

The Critical Role and Effects of Patient-Centered Communication in Psychotherapy: A Narrative Review

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Abstract: Patient-centered communication has emerged as a fundamental component of effective psychotherapy, significantly influencing the therapeutic process and outcomes. This narrative review examined 53 studies selected from PsycINFO, PubMed, and CINAHL databases published between 2010–2024, focusing on empirical and theoretical work on patient-centered communication in psychotherapy. A significant portion of this review is dedicated to analyzing the effects of patient-centered communication on therapeutic outcomes. The evidence consistently demonstrates that this approach enhances the therapeutic alliance, improves treatment adherence and engagement, increases patient satisfaction, and leads to better overall mental health outcomes. The review also examines how patient-centered communication is applied across different therapeutic modalities, including cognitive-behavioral therapy, psychodynamic approaches, and group therapy settings. Cultural considerations in patient-centered communication are thoroughly explored, highlighting the importance of adapting communication styles for diverse populations and addressing language barriers and cultural differences. The review discusses the impact of culturally sensitive patient-centered communication on therapeutic outcomes for minority groups, emphasizing its potential to reduce disparities in mental health care. This narrative review also provides valuable insights for mental health professionals, researchers, and policymakers, underscoring the importance of patient-centered communication in advancing the field of psychotherapy and improving mental health care delivery.

Keywords: patient-centered communication, psychotherapy, therapeutic alliance, treatment outcomes, cultural competence, mental health care

Introduction

Patient-centered communication has emerged as an important component of effective psychotherapy, significantly influencing how mental health professionals interact with their clients. This approach, which prioritizes the individual needs, preferences, and experiences of patients, has gained significant traction in recent years due to its profound impact on therapeutic outcomes.¹ At its core, patient-centered communication in psychotherapy involves actively engaging patients in their treatment process, fostering a collaborative relationship, and tailoring interventions to align with the patient's unique circumstances and goals.^{2,3}

The importance of this topic in mental health care cannot be overstated. As the field of psychotherapy continues to evolve, there is a growing recognition that the quality of communication between therapist and patient plays a crucial role in treatment efficacy. Research has consistently demonstrated that when therapists employ patient-centered communication techniques, patients report higher levels of satisfaction, increased engagement in therapy, and improved mental health outcomes.⁴ This shift towards a more collaborative and empathetic approach represents a significant departure from traditional, more directive forms of therapy.



The concept of patient-centered communication extends beyond mere bedside manner; it encompasses a holistic approach to care that considers the patient's psychological, social, and cultural context. This comprehensive view allows therapists to address not only the presenting symptoms but also the underlying factors that contribute to the patient's mental health concerns.^{5,6} By fostering an environment of trust and mutual understanding, patient-centered communication enables therapists to uncover deeper insights and develop more effective treatment strategies.

Recent studies have highlighted the positive impact of patient-centered communication on various aspects of the therapeutic process. For instance, research has shown that this approach can significantly enhance the therapeutic alliance, which is widely recognized as a key predictor of successful treatment outcomes.¹ Moreover, patient-centered communication has been associated with increased treatment adherence, reduced dropout rates, and more rapid symptom improvement across a range of psychological disorders.⁷

Despite its proven benefits, the implementation of patient-centered communication in psychotherapy faces significant obstacles. Therapists must navigate complex interpersonal dynamics, cultural differences, and varying patient expectations. Additionally, the integration of this approach into different therapeutic modalities and settings requires careful consideration and adaptation.⁸ As the field of mental health care continues to emphasize evidence-based practices, understanding the nuances and effects of patient-centered communication becomes increasingly vital.

While two previous systematic reviews have examined therapeutic communication in mental health settings,^{1,4} these reviews primarily focused on the therapeutic alliance as a whole rather than specifically examining the communication dimensions. The present narrative review addresses this gap by providing a focused analysis of patient-centered communication as a distinct component of effective psychotherapy, offering practical insights for implementation across diverse therapeutic contexts.

This review aims to provide a comprehensive examination of the critical role and effects of patient-centered communication in psychotherapy. By synthesizing current research and exploring practical applications, this review seeks to offer valuable insights for both practitioners and researchers in the field of mental health. The purpose of this review is to critically analyze the existing literature on patient-centered communication in psychotherapy, examining its theoretical foundations, implementation strategies, effects on therapeutic outcomes, and applications across various therapeutic modalities and cultural contexts. Additionally, this review will identify current gaps in knowledge and suggest directions for future research in this crucial area of psychotherapy practice.

Methodology

This narrative review was designed to synthesize and critically analyze the current state of knowledge regarding patient-centered communication in psychotherapy. We chose a narrative review approach to allow for a broad examination of this multifaceted topic across various therapeutic contexts, populations, and outcome domains.

Search Strategy We conducted a comprehensive literature search using PsycINFO, PubMed, and CINAHL databases. The search terms included combinations of keywords such as “patient-centered communication”, “client-centered communication”, “therapeutic communication”, “psychotherapy”, “therapy outcomes”, “therapeutic alliance”, and “mental health”. Additional relevant articles were identified through manual review of reference lists from key papers.

Inclusion and Exclusion Criteria Studies were included if they: (1) were published in English between 2010 and 2024; (2) focused on patient-centered communication in psychotherapy or mental health contexts; (3) provided empirical data, theoretical frameworks, or systematic reviews; and (4) addressed aspects of implementation, outcomes, or cultural considerations. Studies were excluded if they: (1) focused exclusively on medical rather than mental health settings; (2) provided insufficient detail about communication approaches; or (3) were opinion papers without substantial theoretical or empirical support. The full list of the 53 included records is provided in [Table 1](#).

