Summer 2025

Counseling Theory Chronicles

International Institute For The Advancement of Counseling Theory

INSIDE, WE TALK ABOUT:

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Interview and Updates

Dr. Ed Neukrug, Batten Endowed Chair of Counseling (CHS)

In this newsletter, I am very excited to feature an interview with Dr. John Norcross, an internationally recognized expert on behavior change and psychotherapy. The interview focuses on questions regarding the efficacy of counseling, qualities critical to effective psychotherapy, evidence-based practice, adapting one's style to client characteristics, relationship styles that do not work, psychoquackery, and psychotherapy integration. I'm sure you will find it interesting and helpful in your work with clients.

Dr. Norcross is Distinguished Professor and Chair of Psychology at the University of Scranton, Clinical Professor of Psychiatry at SUNY Upstate Medical University, and a board-certified clinical psychologist. An author of more than 400 scholarly publications, he has written 22 books and is currently on the Executive Board of IIACT.

"The single largest contribution to who gets better (or worse) is the patient..."

Dr. Norcross has been president of multiple organizations, including the American Psychological Association (APA), Division of Clinical Psychology, and APA's Division of Psychotherapy. He has served on the Board of Directors of the National Register of Health Service Psychologists and on APA's governing Council of Representatives. He has also served as the editor of the *Journal of Clinical Psychology: In Session*, on numerous editorial boards, and has consulted with several organizations, including the National Institutes of Health. He is a Fellow of 10 professional associations and has received numerous notable awards, including APA's Distinguished Career Contributions to Education and Training Award.

Dr. Norcross has been featured in hundreds of media interviews and appeared on the *Today Show*, *CBS Sunday Morning*, BBC, *Anderson Cooper* 360, and *Good Morning America*. An engaging teacher and clinician, Dr. Norcross has conducted workshops and lectures in 40 countries.

In addition to my interview with "John" in this newsletter, you will find updates on the projects being completed by our research, multicultural, and global subdivisions.

With kind regards,

Ed

Dr. Ed Neukrug, LPC, LP
Batten Endowed Chair of Counseling (CHS)
Department of Counseling and Human Services at ODU

Interview with Dr. John Norcross

Ed: Dr. Norcross, it's such an honor to have you here today to discuss several questions regarding counseling theory, including its efficacy, qualities critical to effective psychotherapy, evidence-based practice, adapting one's style to client characteristics, relationship styles that do not work, psychoquackery, and theoretical integration. But first, let's begin with how you became interested in therapists' theoretical orientations or counseling theories. When did that start? And how have you remained involved?

John: That started back in my undergraduate studies at Rutgers. My honors thesis in the late 1970s investigated theoretical and practice differences between existential-analytic and existential-humanistic therapists, which led to my first journal article. That was followed by a master's thesis on a survey of the theoretical orientations of clinical psychologists, which we have repeated every 10 years since. I was then fortunate to be asked by Jim Prochaska to coauthor his *Systems of Psychotherapy* text, and we just published the 10th edition last year. Next year, I will be blessed to work with Danny Wedding to coedit his and Corsini's *Current Psychotherapies*, which is entering its 12th edition. We also continue to regularly track the popularity of therapists' theories as well as routinely conduct Delphi polls on the future of those theories. So, my abiding interest in theories goes back some 50 years, Ed.

Ed: That's so impressive, and I'm glad to know that you have been in the field a few years longer than me! There are so many theories to choose from today, with some people saying between 300 and 500, although theories books usually look at the same 15 theories, or so. So, based on your research, do you think that some theories are more efficacious than others, and if so, why or why not?

John: Well, theories themselves are not efficacious or inefficacious, of course, but the treatments they spawn have been extensively studied in thousands of psychotherapy outcome studies. The research base is huge, and your question could be a book in itself! Psychotherapy is remarkably effective. The average client receiving therapy is better off than 80% of untreated clients. Across all studies, the average effect size for psychotherapy is .85, a large impact in the behavioral sciences and health care. But the short answer to the differential efficacy question is no and yes. Most psychological therapies tend to work equally well; it's the Dodo Bird Verdict.

Ed: And, by the Dodo Bird Verdict, you mean the idea that came from Alice in Wonderland when the dodo bird declares at the end of a race that everyone has won and all must have prizes." So, in essence, you're saying that most therapies work—well, at least to some degree. So, why is that?

