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Common Factors of Change in Couple Therapy

Sean D. Davis
Alliant International University

Jay L. Lebow
Family Institute at Northwestern University

Douglas H. Sprenkle
Purdue University

Though it is clear from meta-analytic research that couple therapy works well, it is less clear how couple therapy works. Efforts to attribute change to the unique ingredients of a particular model have consistently turned up short, leading many researchers to suggest that change is due to common factors that run through different treatment approaches and settings. The purpose of this article is to provide an empirically based case for several common factors in couple therapy, and discuss clinical, training, and research implications for a common factors couple therapy paradigm. Critical distinctions between model-driven and common factors paradigms are also discussed, and a moderate common factors approach is proposed as a more useful alternative to an extreme common factors approach.

Keywords: couple therapy; common factors; outcome research

As discussed in the introduction to this special section (Halford & Snyder, 2012-this issue), the efficacy of couple therapy is well established. What is less clear, however, is *how* couple therapy works. Data suggest that successful couple therapy consists of a complex interaction of numerous pantheoretical variables, and initial findings indicate that these variables account for far more variance than the unique contributions of any particular model (Sprenkle & Blow, 2004). A more thorough understanding of these pantheoretical variables, generally referred to as "common factors," how and when they are activated and how they are woven into empirically based, model-driven treatment could greatly simplify and refine couple therapy research and training, and ultimately maximize the effectiveness of couple therapy. While the data point to the importance of common factors, much of the relevant research in couple therapy has yet to be done. Nevertheless, enough data exist to make a strong case for the ideas presented in this article. The purpose of this article is to outline the main tenets of a common factors paradigm, provide an overview of what is known about the common factors, and to outline research, training, and clinical implications. Interested readers can find a more in-depth discussion of these issues in Sprenkle, Davis, and Lebow (2009).

Common Factors and Model-Driven Change: Two Paradigms of How Couples Change

The common factors paradigm stands as an alternative to the model-driven change paradigm. Though we believe there are significant differences between the two paradigms, we also acknowledge that polarizing two paradigms overemphasizes differences and underemphasizes similarities. We outline below what we see as the polarities of these two paradigms, and discuss later our preferred "moderate" common factors approach. The

Address correspondence to Sean D. Davis, Alliant International University, Marital and Family Therapy, 2030 West El Camino Avenue, Suite 200, Sacramento, CA 95833; e-mail: sdavis2@alliant.edu.
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traditional model-driven paradigm assumes that the primary explanation for change rests within the unique elements and mechanisms of individual treatment models. Conversely, the common factors paradigm assumes that common mechanisms of change cut across all effective psychotherapies, and that models are the vehicles through which common factors are potentiated (Sprenkle & Blow, 2004).

Taken to the extreme, the model-driven paradigm suggests that treatments are "dispensed" in ways analogous to drugs and medical procedures. In contrast, a common factors approach is more contextual, emphasizing the interaction of complex variables affecting treatment such as client and therapist variables, alliance, and expectancy. These latter factors are viewed as more important than the unique contributions of specific models. The model-driven change paradigm often deemphasizes the therapist's role in change, instead focusing on the treatment dispensed. The common factors approach, on the other hand, emphasizes that treatment models do not exist in therapy outside of the therapist delivering them, and therefore the qualities of the therapist delivering the treatment are more important than the treatment itself.

The model-driven paradigm is more therapist-centric in that it emphasizes the importance of the therapist performing therapy in a certain manner, and the client falling into step with what the therapist recommends. Conversely, the common factors paradigm is more client-centric in that models—regardless of whether they are therapist or client centered—are adapted to a client's unique needs and world views, and clients use whatever is offered in therapy in unique and idiosyncratic ways not necessarily predicted by the model.

The model-driven change paradigm has always been the more prominent of the two approaches. Models are more exciting and interesting than the factors that all good therapies possess. Perhaps it is no surprise that most couple therapy training programs emphasize models and rarely directly address common factors. Today, most federal research funding goes toward this paradigm, and advocacy of "evidence-supported treatments" has become commonplace. The common factors approach, while enjoying intuitive appeal among many clinicians and a growing number of researchers, has a long way to go before it enjoys a similar seat at the cultural table as the model-driven change paradigm. We hope that this article will help bring the common factors paradigm into the mainstream.

The State of the Research Surrounding Common Factors

Randomized clinical trials (RCTs) are widely considered the gold standard for establishing treatment efficacy. In both individual and couple therapy (though there are far fewer RCTs in couple therapy) RCTs routinely demonstrate that the model being tested outperforms treatment as usual and wait-list control conditions. Claims of efficacy solidify as RCTs accumulate for a particular model. However, meta-analytic reviews of RCTs suggest that when RCTs are compared to each other, differences in treatments largely disappear, particularly when controlling for confounding variables such as researcher allegiance (Wampold, 2001). In other words, demonstrating efficacy relative to treatment as usual and wait-list controls does not equal efficacy relative to other models.

Meta-analytic research that calculates an effect size by comparing diverse studies is sometimes criticized as confounding samples, treatments, presenting problems, and outcome measures. Inclusion of methodologically weak studies can further confound meta-analytic results. Nevertheless, most meta-analytic reviews show few if any differences between treatments, and several show that this finding is as strong when comparing only methodologically sound studies as it is when including weak studies (Shadish & Baldwin, 2002; Smith & Glass, 1977). While there are several possible explanations of this finding (e.g., different models may use different yet equally potent change mechanisms), we believe the common factors hypothesis is the most consistent with existing data. Even most studies that represent the ideal situation—an RCT with at least two established models that controls for confounding variables such as researcher allegiance—fail to show significant differences among treatments (Elkin et al., 1989), but showed significant differences among such common factors as therapists characteristics (Blatt, Sanislow, Zuroff, & Pilkonis, 1996). Increasingly the debate is not over *whether* but *how much* common factors influence outcome (Chambless & Ollendick, 2001; Orlinsky, Grawe, & Parks, 1994).

As research methods become more complex, so may our understanding of the change process. Therefore, it may be better to expand RCTs rather than do away with them altogether. We believe that an investigation of common factors and processes could be woven into an RCT, thus allowing for a more refined view of the change process. However, although reliable differences in treatment models may be discovered, we believe it is unlikely that one model will be shown to be universally more effective than others. We believe it is more likely

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