Contemp Fam Ther (2006) 28:201–210
DOI 10.1007/s10591-006-9000-4

ORIGINAL PAPER

The Contributing Factors of Change in a Therapeutic Process

Michelle L. Thomas

Published online: 24 March 2006
© Springer Science+Business Media, Inc. 2006

Abstract The clients' and therapists' perceptions about the degree to which each of four common factors in therapy—extra-therapeutic factors; model/techniques; therapeutic alliance; and hope/expectancy—contribute to change in the therapeutic process were investigated in this study. In addition, the perceptions about the percentage of change attributed to clients and therapists were also explored. Results revealed that the therapists and clients have different perceptions on what factors contribute the most to change and that clients and therapists believe that the client contributes the most to change in a therapeutic process.

Keywords Common factors in therapy · Marriage and family therapy · Change process

Clients spend less than 1% of their waking hours in therapy (Prochaska, 1999). Along the same lines, clients are likely to attend therapy one hour out of 168 hours within a week time period. Given that therapy encompasses such a small amount of time, what is it about the therapeutic context that potentially leads to dramatic changes? Many researchers have explored the accountability of common factors to the process of change in therapy (Frank, 1976; Garfield, 1992; Lambert, 1992; Hubble, Duncan, & Miller, 1999; Luborsky, Singer, & Luborsky, 1975; Rosenzweig, 1936; Sprenkle & Blow, 2004). Despite the research on common factors in marriage and family therapy (MFT), the subject has yet to dominate the thinking and practices of researchers, clinicians, and theoreticians in marriage and family therapy (Blow & Sprenkle, 2001).

M. L. Thomas, MSW, is a doctoral student in Marriage and Family Therapy at Florida State University.

M. L. Thomas (✉)
Florida State University, 225 Sandels Bldg., Tallahassee 32306-1491, FL, USA
E-mail: mlt2538@garnet.acns.fsu.edu

What are Common Factors?

Saul Rosenzweig (1936) was the first to assert that there are common components among different therapies in his research on the effectiveness of treatment models (Sprenkle & Blow, 2004). His work coupled with that of other researchers has marked the development of the common factors movement. As the progression developed so did controversy about the common factors approach in the field of MFT. Recently, there have been debates about the existence and relevance of common factors (Sexton, Ridley, & Kliener, 2004; Sprenkle & Blow, 2004). According to Sexton and associates (2004), common factors depreciate the uniqueness of models or theories that have developed in the field of MFT. In response, Sprenkle and Blow (2004) stated that the common factors approach was not developed to discredit the importance of the years of hard work that has been dedicated to creating and developing various psychotherapy models. Nevertheless they desire marriage and family therapists to recognize and use the existence of common factors to establish more unity in a field that has been diversified by the large number of psychotherapy models.

The objective of the common factors approach is to create a more practical and effective treatment based on these commonalities (Norcross, 1999). It is believed that with the implementation of more research on common factors there is the possibility for positive clinical implications in MFT such as: economy and flexibility, weight to relative importance of common factors on the basis of the contribution to treatment outcomes, and direction for future investigations into the relationship between common factors and effective therapy (Norcross, 1999).

According to Sprenkle and Blow (2004), common factors are variables of the treatment setting that include the client, therapist, relationship, expectancy, and techniques that are not specific to a particular model. These factors establish the core ingredients and commonalities that are shared by different therapies (Norcross, 1999). It is alleged that these commonalities are what bring about change in therapy, not the specific techniques of the individual models (Hubble et al., 1999). Norcross (1999) believes that these common factors contribute to the complex therapeutic process, and states that:

> Common factors are not located solely in the therapist but also in the client not solely in the intra-therapy alliance, but also in the broader environmental context; not solely in formal treatment, but also as part of clients' self-change (p. xix).

In this quote, Norcross presented his conclusion that common factors are contributors to the therapeutic process of change. Lambert (1992), however, took it a step farther by assigning estimated percentages to each of the common factors.

