other therapists appear to achieve negative results with almost all of their clients. These patterns are in fact more complex, and interesting than merely suggesting that some therapists are more effective than others. Studies by Kraus, Castonguay, Boswell, Nordberg and Hayes (2011) and Heinonen, Lindfors, Laaksonen and Knekt (2012) have shown that even the least effective therapists are capable of doing good work with some categories of clients, and even the most gifted therapists struggle to attain good results with clients with certain types of problem. Research by Anderson, Ogles, Patterson, Lambert and Vermeersch (2009) and Nissen-Lie, Monsen, Ulleberg and Rønnestad (2012) suggests that the key attributes of therapists who are highly effective are based in interpersonal skills, openness to feedback, and willingness to learn.

Research into therapist effects has had a powerful influence on the development of the pluralistic approach to therapy. These studies suggest that an approach to therapy needs to comprise not only a body of skills and knowledge, but needs to incorporate a model of *how to become the best therapist that one can be*. In recognition of this factor, the pluralistic approach to therapy draws on contemporary theory and research on a set of therapist development (McLeod & McLeod, 2014; Rønnestad & Skovholt, 2013).

Becoming a pluralistic therapist: initial training

At the present time, there are relatively few training programmes in counselling, psychotherapy, or clinical psychology, that are explicitly based in a pluralistic perspective. However, there are many training programmes that provide trainees with a learning experience that is flexible enough to enable them to develop in a pluralistic direction. There are also many practitioners, regardless of their initial training, who find their own sources of learning and support that lead them toward a pluralistic therapeutic orientation. The following paragraphs offer an outline of some of the key principles that underpin training in pluralistic therapy. There are many ways in which these principles can be implemented, depending on the training requirements of different professional associations and the course structures associated with different universities and training institutes.

A lifelong learning perspective. Training in pluralistic therapy starts from an assumption that being an effective therapist is a process of lifelong learning. Interviews with highly regarded senior members of the profession (for example, the classic 'master therapist' study by Skovholt and Jennings, 2004) have consistently found that these individuals are 'voracious learners' and continue to be open to new ideas throughout the course of their careers. It is helpful for trainees to read some of these studies, and reflect on the implications of their findings for their own personal careers. It is also helpful for trainers and tutors to emphasise that what is offered on a training programme should be regarded as a starting point for further learning, rather than as providing all that the trainee needs to know in one package.

Adopting a critical philosophical perspective. It is not possible, in a crowded training curriculum, to include a comprehensive coverage of all of the topics within philosophy that might be relevant to therapy theory, practice and research. Nevertheless, there are some philosophical issues that are particularly significant in relation to pluralistic practice. The concept of 'pluralism' is a philosophical idea, which refers to an assumption that there are many correct or valid answers to any question. Trainees need to be allowed time and encouragement to reflect on the implications of this idea. What does it mean that there is no single or ultimate 'truth' to be found? What is involved in engaging in reconciling the 'truth' of one person and the 'truth' of another (Rescher, 1993)? These reflections inevitably lead towards consideration of the nature of dialogue as a way of knowing (Bakhtin, 1986), and the ethical dimension of being willing to accept that other people do not share one's own beliefs about things (Levinas, 2003)? In making it possible for trainees to engage in these philosophical discussions, it is helpful if trainers and tutors encourage trainees to explore points of contact between philosophical ideas, and both personal experience and therapy practice. It is also useful, throughout training, to invite reflection on the implications of a pluralistic stance in relation to theories of therapy and research on therapy. It is important for any

therapist to have access to theoretical concepts that enable them to make sense of the sometimes confusing experiences reported by clients. From a pluralistic perspective, therapy theory works best when it is 'lightly held' in the sense of being regarded as a useful conceptual tool, that is regarded as representing one among many 'healing narratives', rather than viewed as a statement of fundamental truth (Hansen, 2006). Similarly, adopting a methodologically pluralist approach to research, which values the potential contribution of a wide range of methodologies (qualitative, quantitative, case studies, autoethnography) and forms of knowing, makes it much easier for trainees to find productive and creative ways of using research to inform practice. An outline of a pluralistically-oriented perspective on philosophy of science can be found in McLeod (2013, chapter 3).