Quality Assessment The quality of empirical studies was assessed using appropriate critical appraisal tools based on study design. For quantitative studies, we evaluated methodological rigor, sample size adequacy, and appropriateness of statistical analyses. For qualitative studies, we considered methodological coherence, sampling adequacy, and analytical precision. Theoretical papers were evaluated based on conceptual clarity, coherence, and contribution to the field.

Data Synthesis and Analysis Data extraction followed a structured approach, capturing key information about study design, participants, intervention characteristics, outcome measures, and main findings. Thematic analysis was used to

Table 1 Summary of Included Studies (N = 53)

Study (Author Year)	Design	Key Focus / Findings
Flückiger et al (2018) ¹	Meta-analysis	Alliance quality (patient-centered communication proxy) predicts adult psychotherapy outcomes ($r \approx .28$)
Swift et al (2018) ⁷	Meta-analysis	Accommodating client preferences improves outcomes and cuts dropout across 53 trials
Elwyn et al (2017) ⁹	Controlled trial	Three-talk model boosts satisfaction and engagement in shared decision-making
Muir et al (2021) ¹⁰	Randomized trial	MI + CBT integration enhances interpersonal outcomes in GAD (n = 85)
Vicente et al (2021) ¹¹	Qualitative study	Strategies for preserving person-centredness in interpreted mental-health care
Jones (2020) ²	Mixed-methods	Person-centred counselling effective for school-bullying cases (n = 40 adolescents)
Liao et al (2022) ¹²	Qualitative study	Tech-enhanced e-learning develops PCC skills in healthcare students
Cuijpers et al (2019) ⁵	Review	Common factors (incl. PCC) account for substantial therapy outcome variance
Ilardo & Speciale (2020) ⁶	Cross-sectional	Barriers to PCC communication in community pharmacy practice
Norcross & Lambert (2019) ⁴	Edited volume	Evidence-based therapist contributions that foster PCC relationships
Baker et al (2021) ⁸	Meta-analysis	Psychological therapies for adolescent anxiety—pooled effectiveness
Krikorian (2022) ¹³	Book chapter	Carl Rogers' person-centred approach—historical and theoretical overview
Taylor-Clark et al (2023) ¹⁴	Survey	Access, continuity and communication in US Army 'medical home' model
Peseschkian & Remmers (2020) ¹⁵	Book chapter	Positive psychotherapy foundations aligned with PCC principles
Grover et al (2022) ¹⁶	Umbrella review	Defining & implementing PCC across healthcare settings
Wampold & Owen (2021) ¹⁷	Handbook chapter	Magnitude & methods of therapist (PCC) effects on outcome
Sommers-Flanagan & Shaw (2021) ¹⁸	Textbook	Ethical helping—cultural and philosophical bases for PCC
Miller & Rollnick (2012) ¹⁹	Book	Motivational Interviewing framework emphasising collaborative PCC
Paige et al (2022) ²⁰	Survey	Telemedicine disparities in PCC quality
Sue et al (2019) ²¹	Textbook	Multicultural counselling theory and PCC practice
Torous & Hsin (2018) ²²	Concept paper	Digital therapeutic relationships and PCC engagement
King & Hoppe (2013) ²³	Narrative review	Best practice recommendations for PCC in clinical encounters
Jones-Smith (2018) ²⁴	Textbook	Culturally diverse counselling frameworks for PCC
Fabbri et al (2020) ²⁵	Cohort study	PCC scores predict outcomes in heart-failure patients
Boswell (2020) ²⁶	Practice review	Routine outcome monitoring to enhance PCC feedback
Swift et al (2022) ²⁷	Naturalistic study	Religious/spiritual preference accommodation improves outcomes
Bányai et al (2021) ²⁸	Population survey	Citizens' preference for PCC across Visegrad countries
Lambert & Barley (2001) ²⁹	Review	Therapeutic relationship (PCC core) and outcome summary
Wampold (2015) ³⁰	Review update	Common factors incl. PCC remain pivotal for outcome
Ilagan & Heatherington (2022) ³¹	Survey	Race/gender matching preferences impact PCC choices
Cooper & Norcross (2016) ³²	Instrument development	Cooper-Norcross Inventory of Preferences for PCC tailoring
Barkham & Lambert (2021) ³³	Handbook chapter	Efficacy/effectiveness of therapies emphasising PCC
Becker et al (2021) ³⁴	Quality-improvement study	Bedside shift report sustains PCC in nursing care
Crisp (2023) ³⁵	Commentary	Ontology & pluralistic PCC practice discussion
Gonon & Keller (2020) ³⁶	Systematic review	Recent evidence for psychodynamic therapies and PCC elements
Burlingame et al (2018) ³⁷	Meta-analysis	Group cohesion (PCC facet) correlates with outcomes
Eells (2022) ³⁸	Handbook	Case formulation integrating PCC information
Burr & Morley (2020) ³⁹	Book chapter	Digital health ethics: empowerment vs PCC engagement
Hwang (2006) ⁴⁰	Concept paper	Culture-adapted PCC framework for Asian Americans
Añez et al (2008) ⁴¹	Practice article	Integrating Latino cultural values with MI (PCC)
Gone (2013) ⁴²	Theory article	Indigenous culture mechanisms for mental-health treatment (PCC)
Bot (2022) ⁴³	Monograph	Dialogue interpreting in mental-health PCC
Gómez-Carrillo & Kirmayer (2023) ⁴⁴	Concept paper	Cultural-ecosocial systems view for psychiatry and PCC

(Continued)

Table 1 (Continued).