John: The why is multifaceted. For instance, the strong effects of common factors, therapist contributions, and especially patient factors on outcomes all contribute to positive client outcomes. It's actually less about the uniqueness of any particular theory and more about what therapies share in common, what therapists bring to the therapy relationship, and most importantly, what patients contribute. The single largest contribution to who gets better (or worse) is the patient: their motivation, stage of change, severity of disorder, willingness to commit, openness to work, and so on.

Ed: That's really interesting. Although I've known that what the client brings is critical to outcomes, I think I've been living in this world of common factors and evidence-based practice, not giving enough credit to what's going on with the client. So given that, what about the theories? Do they all work pretty much the same?

John: Let me offer some necessary caveats to avoid an unwarranted "everything works the same." First, the thoroughly tested therapies tend to work, but many therapies have NOT been sufficiently tested. That's especially true of some older psychodynamic variants; they are not practicing on a firm research foundation. Second, I find some exceptions for particular disorders: CBT treatments tend to prove more effective for pain, OCD, severe anxiety, and trauma. Systemic therapies are better for some relational dysfunctions, for instance. And the meta-analyses show psychotherapy exerts larger effects on some disorders than others. We tend to be more effective with clients suffering from unipolar depression, anxiety, gambling, trauma, and phobias. Psychotherapy proves effective, but less so, for psychoses, suicidal ideation, and personality disorders, for instance.

Ed: Having been a leader in determining psychotherapy relationships that work, what qualities of the therapeutic relationship have been shown to be critical to positive client outcomes, regardless of the theory?

John: Decades ago, some colleagues and I were concerned that there were no systematic reviews and meta-analyses on what works, and does not work, in the psychotherapy relationship. It was then that Mike Lambert, Bruce Wampold, and I set out to rectify that gap in the literature by inviting people to conduct meta-analyses on qualities of the therapy relationship and their association with treatment outcome. At 10-year intervals, we compiled the 30+ meta-analyses in the recurring book *Psychotherapy Relationships that Work* and special sections of journals. The results of the latest analyses support many qualities are demonstrably effective: the alliance in individual child and adult therapy; the alliance in couple and family therapy; cohesion in group therapy; goal consensus; empathy, positive regard and affirmation; and routine outcome management, are all critical, regardless of the particular theory. Other elements of the therapy relationship are probably effective according to the meta-analyses: congruence/genuineness; the real relationship; emotional expression; cultivating positive expectations; promoting treatment credibility; repairing alliance ruptures; and managing countertransference. In addition, research is still out on the effectiveness of immediacy and self-disclosure.

Ed: The fact that you and your colleagues did such intensive research is so impressive, and you have certainly impacted the field. All of that research brings to mind my next question: if certain therapeutic qualities show positive client outcomes regardless of the theoretical approach used, is there any reason to use evidence-based approaches that have been shown to work for specific diagnoses or problems?

John: Yes, these elements of therapy relationships come nowhere near accounting for all the variance in positive therapy outcomes! Specific, research-supported treatment methods should certainly be learned and applied for specific diagnoses or disorders. The claim "that it's all in the relationship" is clinically dangerous and empirically misleading. I am a fierce advocate for the relationship, but it's not an "either/or" in the relationship or treatment method; it's "both/and." In fact, one of my latest books, with Clara Hill, was entitled *Psychotherapy Skills and Methods that Work* highlight the point that we should train and practice in both effective therapy relationships AND treatment methods.

Ed: John, you have also been a leading researcher in identifying psychotherapy responsiveness that works, sometimes called "personalizing," as noted in the title of some of your recent books. How important is it to adapt one's style to client characteristics (e.g., client reactance, preferences, ethnicity, gender, religion)?

John: That's the second part of the therapy relationships that work: responsiveness or personalizing that work. Unlike the meta-analyses on the therapy relationship which are correlational, the meta-analyses conducted on personalizing are causal. These methods of tailoring or adapting can be said to cause patient improvement. In fact, we have identified six methods of adapting or personalizing that prove effective; that is, matching the following specific characteristics and style of patients:

1. Race/ethnicity (cultural adaptations work)
2. Religion/spirituality (religious accommodation also works when requested)
3. Patient preferences
4. Reactance level (high should lead us to be less directive; high client reactance will respond to more directiveness)
5. Stage of change (precontemplation, contemplation, preparation, action, maintenance)
6. Coping style (internalizers vs externalizers, in particular)

So, it is quite important to tailor therapy to the patient in these ways, when clinically feasible and ethically appropriate. It improves success and decreases dropout. Currently, there is insufficient or insensitive research on several other personalizing methods to determine their effectiveness, such as client's sexual orientation, gender identity, and attachment style. But I suspect that in our next compilation of meta-analyses, occurring in about three years from now, there may be enough research to say that those work as well. This is an exciting and growing domain of research. We're actually creating a new psychotherapy for each patient in ways that we know work.

