

Clinician's Perspective of Common Factors of Change in Family Therapy: A Cross-National Exploration

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Abstract : Background: The two psychotherapy camps, the randomized clinical trials (RCTs) and the common factors model, have competitively claimed specific explanations for therapy effectiveness. Recently, scholars called for empirical evidence to show the role of common factors in therapeutic outcome in marriage and family therapy. Purpose: This cross-national study aims to explore how clinicians, across different nations and theoretical orientations, attribute the contribution of common factors to therapy outcome. Method: A brief common factors questionnaire (CFQ-with a Cronbach's Alpha, 0.77) was developed and administered in seven nations. A series of statistical analyses (paired-samples t-test, independent sample t-test, ANOVA) were conducted: to compare clinicians perceived contribution of total common factors versus model-specific factors, to compare each pair of common factors' categories, and to compare clinicians from collectivistic nations versus clinicians from individualistic nation. Results: Clinicians across seven nations attributed 86% to common factors versus 14% to model-specific factors. Clinicians attributed 34% of therapeutic change to client's factors, 26% to therapist's factors, 26% to relationship factors, and 14% to model-specific techniques. The ANOVA test indicated each of the three categories of common factors (client 34%, therapist 26%, relationship 26%) showed higher contribution in therapeutic outcome than the category of model specific factors (techniques 14%). Clinicians with psychology degree attributed more contribution to model-specific factors than clinicians with MFT and counseling degrees who attributed more contribution to client factors. Clinicians from collectivistic nations attributed larger contributions to therapist's factors ($M=28.96$, $SD=12.75$) than the US clinicians ($M=23.22$, $SD=7.73$). The US clinicians attributed a larger contribution to client's factors ($M=39.02$, $SD=15.04$) than clinicians from the collectivistic nations ($M=28.71$, $SD=15.74$). Conclusion: The findings indicate clinicians across the globe attributed more than two thirds of therapeutic change to CFs, which emphasize the training of the common factors model in the field. CFs, like model-specific factors, vary in their contribution to therapy outcome in relation to specific client, therapist, problem, treatment model, and sociocultural context. Sociocultural expectations and norms should be considered as a context in which both CFs and model-specific factors function toward therapeutic goals. Clinicians need to foster a cultural competency specifically regarding the divergent ways that CFs can be activated due to specific sociocultural values.

Keywords : common factors, model-specific factors, cross-national survey, therapist cultural competency, enhancing therapist efficacy

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