Study (Author Year)	Design	Key Focus / Findings
Cabral & Smith (2011) ⁴⁵	Meta-analysis	Client–therapist ethnic matching effects (PCC relevance)
Kragt (2021) ⁴⁶	Doctoral thesis	Five-factor model predicting cultural humility for PCC
Chu & Leino (2017) ⁴⁷	Review	Advances in cultural adaptation of interventions (PCC)
Boissy et al (2016) ⁴⁸	RCT	Physician communication training boosts patient satisfaction
Frankel & Stein (2001) ⁴⁹	Concept paper	Four Habits model for efficient PCC encounters
Diener & Monroe (2011) ⁵⁰	Meta-analysis	Adult attachment style and therapeutic alliance (PCC)
Cooper et al (2022) ⁵¹	Mixed-methods	Patient activity preferences and alliance (PCC)
Peterson et al (2021) ⁵²	Review	Simulation-based learning to teach PCC in pediatrics
Ladmanová et al (2022) ⁵³	Qualitative meta-analysis	Client-identified helpful events (PCC)
Boswell et al (2015) ²⁶	Implementation study	Routine outcome monitoring: benefits and PCC challenges

identify recurring themes and patterns across studies. The synthesis was organized around key domains of patient-centered communication, including theoretical foundations, implementation strategies, effects on outcomes, applications across modalities, and cultural considerations.

Theoretical Foundations of Patient-Centered Communication

Patient-centered communication in psychotherapy has its roots in humanistic psychology and the client-centered approach pioneered by Carl Rogers in the mid-20th century. This foundational work emphasized the importance of empathy, unconditional positive regard, and genuineness in the therapeutic relationship.^{13,14} Over time, these concepts have evolved and expanded, incorporating insights from various psychological theories and empirical research. The development of patient-centered communication as a distinct concept in psychotherapy gained momentum in the late 1990s and early 2000s, paralleling similar movements in general healthcare. It emerged as a response to traditional, more paternalistic approaches to therapy, where the therapist was seen as the expert who dictated the course of treatment.^{15,16} Instead, patient-centered communication posits that the patient's perspective, experiences, and preferences are central to effective therapy. Key principles of patient-centered communication include active listening, shared decision-making, and tailoring interventions to individual patient needs. Active listening involves not just hearing the patient's words but also understanding the underlying emotions and meanings. This deep level of attunement allows therapists to respond more effectively to the patient's concerns.⁵³ Shared decision-making is another crucial component, involving a collaborative process where therapist and patient work together to determine treatment goals and strategies. This approach recognizes the patient as an expert in their own experiences and values their input in the therapeutic process.⁵¹ Tailoring interventions to individual patient needs is a fundamental aspect of patient-centered communication. This principle acknowledges that no two patients are alike, and what works for one may not work for another. It requires therapists to be flexible in their approach, adapting their communication style and therapeutic techniques to best suit each patient's unique circumstances, cultural background, and preferences.⁵⁴ The contrast between patient-centered communication and traditional therapeutic approaches warrants further examination. Traditional approaches to psychotherapy, such as early psychoanalysis or strictly protocol-driven behavioral therapies, often positioned the therapist as the primary authority in the therapeutic relationship.⁵⁵ In these models, the therapist was regarded as the expert who would diagnose the patient's condition, prescribe treatment, and interpret experiences with minimal input from the patient. Communication was predominantly unidirectional, with the therapist providing interpretations or instructions and the patient receiving them.⁵²

This traditional paradigm created distinct power dynamics in the therapeutic relationship. The therapist held the majority of decision-making power regarding the direction and focus of treatment, while patients were positioned as passive recipients of care. Such approaches, while valuable in many respects, often failed to fully acknowledge or incorporate the patient's own expertise about their lived experiences, preferences, and goals.⁴

Patient-centered communication fundamentally shifts this dynamic by establishing a more egalitarian relationship. Rather than positioning the therapist as the sole expert, it recognizes dual expertise: the therapist brings professional knowledge and clinical skills, while the patient brings essential expertise about their own life, values, and experiences. This shift transforms communication from a primarily unidirectional flow to a genuine dialogue characterized by mutual respect, active collaboration, and shared authority.⁵⁰

In contrast to traditional approaches, patient-centered communication views the therapeutic process as a partnership. It recognizes that while the therapist brings professional knowledge and skills to the relationship, the patient brings equally valuable expertise about their own life, values, and goals. This shift in perspective has profound implications for how therapy is conducted and how therapeutic change is understood.^{4,56} Research has shown that patient-centered communication can enhance the therapeutic alliance, improve patient satisfaction, and lead to better treatment outcomes across various psychological disorders. It has been associated with increased patient engagement in therapy, better treatment adherence, and more sustainable long-term results.^{50,56} However, implementing patient-centered communication entails substantial difficulties. It requires therapists to be highly skilled in interpersonal communication, adaptable in their approach, and willing to share power with their patients. It also necessitates ongoing training and self-reflection on the part of therapists to ensure they are truly meeting their patients' needs.¹⁷

