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INTRODUCTION

A Common Factors Approach to Therapy

In this book we show how common factors (CF) therapy offers a novel lens for the practice of psychotherapy. The therapist can focus their attention, interactions, and interventions through the lens of change principles that are shared in common with many theoretical orientations. CF therapy, as a specific type of integrative approach, focuses on a few identified change principles rather than a strict allegiance to a single theoretical orientation. These principles line up with common factors, which are consistent across theoretical orientations as well as associated with rich psychotherapy research literature. The CF therapist is guided by a focus on the following factors: the therapeutic relationship, motivation, corrective experiencing, insight, and self-efficacy.

Over its history of more than a century, the field of psychotherapy has seen a steady proliferation of general theoretical orientations and specific therapeutic approaches. Common factors as a concept was hatched as a sort of metatheory of psychotherapy and—though altered and refined in many ways (e.g., the contextual model of Frank, 1961)—has remained as a metatheory. The CF therapy we describe here represents the common factors as a departure from metatheory and an entry into the practical strategies of a theoretical orientation. When a theory of change is specified along with

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interventions associated with this theory, CF therapy can be an actionable treatment approach. The change principles form the CF therapy framework, the lens through which a clinician can practice. These principles undergirding the overall approach have been identified based on our preestablished inclusion and exclusion criteria.

As we show, the global concept for the CF hypothesis has suffered from one particular problem: how its ideas, when they remain in the abstract, tend not to be as actionable as they could be. If a therapist identifies CF therapy as their primary theoretical orientation, what does that mean? By making CF therapy a specified, actionable approach, we hope that this book serves as a guide to enacting the common factors change principles. Definitions and interventions are included, which hopefully will lend well to operational definitions in research endeavors. By including deliberate practice suggestions, we hope that the CF therapy approach can be taught in a straightforward manner, with trainees learning a framework for therapy and more experienced practitioners learning to enhance their practice around the change principles.

We write with many audiences in mind but one audience in particular. Psychotherapists currently in training may especially benefit from the contents of this book, as we present how CF therapy offers a route to make sense of the vast universe of therapy approaches via several key change principles. In addition to this audience, we believe psychotherapy researchers with an interest in eclecticism and integration will find useful content within. Seasoned therapists may find our framing of the common factors to be useful and practical and hopefully will find resonance with the work they are already doing. We hope our model for CF therapy gives a practical framework for helping others in the endlessly complex human interaction that is psychotherapy.

HOW TO USE THIS BOOK

We first give a detailed overview of the hypothesis and metatheory related to common factors to help us make our case for a specified model of CF therapy. The remaining chapters detail how each change principle can be enacted by a person seeking to practice CF therapy. Please consider it as an overall guide for CF therapy, likely to be less prescriptive than most treatment manuals in its lack of session-by-session instructions for intervention. With the notable exceptions of discussing how to form a therapeutic relationship (which tends to occur at the beginning of therapy) and how to work toward the termination of therapy, all of the change principles are relevant at the beginning, middle, and end of therapy. The change principles mentioned first (therapeutic relationship and motivation) may be especially relevant at the beginning but continue to be relevant in the middle and at the

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end. Self-efficacy, our final change principle, is often seen as an outcome and may therefore be especially relevant at the end of therapy though it applies throughout all phases of therapy. The change principles of corrective experiencing and insight may be sandwiched in the middle but can occur in the beginning and end. In short, session-by-session instructions would be overly prescriptive for this approach and belie the reality that common factors play a role throughout the process of therapy. Instead, each change principle is a sort of rubric, offering guideposts for the practicing therapist to focus their work.

We note that we often use the term *common factors* to refer to the intermediate-level change principles or processes (see Goldfried, 1980), and therefore we use the terms *change principle* and *common factor* as largely interchangeable. A CF therapist can call to mind each of the change principles when meeting with a client, framing each principle as a category with representative interventions. Common factors, or change principles, form the framework of CF therapy.

This book is organized around five identified change principles, with each treated in its own chapter. Within each chapter, the change principle is first presented conceptually with an overview of the relevant ideas. We then subject each principle to our established criteria for inclusion in the CF therapy model followed by presenting a CF therapy definition for the principle that evolves out of this conceptual background. These sections are designed to be informative, offering a big picture view of how the principle plays out in the practice of therapy. Each chapter also reviews language used to describe the change principle, with the intent of arriving at a working definition and a description of the change principle. CF language avoids being tied to a single theoretical orientation.

The remainder of each chapter describes the implementation of the change principle and associated subprinciples as a general guide in clinical practice. We describe examples of key interventions that evoke the change principle, including concrete tasks, sample therapeutic dialogue, and strategies for engaging in deliberate practice to improve one's application of the change principle. As the journalist Miles Kington is reported to have said, "Knowledge consists of knowing that tomato is a fruit. Wisdom is not putting it in a fruit salad" (McSmith, 2008). Knowledge of the change principles can be helpful, but the wisdom of how to apply them clinically will require thoughtful care and practice according to the intervention suggestions we have included.

