COMMON FACTORS AND OUR SACRED MODELS

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Marriage and family therapy education would probably place more emphasis on core therapeutic skills, including empathic listening and responding, developing a working alliance, and engaging and motivating clients, before stressing particular approaches.

We believe that therapists and trainees should be more modest about their cherished models. If a common factors approach were taken seriously, it would have major implications for the ways in which MFTs are trained. The current emphasis on learning models would be decreased and more attention would be paid to learning about the common factors and mechanisms of change.

The Client as a Common Factor in Psychotherapy

Tallman and Bohart (1999) speculate that the reason that a number of models work equally well is because the client's ability to use whatever is offered overwhelms whatever differences there are in the techniques or approaches. Client factors operated independently of treatment models.

Client factors are characteristics or qualities of the client:

1. level of motivation
2. commitment to change
3. inner strength
4. religious faith

Extra-therapeutic factors are ingredients in life and environment of the client that impact change:

1. social support
2. community involvement
3. stressful events

Lambert (1992) stated that the **client factor accounts for about 40% of psychotherapy outcome**.

The Therapeutic Relationship as a Common Factor

Is the joint product of the therapist and client together focusing on the work of therapy. This focus includes the client perceptions of the alliance and is important because therapist and client ratings of the relationship are often different and client ratings are clearly superior in predicting outcome.

Bardin (1979) suggested that the alliance is composed of three elements:

Bonds (the affective quality of the client-therapist relationship that includes dimensions such as trust, caring, and involvement);

Tasks (the extent to which the client and therapists are both comfortable with the major activities in therapy and the client finds them credible)

Goals (the extent to which the client and therapist are working toward compatible goals)

Research on the alliance includes data on these three variables. They are also reflected in the family and couple therapy alliance scales.

Lambert (1992) estimated that the **therapeutic relationship accounted for about 30% of the outcome in psychotherapy**, second only to the client related variables. All that early alliance ratings can predict outcome before specific therapy procedures are applied.

Expectancy (Placebo) as a Common Factor

Lambert (1992) stated that expectancy and placebo factors were the portion of improvement that resulted from:

1. the client's knowledge of being in treatment
2. becoming hopeful
3. believing in the credibility of the treatment

Lambert believed that **expectancy accounted for about 15% of improvement in psychotherapy**.

All treatments, including the most rigorously empirically validated ones, rely on expectancy and the creation of hope.

Therapist Effects as a Common Factor

There is some evidence that better therapists (aside from creating a strong alliance) offer a level of activity that is consistent with the client's expectations and preferences, are creative in perceiving new ways of approaching problems, suggest credible new ways of learning adaptive skills, and are personally well integrated.

In most clinical trials, efforts have been made to control therapist factors through the use of treatment manuals and adherence checks.

Wampold (2001) offers strong evidence that therapists often contribute much more to outcome than the particular therapy they use.

"Unfortunately, standardizing the treatment has not eliminated the influence of the individual therapist on outcomes".

Nonspecific Treatment Variables as a Common Factor

Behavioral regulation (changing the doing). This occurs when therapists facilitate clients' changing interactional patterns or dysfunctional sequences, modifying boundaries and changing family structures, learning new skills, becoming more supportive of each other, and learning to empower self and others.

Cognitive mastery (changing the viewing), This occurs when therapists facilitate clients gaining new perspectives (new meanings) about interactional processes within themselves and the family, between the family and other systems, and across generations.

Emotional experiencing (affective experiencing/regulation). This occurs when therapists facilitate emotional experiencing (affective experiencing/regulation). This occurs when therapists facilitate therapist, and (most importantly) each other.