Ed: So, we've talked a lot about what makes counseling and psychotherapyso effective. But have certain relationship styles been shown to not work in therapy or counseling?

John: Yes, indeed. We have scoured the clinical and research literature for what we call discredited relationship elements. Translational research should be both prescriptive and proscriptive: tell us what works and tell us what does not. On the list of discredited relationship behaviors are these 5 red flags:

- *Confrontations*: Controlled research, especially in addiction work, finds a confrontational style to prove ineffective. Therapists can present unfavorable feedback in other ways, such as the demonstrably effective motivational interviewing.
- *Negative processes*: By that, we mean therapist comments or behaviors perceived by clients as hostile, pejorative, critical, rejecting, or blaming. We need to repeatedly distinguish between patient behavioral patterns vs their personhood. Fortunately, when clinicians engage in negative processes, they can immediately repair that alliance rupture.
- *Cultural arrogance*: Arrogant impositions of therapists' cultural beliefs are culturally insensitive and demonstrably ineffective. By contrast, therapists expressing cultural humility and cultural responsiveness work well.
- *Assumptions*: Psychotherapists who assume or intuit their patients' perceptions of the relationship satisfaction and treatment success frequently misjudge. On the other hand, therapists who regularly inquire or track patient perspectives on these matters evidence better outcomes.
- *Rigidity*: The fifth red flag is inflexible and excessively structuring therapy. That risks empathic failures and inattentiveness. Dogmatic rigidity imperils therapy success.

Ed: So many of those discredited elements remind me of what William Glasser talked about years ago, when he strongly stated we should not use "external control language"—or language that tries to manipulate and control people. So, all of this brings me to one last question. Can you talk a bit about what you and Gerry Koocher identify as psychoquackery?

John: Building consensus about what does not work is a vital counterpart to evidence-based research on what does work. Gerry Koocher and I have conducted three Delphi polls to identify ineffective or "quack" assessments and therapies: one study on adults, one on people with addictions, and one on assessments and tests for children. The Delphi method entails a two-stage process whereby experts exchange opinions and reach a consensus. We define discredited as those unable to consistently generate treatment outcomes (treatments) or valid assessment data (tests) beyond that obtained by the passage of time alone, expectancy, base rates, or credible placebo. Discredited subsumes ineffective and detrimental interventions but forms a broader and more inclusive characterization. We are

interested in identifying disproven practices. For adults, the expert panelists rated at the top of the psychquackery list: Angel therapy, use of pyramids for restoration of energy, Orgone therapy (use of orgone box or orgone energy accumulator), crystal healing, past lives therapy, and future lives therapy for treatment of mental/behavioral disorders. The most discredited tests were the Luscher Color Test for personality assessment, the Szondi Test for personality assessment, handwriting analysis (graphology) for personality assessment, the Bender Visual Motor Gestalt Test for assessment of neuropsychological impairment, and the Enneagrams for personality assessment. For children and adolescents, Enneagrams, the Szondi Test, Brain Balance, biorhythms, handwriting analysis and the Fairy Tale Test were strongly discredited for assessment. Treatments that were strongly discredited include past life regression therapy, crystal healing, and withholding food or water. A quick Internet search will reveal that many of these discredited treatments are still being used and pose risks to both patients and practitioners. You can probably tell, Ed, why I become agitated when someone proclaims all psychotherapies work equally well!

Ed: Well, I guess I need to get rid of my orgone energy box! I had a hunch it was not working! But, let me ask you, if most therapies work, does that support the recent movement toward therapists embracing psychotherapy integration?

John: Many thoroughly researched therapies work well, and this recognition of therapeutic commonalities is certainly one of many factors that have fostered the ascendancy of psychotherapy integration in recent decades. Other reasons include the sheer proliferation of psychotherapies (called the hyperinflation of brand-name therapies), the documented inadequacy of single theories and treatments for all patients and presentations, the opportunity to observe various therapies via videotapes, the opportunity to read detailed treatment manuals, and the development of professional networks for integration. My favorite is SEPI – Society for the Exploration of Psychotherapy Integration. I am excited to practice and research in an era when the modal theoretical orientation is integrative or eclectic or pluralistic. To me, that reflects the growing maturity and efficacy of psychotherapy. Exciting stuff!

