



COMMON FACTORS IN PSYCHOTHERAPY

This course is given online. It includes 25 hours of course content.

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Pre-requisites: In order to register for and complete this course, participants need to be a licensed professional, or need to have completed or be in the process of completing a bachelor's degree in human relations (for example, psychology, counselling, nursing, occupational therapy, social work/MFT, guidance counselling, psychoeducation, or related disciplines).

DESCRIPTION OF CONTENT

This course explores the Common Factors (CF) perspective in the field of psychotherapy and aims to provide participants with a more in-depth understanding of the critical elements that transcend therapeutic modalities. From the formation of a strong therapeutic alliance to the profound impact of empathic understanding, hope, and positive regard, as well as many other therapeutic factors, this course investigates how these elements lead to positive therapeutic outcomes regardless of the specific interventions used. Participants will also become familiar with the four original 'common factors' as conceptualized by Jerome Frank, as well as the components contained within Bruce Wampold's contextual model. More specifically, this course, which is divided into 13 structured lessons, covers the following topics:

<p>Course content</p>	<p>List of references proposed in complementary readings, readings to complete the material covered in class.</p> <p>Participants should expect to spend approximately 27 hours on these readings</p>
<p>1. An introduction to common factors in psychotherapy</p> <p><i>(2.25 hours to complete. Content: readings, videos, podcast episode and reflection question);</i></p> <ul style="list-style-type: none"> a. <i>Why Common Factors?</i> b. <i>Starting with Jerome Frank</i> 	<p>Budd, R., & Hughes, I. (2009). The Dodo Bird Verdict—controversial, inevitable and important: a commentary on 30 years of meta-analyses. <i>Clinical & Psychotherapy: An International Journal of Theory & Practice</i>, 16(6), 510-522.</p> <p>Duncan, B. L. (2015). The person of the therapist: One therapist's journey to relationship. In K. J. Schneider, J. F. Pierson, & J. F. T. Bugental (Eds.), <i>The handbook of humanistic psychology: Theory, research, and practice</i> (pp. 457–472). Sage Publications, Inc.</p>

<p>c. Empirically supported treatments (ESTs) and Evidence-based practice (EBP)</p> <p>d. Are treatment models useful?</p> <p>e. Misunderstandings of the CF approach</p>	<p>Grencavage, L. M., & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? <i>Professional Psychology: Research and Practice</i>, 21(5), 372–378. https://doi.org/10.1037/0735-7028.21.5.372</p> <p>Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. <i>World Psychiatry</i>, 14(3), 270–277. doi: 10.1002/wps.20238.</p>
<p>2. What makes psychotherapy work?</p> <p>(2.5 hours to complete. Content: readings, videos and reflection question);</p> <p>a. Bruce Wampold and the key components of the Contextual Model of psychotherapy</p> <p>b. Five assumptions of the Medical Model of psychotherapy</p> <p>c. Comparing the Medical vs. Contextual model</p> <p>d. Which should be used to guide the delivery of mental health services?</p>	<p>Goldfried, M. R. (2019). Obtaining consensus in psychotherapy: What holds us back?. <i>American Psychologist</i>, 74(4), 484.</p> <p>Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: a common factors perspective. <i>Psychotherapy</i>, 51(4), 467.</p> <p>Pérez-Álvarez, M. (2012). Third-generation therapies: Achievements and challenges. <i>International Journal of Clinical and Health Psychology</i>, 12(2), 291-310.</p> <p>Wampold, B. E., & Imel, Z. E. (2015). Chapters 2-3 (pp. 37-81) of <i>The great psychotherapy debate: The evidence for what makes psychotherapy work</i> (2nd ed.). Routledge/Taylor & Francis Group.</p>
<p>3. The therapeutic alliance as a common factor in psychotherapy</p> <p>(2.5 hours to complete. Content: readings, videos, podcast episode and reflection question);</p> <p>a. What is the alliance?</p> <p>b. How powerful is the alliance?</p> <p>c. Is it really the alliance? Responses to critics</p> <p>d. Client and therapist contributions to the alliance</p> <p>e. Repairing alliance strains and ruptures</p>	<p>Bachelor, A. (2013). Clients' and therapists' views of the therapeutic alliance: Similarities, differences and relationship to therapy outcome. <i>Clinical psychology & psychotherapy</i>, 20(2), 118-135.</p> <p>Beutler, L. E., & Harwood, T. M. (2002). What Is and Can Be Attributed to the Therapeutic Relationship? <i>Journal of Contemporary Psychotherapy</i>, 32, 25–33. https://doi.org/10.1023/A:1015579111666</p> <p>Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? <i>Psychotherapy: Theory, Research, Practice, Training</i>, 43(3), 271-279.</p> <p>Wampold, B. E., & Budge, S. L. (2012). The 2011 Leona Tyler Award Address: The Relationship—and Its Relationship to the Common and Specific Factors of Psychotherapy. <i>The Counseling Psychologist</i>, 40(4), 601–623. https://doi.org/10.1177/0011000011432709</p> <p>Zilcha-Mano, S., & Errázuriz, P. (2015). One size does not fit all: Examining heterogeneity and identifying moderators of the alliance–outcome association. <i>Journal of counseling psychology</i>, 62(4), 579-591.</p>

