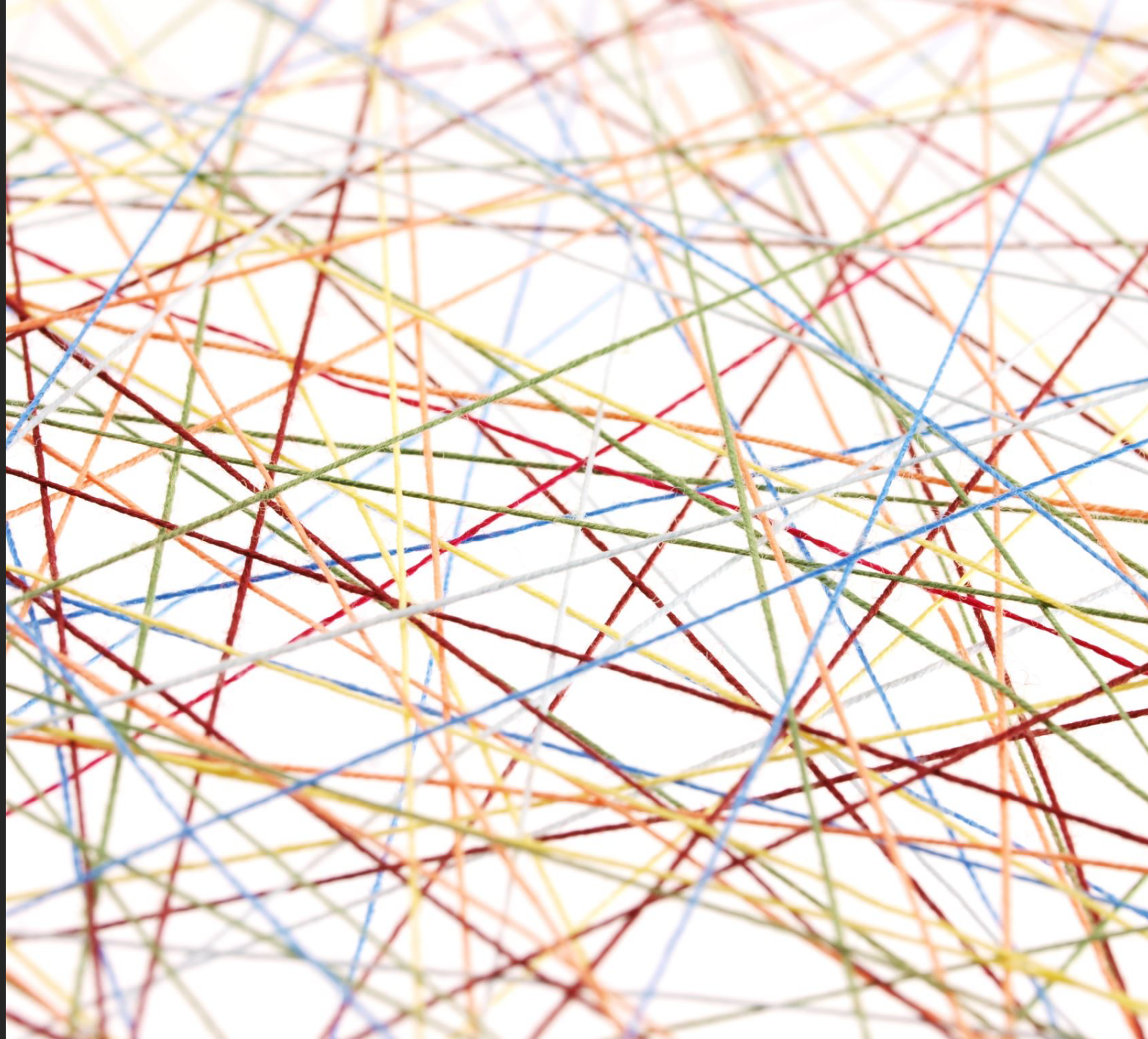

COMMON FACTORS

UCLA PCFA PSYCHOTHERAPY
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COMMON
FACTORS:
DEFINITIONS

Research indicates that the most effective forms of psychotherapy share similar elements that at least partially account for therapeutic outcome

Closely related to therapeutic alliance between patient and therapist (i.e., the trust that is created when a patient feels safe, heard, and understood)

COMMON FACTORS: WHAT DO THEY INCLUDE?

Psychodynamic Psychotherapy:
A Clinical Manual

Deborah Cabaniss

- The rapport between therapist and patient
- Fostering positive expectations of the treatment
- Collaborative goal setting
- Role preparation for the treatment
- Offering a cogent rationale for the treatment
- Helping people express feelings in therapy

WHAT DO COMMON FACTORS COMMUNICATE TO THE PATIENT?