Learning to use personal and cultural resources. Pluralistic therapy is based in an assumption that both the therapist and the client possess strengths and resources that are potentially relevant to the resolution of the client's difficulties. While not wishing to discount the reality of suffering, a pluralistic approach to therapy is aligned with models of practice acknowledge positive attributes of clients, such as their strengths (Wong, 2006), resources (Flückiger & Holtforth, 2008; Flückiger, Wüsten, Zinbarg & Wampold, 2010), capacity to make choices (Glasser, 2000) and ability to take an active role in therapy (Bohart & Tallman, 1999). Within these therapy traditions, the ideas and methods associated with psychology and psychotherapy theory and research represent only a relatively small part of the wide range of healing practices that are available within a culture. One of the aims of pluralistic training, therefore, is to encourage students to become interested in personal and cultural resources and the ways in which these activities can be harnessed in therapy. An important area of learning, within this topic, concerns the personal experience of the student, in terms of the strengths and resources available to them in their own life. There are many personal development exercises and workshops designs that can be used to facilitate this kind of awareness (McLeod & McLeod, 2014). A key aspect of this work involves realizing that personal struggles and difficulties can become sources of sensitivity and awareness in relation to clients (Aponte & Kissil, 2014). Reading qualitative research into experiences of 'recovery' constitutes a further learning strategy that can be used to promote an appreciation of the diversity of resources that are used by people to overcome problems in living. For example, there is a rich literature that documents the many ways that individuals suffering from depression find a way to move forward in their lives (see, for example, Ridge & Ziebland, 2006; Wilson & Giddings, 2010).

Learning collaborative skills. A distinctive aspect of pluralistic therapy is its emphasis on the process of co-construction of meaning and behaviour change that takes place between client and therapist. Pluralistic therapy is about two (or more) people working together to accomplish

an agreed aim or goal. Effective collaborative working draws on a wide range of skills and knowledge. There are many basic counselling skills that are central to the process of collaboration: listening, summarising, checking out, meta-communicating. There is also an essential element of self-awareness that is involved in this process. In order to collaborate, a therapist needs to know what he or she brings to the table, and what is that he or she cannot offer. Collaboration also requires an appreciation of barriers to joint action, and how these barriers might be overcome. Knowledge of theories of therapy can be helpful in this respect. Concepts such as transference/countertransference, impasse, and negative automatic thoughts provide valuable ways of thinking about how the client or therapist can undermine the process of working together. Conversely, theories of dialogue can provide positive images of how and why collaborative conversations can be facilitative. Another key aspect of collaboration focuses on the acknowledgement of difference – two people can achieve more than one person alone, because each of them has different skills and understanding that they can contribute to the task in hand. These facets of collaboration can be developed in multiple ways across a training programme, for example through counselling skills practice, or working together in groups. An important element of collaboration, which needs to be introduced as early as possible within a training programme, related to the capacity to give and receive feedback. Students need to learn about how to give and receive feedback to/from each other, how to give and receive feedback in the context of clinical supervision, and how to create a culture of feedback in their relationships with clients (Bowen & Cooper, 2012).

Acquiring basic therapeutic competencies. One of the objections that is often raised, by critics of pluralistic therapy, is that it is not possible for students or trainees to acquire a sufficient level of competence in enough forms of therapy, to be able to work effectively with clients. These critics point out that therapists who specialise in particular approaches, such as psychodynamic or CBT, typically undergo many years of training in one specific model. The risk of pluralism, they assert, is that the therapist emerges from training with only a superficial knowledge of various methods, and that as a result, their attempts to use these methods will lack potency. This line of argument needs to be taken seriously by anyone entering or delivering training in pluralistic therapy. There are several ways in which the issue of therapist competence can be addressed in pluralistic training. First, it is necessary to make it possible for students or trainees to acquire a core set of basic therapeutic competencies. At an early stage of training, students need to learn about counselling skills, such as listening, summarising, and challenging (Hill, 2004) and practice these skills on each other. At a more advanced stage, students need to begin to build an intervention 'toolkit'. It makes sense to provide students with sufficient tuition and coaching to be able to engage in meaning-making and exploratory interventions (informed by person-centred and psychodynamic theories), structured problem-solving and behaviour change methods (such as CBT) and some expressive-creative interventions (such as two-chair work, use of journals,

art-making). A second strategy, that accompanies the process of acquiring basic therapeutic skills and competencies, is to keep reminding students that being a good therapist is a matter of sustaining a commitment to lifelong learning, and to point out that they may well wish to seek further training in these approaches at later points in their careers. Third, trainees need to have a sufficient sense of confidence in their own capabilities. This can be achieved by emphasising the rationale for a pluralistic way of working, in terms of research that shows that the best results are achieved by therapists who are responsive to client preferences, rather than by therapists who use the same approach with every client (McLeod, 2012). Students may also find it encouraging to learn that there is little evidence that highly-trained therapists are more effective than minimally-trained counsellors (see, for example, Strupp & Hadley, 1979). The final strategy that contributes to therapy competence is the practice, within pluralistic therapy, of using brief outcome and process measures to collect feedback from clients on a regular basis, for instance at each session. The use of feedback tools helps students to be better therapists, by providing immediate evidence around what they are doing that is helpful or unhelpful (Tracey, Wampold, Lichtenberg & Goodyear, 2014), and enabling them to learn from their clients. It also contributes to the development of a rationally-grounded sense of confidence and competence, if the balance of feedback evidence points in the direction of positive outcomes for clients who are being seen.