<p>4. Therapist empathy as a common factor in psychotherapy</p> <p><i>(2.75 hours to complete. Content: readings, videos, music/lyrical analysis and reflection question);</i></p> <ul style="list-style-type: none"> a. <i>A lecture from Carl Rogers on empathy</i> b. <i>Research supporting the power of empathy</i> c. <i>Distinguishing three main modes of therapeutic empathy (empathic rapport, communicative attunement, and person empathy)</i> d. <i>Conveying empathy in-session</i> 	<p>Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. <i>Psychotherapy, 55</i>(4), 399-410.</p> <p>Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. <i>Journal of Consulting Psychology, 21</i>(2), 95-103.</p> <p>Sperandeo, C., Cioffi, V., Mosca, L. L., Longobardi, T., Moretto, E., Alfano, Y. M., Scandurra, C., Muzii, B., Cantone, D., Guerriera, C., Architravo, M., & Maldonato, N. M. (2021). Exploring the Question: "Does Empathy Work in the Same Way in Online and In-Person Therapeutic Settings?" <i>Frontiers in Psychology, 12</i>, 671790. https://doi.org/10.3389/fpsyg.2021.671790</p> <p>Watson, J. C., McMullen, E. J., Rodrigues, A., & Prosser, M. C. (2020). Examining the role of therapists' empathy and clients' attachment styles on changes in clients' affect regulation and outcome in the treatment of depression. <i>Psychotherapy Research, 30</i>(6), 693–705. https://doi.org/10.1080/10503307.2019.1658912</p>
<p>5. The treatment rationale and the client's theory of change as common factors in psychotherapy</p> <p><i>(1.75 hours to complete. Content: readings, video and reflection question);</i></p> <ul style="list-style-type: none"> a. <i>Do clients need to have a rationale for the work?</i> b. <i>Tips for learning the client's theory of change</i> c. <i>The role of client expectations</i> d. <i>Setting goals collaboratively</i> 	<p>Duncan, B. L., & Miller, S. D. (2000). The client's theory of change: Consulting the client in the integrative process. <i>Journal of Psychotherapy Integration, 10</i>(2), 169–187. https://doi.org/10.1023/A:1009448200244</p> <p><i>Abstract and summary of Jerome Frank's Persuasion and Healing : A Comparative Study of Psychotherapy.</i> (2016, August 20). <i>Drug and Alcohol Findings</i>, https://findings.org.uk/PHP/dl.php?file=Frank_JD_1.abs</p> <p>Morris, S. J. (2003). A metamodel of theories of psychotherapy: A guide to their analysis, comparison, integration and use. <i>Clinical Psychology & Psychotherapy, 10</i>(1), 1–18. https://doi.org/10.1002/cpp.351</p> <p>Tryon, G. S., Birch, S. E., & Verkuilen, J. (2018). Meta-analyses of the relation of goal consensus and collaboration to psychotherapy outcome. <i>Psychotherapy, 55</i>(4), 372-383.</p>

