# Chapter Thirteen: The Common Factors—the Heart and Soul of Change

Before we get into this, take a moment and think back over your work, thinking particularly of the clients who have made significant gains. Discuss your ideas with colleagues and get their perspectives. (Read more and watch more about the common factors.) If you are a BON subscriber, log in, click on "Training" to see demonstrations of enhancing client and alliance factors.

- **What works in your therapy, substance abuse service, case management, or other social service?**
- **How do you already interact with clients in ways that stimulate, catalyze, or crystallize change?**
- **What do your clients tell you that they like about your conversations with them?**
- **What do your clients tell you about what works?**
- **Take a moment to jot down your thoughts. Compare your answers with the following.**
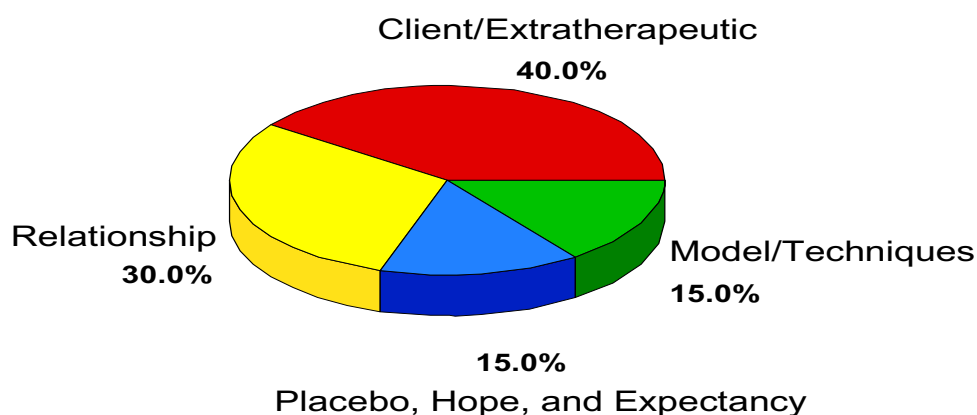
Michael Lambert's Pie Chart of the Common Factors

Client Factors: Accounting for 40% of Change

Research makes clear that the client is actually the most potent contributor to successful outcome—the resources clients bring into your agency and what influences their lives outside it. These factors might include persistence, openness, faith, optimism, a supportive grandmother, or membership in a religious community: all factors already in a client's life before he or she arrives at your doorstep. They also

include serendipitous interactions between such inner strengths and happenstance, such as a new job or a crisis successfully negotiated.

Relationship Factors: Accounting for 30% of Change

Next to what clients bring, their perceptions of the relationship with you are responsible for most of the gains resulting from any helping endeavor. Now usually called the "alliance," it is most easily understood as a partnership between the client and helper predicated on a strong agreement on the goals and tasks of therapy. Client's favorable ratings of the alliance are robust predictors of success—more predictive than diagnosis, approach, or almost anything else.