Ed: I'm so impressed with your depth of knowledge and the research you have conducted, and I think this interview is so critical for all counselors and therapists, as it pulls together several important themes. Thank you so much for discussing all these important issues related to theory and client outcomes.

Subdivision Updates

Multicultural Subdivision

Co-Chairs: Dr. Sylvia Nassar and Daniel Guitterez

Contemporary counseling theories are central to counselor education programs across the country and globally, yet their applicability to diverse intersectional clients is not fully extrapolated or even fully understood. This vodcast series, *Theory in Context: Voices at the Crossroads of Culture and Counseling*, is designed to supplement traditional counseling theory texts and provide the impetus for critical discourse on how traditional counseling theory relates to intersectional cultures within historically marginalized communities. The series depicts moderated interviews with seasoned clinicians who provide counseling services to specific intersectional populations within such communities. Interviews offer an overview of the communities represented and delve into the ways in which mental health manifests and counseling theories and services are applied and delivered. The vodcasts will be placed on the IIACT website within the next few months.

Global Subdivision

Co-Chairs: Drs. Courtland Lee and Barbara Herlihy

The Global Subdivision is doing interviews with counselors and healers from different countries around the world to understand the different kinds of counseling and healing practices used in these countries. Currently, we have a master's level counselor interviewing individuals in South America. She has interviewed individuals from most of the countries in South America. In addition, we are planning on having two faculty members interview individuals from Africa. We hope to eventually develop a worldwide map describing the different types of counseling and healing practices globally.

Research Subdivision

Co-Chairs: Drs. Mike Kalkbrenner and Chris Sink

Neukrug, Kalkbrenner, Sink, and Kubilus conducted a validation study on a new version of Ed Neukrug's Theoretical Orientation Scale (ENTOS). Initially, researchers generated 64 statements to reflect established counseling/therapeutic approaches. Following several iterations of statement refinement, items were scrutinized by three leading experts in counseling theory and subsequently piloted with a developmental sample. Over 550 valid questionnaires were subjected to univariate and multivariate analyses. The Rasch statistical method generated an adequate model fit for the five predicted schools: psychodynamic, existential-humanistic, second-wave cognitive-behavioral therapy (CBT), post-modern, and third-wave CBT, with respective Pearson estimates of .74, .70, .70, .76, and .77. Researchers concluded that the ENTOS has several applications for both pre- and in-service mental health practitioners. Look for this new scale on the IIACTwebsite soon.

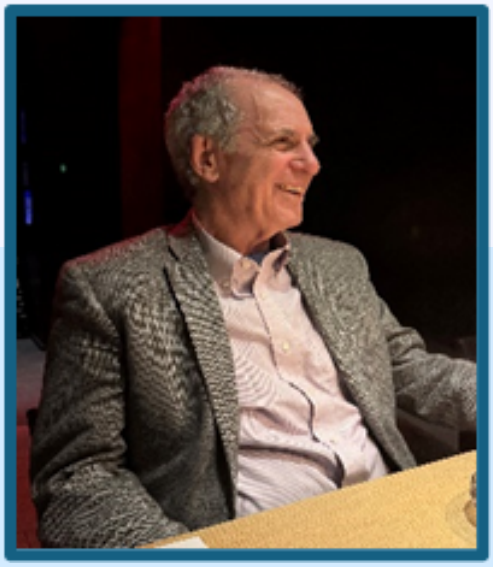
Updates and Thank You

Want to use the older scale now?

Click one of the following links:

- English Version
- Spanish Version
- Simplified Chinese (Mandarin) Version [简体中文（普通话）版]

Look for Our Fall Newsletter Featuring Another Prominent Scholar!



Thank you!

Ed Neukrug

Dr. Ed Neukrug, LPC, LP
Professor and University Professor
Batten Endowed Chair of Counseling (CHS)
Department of Counseling and Human Services at ODU
Exec. Director, Internat'l Institute for the Advancement of Counseling Theory
Lifetime Publications Award and Fellow of the American Counseling Association
Old Dominion University, Norfolk VA 23529

Aaron Albright
Aaron Albright, M.Ed.
PhD Student in Counseling
2025 Virginia Counseling Association Emerging Leader
Graduate Assistant to the IIACT
Old Dominion University