<p>6. Therapist unconditional positive regard as a common factor in psychotherapy</p> <p><i>(1.75 hours to complete. Content: readings, videos and reflection question);</i></p> <ol style="list-style-type: none"> a. <i>What did Carol Rogers mean by ‘unconditional positive regard’?</i> b. <i>Research supporting the benefits of unconditional positive regard</i> c. <i>Unconditional positive regard across different therapeutic modalities</i> d. <i>Incorporating unconditional positive regard into therapeutic practices</i> 	<p>Farber, B.A., & Lane, J.S. (2002). Positive regard. In Norcross, J.C. (Eds.), <i>Psychotherapy relationships that work</i>. (pp. 175-194). New York: Oxford University Press.</p> <p>Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. <i>Psychotherapy</i>, 55(4), 411–423. https://doi.org/10.1037/pst0000171</p> <p>Murphy, D., & Cramer, D. (2014). Mutuality of Rogers's therapeutic conditions and treatment progress in the first three psychotherapy sessions. <i>Psychotherapy Research</i>, 24(6), 651–661. https://doi.org/10.1080/10503307.2013.874051</p> <p>Ort, D., Moore, C., & Farber, B. A. (2022). Therapists’ perspectives on positive regard. <i>Person-Centered & Experiential Psychotherapies</i>, 1-15.</p> <p>Suzuki, J. Y., Mandavia, A., & Farber, B. A. (2021). Clients’ perceptions of positive regard across four therapeutic orientations. <i>Journal of Psychotherapy Integration</i>, 31(2), 129–145. https://doi.org/10.1037/int0000186</p>
<p>7. Therapist genuineness as a common factor in psychotherapy</p> <p><i>(1.75 hours to complete. Content: readings, videos, podcast episode, and reflection question);</i></p> <ol style="list-style-type: none"> a. <i>The power of authenticity</i> b. <i>Carl Rogers and ‘Therapist congruence’</i> c. <i>Fostering congruence in-session</i> 	<p>Gelso, C. (2009). The real relationship in a postmodern world: Theoretical and empirical explorations. <i>Psychotherapy Research</i>, 19(3), 253-264, The real relationship in a postmodern world: Theoretical and empirical explorations. https://doi.org/10.1080/10503300802389242</p> <p>Greenberg, L. S., & Geller, S. (2001). Congruence and therapeutic presence. <i>Rogers’ therapeutic conditions: Evolution, theory and practice</i>, 1, 131-149.</p> <p>Kolden, G. G., Klein, M. H., Wang, C. C., & Austin, S. B. (2011). Congruence/ Genuineness. <i>Psychotherapy: Theory, Research, Practice, Training</i>, 48(1), 65-71</p> <p>Schnellbacher, J., & Leijssen, M. (2009). The significance of therapist genuineness from the client’s perspective. <i>Journal of Humanistic Psychology</i>, 49(2), 207-228.</p>
<p>First exam (25 multiple-choice questions, 50%)</p>	
<p>8. Client openness as a common factor in psychotherapy</p> <p><i>(2 hours to complete. Content: readings, videos, podcast episode and reflection questions);</i></p> <ol style="list-style-type: none"> a. <i>What does it mean to be open?</i> 	<p>Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients’ Perceptions of the Process and Consequences of Self-Disclosure in Psychotherapy. <i>Journal of Counseling Psychology</i>, 51(3), 340-346. https://doi-org/10.1037/0022-0167.51.3.340</p> <p>Fitzpatrick, M., Janzen, J., Chamodraka, M., & Park, J. (2006). Client critical incidents in the process of early alliance development: A positive emotion-exploration spiral. <i>Psychotherapy Research</i>, 16, 486-498.</p> <p>Hill, Knox, S., & Pinto-Coelho, K. G. (2018). Therapist Self-Disclosure and Immediacy: A Qualitative Meta-</p>