Expectancy/Placebo: Accounting for 15% of Change

Expectancy refers to the portion of improvement deriving from clients' knowledge of being helped, the instillation of hope, and how credible the client perceives your rationale and techniques. These effects do not come specifically from a given treatment procedure; they come from the hopeful expectations that accompany the method.
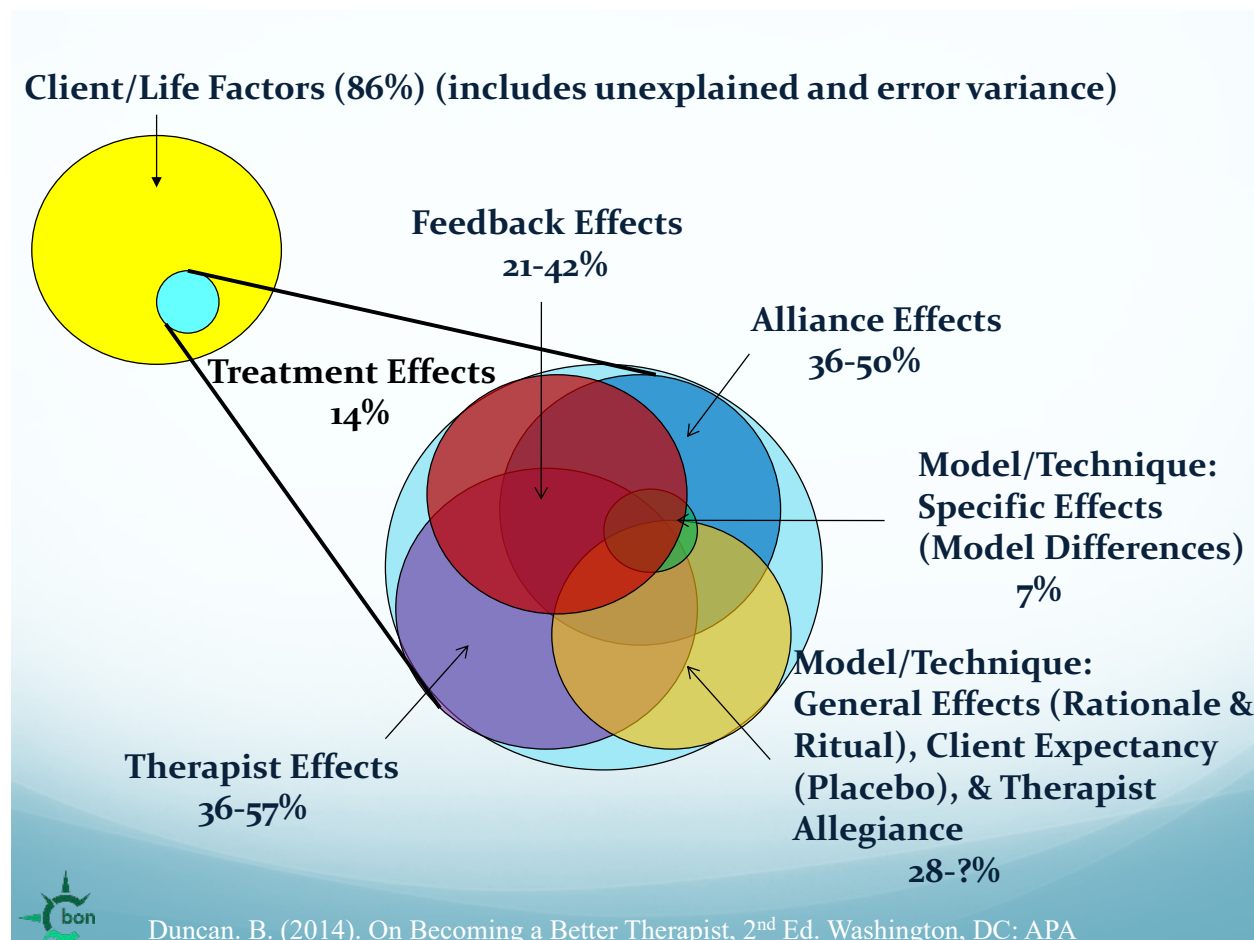
Model/Technique Factors: Accounting for 15% of Change

Model/technique factors are the beliefs and procedures unique to specific treatments like the miracle question in solution-focused therapy or challenging generalizations in cognitive-behavioral therapy or doing twelve-step work in a substance abuse program. Despite all the hoopla around the power of models, it is worthy to note that not one has demonstrated any superiority over any other—this is the so-called "dodo bird verdict" ("All have won and all must have prizes" from Alice in Wonderland), first coined by Saul Rosenzweig. The verdict colorfully summarizes that all approaches work about the same and points to elements common across models that better explain successful outcomes—namely the innate resources of the client, the quality of the relationship, and the hope for a better future. How exactly should models be viewed when so much of good clinical work is controlled by other factors—85% to be exact (40% client factors, 30% relationship factors, and 15% expectancy factors)? Read on.

