

THE COMMON FACTORS, EMPIRICALLY VALIDATED TREATMENTS, AND RECOVERY MODELS OF THERAPEUTIC CHANGE

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I review the Common Factors Model, the Empirically Validated Therapy Model, and the Recovery Model of therapeutic change and effectiveness. In general, psychotherapy appears to be effective and common factors account for more of the variance than do specific techniques. However, in some areas, particularly in the treatment of anxiety disorders, behavioral and cognitive behavioral therapies may be more effective than other treatments. The Recovery Model is an overarching model of change which can incorporate empirically validated therapies and which makes use of common factors. This model is consistent with empirically supported concepts concerning improvement of mental health but needs further research.

Jerome Frank (1974), one of the pioneers of the Common Factors Model, suggested that the role of the psychotherapist is found in all cultures. In so-called *primitive* cultures the shaman plays this role, whereas in modern western cultures this role is played by the psychiatrist or psychotherapist. The culture's assumptive system and historical traditions of healing determine the appropriate type of healer. The shaman lives in a culture with a "religio-magical" healing tradition, while the modern psychotherapist comes from a naturalistic or scientific tradition. Both the shaman and psychotherapist use forms of persuasion to modify the inner worlds of their patients so they adjust better to their environments (Frank, 1974). The shaman's power rests in his claims of connections with the supernatural world; the modern therapist's credibility comes from the power of science. Both the shaman and psychotherapist use their culturally sanctioned credibility as well as their personal magnetism to establish an expectation of improvement in their patients,

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and both make use of healing rituals (Frank, 1974, 1995). Frank (1974) has pointed out similarities between healing rituals of primitive societies and modern psychotherapy and suggested that all therapies hold in common certain processes of change.

One might surmise that when differences of opinion arise between shamen, they would settle them by asserting their powers of magic, whereas, our debating therapists and modern scholars would lay claim to the power of science. As it happens, individuals with opposing views on what helps people to change are currently laying claim to the scientific high ground while engaging in a scholarly dispute.

Three different views will be discussed: the Empirically Validated Therapy Model, the Common Factors Model, and the Recovery Model. Proponents of the Empirically Validated Therapy (EVT) model suggest that for psychotherapy to have continuing credibility and to compete successfully with psychopharmacology and psychiatry for third party reimbursement, we must establish which psychotherapies for given disorders have met high scientific standards of efficacy and use those therapies preferentially (Barlow, 1996; Chambless, 1996; Chambless et al., 1998; Task Force on Promotion and Dissemination of Psychological Procedures [Task Force], 1995). One group of authors suggests that we not only continue to identify empirically supported treatments, but that we should also identify treatments that have *no scientific merit*, and impose professional sanctions on those who “use therapeutic and assessment practices that are devoid of scientific support” (Lohr, Fowler, & Lilienfeld, 2002, p. 8). Proponents of the Common Factors Model, however, suggest that science has established psychotherapy as generally effective, that all therapies are basically equal in effectiveness, and that factors common among all therapies are what account for patient improvement, rather than the specific techniques used by a given school of therapy (Beutler, 2000; Hubble, Duncan, & Miller, 1999; Lambert & Bergin, 1994; Luborsky, McLellan, Woody, O’Brien, & Aurbach, 1985; Najavits & Strupp, 1994; Seligman, 1995; Smith, Glass, & Miller, 1980; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997; Weinberger, 1995). Proponents of the Recovery Model suggest that patients (consumers) should, unless their judgment is grossly impaired, have greater freedom to choose their treatments (Frese, Stanley, Kress, & Vogel-Scibilia, 2001) and to participate in, and contribute to, the mental health system (Frese & Davis, 1997). It is thought that when consumers are empowered within the mental health system that internal locus of control is increased, which may, in turn, improve mental health (Frese et al., 2001).

Common Factors and the “Dodo Bird Verdict”

Rosenzweig (1936) is credited with originating the Common Factors Model. In his seminal article he introduced this notion with a quote from Lewis Carroll’s (1865/1993, p. 16) *Alice in Wonderland*: “At last the Dodo said, ‘Everybody has won, and *all* must have prizes.’” Rosenzweig (1936)