<p>b. Openness and vulnerability in the context of psychotherapy</p> <p>c. Therapist self-disclosure: Helpful or hurtful?</p> <p>d. Soliciting client feedback</p>	<p>Analysis. <i>Psychotherapy (Chicago, Ill.)</i>, 55(4), 445–460. https://doi.org/10.1037/pst0000182</p> <p>Kelly, A. E. (2000). Helping construct desirable identities: A self-presentational view of psychotherapy. <i>Psychological Bulletin</i>, 126(4), 475-494. https://doi.org/10.1037/0033-2909.126.4.475</p> <p>Kleiven, G. S., Hjeltnes, A., Råbu, M., & Moltu, C. (2020). Opening up: Clients' inner struggles in the initial phase of therapy. <i>Frontiers in Psychology</i>, 11, Article 591146. https://doi.org/10.3389/fpsyg.2020.591146</p>
<p>9. Client emotional expression as a common factor in psychotherapy (1.5 hours to complete. Content: readings, video and reflection questions);</p> <p>a. The importance of experiencing and expressing emotion in therapy</p> <p>b. Models of family functioning</p> <p>c. Empirical evidence supporting the role of emotion and emotional expression in the context of psychotherapy</p> <p>d. Crying in therapy</p> <ul style="list-style-type: none"> • What does it mean if clients cry? • What if I cry? <p>e. How do different modalities consider emotion in the context of therapy?</p> <p>f. Recommendations for clinical practice</p>	<p>Greenberg, L. S., & Safran, J. D. (1989). Emotion in psychotherapy. <i>American psychologist</i>, 44(1), 19-29.</p> <p>Peluso, P. R., & Freund, R. R. (2018). Therapist and client emotional expression and psychotherapy outcomes: A meta- analysis. <i>Psychotherapy</i>, 55(4), 461–472. https://doi.org/10.1037/pst0000165</p> <p>Whelton. (2004). Emotional processes in psychotherapy: evidence across therapeutic modalities. <i>Clinical Psychology and Psychotherapy</i>, 11(1), 58–71. https://doi.org/10.1002/cpp.392</p>
<p>10. Client expectancy and hope as a common factor in psychotherapy (1.75 hours to complete. Content: readings, videos and reflection questions);</p> <p>a. What is hope?</p> <p>b. Snyder's hope theory</p> <p>c. Nurturing hope</p>	<p>Dew, S. E., Bickman, L. (2005). Client Expectancies About Therapy. <i>Mental Health Services Research</i>, 7(1), 21–33. https://doi.org/10.1007/s11020-005-1963-5</p> <p>Bartholomew, T. T., Joy, E. E., & Gundel, B. E. (2021). Clients' hope for counseling as a predictor of outcome in psychotherapy. <i>The Counseling Psychologist</i>, 49(8), 1126–1146. https://doi.org/10.1177/00110000211033255</p> <p>Cheavens, J. S., Heiy, J. E., Feldman, D. B., Benitez, C., & Rand, K. L. (2018). Hope, goals, and pathways: Further validating the hope scale with observer ratings. <i>The Journal of Positive Psychology</i>, 14(4),</p>

<p>d. <i>Working with hope in therapy</i></p>	<p>452–462. https://doi.org/10.1080/17439760.2018.1484937</p> <p>Magyar-Moe, J. L., & Lopez, S. J. (2015). Strategies for Accentuating Hope. In S. Joseph (Ed.), <i>Positive Psychology in Practice</i> (2nd ed., pp. 483-502). John Wiley & Sons, Inc.</p> <p>Snyder, C. R. (2002). Hope theory: Rainbows in the mind. <i>Psychological Inquiry</i>, 13(4), 249–275. https://doi.org/10.1207/s15327965pli1304_01</p>
<p>11. Supporting client mastery - inside and outside of the session - as a common factor in psychotherapy</p> <p><i>(1.5 hours to complete. Content: readings, videos and reflection questions);</i></p> <p>a. <i>What is client mastery?</i></p> <p>b. <i>How do different therapeutic modalities define and measure client mastery?</i></p> <p>c. <i>How can we help enhance clients' sense of mastery or self-efficacy?</i></p> <p>d. <i>Self vs. Communal mastery</i></p>	<p>Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. <i>Psychological Review</i>, 84(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191</p> <p>Hobfoll, S. E., Schröder, K. E., Wells, M., & Malek, M. (2002). Communal versus individualistic construction of sense of mastery in facing life challenges. <i>Journal of Social and Clinical Psychology</i>, 21(4), 362-399.</p> <p>Maddux, J. E. (1991). Self-efficacy. In C. R. Snyder & D. R. Forsyth (Eds.), <i>Handbook of social and clinical psychology</i> (pp. 57–78). New York: Pergamon.</p>
<p>12. Therapist effects as a common factor in psychotherapy</p> <p><i>(1.5 hours to complete. Content: readings, videos and other media, and reflection questions);</i></p> <p>a. <i>Is the particular therapist important?</i></p> <p>b. <i>Therapist effects: A meta-analysis</i></p> <p>c. <i>What makes a highly effective therapist?</i></p> <p>d. <i>Bruce Wampold: “What (really) works in therapy”</i></p>	<p>Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. <i>Journal of marital and family therapy</i>, 33(3), 298-317.</p> <p>Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. <i>Psychotherapy</i>, 52(3), 337-345.</p> <p>Garfield, S. L. (1997). The therapist as a neglected variable in psychotherapy research. <i>Clinical Psychology: Science and Practice</i>, 4(1), 40-44.</p> <p>Kraus, D. R., Castonguay, L., Boswell, J. F., Nordberg, S. S., & Hayes, J. A. (2011). Therapist effectiveness: Implications for accountability and patient care. <i>Psychotherapy research</i>, 21(3), 267-276.</p> <p>Wampold, B. (2017). <i>Bruce Wampold on What Actually Makes Us Good Therapists</i> [Interview]. G. Arnold. <i>Psychotherapy.net</i>. URL: https://www.psychotherapy.net/interview/bruce-wampold-psychotherapy-effectiveness</p>