Read Rosenzweig's original article.
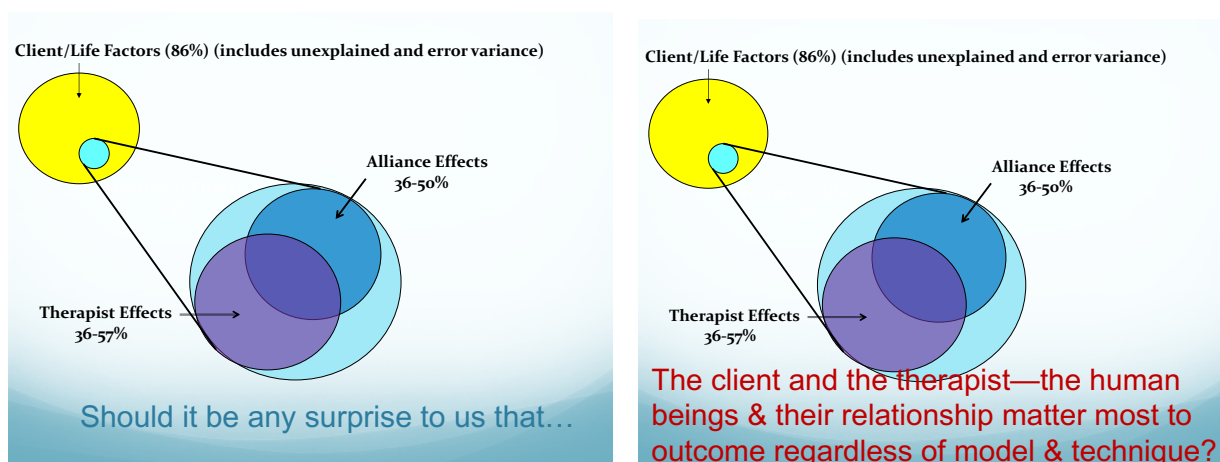
The Evolution of the Common Factors

Now that you have a handle on the common factors, let's look at a more complex, but satisfying representation of their effects and relationship to each other based on meta-analytic research. Take a look at the common factors as described in the book, <u>On Becoming a Better Therapist, Chapter One.</u>

Client/Life Factors (86%) (includes unexplained and error variance)

Feedback Effects
21-42%

Alliance Effects
36-50%

Treatment Effects
14%

Model/Technique:
Specific Effects
(Model Differences)
7%

Therapist Effects
36-57%

Model/Technique:
General Effects (Rationale &
Ritual), Client Expectancy
(Placebo), & Therapist
Allegiance
28-?%

Duncan. B. (2014). On Becoming a Better Therapist, 2nd Ed. Washington, DC: APA

The pie chart view of the common factors incorrectly implies that the proportion of outcome attributable to each was static and could be added up to 100% of therapy effects. This suggested that the factors were discrete elements and could be distilled into a treatment model, techniques created, and then administered or "done" to the client. Any such formulaic application across clients, however, merely leads to the creation of another model. Another related problem is that despite descriptions of the factors as acting in concert with one another, the "pie chart" illustration promotes them as independent entities. In truth, they are interdependent, fluid, dynamic, and dependent on who the players are and what their interactions are like.

The Lambert pie chart also left out a very important variable—you! We discuss therapist/provider effects in Chapter Fourteen. After you add PCOMS to your work, enhancing the effects of the common factors are the next most powerful way to improve your outcomes. When we get things down to their essence, what matters most is the heart and soul of change, the client and the alliance—and your attitudes and beliefs about people and change.

Here is the complicated diagram boiled down to its most important aspects: the client, you, and your relationship.

Client/Life Factors (86%) (includes unexplained and error variance)

Alliance Effects
36-50%

Therapist Effects
36-57%

Should it be any surprise to us that…

Client/Life Factors (86%) (includes unexplained and error variance)

Alliance Effects
36-50%

Therapist Effects
36-57%

The client and the therapist—the human beings & their relationship matter most to outcome regardless of model & technique?

Empowering Client Factors

1. **Listen for heroic stories.**

- The key here is the attitude you assume regarding your client's inherent abilities—you must foster a determined mindfulness to find competencies, strengths, resiliencies, and resources that you *know* are there. This does not mean that you ignore pain or assume a Pollyanna stance.

Clients Are the Lions of Change
Account for Majority of Outcome

Until lions have their historians, tales of hunting will always glorify the hunter.

African Proverb

Casting the Client
in Heroic Roles

No formula here, more of an attitude requiring a *balance* between listening empathically with mindfulness toward resources that you *know* are there.

Identify not what clients need, but what they already have in their world that can be put to use in reaching their goals

➕ **The stories of who we are have multiple sides**, depending on who is recounting them and what sides are emphasized. Unfortunately, the Killer Ds (diagnosis, dysfunction, disorder, disease, deficit) have persuaded us to believe in the story of pathology as the only or best version. It is neither. Many others of survival and courage simultaneously exist—help your clients tell stories that portray their courage and heroism.
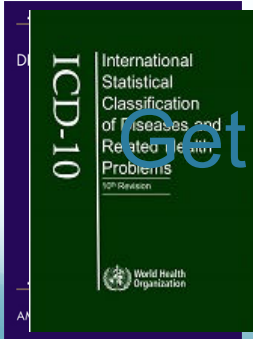

Client/Life Factors (86%)
Research Suggest That…

The client is the heart of change

The bottom line

- Privilege clients' experience & rally their resources to the cause.
- But instead…

The Killer D's of
Client Diminishment

ICD-10 International Statistical Classification of Diseases and Related Health Problems

Get Over it!

