

## What is the Most Important Thing You Can Do to Help Patients Change?

Research shows that therapy helps. But, specifically, what helps? Some claim that common factors shared by all therapies cause change. In his classic paper, "Common Factors Are Not So Common", Weinberger's meta-analysis revealed five common factors. The first is no surprise: the therapeutic relationship. The second derives from Jerome Franks' research, the importance of reviving the patient's hope and morale. Third, in a good therapy, both the patient and therapist must confront what the patient usually avoids. Fourth, the therapist should help the patient develop a sense of mastery and competence. And, finally, the patient should be able to attribute the success of the therapy to his own hard work in therapy.

This makes sense, but there was a problem. Weinberger (1995) found that most therapy models use only one or two of those factors. If that's the case, he wondered, what if the lack of difference in effectiveness between models is not because they share common factors but *ignore* them. Could it be, as Ecker (2015) suggested, therapy models are doing equally poorly and not equally well? Perhaps an uncommon therapy would be one that focused on all of the so-called "common factors."

For instance, take humanistic and supportive therapies. They focus almost entirely on the therapeutic relationship as the agent of change. However, that factor accounts for only about 11% of the change that takes place in therapy (Horvath, et al, 2011; Martin, et al, 2000). Obviously, we need a good therapeutic alliance, but that alone is not enough for substantial change to occur. So, what is the major factor that leads to change?

Weinberger found that *40% of the change that occurs in therapy is due to the therapist helping patients face what they avoid*. 40%! Let's take a moment to reflect on what this finding means for our development as therapists.

How do patients avoid what they need to face? Defenses. How can therapists help patients stop avoiding what they need to face? Block, identify, and clarify the price of the avoidance strategies---the defenses patients use. Then help patients face what they avoid. If you can block every avoidance strategy patients use, then patients can face what they avoid.

Why is this so important? In life, we face the pains, losses, and deaths that life offers. We can face this pain and live into life. Or we can avoid pain and reality by using

defenses. The problem is that these defenses, while adaptive in childhood, become maladaptive in adulthood. These defenses cause the symptoms and presenting problems that bring patients to therapy.

Thus, if you block, identify, and clarify the defenses, you block the pathology creation system that is operating in this moment in this session. First, we form the relationship. Then together we help patients face what they avoid so they can be in control of their lives instead of avoidance being in control of them.

There is a great deal written about how to form an alliance in therapy. However, our field has underemphasized the most important factor in change: helping patients face the conflicts, feelings, and issues they avoid. Patients avoid what makes them anxious. Our job is to help them face what they fear. That requires specific skills.

How can we find out what those skills are? Through studying books like, *Co-Creating Change*, which is filled with techniques and skills, or Coughlin's *Maximizing Effectiveness in Psychotherapy*, which is filled with transcripts showing how to help patients face what they fear. And we can learn those skills through analyzing successful therapies on videotape. Why am I emphasizing looking at videotapes of great therapy?

My former colleague, Morris Parloff, was once head of the psychotherapy research division at the National Institutes for Health. During an interview, he said something that shocked me. "Jon, do you realize I personally set back the psychotherapy field by twenty-five years." "That's a big claim, Morris. How did you do that?" He said that he had been under the misimpression that psychotherapy research needed randomized clinical trials (RCTs). But, he said, these trials revealed only that therapy worked. Not how. And not why. It appeared that all therapies worked, hence, the Dodo bird result: "All have won and all shall have prizes!"

The problem he said was that RCTs can tell us that a model worked, but not what worked specifically. Also, since differences in outcome between therapists within a model are always larger than differences between models, researchers had no way to assess what the outstanding therapists were doing that was different from poor therapists. He said that he thought that future psychotherapy research should focus on process studies of individual sessions by the best therapists. Only this kind of detailed study would allow us to see what the best therapists do to get the best results.

Leigh McCullough told me an important story highlighting this problem. She ran a research study which compared CBT to her Affect Phobia therapy. The results were

about the same for both groups. She wondered why. To find out, she examined the results for the cognitive therapists. One of them had by far the best results. When she viewed the videotapes of his work, to her surprise she found that he focused a lot on feelings---just like she did. He hadn't been doing cognitive therapy according to the manual; he had been doing an emotion focused therapy like hers.

Her story raises an important point: specific foci and specific skills make a specific difference in outcome. The most important thing you can do to help patients change is to form an alliance AND help patients face what they usually avoid. To learn techniques on how to help patients do this, study the books available on this website, and view the videos as well. And do the skill building exercises which are designed specifically for these factors. Remember: any great therapy will use all five factors. Thus, any skill building exercises you do that build your capacity to foster those five factors will increase your effectiveness in any model of therapy you use.

If you want to be even more effective, don't focus only on the alliance or only on helping patients face what they usually avoid. Either use, find, or develop a model of therapy that integrates those five factors. I use ISTDP, but there are therapists out there getting great results with other models because they incorporate all five factors. You can do that too.

### **Bibliography**

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