1

That the therapist is reliable and committed to helping them

2

That the therapist is listening and responding to the patient's needs and goals

3

Offer hope that the treatment will address the patient's problems and lead to improvement

HISTORY

- 1936, Saul Rosenwig
- Argued that factors common to different therapy models have a greater import to client outcome than the model itself
- "Dodo bird" verdict/conjecture: Referenced *Alice in Wonderland*



HISTORY CONT.

- 1950, John Dollard and Neal Miller: *Personality and Psychotherapy*
- 1957, Sol Garfield: *Introductory Clinical Psychology*
- 1957, Carl Rogers: “The necessary and sufficient conditions of therapeutic personality change”
- 1971, Jerome Frank: *Persuasion and Healing*
- 1975, Lester Luborsky
- 1986, David Orlinsky and Kenneth Howard

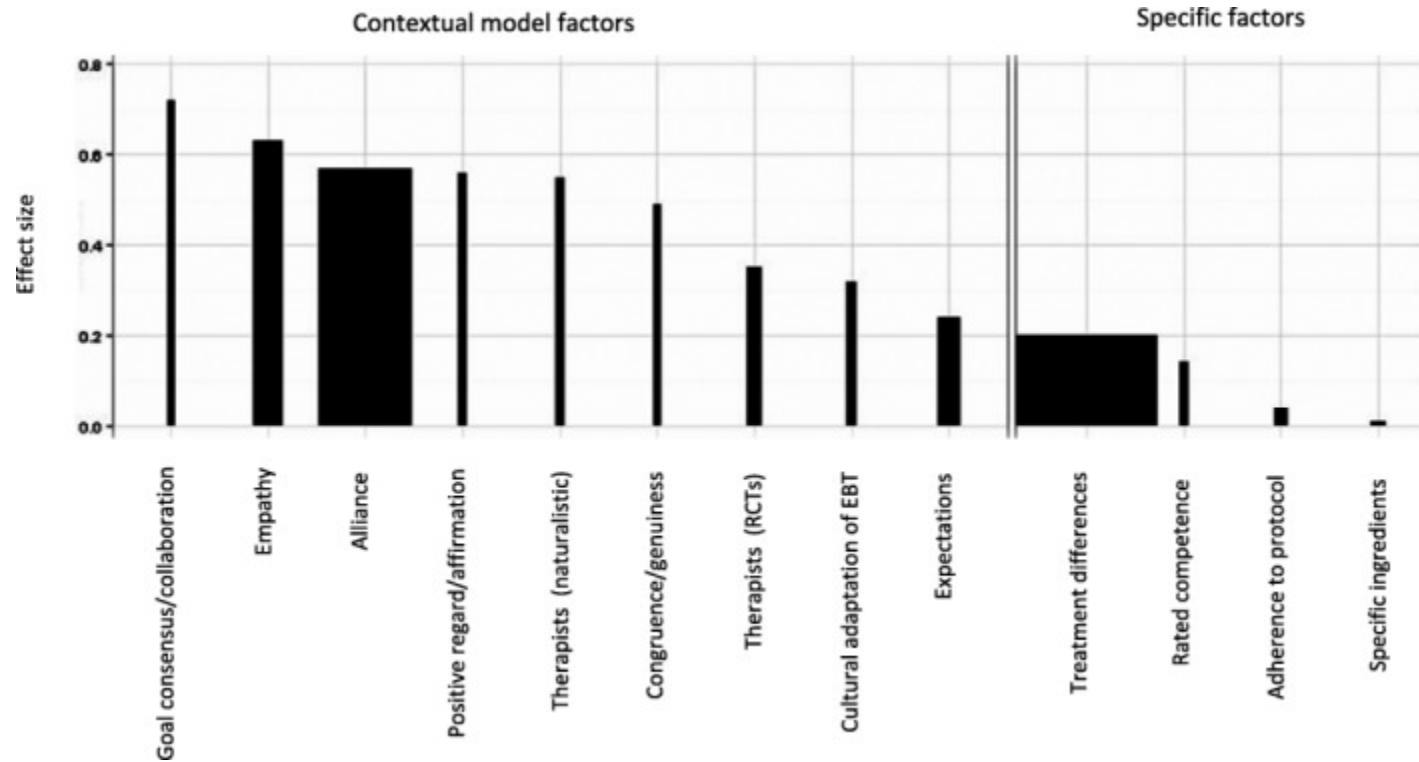
MOVING FROM THE CONCEPTUAL TO THE EMPIRICAL

- 1990: Lisa Grencavaga and John Norcross
- Reviewed accounts of common factors in 50 publications
- Selected the 35 most common factors and grouped them into five areas: client characteristics, therapist qualities, change processes, treatment structure, therapeutic relationship

EMPIRICAL EVIDENCE CONT.