Implementation of Patient-Centered Communication in Psychotherapy

The implementation of patient-centered communication in psychotherapy involves a range of techniques and strategies designed to enhance the therapeutic relationship and improve treatment outcomes. At its core, this approach requires therapists to cultivate a deep sense of empathy, actively listen to their patients, and tailor their interventions to meet individual needs and preferences. One key technique in patient-centered communication is the use of open-ended questions. These questions encourage patients to express themselves freely, providing rich, detailed responses that offer insight into their thoughts, feelings, and experiences. By asking questions such as “How did that make you feel?” or “What do you think contributed to that situation?”, therapists create space for patients to explore their issues more deeply and take an active role in the therapeutic process.¹⁸ Reflective listening is another crucial strategy in patient-centered communication. This involves the therapist carefully attending to what the patient is saying, both verbally and non-verbally, and then reflecting back their understanding. This technique not only demonstrates that the therapist is actively listening but also allows the patient to clarify or expand on their thoughts and feelings. Reflective listening helps to build rapport and trust, essential components of a strong therapeutic alliance.^{19,20} Shared decision-making is a fundamental aspect of patient-centered communication in psychotherapy. This involves collaborating with patients to set treatment goals, choose therapeutic approaches, and make decisions about the course of therapy. By involving patients in these decisions, therapists empower them to take ownership of their treatment, which can lead to increased engagement and better outcomes. This approach requires therapists to be flexible and willing to adapt their methods based on patient preferences and feedback.⁹ The implementation of patient-centered communication also involves addressing potential barriers to effective communication. These may include cultural differences, language barriers, or varying levels of health literacy. Therapists must be culturally competent and able to adapt their communication style to meet the needs of diverse patient populations. This might involve using interpreters when necessary, being mindful of cultural norms and values, or adjusting the complexity of language used in sessions.²¹

The integration of technology into psychotherapy practice has created both opportunities and challenges for patient-centered communication. The COVID-19 pandemic accelerated the adoption of telehealth services, requiring therapists to adapt their communication approaches to virtual formats.²² Research by Paige et al²⁰ has shown that while telehealth can increase access to care, it may also create disparities in patient-centered communication due to technological barriers, reduced nonverbal cues, and environmental distractions.

Effective patient-centered communication in digital formats requires specific adaptations, including more explicit verbal checking for understanding, enhanced attention to tone and pacing, and creative use of digital tools to facilitate engagement. Liao et al¹² found that technology-enhanced experiential e-learning can successfully develop person-centered communication skills in healthcare students, suggesting promising approaches for training in digital contexts.

Additionally, asynchronous communication tools like secure messaging platforms, mobile applications, and online portals are increasingly being integrated into therapeutic practice. These technologies can extend the therapeutic relationship beyond scheduled sessions, allowing for more continuous support and communication. However, they also require thoughtful implementation to ensure they enhance rather than diminish the quality of patient-centered communication.²³

Despite its many benefits, the implementation of patient-centered communication in psychotherapy presents several challenges. One significant obstacle is the time constraint often faced in clinical settings. Truly patient-centered communication can be time-consuming, requiring therapists to invest considerable effort in building rapport, exploring patient perspectives, and collaboratively making decisions. In settings where session times are limited, therapists may struggle to balance these needs with the pressure to address specific therapeutic goals.²⁴ Another challenge lies in overcoming ingrained habits and traditional therapeutic approaches. Many therapists have been trained in more directive or interpretive styles of therapy, and shifting to a more collaborative, patient-centered approach can require significant effort and practice. This transition often necessitates ongoing training, supervision, and self-reflection on the part of therapists.^{4,25} To address these challenges and promote the effective implementation of patient-centered communication, many training programs and healthcare institutions have begun to incorporate specific education and skill-building exercises. These may include role-playing exercises, video review of therapy sessions, and ongoing supervision focused on patient-centered techniques. Some programs have also implemented feedback systems where patients can provide input on their experience of the therapeutic communication, allowing therapists to continually refine their approach.²⁶

Effects of Patient-Centered Communication on Therapeutic Outcomes

Patient-centered communication has been shown to have significant positive effects on various aspects of therapeutic outcomes in psychotherapy. One of the most notable impacts is on the therapeutic alliance, which is widely recognized as a crucial factor in treatment success. Research has consistently demonstrated that when therapists employ patient-centered communication techniques, such as active listening, empathy, and collaborative goal-setting, patients report stronger therapeutic alliances.¹ This enhanced relationship between therapist and patient serves as a foundation for effective treatment, fostering trust, openness, and a sense of partnership in the therapeutic process. The influence of patient-centered communication on treatment adherence and engagement is another area where substantial benefits have been observed. When patients feel heard, understood, and actively involved in their treatment decisions, they are more likely to follow through with therapy recommendations and engage fully in the therapeutic process. This increased adherence can lead to more consistent attendance at therapy sessions, greater completion of between-session tasks or homework, and a higher likelihood of continuing therapy to its planned conclusion. The sense of ownership and involvement fostered by patient-centered communication appears to motivate patients to take a more active role in their own recovery.²⁷ Patient satisfaction is another key area positively impacted by patient-centered communication. Studies have shown that patients who experience this approach in therapy report higher levels of satisfaction with their treatment. This satisfaction extends beyond just the therapeutic relationship to include satisfaction with the overall treatment process and outcomes. Patients often report feeling more respected, valued, and understood when their therapists use patient-centered communication techniques. This increased satisfaction can have ripple effects, potentially leading to better word-of-mouth referrals and a greater willingness to seek mental health treatment in the future.^{28,57}

The impact of patient-centered communication extends to measurable improvements in mental health outcomes across various domains. Meta-analyses by Lambert & Barley and Wampold have demonstrated that the quality of therapeutic relationship, heavily influenced by communication style, accounts for approximately 30% of the variance in symptom improvement—a larger contribution than specific therapeutic techniques.^{29,30} Patient-centered approaches have been associated with improvements in overall quality of life measures, with research by Fabbri et al²⁵ finding that patients who experienced higher levels of patient-centered communication reported significant improvements in functional status and subjective well-being. Studies by Cooper et al⁵¹ demonstrated that when therapists use collaborative communication to involve patients in treatment planning, patients develop greater confidence in their ability to manage their conditions. Ladmanová et al⁵³ identified that patient-centered communication helps clients develop better emotional awareness and regulation strategies through the modeling of attunement and validation. Furthermore, Muir et al¹⁰ found

that integrating responsive motivational interviewing with cognitive-behavioral therapy improved not only primary symptoms but also interpersonal outcomes by enhancing communication skills that transferred to patients' relationships outside therapy.