✓ Dysfunction
✓ Disorder
✓ Disability
✓ Disease
✓ Deficit
✓ Damaged
✓ Not Reliable or Valid
✓ None ever related to outcome…need to

➕ **Bring three questions to your conversations:** *What are the obvious and hidden strengths, resources, resiliencies, and competences contained in the client's story? What are the competing stories that can be told—the stories of clarity, coping, endurance, and desire that exist simultaneously with the stories of confusion, pain, suffering, and desperation? What is already there to be recruited for change?*

Finding Ways that Are Authentic
Finding the Heroic Client

- Who was the first person to tell you that they noticed the best of you in action? What were you doing when they noticed these aspects? Who was the last person to tell you that they noticed the best of you in action?

- Who in your life wouldn't be surprised to see you stand up to these situations and prevail? What experiences would they draw upon to make these conclusions about you? What "quintessentially you" stories would they tell?...

Telling Heroic Stories
Three Questions to Consider

What are the obvious and hidden strengths, resources, resiliencies, and competences contained in the client's story?

What are the competing stories— the stories of clarity, coping, endurance, and desire that exist simultaneously with the confusion, pain, suffering, and desperation?

What is already there to be recruited for change?

The Heroic Client

Notice the differences in the two approaches to questions depicted below. What assumptions are beneath both? What stories arise from both? What kind of stories do you want to tell? And what kind of stories do you think allow you to harvest client strengths and resources?

Think of a Time in Your Life…
The Problem-Saturated Story

- Think of a time in your life that was very difficult.
- What problems did this situation create for your personal mental health as well as your family?
- Did you use drugs or alcohol to get you through?
- What pattern in your life does this story represent?
- Who else knows this story about you?
- What do you think they say this story says about what destructive patterns that you need to change?
- Who wouldn't be surprised that you are repeating this pattern now?

Think of a Time in Your Life
Telling Heroic Stories…Imagine

Think of a time in your life that was very difficult, but you managed to get through it.

What personal resources did you draw on to get through this difficulty?

What family, spiritual, friend, or community support did you draw on to get through?

What does this story tell you about who you are and what you can do?

Who else knows this story about you?

What do you think they say this story says about who you are and what you are capable of?

Who wouldn't be surprised to see you stand up to this problem and prevail?

Always remember that clients are the lions and lionesses of change, or whatever metaphor you chose. Without their resources engaged in the process of helping, it will inevitably fall flat. PCOMS really helps us here.

Pick Your Favorite Metaphor

- The Client is the Lioness of Change
- The Client is the Heart of Change
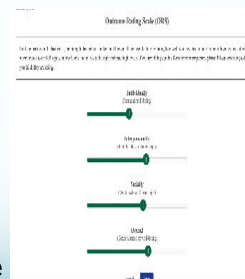- The Client Accounts for Most of the Variance of Change (86%)
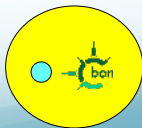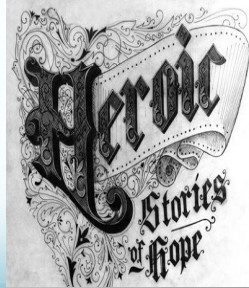
Clients
The Heart of Change

Client outcome feedback makes consumers the historians of their own change

Partnering w/clients to monitor outcome engages the most potent factor of change

Whichever One You Favor

The client is heroic & the main character in his or her story of change. Recruit, enlist, & harvest client resources.

What Accounts for Provider Differences?
No Need to Hire Detectives

Providers with the best results:

Are better at the alliance across clients; alliance ability accounts for most of provider differences

Baldwin et al. (2007). Untangling the alliance-outcome correlation. *Journal of Consulting and Clinical Psychology, 75*(6), 842-852.;
Owen, Duncan, Anker, & Sparks (2014). Therapist effects in couple therapy. *Journal of Family Psychology*

Empowering Alliance Factors

1. Think of the alliance as the overarching framework of doing therapy or case management; it transcends any specific helper behavior and is a property of all.