The Big Four Common Factors

The ''big four'' (Hubble et al., 1999) label for common factors was inspired by the work of Michael Lambert (1992). Lambert suggested a four-factor model of change based upon his review of empirical studies of outcome research (Norcross & Goldfried, 1992). The four-factor model includes: extra-therapeutic change factors, common factors, technique factors, and expectancy factors (Lambert, 1992). The model consists of estimated percentages of variance in outcome that each factor contributes to change in the therapeutic process.

Miller, Duncan, and Hubble (1997) modified the four-factor model by placing all of the factors under the rubric of common factors and modifying the estimated percentages. The modified four-factor model is composed of: client and extra-therapeutic factors;

relationship factors; model or techniques, and expectancy factors (Sprenkle & Blow, 2004) (Figure 1).

Client extra-therapeutic factors are estimated to contribute 40% to change (Miller et al., 1997). Sprenkle and Blow (2004) reported that client factors are the characteristics of personality of the client. Extra-therapeutic factors are components in the life and environment of the client that affect the occurrence of change, such as the client's inner strengths, support system, environment, and chance events. More specific examples of these factors include faith, persistence, supportive family members, community involvement, job, or a crisis situation (Hubble et al., 1999).

Relationship factors are estimated by Hubble and associates (1999) to account for 30% of the change. This set of factors represents the strength of the therapeutic alliance between the therapist and client(s). This alliance is the joint product of the therapist and client together focusing on the work of therapy (Sprenkle & Blow, 2004). Relationship factors also include behaviors provided by the therapist such as warmth, empathy, encouragement, and acceptance (Hubble et al., 1999).

The last two components of the model, model/technique and hope/expectancy each attributed 15% to the change process. The model/technique component consists of the therapist's theoretical orientation, therapeutic methods, strategies, or tactics implemented to move clients to take some action to improve themselves or their situation (Hubble et al., 1999). These factors represent the unique parts to specific theories of therapy (Sprenkle & Blow, 2004). Lastly, hope or expectancy refers to the client becoming hopeful and believing in the credibility of the treatment (Sprenkle & Blow, 2004).

Lambert (1992) reported in his work that ''no statistical procedures were used to derive the percentages'' in his model (p. 98). Although these percentages were estimates or assumptions developed from review of empirical studies, they have been frequently misinterpreted and cited by researchers in literature as factual statements of the percentage of variance accounted for by the four factors (Sprenkle & Blow, 2004). Even though these educated estimations are helpful, more research is needed to establish the accuracy of these estimations.

The objective of this current study is to determine the clients' and therapists' perceptions regarding the degree to which each of the common factors contributes to change in the therapeutic process. Extra-therapeutic factors, model/techniques, therapeutic relationship, and hope/expectancy, are the four factors that guide this investigation. In addition, the perceptions about the percentage attributed to clients and therapists are also explored. The research questions are: (a) what are the percentages of change attributed to each variable

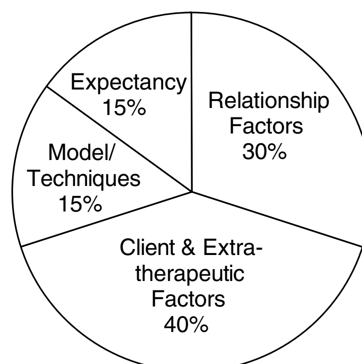

Fig. 1 Estimated percentages of the common factors (Miller et al., 1997)

by the clients and therapists; (b) how are these factors different from one another across categories (e.g. individual, couple, and family); and (c) what is the rank order of the variables?

Methods

This study was conducted in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited MFT doctoral program at a southeastern accredited university. All of the doctoral students currently conducting therapy at the MFT training clinic and their present clients were invited to participate.

Ten doctoral therapists conducting therapy consented to participate in the present study. Seven of the therapists were female and three of the therapists were male. Therapists ranged in age from 24 to 52. The ethnicities represented were Caucasian ($n=6$), African American ($n=3$) and Indian ($n=1$). A variety of psychotherapy models were used within the sessions, including solution-focused therapy, narrative therapy, cognitive-behavioral therapy, art therapy, and, most frequently, integrative therapy.