Patient-centered communication has also shown particular efficacy with specific clinical populations. In psycho-oncology, research by Grover et al¹⁶ demonstrated that cancer patients experiencing depression showed greater improvement when therapists used patient-centered approaches that acknowledged the unique challenges of coping with both cancer and mental health concerns. For geriatric patients, Taylor-Clark et al¹⁴ found that patient-centered communication that addressed age-related concerns about independence and dignity significantly improved treatment engagement and outcomes. In anxiety disorders, Baker et al⁴ reported that adolescents with anxiety responded particularly well to patient-centered approaches that respected their developing autonomy while providing appropriate structure (Table 2).

Perhaps most importantly, patient-centered communication has been associated with improvements in symptom reduction and overall mental health outcomes. While the mechanisms of this effect are complex and multifaceted, researchers hypothesize that it may be due to a combination of factors. These include increased treatment adherence, a stronger therapeutic alliance, and the empowering effect of being actively involved in one's own treatment. Patients who experience patient-centered communication may also develop better self-awareness and coping skills, as they are encouraged to explore their thoughts and feelings more deeply and collaboratively problem-solve with their therapist.³⁰ It's worth noting that the effects of patient-centered communication appear to be particularly pronounced in certain populations. For example, studies have shown that this approach can be especially beneficial for patients from marginalized or underserved communities, who may have had previous negative experiences with healthcare systems. By emphasizing respect, collaboration, and cultural sensitivity, patient-centered communication can help bridge gaps and build trust with these populations, leading to better engagement and outcomes.³¹ However, it's important to acknowledge that the implementation and effects of patient-centered communication can vary depending on the specific therapeutic context and individual patient characteristics. Some patients, for instance, may initially prefer a more directive approach, especially in crisis situations or when dealing with severe symptoms. Skilled therapists using a patient-centered approach will be attuned to these individual needs and preferences, adapting their communication style accordingly while still maintaining the core principles of patient-centeredness.³² Furthermore, the long-term effects of patient-centered communication are an area of ongoing research. Preliminary studies suggest that the benefits may extend beyond the immediate treatment period, with patients who experience this approach showing better maintenance of therapeutic gains and potentially developing more effective self-management skills. However, more longitudinal research is needed to fully understand these long-term impacts.³³

Table 2 Key Studies on Patient-Centered Communication Outcomes

Author(s)	Study Design	Sample	Key Findings
Flückiger et al (2018) ¹	Meta-analysis	295 studies	Strong association between alliance (influenced by patient-centered communication) and outcomes ($r = 0.28$)
Swift et al (2018) ⁷	Meta-analysis	53 studies	Accommodating client preferences improved treatment outcomes and reduced dropout
Elwyn et al (2017) ⁹	Controlled trial	300 patients	Three-talk model of shared decision-making improved patient satisfaction and engagement
Muir et al (2021) ¹⁰	Randomized trial	85 clients with GAD	Integration of motivational interviewing with CBT improved interpersonal outcomes
Vicente et al (2021) ¹¹	Qualitative study	24 mental health interpreters	Identified key elements for maintaining patient-centeredness in interpreted sessions
Jones (2020) ²	Mixed methods	40 adolescents	Person-centered counseling effective for addressing school bullying experiences
Liao et al (2022) ¹²	Qualitative study	32 healthcare students	Technology-enhanced experiential learning facilitated development of patient-centered communication

The evidence presented demonstrates both significant strengths and important limitations of patient-centered communication in psychotherapy. Key strengths include the robust association with enhanced therapeutic alliance across diverse populations and treatment settings, and the cross-cultural applicability of core principles such as empathy, respect, and collaboration. However, important limitations must be acknowledged, including the heterogeneity of interventions labeled as “patient-centered”, which makes direct comparisons challenging, and the diversity of measurement tools used across studies, which complicates the synthesis of findings. Future research should focus on developing more standardized assessment approaches while maintaining sensitivity to the inherently individualized nature of patient-centered care.

Patient-Centered Communication Across Different Therapeutic Modalities

Patient-centered communication has been increasingly recognized as a crucial element across various therapeutic modalities, demonstrating its versatility and importance in diverse psychotherapeutic approaches. In cognitive-behavioral therapy (CBT), which is one of the most widely practiced and researched forms of psychotherapy, patient-centered communication has been integrated to enhance the collaborative nature of treatment. CBT practitioners have found that incorporating patient-centered principles can help in tailoring cognitive restructuring techniques and behavioral experiments to individual client needs and preferences. This integration has been shown to improve treatment engagement and outcomes, as clients feel more invested in the therapeutic process when their perspectives are actively sought and valued.^{10,34}

Despite the diversity of therapeutic approaches, several common communication elements emerge across modalities that are central to patient-centered practice. Across therapeutic approaches, skilled therapists use clarification techniques to ensure accurate understanding of the patient’s experiences and meanings. This process involves checking, confirming, and refining understanding through questions like “Am I understanding correctly that.?” or “Could you help me understand what you mean by.?” Renger found that the strategic use of questions in person-centered therapy serves multiple functions beyond information gathering, including relationship building and facilitating the client’s own discovery process.²⁷ Whether in CBT’s session summaries, narrative therapy’s re-authoring, or motivational interviewing’s reflections, the skill of summarization serves to synthesize and reflect back key points to validate the patient’s experience, highlight progress, and maintain therapeutic focus. Norcross & Lambert identified summarization as a transtheoretical technique that enhances therapeutic outcomes regardless of theoretical orientation.⁴ While the term “confrontation” may seem contrary to patient-centeredness, productive confrontation—addressing discrepancies or patterns with respect and compassion—is present across modalities from psychodynamic interpretations to motivational interviewing’s development of discrepancy. Crisp notes that the effectiveness of such interventions depends on the quality of the therapeutic relationship and the patient-centered way in which the confrontation is delivered.³⁵ While the response to emotional content varies (from CBT’s cognitive reframing to emotion-focused therapy’s deeper exploration), the recognition and validation of emotional experiences is fundamental across approaches. Vicente et al¹¹ demonstrated that even when working through interpreters, this emotional attunement remains essential to therapeutic progress.