2. The function of the alliance is to engage the client in purposive work.

3. It's hard work; have to earn it with each and every client.
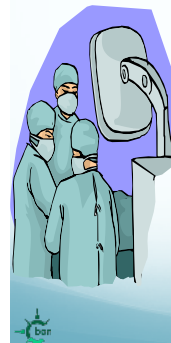

Alliance As An Overarching Framework

Transcends any behavior & is a property of all—from technique to scheduling appointment

To engage the client in purposive work

Have to earn it each time; alliance is our craft; practice elevates it to art

TRANSCENDENT

But Perpetually Minimized in Difficulty and Importance

•It gets such little press compared to models and techniques and is often relegated to statements like "first gain rapport and then…" or "form a relationship and then…" as if it is something we effortlessly do before the *real* intervention starts. The alliance is not the anesthesia to surgery.

•The alliance deserves far more **RESPECT…**

4. Court the client's favor and woo their participation—fit their ideas of a good relationship

    ⁘ Carefully monitor the client's reaction to comments, explanations, interpretations, questions and suggestions. Use the client's language—their words, ideas, and expressions. Stay close to their descriptions of their lives. (Monitor and measure the alliance.)

    ⁘ Be flexible. Some clients will prefer a formal or professional manner over a casual or warmer one. Others might prefer more self-disclosure from their therapist, greater directiveness, a focus on their symptoms or a focus on the possible meanings beneath them, a faster or perhaps, a

more laid back pace for therapeutic work. The one-approach-fits-all strategy is guaranteed to undermine alliance formation. You are multidimensional—you are already many things to many people (friend, partner, parent, child, sibling). Use *your* complexity to fit clients! (And of course, monitor the alliance with the SRS.)

Reliance on the **Alliance Relational Bond**

- **Be friendly**, responsive, and flexible (like a first date); stay close to client's experience.

- **Empathy and Positive Regard:** Validate. Legitimize the client's concerns/basic worth and the importance of their struggle.

Things to Consider When Validating

What are the invalidations contained in the client's story? How is the client blamed for his or her difficulties by him or herself or others?

What other circumstances have contributed to this situation? How can I place the client's situation in a context that explains and justifies his or her behavior or feelings? How can I give the client credit for trying to do the right thing?

Put the client's experience in the following format:

No wonder you feel or behave this way (fill in with client circumstance) given that (fill in the ways you have discovered to justify his or her responses).

5. Validate the client*. Validation occurs when client's thoughts, feelings, and behaviors are accepted, believed, and considered completely understandable given trying circumstances. Legitimize the client's concerns and highlight the importance of the client's struggle. It combines empathy and positive regard. Validation requires you to accept your client at face value and search for justification of his or her experience—replacing the invalidation that may be a part of it. Ask yourself the following questions about the client's story:*

- *What are the obvious and hidden invalidations contained in the client's story? How is the client or others discounting or contradicting his or her experiences? How is he or she or others blaming the client for this situation?*

- *What other factors or circumstances have contributed to this situation or are extenuating or mitigating variables? How can I place the client's situation in a context that explains and justifies his or her behavior or feelings? How can I give the client credit for trying to do the right thing?*

- *How is this experience representative of an important crossroad in the client's life or a statement about his or her identity? What message is the client's internal wisdom attempting to express?*

- *Put the client's experience in the following format:*

No wonder you feel or behave this way (fill in with client circumstance) given that (fill in the ways

you have discovered to justify his or her responses).

➕ *Now that the client is validated, what different conclusions are reached? Did any other courses*
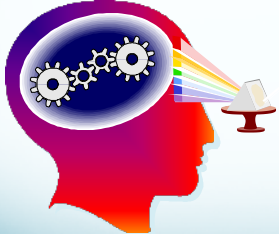
of action emerge?

6. [Accept client goals at face value.](#)

➕ [Work on client goals, period](#).

➕ Listen and then amplify the stories and experiences that clients offer about their problems,

including their thoughts, feelings, and ideas about "where they want to go and the best way to

get there." (Monitor the alliance.)

➕ Ask directly about the client's goals.

What is your goal for treatment or service?

What did you (hope/wish/think) would be different because of coming here?

What did you want to change about your (life/problem/etc.)?

What would have to be minimally different to consider our work together a success?

What will be the first sign to you that you have taken a solid step on the road to improvement

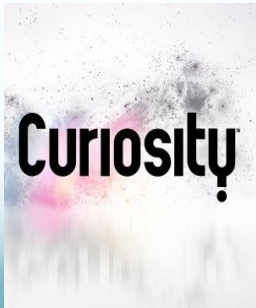*even though you might not yet be out of the woods?*

What will it take to move your mark on the ORS just one centimeter to the right? And what can

we do in here to support that?