- 1992: Michael Lambert
- Meta-analytic data
- Estimated that “extratherapeutic” factors having nothing to do with formal therapeutic work account for about 40% of therapeutic progress, therapeutic relationship accounts for roughly 30%, client expectation/”placebo effect” for 15%, and techniques specific to the therapeutic model for 15%

EFFECT SIZES FOR COMMON FACTORS OF THE CONTEXTUAL MODEL AND SPECIFIC FACTORS. WIDTH OF BARS IS PROPORTIONAL TO NUMBER OF STUDIES ON WHICH EFFECT IS BASED. RCTS – RANDOMIZED CONTROLLED TRIALS, EBT – EVIDENCE-BASED TREATMENTS



Wampold BE. How important are the common factors in psychotherapy? An update. *World Psychiatry*. 2015;14(3):270-277.

COMMON FACTORS: WHAT DO THEY INCLUDE?

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COMMON FACTOR: EXPLAINING TREATMENT RATIONALE

Offering a cogent explanation for treatment means giving them a real sense of how we think our therapeutic approach works



Should be discussed during the informed consent process



Consider using the Post-evaluation Psychodynamic Psychotherapy Educational Resource ("PEPPER") located in Appendix 3 of the Cabaniss book: Psychoeducational handout that can be given to patients during the informed consent process

COMMON FACTOR: COLLABORATIVE GOAL SETTING

-
- Start this process once the patient has given informed consent to proceed
 - Sometimes the goals will be clear and obvious (e.g., depressed patient looking for symptomatic relief)
 - Clear goal setting and problem identification can also occur in less obvious circumstances (e.g., self-esteem issues)

COLLABORATIVE GOAL SETTING CONT.

THINGS TO CONSIDER

- Urgency of the complaint: May need to prioritize more urgent goals, such as safety issues
- Nature of the setting: In training, open-ended treatment may not be possible
- Consider the patient's priorities and start from there
- Consider shorter term and more concrete goals for patients with more problematic patterns of functioning
- Solicit patient feedback



COMMON FACTOR: ROLE PREPARATION

- An important part of setting the frame and building therapeutic alliance
- Communication regarding your role and the patient's role will vary depending on therapeutic modality (i.e., you may be more directive in a supportive model and more open-ended in an uncovering treatment)
- Acknowledge how therapeutic roles differ from normal social roles, particularly when the patient may try to engage you around personal matters

COMMON FACTOR: POSITIVE EXPECTATIONS ABOUT TREATMENT

- Express confidence that the therapy will provide relief
- Provide assurance that you will work with them to make this change come about
- Patients who have more positive expectations at the start of psychotherapy have been found to experience a greater degree of therapeutic change

COMMON FACTOR: BEING ABLE TO TALK ABOUT FEELINGS

Unexpressed feelings
can themselves lead
to mood and anxiety
symptoms

Helping people talk
about affect is
positively correlated
with outcome



COMMON FACTOR: THERAPEUTIC ALLIANCE

- Many studies suggest that therapeutic alliance is the best predictor of outcome
- Therapeutic alliance is the trust between patient and therapist that allows them to work together effectively
- Allows therapist and patient to continue working together productively even if the patient is temporarily angry with the therapist



COMMON FACTOR: THERAPEUTIC ALLIANCE CONT.

- “Some basic level of trust surely marks all varieties of therapeutic relationships, but when attention is directed toward the more protected recesses of inner experience, deeper bonds of trust and attachment are required and developed” (E. Bordin, 1979)
- The initial interaction between patient and therapist is critical. More patients prematurely terminate from the therapy after the first session than at any other point.

Demonstrate

Demonstrate interest: Be attentive, ask relevant questions, demonstrate we're listening, make eye contact, remember details

Demonstrate

Demonstrate empathy: Actively reflect back our patient's feelings in words, have our empathic statement mirror the feeling the patient expresses

Demonstrate

Demonstrate understanding

Demonstrate

Demonstrate hopeful, positive expectations about treatment

HOW TO ESTABLISH A STRONG THERAPEUTIC ALLIANCE

SO WHY DO I NEED TO LEARN DIFFERENT MODALITIES?

- Therapeutic modality is important to common factors as therapists tend to better employ common factors in their work when operating from a coherent framework
-



THE CONTEXTUAL MODEL: A THEORETICAL BASIS FOR COMMON FACTORS

- Posits that there are three pathways through which psychotherapy produces benefits (i.e., psychotherapy does not have a unitary influence on patients, but rather works through various mechanisms)
- Pathway 1: The real relationship – “the personal relationship between therapist and patient marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that benefit the other”
- Pathway 2: Expectations – Patients believe that the explanation provided and the concomitant treatment actions will be remedial for their problems
- Pathway 3: Specific ingredients – Not only create expectations but also induce the patient to enact some healthy actions (e.g., rely less on dysfunctional schemas, improve interpersonal relationships, express difficult emotions, etc.)

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