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Preface

To know what you prefer, instead of humbly saying Amen to what the world tells you ought to prefer, is to have kept your soul alive.

–Robert Louis Stevenson

Since its beginnings, psychotherapy has sought to adapt or fit itself to the individual patient. As early as 1919, Freud introduced psychoanalytic psychotherapy as an alternative to classical psychoanalysis on the recognition that the latter, more rarified approach lacked universal applicability and that many patients did not profit from or prefer it (Wolitzky, 2011). The mandate for individualizing psychotherapy is embodied in Gordon Paul's (1967, p. 111) iconic question: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" Every psychotherapist recognizes that what works for one person may not work for another; we seek "different strokes for different folks" (Blatt & Felsen, 1993).

Hundreds of potential client characteristics have been proposed as markers for using one treatment method or relationship style rather than another (Clarkin & Levy, 2004). However, it has been only in the past 15 or 20 years that the quest for personalizing psychotherapy has been fully supported by solid research. The enshrined clinical lore of creating a new psychotherapy for each patient now rightfully carries the designation of *evidence-based practice*.

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We focus in this volume on personalizing psychotherapy to client preferences. Why preferences? First, because doing so is a powerful way of communicating respect and valuing to clients, that their views matter and are worthy of consideration. We thus move from a paternalistic model of care toward a more democratic and collaborative one that acknowledges the centrality of client choice and expertise. Second, it brings to the fore the client's hopes, desires, and directions, rather than their disorders and pathologies. It asks the quintessentially human question "What do you want?" rather than "What is wrong with you?" Third, personalizing psychotherapy is associated with greater patient engagement and improved treatment outcomes. Fourth, patient preferences and values are clearly identified as one of the three sources of evidence-based practice. Fifth, honoring preferences embraces individual differences and actualizes cultural diversity. Sixth, students and patients highly value this method of individualizing treatment. Finally, there has yet to be a practical and applied guide to working with client preferences, despite the rapid growth of research in this field (Swift et al., 2019). Stated simply, understanding and valuing patient preferences prove human, collaborative, effective, popular, and necessary to clinical practice.

A warm welcome, then, to *Personalizing Psychotherapy: Assessing and Accommodating Patient Preferences*.

OUR AIM

In this book, we highlight evidence-based methods to gauge, honor, and implement client preferences in counseling and psychotherapy. We, the authors, are two seasoned scientist–practitioners on separate continents joined by our commitment to meeting clients where they are at and valuing their preferred ways of working. We strive to honor clients' preferences while also honoring our own expertise and understandings. By the end of this volume, we trust that you will be able to reliably determine a client's preferences and accommodate them when clinically and ethically indicated so that psychotherapy is personalized for each patient.

We aim in this volume to familiarize you with the empirical and clinical evidence for accommodating patient preferences in Chapters 1 through 3 and then to walk you through its clinical assessment and application in Chapters 4 through 9. The content of this book is about two-thirds application and one-third theory and research; more "how to" than "how come."

We begin in Chapter 1 by featuring the evolution of treatment adaptations or responsiveness, including the confusing multiplicity of terms for

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the process of creating a new psychotherapy for each patient. The next two chapters summarize the research evidence and clinical rationale, respectively, for personalizing to preferences. Then, in Chapters 4 and 5, we drill down to assessing client preferences and applying our favored instrument, the Cooper–Norcross Inventory of Preferences (C-NIP), as well as other measures. How to sensitively integrate preferences into psychotherapy is the focus of the next chapter, then training and supervision in Chapter 7. The book concludes by presenting the contraindications of personalizing in Chapter 8 and its probable (and exciting) directions in Chapter 9. We envision a more ethical, effective, and evidence-based bespoke psychotherapy in the future.

Throughout, we showcase numerous case examples from our clinical practices, supervisees' work, and research studies. In all cases, we have either obtained permission from the clients to audio record and present their words, constructed composite patients to disguise their identities and maintain their privacy, or both.

OUR AUDIENCES

Our intended audiences are psychotherapy and counseling practitioners, students, and trainers across the continents, of all persuasions and professions. We have strong reason to believe that most mental health professionals already individualize their work to some extent, but not as consistently, comprehensively, or effectively as possible.

We are not teaching here a particular treatment approach; instead, we build on your clinical competencies and favored theories. We are decidedly integrative (Norcross & Goldfried, 2019) and pluralistic (Cooper & McLeod, 2011) in our own orientation. To paraphrase Isaac Newton, we intend to build bridges, not walls. The book primarily focuses on psychotherapy with adult clients and on a one-to-one basis. However, we believe that those working with children and young people, as well as in groups or more community settings, will find much of value to take into their work.

Psychotherapy students will, we trust, find this pantheoretical, research-supported personalizing approach effective in practice and resonating in spirit. Most of us were attracted to the healing professions in order to nurture fellow souls qua individuals, not to provide manualized protocols to diagnostic "entities." Personalizing psychotherapy capitalizes on both the nomothetic and idiographic traditions: attuning psychotherapy to the particulars of the individual according to the generalities of the research.

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As psychotherapy teachers ourselves, we believe that trainers and supervisors will find this volume helpful. It operationalizes what we all, repeatedly, preach: Treat the entire person, not only the diagnosis. It is a quintessentially whole-person approach to mental health services.

OUR WORD CHOICES

Throughout this book, we intentionally alternate the terms *patient* and *client* and use them interchangeably. The same applies to *psychotherapy*, *counseling*, and *treatment*, and we use the terms *psychotherapist*, *counselor*, and *clinician* interchangeably too. It is a matter not only of remaining theoretically pluralistic on these contentious word choices but also of communicating inclusivity across disciplines and traditions. When we speak of the *individual*, we naturally recognize that the person may be in individual therapy or in a larger treatment format, such as a couple or in a group.

We tend to privilege in clinical practice the terms and roles the patient favors, as opposed to what the psychotherapist desires. Wilfred Bion (1967), the famed psychoanalyst, meant something along these lines when he wrote about conducting therapy without memories and desires because they interfere and distort the client's lived experience. That is part and parcel of this book's meta-message: It is the patient's experiences and preferences that can, and should frequently, drive the work.

OUR ACKNOWLEDGMENTS

It takes a village to construct an assessment tool, such as the C-NIP, and to compile a book, such as this. We are indebted to scores of colleagues, students, patients, and collaborators. Particular gratitude is expressed to Jake S. Ziede and Danielle Cook for conducting literature reviews and chasing articles, Thomas P. Hogan for statistical expertise on the C-NIP and its development, and Gina di Malta for her collaboration on a wide range of related projects. We are grateful to Brett Raymond-Barker for gathering data on the use of the C-NIP, as well as Sarah Knox, Hanne Oddli, and Joshua Swift for their research collaboration. Susan Reynolds, our acquisitions editor at American Psychological Association Books, was encouraging from the start and persevering toward the end of the project; we affectionately remind her of Longfellow's observation, "Great is the art of beginning, but greater is the art of ending." We deeply appreciate our international collaborators who

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have faithfully translated the C-NIP into several languages (all listed on www.c-nip.net/).

Last, we mutually acknowledge each other for the pleasure of our research and writing collaboration. Working together "across the pond" proved challenging at times but nothing that persistence and technology did not overcome. We are stronger for the partnership, and we hope *Personalizing Psychotherapy* is better as well.

—John C. Norcross
Clarks Summit, PA, United States

—Mick Cooper
Brighton, United Kingdom

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