7. [The Client's Theory of Change](#). One of the most helpful ideas we've run across that Barry first

wrote about in 1992 is the [client's theory of change](#). What is it? The client's theory of change is

simply his or her ideas about what needs to happen to solve the situation that brought them to see you. Exploring those ideas has several advantages: **It puts the client center stage in the conversation; It enlists the client's participation; It helps ensure the client's positive experience of you; and It structures the conversation and directs the change process.**

- *The client's theory of change unfolds from a conversation structured by your curiosity about the client's ideas, attitudes, and speculations about change.*

- *Honoring the client's theory occurs when you follow, encourage, and implement the client's ideas for change or when you select a technique or procedure that fits clients' beliefs about their problem(s) and the change process.*

- *Learning the client's theory is like starting a journey in an unknown territory. Trust clients to show the way on their own map. Unfolding the client's map reveals not only the desired destination, but also what paths may be followed to get there. Explore the landscape and cross the terrain of the client's theory of change; vantage points along the way will reveal the client's own routes of restoration. In that endeavor, clients will show trails never thought to exist.*

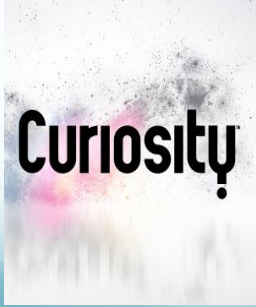### Learning the Client's Theory: Curiosity and Exploration

What are your ideas about change?

What are your usual or family/cultural methods of change?

What have you tried so far to solve this problem?

What are you hoping my role will be?

Learning the Client's Theory: Curiosity and Exploration

These are not magic questions. All will not blossom from the first question about the client's theory. The client's TOC is an ''emergent reality'' that unfolds from a conversation structured by the therapist's curiosity about the client's ideas, attitudes, and speculations about change.

To learn clients' theories, adopt their views in their terms with a very strong bias in their favor. Explore the client's thoughts, feelings, and attitudes about the nature of the problem as well as any and all ideas about how you might best address the client's goals.

- Make direct inquiries about the client's goals and ideas about change:

  What did you (hope/wish/think) would be different as a result of coming here?

  What did you want to change about your (life/problem/etc.)?

  What would be minimally different in your life to consider our work together a success?

What do you think would be helpful?

What ideas do you have about what needs to happen for improvement to occur?

Many times people have a pretty good hunch about not only what is causing a problem, but also what will resolve it. Do you have a theory of how change is going to happen here?

- Listen for or inquire about the client's usual method of, or experience with, change:

  How does change usually happen?

  What causes change to occur?

  What does the client do to initiate change?

  What do others do to initiate/facilitate change?

  What is the usual order of the change process?

  What events usually precede/occur during/follow after the change?

- Discuss prior solutions as a way of learning the client's theory of change. Exploring solution attempts enables you to hear the client's evaluation of previous attempts and their fit with what the client believes to be helpful. Inquiring about prior solutions, therefore, allows you to hear the client's frank appraisal of how change can occur.

  What have you tried to help the problem/situation so far? Did it help? How did it help? Why didn't it help?

- Find out what your role is in the change process*: How does the client view your part in the change process? Clients want different things. Some want a sounding board, some want a confidant, some want to brainstorm and problem solve, some want advice, some want an expert to tell them what to do. Explore the client's preferences about your role by asking:

  How do you see me fitting into what you would like to see happen?

  How can I be of most help to you now?

  What role do you see me playing in your endeavor to change this situation?

  Let me make sure I am getting this right. Are you looking for suggestions from me about that situation?