A total of 30 clients consented to participate in the study. Eleven clients were male and 19 clients were female. The average age was 34.2 with ages ranging from 19 to 64. All were active clients at the MFT clinic. Eleven clients were reported being in individual therapy; 14 were participating in couple therapy; and five were in family therapy. The ethnicities represented were Caucasian (56.7%), African American (26%), Hispanic (3.3%), and other (10%). Clients that fell into the category of ''other'' were those that reported more than one ethnicity. Client participants were all at different stages in therapy at the time data were collected (ranging from two sessions to treatment exceeding one year).

Procedures

All the therapists received a packet with a code number. The packet included copies of informed consent forms and surveys for both their clients and the therapist. Therapists were asked to administer the informed consent to each client. Once consent was obtained, the therapist and the client(s) individually completed a survey. The therapists completed the survey only one time for each client/client system. Therefore only one survey was completed for each client system (individual, couple, or family). A total of 24 surveys were completed by the 10 therapists who agreed to participate. Thirty clients (representing 24 client/client systems) also completed the survey one time. The client(s) were requested to complete the survey independently from their therapist and their partner or family member. At the completion of the therapy session each participant individually completed and placed his or her survey in an envelope with the matching code number.

The survey consisted of two questions. The first question instructed each participant to assign percentages to each of the following four factors: extra-therapeutic (social support, religious beliefs, job, community involvement), therapeutic relationship, model/technique, and hope and expectancy (motivation toward therapy), according to how they perceive each factor contributed to change within their therapeutic process. In the second question, the participants were asked to assign percentages to how much they perceive the client and therapist contribute to change in the therapeutic process. For each question, the percentages assigned were to equal 100%. There was a survey for the therapist and a survey for the client. In each survey, participants were asked to reflect on what factors they perceived could cause or have caused change to occur in their therapeutic sessions.

In the demographics portion of the survey, the participants were also asked to state their ethnicity, gender, and age. The therapists were asked to specifically state the model applied in the session. On the client survey, the clients were asked to state whether they were receiving individual, couple, or family therapy.

Data analysis

To address the research questions in this study, the data were analyzed using descriptive statistics. There were unequal numbers of participants across categories. Therefore, statistical analyses such as analysis of variance to assess mean differences across categories of clients, were deemed inappropriate.

Results

Responses to the questions presented to the clients and therapists were grouped by categories of clients and the mean for each factor was determined. See Table 1 for these results.

Percentages of change by clients and therapists

The mean percentages for the common factors among the therapists are: 22% for client extra-therapeutic factors; 16% for models/techniques; 35% for therapeutic relationship; and 27% for client's hope/expectancy. The findings for the mean percentages of the client's and therapist's contribution to change within a therapeutic process revealed that therapists placed more value on the client (61%) than therapist (39%) (Figure 2).

The overall mean percentages for the common factors among the clients are: 13% for client extra-therapeutic factors; 28% for models/techniques; 29% for therapeutic relationship; and 30% for client's hope/expectancy. The findings for the mean percentages of the client and therapist's contribution to change within a therapeutic process revealed that clients also placed more value on the client (60%) than the therapist (40%) (Figure 3).

Differences across client categories

To explore the differences across client categories, the data were evaluated to assess whether clients who participated in individual, couple, or family therapy differ in the mean

Table 1 Ranking of factors by categories*

Factors	Categories			
	Client			Therapist
	Individual	Couple	Familiy	
Client's extra-therapeutic factors	14%	11%	16%	22%
Therapeutic relationship	32%	26%	34%	35%
Model/techniques	23%	30%	28%	16%
Client's hope and expectations	31%	33%	22%	27%
	100%	100%	100%	100%

