

Common Factors: A Conceptual and Empirical Overview

David A Shapiro

Derbyshire Mental Health Services NHS Trust
University of Leeds & University of Sheffield

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www.shapiro.co.uk

Summary

- Evidence for common factors
- CBT downplays common factors
 - Suggests common factors appear important only for (ineffective) non-CBT therapies
- Separate coexistence of 2 research paradigms
- Benefits to CBT of embracing both paradigms

CBT Research Paradigm

- “Experimental psychology meets the medical model”
- Theory-based treatment development
- Clinical case series and single-case experimental designs
- Randomised controlled trials
- Dismantling studies

ESTs: Current Status

- Evidence for specificity re anxiety disorders, child depression
- No evidence for specificity in adult depression
- Equivalent outcomes often found even with anxiety disorders
- Investigator allegiance effects may compromise specificity
- Dearth of evidence from clinically representative (effectiveness) research

Empirically Grounded Clinical Interventions

Salkovskis (2002) *Behav Cog Psychother* 30 3-9

- EBM emphasises RCTs and meta-analysis, neglecting clinically grounded theories, experimental studies, research on individual differences and epidemiological studies
- EBM just 1 aspect of ECGI
- RCTs not generalizable to complex cases
- Trials only inform theory when failure disconfirms, or where mechanisms are measured
- Over-reliance on EBM reflects medical model, better suited to (atheoretically derived) drugs than to psychotherapy

Psychotherapy Research Paradigm

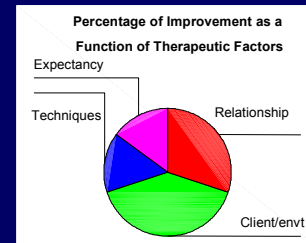
- “Therapy theory meets the medical model”
- Treatment development based on theory and clinical lore
- Observational studies of treatment processes
- Randomised controlled trials
- Process-outcome studies
- Qualitative research

Qualitative Methods

- Rigour and quality control
- Closer to clinicians' thinking
- Both develop and test hypotheses
- “Events paradigm” selects key change events
- “Zeroing in” strategy
- Use in treatment development

Common Factors Evidence

M J Lambert (1992)



Demonstrably Effective Relationship Factors

Norcross (Ed) (2002) *Psychotherapy Relationships that Work*. Oxford Univ Press

- **Effective Elements**
 - Alliance
 - Cohesion in Group Therapy
 - Empathy
 - Goal Consensus and Collaboration
- **Customising Relationship to Patient**
 - Resistance
 - Functional Impairment

Probably Effective Relationship Factors

Norcross (Ed) (2002) *Psychotherapy Relationships that Work*. Oxford Univ Press

- **General Elements**
 - Positive Regard
 - Congruence/genuineness
 - Feedback
 - Repair of Alliance Ruptures
 - Self-disclosure
 - Management of Countertransference
 - Quality of Relational Interpretations
- **Customising Relationship to Patient**
 - Coping Style
 - Stages of Change
 - Sociotropy/autonomy
 - Expectations
 - Assimilation of Problematic Experiences

CBT's Negative Beliefs about Common Factors

- Common factor and ESR research based on non-CBT therapies
- Common factor and ESR research is scientifically weak (e.g., correlational, not experimental)
- Common factors and ESR's hard to sell to the health care system

CBT's Underlying Assumptions

- Specific techniques grounded in cognitive and behavioural science are the key drivers of therapeutic change (“active ingredients”)
- Common factors are of secondary importance, or serve only as background pre-conditions of effectiveness

Dialogue of the Deaf

- CBT theory, evidence-base and practice are internally self-consistent, persuasive, and politically successful
- Non-CBT-adherents retain sceptical disbelief – CBT's focus seen as restrictive/superficial, ignoring emotion, relationships, etc., and evidence-base as lacking external validity
- Address this by synthesising research paradigms

Why not Embrace Relationship Factors in CBT?

- Relationship factors aren't "owned" by dynamic therapy or by any non-CBT therapy
- CBT theorists have good accounts of the relationship
 - Linehan's behavioural principles
 - Safran *et al.* interpersonal approaches incorporated into CT
- Biological bases of interpersonal processes
- Evidence that CBT can secure excellent therapy relationships
- Specifying the non-specifics accords with CBT's scientific principles

Relationship Factors in CBT

Waddington (2002) *Behav Cog Psychother* 30 179-191

- CBT traditionally views relationship as necessary (context) but not sufficient, so relatively neglected by research
- Psychotherapy researchers' conceptualisation and measurement of relationship has improved
- 13 CBT studies, most find relationship associated with outcome, but causal ambiguity
- Some evidence of relationship predicting outcome independent of techniques
- More sequential analysis required to demonstrate relationship does more than increase compliance/collaboration

Bringing Together the 2 Paradigms

- Address factors other than theory-specified technique within clinical trials
 - E.g., therapist effects within manualised RCTs
- Use process research methods to develop and test hypotheses re change mechanisms within CBT
 - E.g., temporal sequence analysis of CBT cases

Temporal Sequencing

(e.g., DeRubeis studies)

- Multiple assessment points for process and outcome variables (e.g., BDI, therapeutic alliance, concrete cognitive therapy methods)
- Causality inferred from correlations over time (e.g., CT methods in early sessions predict subsequent alliance; some evidence that early symptom change predicts subsequent alliance)

Evidence-based Implications for Practice of CBT

Waddington (2002) *Behav Cog Psychother* 30 179-191

- Elicit client's view of relationship
- Aim to generate hope via relationship
- Use CBT skills to establish good relationship
- Attend to ruptures in relationship
- Aim for positive therapist characteristics
- Attend to generalisation from therapy relationship
- Consider individual client issues in therapy relationship
- Use supervision to monitor therapists' relationship skills

Conclusions

- Bringing the 2 paradigms together strengthens the scientist-practitioner model underpinning CBT
- Embracing the evidence for “common factors” can improve therapy, services
- Collaborate rather than compete with therapists of other orientations – no-one holds a monopoly over effective change principles