Blending Evidence-Based Treatments with the Common Factors: Why we should and how we can

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The demand for accountability in psychotherapy has resulted in increased emphasis on the use of evidence-based treatments. Consequently, payers and providers want to know that the treatments being used have been rigorously tested to support their efficacy. Simply stated, they want the most bang for their buck. Proponents of these approaches contend that models and techniques can be methodically and systematically studied to understand the mechanisms of action and how they should be applied. From this vantage, the therapist's skill in applying the model is critical to success and the more closely the therapist adheres to the model and competently delivers it, the greater the chance for a successful outcome. Once a treatment for a specific issue or diagnosis is demonstrated to be empirically validated, the specific procedures can be manualized and recommended to therapists as a best practice for treating a particular issue or concern. Conseq-uently, the emphasis on identifying the most efficacious treatments led to a series of 'racehorse' studies among treatment developers and proponents to demonstrate the superiority of one approach over another. Moreover, while the core conditions (e.g., therapeutic alliance, non-judgmental attitude) were recognized as important considerations, primary emphasis was placed on the therapist skillfully delivering the intervention.

On one hand, the use of state of the science treatments allowed therapists and organizations to offer extensively studied therapies and theoretically, provide more effective and efficient treatments; on the other, many therapists had become disillusioned by what they perceived to be a very reductionist approach to a dynamic and interactional process. For these individuals, the use of manualized treatments and such rigid and dogmatic approaches was stifling the creativity of the therapist which was believed to be an important part of the therapy process. Simply stated, the role of the therapist had become akin to a widget and the therapy process had become plug-and-play, regardless of individual client factors or idiosyncrasies. For opponents of evidence-based treatment, the success or failure of therapy was not about specific models or techniques, but the ingredients inherent in all successful therapies. From this vantage, it was not about differences, but the commonalities shared among successful therapists in terms of relating to clients (i.e., common factors).In fact, this idea had been proposed as early as 1936 by Saul Rosenzweig, who found the battle for therapy supremacy to be akin to the Dodo Bird Verdict from Alice in Wonderland –"All have won, so all must have prizes." Rosenzweig's contention was later supported empirically by Lambert and colleagues (1986) and more recently Wampold (2015), who each found that while the theory and model were important parts of the therapy process, their actual contributions to outcome paled in comparison to client attributes. Thus, according to these individuals, primary emphasis should be placed on the more general client factors, rather than the specific model or technique being applied. For many, these findings reinforced the belief that theory was overrated component of the therapy process.

Yet, despite what at times seem like two diametrically opposed sides, there may be room for them to not only co-exist, but actually complement one another. Perhaps the issue is in the way we conceptualize treatment. For example, let's consider the common factors as the core ingredients of the therapy process or foundation upon which therapy is built: 1) extra-therapeutic events (client's strengths and resources), 2) client's perception of the strength

of the therapeutic alliance, 3) hope and expectancy, and 4) model and technique. It could be reasonably argued that almost all therapists already take these factors into account to varying degrees. The primary difference is in the amount of emphasis placed on each component. Regard less of theoretical orientation; there is recognition that a strong therapeutic relationship is critical to therapeutic success, especially from the client's perception. Moreover, clients enter therapy with wide ranging levels of hope and expectancy regarding the success of the process, which in part, may be a reflection of their level of commitment to the therapy process and is another variable therapist routinely consider irrespective of approach as it has implications for client engagement. Finally, most experienced therapists identify at least one model commonly used; in fact, it might be more a matter of which models are used given that most seasoned therapists described their approach as eclectic or integrated.

At this point, let's review what we know from common factors research: 1) accessing clients strengths or competence is an important part of the process, 2) taking intentional and purposeful steps to develop and foster a strong therapeutic relationship from the client's perspective by regularly checking to make sure there is agreement on the goals and tasks of therapy is critical, 3) attempting to increase hope or motivation through early success may have implications for engagement and retention. Let's consider these as macro level considerations.

The final common factor involves model or technique. Let's consider this the micro level variable in that the treatment involves specific principles which have demonstrated efficacy in clinical trials. Note: The use of principles is purposeful and intentional and reflects the difficulty in disseminating and implementing evidence-based treatments widely in community practice. In fact, several authors have called for the development of more user-friendly empirically supported interventions which can be easily understood, implemented, and sustained over time. More specifically, decisions regarding the balancing between internal and external validity of the intervention and identifying how much control can be relinquished without compromising the integrity of the treatment are important implementation considerations. These streamlined evidence-based interventions are emerging and much

work is still needed, however I would argue that this work is necessary and reflects the realities of practicing clinicians and organizations interested in applying these treatments. The empirically validated treatment principles identified through rigorous study have value in conceptualizing and treating specific presenting issues, concerns, or disorders. In fact, these treatments may serve as a valuable road map in best practices for certain conditions. That said, not all clients will respond favorably to evidence-based treatments and as with any treatment, the therapist must remain flexible and willing to tailor the treatment to the client's needs or progress in treatment.

As noted earlier, in blending these two philosophies, perhaps the primary consideration is related to the amount of emphasis placed on these components and how to access each through the chosen model or techniques. Thus, the question becomes how best to access each of these components through the lens of any particular evidence-based approach because the fact is, these clinicians are likely already doing this in one form or another, it just may not be intentional. Moreover, it might be argued that by considering evidence-based principles rather than procedures therapists are able to incorporate creativity and style rather than formulaic, prescribed treatment.

Although this may seem like an academic exercise and an issue of semantics, there are very important implications. At present, one of the biggest challenges facing our field is related to the dissemination and implementation of evidence-based treatments. Despite decades of research demonstrating empirical efficacy of treatments for specific disorders, the vast majority have not been widely adopted in practice. The blending of these conceptualizations may represent a way to assist in the implementation process. More specifically, the blending of micro level factors (evidence-based principles) with the macro (i.e., the conditions found to be common and conducive to success for all approaches) may represent a system for merging these two schools of thought and ultimately result in greater dissemination of empirically validated principles which when used in conjunction with common factors principles, results in more easily implemented and effective treatments.

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