*Mean percentage

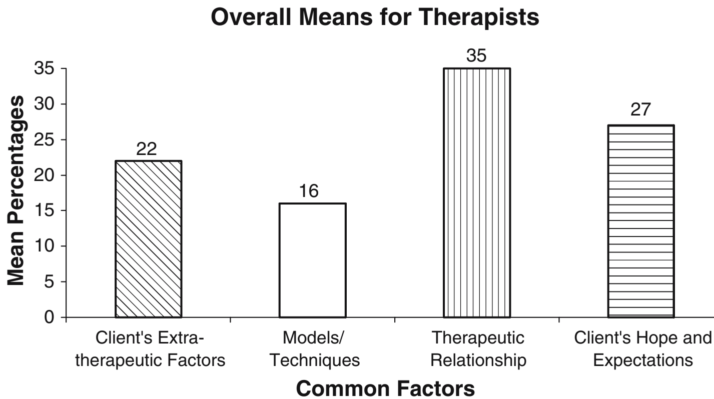

Fig. 2 The perception of the therapists averaged in relation to common factors

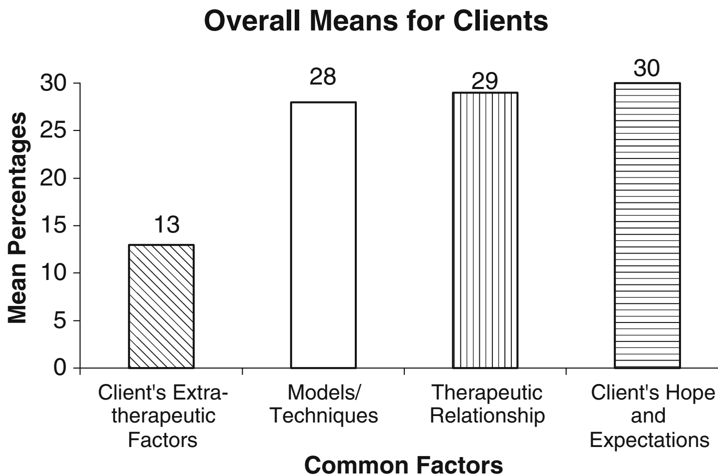

Fig. 3 The perception of clients averaged in relation to common factors

percentages of the common factors. The mean percentages for clients receiving individual therapy are 14% for client extra-therapeutic factors, 23% for model/techniques, 32% for therapeutic relationship factors, and 31% for client's hope/expectations. The individual client category perceived that clients (58%) contributed more to change in the therapeutic process than therapists (42%).

The mean percentages for clients receiving couple therapy are 11% for client extra-therapeutic factors, 30% for model/techniques, 26% therapeutic relationship factors, and 33% for client's hope/expectations. The couple client category believed that clients (63%) contributed more to change in the therapeutic process than therapists (37%).

The mean percentages for clients receiving family therapy are 16% for client extra-therapeutic factors, 28% for model/techniques, 34% therapeutic relationship, and 22% for client's hope/expectations. The family client category perceived that clients (60%) contributed more to change in the therapeutic process than therapists (40%).

Rank order across categories

Among the common factors, the highest percentages for the therapists are placed on the therapeutic relationship and for the leading contributor to change the clients have the greater percentage. The rank order for therapists in the common factors are (1) therapeutic relationship, (2) client's hope and expectations, (3) client's extra-therapeutic factors, and (4) model/techniques of therapist.

For clients, the highest percentages are placed on the client's hope and expectations of therapy and the client is also believed to be the leading contributor to change. The rank order for the clients in the common factors are (1) client's hope and expectations of therapy, (2) therapeutic relationship, (3) model/techniques of therapist, and (4) client's extra-therapeutic factors.

As shown in Table 2, the rank order fluctuates for each of the client categories. However, it is interesting that the common factor—client's extra-therapeutic factors—was ranked last in each client category. Individual and family client categories both feel that therapeutic relationships are the highest contributor to change. For couple and family categories they believed that model/techniques are the second highest contributor to change in a therapeutic process. All client categories believed that clients are the leading contributor to change in the therapeutic process.