Learning to use research knowledge as a resource for practice. The existing counselling and psychotherapy research literature provides strong evidence to support the basic principles of a pluralistic orientation to therapy. For example, the findings of outcome studies, conducted over many decades with many different client groups, confirms that there are many potentially viable change processes. A similar conclusion is reached in reviews of qualitative research into client perceptions of what is helpful in therapy. The central importance of a collaborative therapeutic relationship has also been verified in many studies. Therapy training programmes that pay little attention to research evidence, and instead are based in intensive study of theoretical ideas, can all too readily lead students into understanding therapy solely in terms of that specific set of ideas. By contrast, in programmes where students are helped to gain a genuine spirit of scientific curiosity, and explore the research literature on their own behalf, participants very quickly learn that there are always several viable therapeutic options in any situation. In order to achieve this level of engagement with the research literature, students need to learn how to find interesting research articles, and then to be able to read these items from a critical but also appreciative stance. If this occurs, then over a period of time students can come to recognise that research is a form of knowledge that can sit alongside other forms of knowing, such as practical knowledge, theoretical knowledge, cultural knowledge and personal knowledge.

The principles of training in pluralistic therapy, presented above, can be observed in action within many counselling and psychotherapy training programmes. Training in pluralistic therapy is not radically different from any other form of therapy training. What is distinctive, is the use of

the concept of pluralism, and linked concepts such as dialogue and collaboration, to provide coherence across the training as a whole. It is useful, therefore, to anchor training in a pluralistic perspective, by providing a strong rationale and explanation around pluralism at the start of training, and reviewing pluralistic ideas and practice at regular intervals. It is valuable for students or trainees to learn about specific therapy approaches, such as CBT or psychodynamic, from practitioners who identify with these approaches and specialize in them. If the student already possesses a sufficient grasp of pluralistic 'meta-theory', then he or she will be able to make up their own mind about which elements of the specific approach can be assimilated into their personal repertoire of theories and methods, at that particular point in their development.

Career development for pluralistic practitioners

One of the aims of initial training in pluralistic counselling and psychotherapy is to provide students with a framework into which they can continue to assimilate new skills and knowledge, over the course of their careers. A further aim is to produce therapists who understand what they know, while at the same time possessing a sense of what they do not know, what they need to learn, and where they might acquire such new knowledge. Although supervision of pluralistic practice needs to take account of a wide range of issues that may arise for supervisees, it also returns on a regular basis to one key question: 'what did you learn from that session, or from that case?' This question has been found to be a distinctive characteristic of the experience of using a pluralistic approach (Miller & Willig, 2012). If a therapist is to engage in genuine dialogue with a client, and be genuinely interested in the resources, activities and strategies that are available to the client, then it is inevitable that the practitioner will continue to make discoveries about how people deal with the condition of being human.

This on-going exposure to new learning can lead in a wide range of directions. Sometimes what is learned can trigger a personal crisis, that can lead into personal therapy. Sometimes what is learned can lead into a desire to gain further training, or seek different types of cultural or work experience. Autobiographical life-histories, written by therapists, represent an important set of resources in relation to understanding how development can take place over the course of a career (McLeod, 2014). These narratives tend to suggest that therapists tend to undergo cycles of development in which cumulative reflection on experience triggers a shift into a different pathway. This pattern has important implications for the provision of further training possibilities beyond the stage of initial training.

Conclusions

This paper has offered some ways of thinking about some of the implications for training and career development, of the adoption of a pluralistic perspective on therapy. It is important to be cautious and tentative in relation to these issues. Although many therapists have been practicing in accordance with pluralistic principles for many years, it is only fairly recently that an explicit pluralistic framework for practice has been formulated. It is certain that we all have a lot to learn about how to work pluralistically, and how to train and support those who are learning about this approach. For those of us who have been directly involved in pluralistic training, there is a shared sense of wonder at the extent to which this way of thinking allows students and trainees to identify, celebrate and make use of their own pre-existing knowledge and resources, and to be actively curious about the many therapeutic possibilities that exist within the wider culture to which they belong.

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