We repeat the following concept frequently throughout this book: The change principles are a lens, a framework, or a heuristic for guiding treatment. Whenever a CF therapist is interacting with a client, they can hold the change principles in mind and make intervention decisions based on these principles. Throughout this book we refer to various manuals and resources,

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all of which represent the broad spectrum of theoretical orientations. All of them can be used to deepen a therapist's understanding of how to enact the change principle.

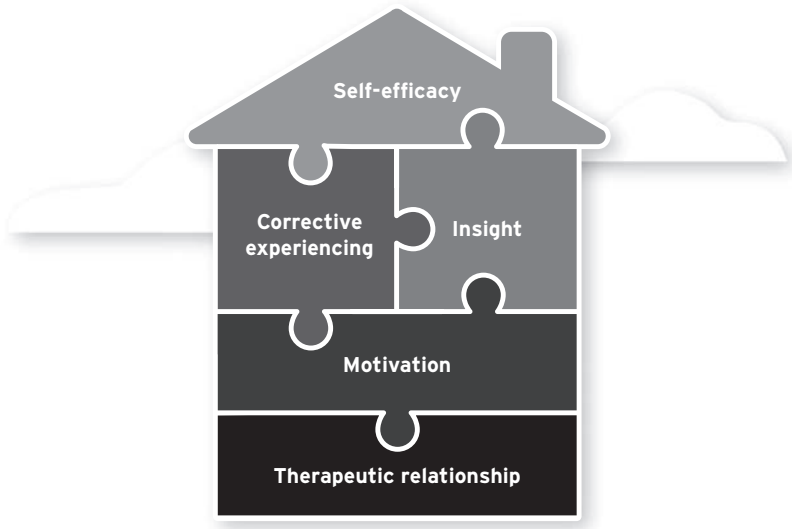
CF THERAPY PRINCIPLES

We recommend taking a brief moment to memorize the five change principles of the CF therapy model. A CF therapist uses these five principles as a guide:

1. Therapeutic relationship
2. Motivation
3. Corrective experiencing
4. Insight
5. Self-efficacy

Here we pause to consider how the principles fit together to form a cohesive whole that is therapy, and Figure 1 illustrates this whole with the image of a house. The first two principles may be considered support factors, using Lambert's (2013) categorization of common factors. The therapeutic relationship and motivation factors form an essential foundation, the context in which therapy can occur. The next two may be considered learning factors based on Lambert's groupings. Corrective experiencing and insight

FIGURE 1. Common Factors Therapy as a House



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represent key activities during the course of therapy that encourage learning by the client and, in our image, rest on the foundation of the support factors. And finally, self-efficacy, an action factor, represents the roof of the building. As the client moves forward with the gains of therapy, remoralized, they are actualizing the self-efficacy change principle.

Each intervention section also contains many deliberate practice recommendations. These are based on the work of Rousmaniere (2016), who gave several principles for therapists wishing to engage in deliberate practice to improve their therapy. These may be used by therapy trainees or by fully licensed and experienced therapists, or anyone who hopes to improve their effectiveness as a therapist.

Too often, therapy training and supervision occur only through didactics, with the trainer describing how therapy is to be conducted with a client. To use a sports metaphor, the coach (the supervisor) hopes the basketball player (the trainee) will be able to make the free throws if they just tell them how to properly place their feet, raise the ball with their hands, and shoot the ball through the air and into the hoop. Any basketball player will tell you that it takes far more than an explanation of free throws to learn to shoot a free throw. It takes practice, and then the coach's role is to give feedback and assistance with improving the technique and practicing effectively. Practicing deliberately can improve the likelihood that the player will hit the free throws in the more difficult scenario, an actual basketball game. The work in the gym, it is hoped, will pay off on the court at game time.

In similar fashion, deliberate practice can be used to improve when the therapist uses several principles. Following Rousmaniere's (2016) ideas, the therapist can view videos of their clinical interactions with clients and pay attention to their muscles, sensations, and emotions to more closely approximate what occurs when face-to-face with a client. We have included suggestions for what to pay attention to in each section in order to implement the change principle with deliberate practice. The therapist seeks feedback from a consultant and sets small, incremental goals to practice. The therapist then engages in solo deliberate practice. For example, they could say aloud the interventions they have been practicing, addressing them to a video of the client, while monitoring how they are performing and adjusting practice as needed. The therapist uses progress feedback on outcome measures to inform treatment decisions.

Overall, this book can be used as a reference guide for learning about the change principles or as a framework or rubric to inform treatment with clients. It can also be used to enhance one's practice according to the change principles.