Discussion

Based upon his review of empirical studies of outcome research, Lambert (1992) suggested a four-factor model, which contained estimated percentages of variance in outcome based on the level of influence of each factor. The purpose of this present study was to determine the clients' and therapists' perceptions of the degree to which each common factor contributes to change in a therapeutic process. Although the estimations of the four-factor model have been reported in many research studies as fact, there are several differences in comparison to the present study.

Lambert (1992) and Miller and colleagues (1997) in their models estimated that 40% of change could be accounted for by the common factor—extra-therapeutic factors. However, therapists believe extra-therapeutic factors contributes 22% of change and for clients, extra-therapeutic factors contributes 13% of change in the therapeutic process.

Another interesting comparison between Lambert's (1992) and Miller and associates' (1997) models and the results of this study are differences in the estimation for the factor hope and expectancy. In the four factor model (Lambert, 1992) and the common factors model (Miller et al., 1997), hope and expectancy was estimated to account for 15% of change in the therapeutic process. However, in the results of this present study therapists felt that hope and expectancy accounts for 27% of change and clients believed that it contributes 30% to the change in therapy.

Table 2 Summary of rank orders of common factors across client categories

Individual	Couple	Family
Therapeutic relationship	Client's hope and expectations	Therapeutic relationship
Client's hope and expectations	Model/techniques	Model/techniques
Model/techniques	Therapeutic relationship	Client's hope and expectations
Client's extra-therapeutic factors	Client's extra-therapeutic factors	Client's extra-therapeutic factors

According to the percentage estimations of Miller and associates (1997) modified model, the rank order of the common factors would be: (1) extra-therapeutic factors, (2) therapeutic relationship, and an equal finish between the factors (3) hope/expectancy, and (4) model/techniques. Interestingly, not one of the rank orders for therapists, clients, or client categories matches the rank order of the modified four-factor model.

Wark (1994) found a lack of congruence in perceptions of therapy between therapists and clients. This finding was paralleled in the rank order of the mean percentages of the common factors for client and therapist in this present study. The only finding here that suggests congruency between clients and therapist is the 60% consensus on the perception that the client is the leading contributor to change in a therapeutic session. However, it is interesting that among the different client categories there is also a lack of congruence on the four common factors.

Implications for research

Researchers have reported that the clients' perception of therapy has been practically ignored in therapy research (Greenberg, James, & Conry, 1988), thus it is safe to conclude that more research is needed to focus on the clients' perception regarding common factors in therapy. In future research it would be beneficial to pursue an understanding of the differences (i.e. gender, ethnicities, and so forth) and commonalities among the client categories regarding common factors. For instance, in focusing on differences, researchers could investigate the common factors that are deemed most helpful for particular ethnicities and genders in a therapy session. This focus of research could provide clinicians with the awareness of the benefits of common factors with each client category, specifically with regard to distinct cultural differences. Additionally, researchers could examine why each client category has a specified focus of which common factors provide the most change in therapy. For example, why do the clients seeking individual or family therapy perceive that the therapeutic relationship is more of a contributor to change, while couples select hope and expectations?

Another future study could examine how the highest contributing factors of each client category (individuals, couples, and families) relate to MFT models that enhance these factors. Since common factors are common mechanisms within the psychotherapy models of marriage and family therapy (Sprenkle & Blow, 2004), it would be interesting to study which models heighten the importance of the common factors that each client category finds more beneficial. For example, with the possibility that couples believe hope and expectation are paramount to change, would solution-focused therapy which elicits hope and expectation be most suitable for couples? This research would allow clinicians to be aware of the benefits of using certain models with certain client categories.

Future research could also examine the extent to which therapists vary their clinical evaluation over time. For example, does a therapist's perception of contributing factors change from session one to session four, and so forth. It would also be interesting if these perceptions vary from client to client depending on specific client characteristics.

Limitations

There were limitations to this study. First, the sample was not randomly selected and was associated with the clinic of one MFT graduate program. This hinders the ability to apply the findings to the general population. Also, the survey was created by the researcher, and

thus was lacking in psychometric or evaluation properties. The researcher relied upon previous research to develop the survey. Also there was little diversity among the therapists in regard to ethnicity and gender. Seventy percent of the therapists were Caucasian and 60%were female. The lack of diversity does not provide a strong representation of findings for therapists of other ethnicities and male therapists.