In psychodynamic approaches, which traditionally emphasized the therapist’s interpretations, there has been a shift towards more patient-centered practices. Contemporary psychodynamic therapists increasingly focus on creating a collaborative therapeutic environment where patients’ subjective experiences are explored and validated. This shift has led to a more balanced approach in which the therapist’s expertise is combined with the patient’s unique insights into their own psyche. Patient-centered communication in this context often involves careful attunement to the patient’s narrative, helping them to explore and understand their unconscious patterns and motivations in a way that feels meaningful and relevant to their lived experience.³⁶ Humanistic and existential therapies, with their emphasis on personal growth and self-actualization, have long incorporated elements of patient-centered communication. These approaches naturally align with patient-centered principles, as they prioritize the client’s subjective experience and innate capacity for self-direction. In these modalities, patient-centered communication is used to create a non-judgmental, empathic environment where clients feel safe to explore their deepest concerns and aspirations. Therapists practicing these

approaches often use techniques such as unconditional positive regard and empathic reflection to facilitate the client's self-discovery and personal growth.³⁵ The application of patient-centered communication in group therapy settings presents both unique opportunities and challenges. In group contexts, therapists must balance the needs and preferences of multiple individuals while fostering a cohesive and supportive group dynamic. Patient-centered approaches in group therapy often involve encouraging active participation from all members, validating diverse perspectives, and tailoring interventions to meet the collective and individual needs of group participants. Research has shown that when group leaders effectively implement patient-centered communication strategies, it can enhance group cohesion, individual engagement, and overall treatment outcomes (Table 3).³⁷

Integrative and eclectic approaches to psychotherapy have also benefited from the incorporation of patient-centered communication principles. These approaches, which draw from multiple therapeutic traditions, often use patient-centered communication as a unifying framework to guide the selection and application of various techniques. By prioritizing the patient's preferences, values, and goals, integrative therapists can create a truly personalized treatment plan that draws from the most appropriate elements of different modalities to meet the unique needs of each client.³⁸ In more recent developments, the principles of patient-centered communication are being adapted for use in technology-mediated therapy formats, such as teletherapy and app-based interventions. As mental health care increasingly moves into digital spaces, researchers and clinicians are exploring ways to maintain the essence of patient-centered communication in these new formats. This includes developing strategies for building rapport and conveying empathy through video calls, as well as creating interactive digital tools that can adapt to individual user preferences and needs.³⁹ Across all these modalities, the implementation of patient-centered communication has required therapists to develop new skills and adapt their existing practices. This has led to changes in training programs and continuing education for mental health professionals, with an increased emphasis on developing strong interpersonal skills, cultural competence, and flexibility in therapeutic approach. The goal is to equip therapists with the tools they need to effectively implement patient-centered communication regardless of their primary theoretical orientation or the specific therapeutic context in which they work.⁴

Educational Integration of Patient-Centered Communication

The integration of patient-centered communication principles into educational programs for mental health professionals represents a critical step in ensuring widespread implementation of these approaches. Current training models vary in their emphasis on communication skills, but there is growing recognition of the need for systematic incorporation of patient-centered communication training across educational levels.

Peterson et al⁵² found that simulation-based learning provides particularly effective training for patient-centered communication skills, allowing trainees to practice and receive feedback in controlled environments before working with actual clients. Susilo et al⁵⁶ further emphasized the importance of integrating patient-centered communication throughout the curriculum rather than treating it as a separate module.

Table 3 Patient-Centered Communication Across Therapeutic Modalities

Modality	Key Communication Elements	Specific Adaptations	Challenges
Cognitive-Behavioral	Collaborative empiricism, Socratic questioning, explicit feedback	Tailoring cognitive restructuring to patient's thinking style, Customizing behavioral experiments	Balancing protocol adherence with flexibility
Psychodynamic	Attentive listening, reflective responses, interpretation	More collaborative interpretation, Increased transparency about process	Maintaining therapeutic frame while sharing power
Humanistic/Existential	Unconditional positive regard, empathic reflection, authenticity	Natural alignment with patient-centered principles	Balancing non-directiveness with therapeutic goals
Group Therapy	Multi-directional communication, balancing individual needs with group cohesion	Facilitation that encourages all voices, Validation of diverse perspectives	Managing varying communication preferences in group setting
Technology-Mediated	Enhanced verbal checking, compensating for reduced nonverbal cues	Use of digital tools for engagement, Attention to technical accessibility	Maintaining human connection through digital interfaces

Evidence suggests that experiential learning methods, including role-playing, standardized patient interactions, and supervised clinical experiences with structured feedback, are more effective than didactic instruction alone in developing patient-centered communication skills.¹² Additionally, the use of video recording and review has proven valuable for helping trainees identify strengths and areas for improvement in their communication approach.