<p>13. Client & Extra-therapeutic factors</p> <p>(1 hour to complete. Content: readings, video and reflection question);</p> <p>a. How does the client themselves contribute to therapy?</p> <p>b. What are extra-therapeutic factors, and how are they significant?</p> <p>c. How can therapists make use of these factors in psychotherapy?</p>	<p>Bohart, A. C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), <i>The heart and soul of change: Delivering what works in therapy</i> (pp. 83–111). American Psychological Association. https://doi.org/10.1037/12075-003</p> <p>Chen, C. K., Nehrig, N., Chou, L. J., McGowan, R., Guyton, A. F., Mustafiz, F., & Bailey, R. W. (2019). Patient Extratherapeutic Interpersonal Problems and Response to Psychotherapy for Depression. <i>American journal of psychotherapy</i>, 72(4), 101–122. https://doi.org/10.1176/appi.psychotherapy.20190005</p> <p>Sparks, J., & Duncan, B. (2015). Client strengths and resources: Helping clients draw on what they already do best. In M. Cooper & W. Dryden (Eds.), <i>The Handbook of Pluralistic Counselling and Psychotherapy</i> (pp. 68–79). SAGE Publications.</p> <p>Thomas, M. L. (2006). The contributing factors of change in a therapeutic process. <i>Contemporary Family Therapy</i>, 28(2), 201–210. https://doi.org/10.1007/s10591-006-9000-4</p>
<p>14. Key takeaways</p> <p>(0.5 hours to complete. Content: readings, videos and reflection questions);</p>	<p>Laska, K. M., Wampold, B. E. (2014). Ten things to remember about common factor theory. <i>Psychotherapy</i>. 51(4), 519-524.</p>
<p>Second exam (25 multiple-choice questions, 50%)</p>	

ADDITIONAL READING MATERIAL

To deepen participants' understanding of the topics and themes presented throughout the course, several additional resources (e-books, research articles) are provided, including:

D'Aniello, C., & Fife, S. T. (2020). A 20-Year Review of Common Factors Research in Marriage and Family Therapy: A Mixed Methods Content Analysis. *Journal of marital and family therapy*, 46(4), 701–718. <https://doi.org/10.1111/jmft.12427>

Duncan, B. L. (2002). The founder of common factors: A conversation with Saul Rosenzweig. *Journal of Psychotherapy Integration*, 12(1), 10–31. <https://doi.org/10.1037/1053-0479.12.1.10>

Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association. <https://doi.org/10.1037/11132-000>

Tinsley, H., Lease, S., & Wiersma, N. (Eds.) (2016). *Contemporary theory and practice in counseling and psychotherapy*. SAGE Publications, Inc, <https://doi.org/10.4135/9781071800386>

ORGANIZATION OF CLASS TIME

As per the OPQ's interpretation of Bill 21 and of the hours and credits required for each domain, participants may expect to invest 2 hours of personal study time for every hour spent "in class" (online). Thus, in addition to the 25 hours of course content, participants should allocate an additional 50 hours for self-directed study, which includes "out-of-class" readings, exam preparation, educational activities, and self-reflection exercises integrated throughout the course.

ASSIGNMENTS

Each lesson concludes with an assignment question that summarizes its core content. Participants are required to answer each assignment question before continuing on to the subsequent lesson. Additionally, successful completion of this course involves passing two exams, one mid-way through the course and another at the end of the course. Both exams must be completed successfully. This course is graded as Pass/Fail. Pass is set at 60%.

REFERENCES

A number of documents are available in each lesson taken online (*see the references section at the end of each module*).