How to Honor the Client's Theory

Just Do it! *The first way to honor the client's theory of change is really simple. Just find out what the client's ideas are and then, as the Nike ad says, just do it. Clients often have good ideas about their situations but have not been allowed the space to explore them with someone who believes in them. Trust client ideas and follow them to their logical conclusion.*

Make It So Number One. Recall in the adventure series Star Trek, how Captain Picard inevitably turned to his first officer and said, "Make it so Number One!" This is akin to the process of honoring the client's theory of change. Sometimes clients discuss their own views of how change will happen and identify what they need, but do not detail how they will make it happen or how their views can be concretely implemented. This is your job as first officer. You can fit the client's views of change by thinking of approaches that seem to fit the situation the client is describing or sound like the solution the client is talking about. Keep three things in mind when introducing ideas:

1. *The idea must explicitly accept what the client wants and provide an option that addresses the client's desires. If an idea does not pass that acid test, then dump it like sour milk.*
2. *The client must heartily agree. If the client does not enthusiastically endorse the idea, abandon it like a blind date with a "Born to Lose" tattoo.*
3. *The idea must enlist clients' strengths or rally their energies to address their concerns. If not, then discard the idea like yesterday's news.*

Remember! The client's theory is not an anatomical structure in the client's head to be discovered by your expert questioning. Rather, it is a plan that co-evolves via the conversational unfolding of the client's experience fueled by your caring curiosity.

Final Thoughts
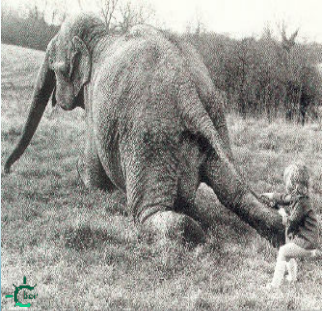
- Technique and relationship are not disembodied parts. Have to have something to do with clients, some explanation and ritual. Securing agreement with the "what we are doing here" part is crucial to the alliance. If the selected technique doesn't engage the client, it is not pulling its weight in the alliance.
- In a good alliance, helpers and clients jointly work to construct interventions that are in accordance with clients' preferred outcomes. In this light, interventions represent an instance of the alliance in action. They cannot be separated from the client's goals or the relationship in which they occur.

Choose an approach by asking yourself these questions:

- *Does the particular strategy capitalize on client strengths, resources, and abilities?*

- *Does the orientation/intervention use the client's existing support network?*

- *Does the method identify or build on the changes clients experience while in therapy?*

- *Would the client describe the interaction resulting from the adoption of the particular strategy or orientation as empathic, respectful, and genuine?*

- *Does the orientation/technique identify, fit with, or build on the client's goals for therapy?*

- *Does the orientation or strategy fit with, support, or complement the client's worldview and theory of change?*

- *Does the theory or intervention fit with the client's expectations for therapy? Does the orientation or intervention increase the client's sense of hope or expectancy?*

Wrapping Up with the Common Factors on Board

It is useful to enlist the common factors in a summary statement that builds on the momentum gathered in the conversation and channels the salient points toward the client's goals: **validates the client and his or her situation, concerns, and goals; highlights the client's resources and coping abilities; and connects this meeting to the next and to the client's desired outcome**

- The first part of the summary enhances the alliance by allowing clients to feel completely heard—that you understand both their concerns and what they want from their meetings with you. Clients, then, can relax knowing that you require no convincing of their legitimate concerns and goals.

- The second part shines a spotlight on the client resources. Letting clients know that you are genuinely impressed with all they have done or gone through—all the adversity they have faced and still are courageously facing—is key to this part of the message. Here is where your

observations focus on what is going right for the client and the things they are doing that are on the right track.
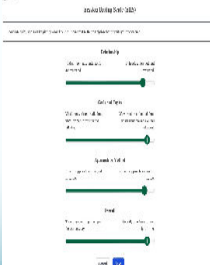
🦋 Finally, the third part creates hope and a positive expectancy for change. Here is where you convey any ideas or homework tasks, if that is what the client wants, that directly address the client's desires for service. This part of the message presents possible perspectives or action steps for the client's consideration. For example, commenting on the importance of the client's struggle (part one of the message) may usher in the presentation of an idea or suggestion. Or part two of the message (client strengths, what is working or going well) may naturally flow to asking the client to keep on doing what they are doing. Part three of the message also serves as a bridge for discussion of the next appointment. Ending the conversation in this way puts the common factors to work for you and your client.

The Alliance
The [image] of Change

Alliance feedback enables a fit between client expectations, preferences, and services

Does not leave the alliance to chance—applying over 1000 studies showing the relationship of the alliance to positive outcomes

The Odds for Change
When You Combine…

A resourceful client, a strong alliance, and an authentic therapist who brings her or himself to the show are worth betting on, certainly a cause for hope, and responsible for my unswerving faith in psychotherapy as a healing endeavor.

On Becoming a Better Therapist
Evidence-Based Practice One Client at a Time
BARRY L. DUNCAN