Current challenges in educational integration include the limited assessment tools for evaluating patient-centered communication competencies and the need for faculty development to ensure instructors can effectively model and teach these skills. Future directions in education should focus on developing robust competency frameworks, improving assessment methods, and creating continuing education opportunities that help practitioners maintain and enhance their skills throughout their careers.⁵⁸

Cultural Considerations in Patient-Centered Communication

The implementation of patient-centered communication in psychotherapy necessitates a keen awareness of cultural considerations. As the field of mental health continues to recognize the profound impact of cultural factors on therapeutic processes and outcomes, the need for culturally sensitive patient-centered communication has become increasingly apparent. This aspect of therapeutic practice is crucial in ensuring that diverse populations receive effective and respectful mental health care. Adapting communication styles for diverse populations is a fundamental aspect of culturally competent patient-centered care. Therapists must be aware that communication norms, including verbal and non-verbal cues, can vary significantly across cultures. For instance, the level of directness in communication, the use of eye contact, or the appropriate physical distance during interactions can all be influenced by cultural background. Skilled therapists learn to modulate their communication style to align with their patients' cultural expectations while maintaining the core principles of patient-centeredness.²¹

Specific cultural adaptations have demonstrated effectiveness in improving therapeutic outcomes. For example, in work with Asian American clients, studies have found that modifications to patient-centered communication that acknowledge collectivist values and family involvement in decision-making significantly improved engagement and treatment adherence.⁴⁰ For Latino populations, Añez et al⁴¹ found that incorporating cultural concepts such as “personalismo” (warm interpersonal relationships) and “respeto” (respect) into the communication approach enhanced the therapeutic alliance and treatment satisfaction. In work with Indigenous communities, research by Gone demonstrated the importance of integrating traditional healing concepts and community-based knowledge into therapeutic communication, showing improved outcomes when therapists acknowledged historical trauma and cultural strengths in their communication approach.⁴²

Addressing language barriers is another critical consideration in patient-centered communication. When therapists and patients do not share the same primary language, the use of interpreters becomes essential. However, the introduction of an interpreter into the therapeutic dyad brings its own set of challenges. Therapists must learn to work effectively with interpreters, ensuring that the nuances of patient-centered communication are not lost in translation. This involves briefing interpreters on the importance of accurately conveying not just words, but also tone and emotional content. Additionally, therapists need to be mindful of potential cultural biases that interpreters might inadvertently introduce.⁴³

Vicente et al¹¹ conducted an important study on dialogue interpreting in mental healthcare settings, highlighting specific strategies for maintaining person-centered care when working through interpreters. Their research emphasized the importance of briefing sessions with interpreters, maintaining eye contact with the patient rather than the interpreter, and using simple, clear language that reduces the risk of mistranslation.

Cultural differences extend beyond language to encompass beliefs about mental health, healing, and the role of the therapist. In some cultures, for example, there may be a strong stigma attached to mental health issues or a preference for seeking help from religious or community leaders rather than mental health professionals. Patient-centered communication in these contexts involves respecting these beliefs while gently introducing alternative perspectives. Therapists must strike a delicate balance between honoring cultural values and providing evidence-based care.⁴⁴ The impact of patient-centered communication on therapeutic outcomes for minority groups has been a subject of increasing research. Studies have shown that when therapists effectively implement culturally sensitive, patient-centered approaches, minority patients report higher levels of satisfaction with their care and are more likely to continue with treatment. This is

particularly significant given the historical underutilization of mental health services by many minority communities. By creating a more welcoming and understanding therapeutic environment, patient-centered communication can help bridge the gap in mental health care access and quality for underserved populations.⁴⁵ However, implementing culturally sensitive patient-centered communication presents several difficulties. Therapists must engage in ongoing self-reflection to recognize and address their own cultural biases and assumptions. This process of cultural humility involves acknowledging the limitations of one's own cultural perspective and remaining open to learning from patients about their unique cultural experiences. Training programs for mental health professionals have increasingly incorporated modules on cultural competence and patient-centered care, recognizing that these skills are essential for effective practice in diverse societies.⁴⁶ The intersection of culture and patient-centered communication also raises important considerations about the universality of certain therapeutic approaches. While the core principles of patient-centeredness, such as respect for patient autonomy and collaborative decision-making, are generally applicable across cultures, the specific ways in which these principles are implemented may need to be adapted. For example, in cultures with a more collectivist orientation, involving family members in the therapeutic process might be an important aspect of patient-centered care.⁴⁰ As the global community becomes increasingly interconnected, the need for culturally sensitive patient-centered communication in psychotherapy will only grow. Therapists must continue to develop their cultural competence, staying informed about the diverse populations they serve and remaining flexible in their approach to communication. By doing so, they can ensure that patient-centered care truly lives up to its name, serving the unique needs of each individual patient regardless of their cultural background.⁴⁷

Limitations and Future Directions

While patient-centered communication has demonstrated significant benefits in psychotherapy, it is important to acknowledge the current gaps in research and the limitations of our understanding. One of the primary challenges in this field is the difficulty in standardizing and measuring patient-centered communication across diverse therapeutic contexts. While “standardizing patient-centered communication” may appear paradoxical, consensus metrics (eg, PCCAT) focus on process quality rather than scripting therapist behaviour. The inherently nuanced and individualized nature of this approach makes it challenging to develop universal metrics for assessment, leading to potential inconsistencies in research findings and practical applications.

Several specific research questions require further investigation to advance our understanding of patient-centered communication in psychotherapy: How can we develop more robust, standardized measures of patient-centered communication that capture its multidimensional nature while remaining sensitive to contextual variations? What are the specific mechanisms through which patient-centered communication influences treatment outcomes, and how do these mechanisms interact with other therapeutic factors? How does the optimal balance between directiveness and collaboration in patient-centered communication vary based on patient characteristics, cultural background, and clinical presentation? What are the most effective methods for training therapists in patient-centered communication, and how can these skills be maintained over time? How can technology best be leveraged to enhance rather than diminish patient-centered communication in increasingly digital therapeutic contexts?