There was also a lack of differential selection of subjects across client categories. The sample size among client categories was unequal. There were twice the number of client participants in the individual and couple client categories than there were in the family client category. The overall findings for clients in relation to the common factors were disproportionate due to the lack of representation from the family client category. Also, selection maturation interaction was a limitation in this study. The ages among participants were not equal across categories.

Lastly, understanding clients' and therapists' perceptions of therapy does not necessarily translate into what is actually taking place in the change process. Furthermore, therapy is a complex process. Looking at clients' perceptions at one point in time does not adequately capture their experiences across therapy. Future research could look at clients' and therapists' perceptions across the entire treatment process. Also, using inferential statistics, opposed to the descriptive statistics in this study, would help us better understand the complex change processes in therapy.

Conclusion

Sprenkle and Blow (2004) emphasized that the marriage and family therapy models are the vehicles through which the common factors operate. As mentioned previously, common factors are the underlying mechanisms or factors of change of these MFT models. An increase in common factors research will not replace the importance of gaining knowledge of our models or theories but will only augment the weight of the factors that are characteristics of these models.

As previously mentioned, the initial estimations of the four-factor model were based upon the review of psychotherapy outcome studies (Lambert, 1992). There has not been any empirical research found which follows-up the developed four-factor model or the estimations within the model. This research was only an initial step toward bringing more statistical support for the estimations that were suggested by Lambert (1992) and modified by Miller and associates (1997). The findings in this present study offer the field of marriage and family therapy the perspectives of common factors from the people that are most involved and affected by the therapeutic process; the clients and therapists. This present study draws attention to the fact that therapists and clients have differences in perceptions of what contributes to change in the therapeutic process. Developing more research on common factors could guide the therapists' approach to certain aspects of therapy such as joining and goal setting. Common factors could help the therapist understand what is deemed important to the client and establish a starting point to bridge the gap of communication in the therapy session.

References

Blow, A., & Sprenkle, D. (2001). Common factors across theories of marriage and family therapy: A modified Delphi study. *Journal of Marital and Family Therapy, 27*, 385–402.

Frank, J. D. (1976). Psychotherapy and the sense of mastery. In R. L. Sptizer, & D. F. Klein (Eds.), *Evaluation of psychotherapies: Behavior therapies, drug therapies, and their interactions* (pp. 47–56). Baltimore: John Hopkins Education.

Garfield, S. L. (1992). Eclectic psychotherapy: A common factors approach. In J. C. Norcross, & M. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 169–201) New York: Basic Books.

Greenburg, L. S., James, P. S., & Conry, R.F. (1988). Perceived change processes in emotionally focused couples therapy. *Journal of Family Psychology, 2*, 5–23.

Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart and soul of change: What works in therapy?* Washington, DC: American Psychological Association.

Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129) New York: Basic Books.

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapy: Is it true that ''Everyone has won and all must have prizes?'' *Archives of General Psychiatry, 32*, 995–1008.

Miller, S. D., Duncan, B. L., & Hubble, M. A. (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice*. New York: Norton.

Norcross, J. (1999). Foreword. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Norcross, J. C., & Goldfried, M. (Eds.). *Handbook of psychotherapy integration*. New York: Basic Books.

Prochaska, J. O. (1999). How do people change, and how can we change to help many more people. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change* (pp. 227–255). Washington DC: American Psychological Association.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *American Journal of Orthopsychiatry, 6*, 412–415.

Sexton, T., Ridley, C., & Kleiner, A. (2004). Beyond common factors: Multilevel-process models of therapeutic change in marriage and family therapy. *Journal of Marital and Family Therapy, 30*, 131–149.

Sprenkle, D., & Blow A. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy, 30*, 113–129.

Wark, L. (1994). Therapeutic change in couples' therapy: Critical change incidents perceived by therapists and clients. *Contemporary Family Therapy, 16*, 39–52.