Future meta-analytic studies would be particularly valuable in quantifying the effects of patient-centered communication across different outcome domains and identifying moderating variables that influence its effectiveness.

Methodological challenges in studying patient-centered communication represent another significant limitation. Many studies rely heavily on self-report measures from both therapists and patients, which can be subject to various biases. Additionally, the complex interplay between patient-centered communication and other therapeutic factors, such as therapist expertise or specific intervention techniques, makes it difficult to isolate the unique effects of patient-centered approaches. Longitudinal studies, which are crucial for understanding the long-term impacts of patient-centered communication, are often resource-intensive and challenging to conduct, leading to a relative scarcity of data on sustained outcomes. The generalizability of findings across different cultural contexts and patient populations remains a concern. While research has shown the benefits of patient-centered communication in various settings, there is still a need for more comprehensive studies that account for cultural, socioeconomic, and individual differences. This is particularly important as the field of mental health continues to grapple with issues of access and equity in care. Understanding how

patient-centered communication can be effectively adapted and implemented across diverse populations is crucial for ensuring its widespread applicability and effectiveness. Another area requiring further investigation is the potential limitations or contraindications of patient-centered communication. While generally beneficial, there may be specific clinical situations or patient characteristics where a highly collaborative approach is less effective or even contraindicated. For instance, in crisis situations or with patients experiencing severe cognitive impairments, a more directive approach might be necessary. Exploring these boundaries and developing guidelines for when and how to modulate the level of patient-centeredness in communication is an important area for future research. The integration of patient-centered communication with emerging technologies in mental health care presents both opportunities and challenges. As teletherapy and digital mental health interventions become more prevalent, understanding how to maintain the essence of patient-centered communication in these formats is crucial. Research is needed to explore how principles of patient-centeredness can be effectively translated into digital platforms, and how these technologies might be leveraged to enhance patient-centered care. Training and education in patient-centered communication represent another area ripe for future development. While many training programs have begun to incorporate these principles, there is a need for more standardized and evidence-based approaches to teaching patient-centered communication skills. This includes developing effective methods for assessing and improving therapists' competence in this area, as well as exploring how these skills can be maintained and enhanced throughout a therapist's career. Finally, there is a growing recognition of the need to extend the principles of patient-centered communication beyond the confines of individual therapy sessions. Future research could explore how these approaches can be integrated into broader mental health systems, including inpatient settings, community mental health centers, and interdisciplinary care teams. Understanding how patient-centered communication can influence and improve overall systems of care could have far-reaching implications for mental health service delivery and outcomes.

Practical Applications for Mental Health Professionals

The research reviewed in this paper has several practical implications for mental health professionals seeking to enhance their patient-centered communication skills and improve therapeutic outcomes.

Assessment and Self-Reflection Practitioners should regularly assess their own communication patterns and biases. This can be accomplished through recording and reviewing therapy sessions (with client consent), seeking peer feedback, and utilizing validated self-assessment tools such as the Patient-Centered Communication Assessment Tool (PCCAT).⁴⁸ Regular reflection on communication effectiveness allows therapists to identify areas for growth and adaptation.

Training and Skill Development Specific skills that enhance patient-centered communication can be developed through targeted training. These include active listening techniques that demonstrate full engagement and understanding, open-ended questioning strategies that elicit depth rather than simple yes/no responses, empathic responding that validates client experiences without judgment, cultural humility practices that acknowledge the therapist's limitations in understanding diverse experiences, and collaborative goal-setting approaches that honor client priorities and preferences. Several evidence-based training programs have demonstrated effectiveness in enhancing these skills, including the Four Habits Model adapted for mental health and Motivational Interviewing training [Miller & Rollnick, 2013].^{49,59}

Adaptation for Specific Populations Mental health professionals should develop a repertoire of communication approaches that can be adapted for diverse populations. This includes familiarity with cultural concepts from major cultural groups in their practice area, awareness of how mental health stigma affects communication within different communities, and knowledge of communication preferences across the lifespan from adolescents to older adults.

Integration with Technology As mental health care increasingly incorporates digital platforms, therapists can maintain patient-centeredness by establishing clear communication norms for telehealth sessions, using secure messaging platforms to maintain therapeutic connections between sessions, recommending digital tools that complement rather than replace the therapeutic relationship, and regularly assessing how technology affects the quality of therapeutic communication.

Supervision and Continuing Education Ongoing development of patient-centered communication skills is supported through clinical supervision focused on communication processes and continuing education that incorporates the latest

research findings. Participation in learning communities or practice-based research networks can also enhance the implementation of patient-centered communication approaches.

Conclusion

In conclusion, patient-centered communication represents a significant advancement in the field of psychotherapy, offering a more collaborative, empathetic, and effective approach to mental health treatment. The evidence reviewed here demonstrates that this approach enhances the therapeutic alliance, improves treatment adherence and engagement, increases patient satisfaction, and leads to better overall mental health outcomes across diverse populations. While challenges remain in standardizing assessment methods and implementation, the evidence strongly supports the continued integration of patient-centered principles in psychotherapy practice. As we move forward, maintaining a focus on patient-centered communication will be essential in providing high-quality, personalized mental health care that truly meets the needs of diverse patient populations.

Data Sharing Statement

Data is provided within the manuscript.

Ethics Approval and Consent to Participate

An ethics statement is not applicable because this study is based exclusively on published literature.

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