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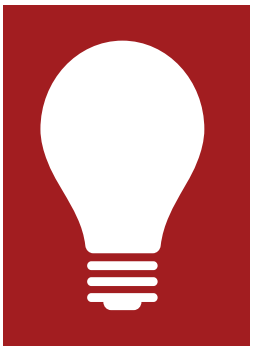
IN MFT TRAINING



Integrating Common Factors into MFT Curriculums

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As marriage and family therapy (MFT) continues its search for common change mechanisms and non-specific factors among therapies, significant work has been done to understand interventions that transcend various models and are related to successful outcomes. This *common factors* perspective attempts to look across different theoretical approaches in search of common elements, contending that these factors are at least as important (if not more so) in accounting for therapeutic effectiveness as the unique factors that differentiate one theory from another. At the University of Louisville, we have integrated common factors skills into the curriculum to challenge the argument that common factors are too general and not concrete enough to be translated into teachable components. Ideas for infusing a common factors perspective into MFT training developed out of several years of collaboration and mentorship through writing, teaching, and creating workshops with Doug Sprenkle, PhD, of Purdue University and Sean Davis, PhD, of Alliant International University.the interviews for their own teaching.

The Curriculum

Throughout the family therapy curriculum, we emphasize the following four common factors unique to MFT: 1) conceptualizing difficulties in relational terms; 2) disrupting dysfunctional relational patterns; 3) expanding the direct treatment system; and 4) expanding the therapeutic alliance (Sprenkle, Davis, & Lebow, 2009, Spenkle & Blow, 2004). Three specific courses actively engage students through direct feedback, critical thinking exercises, and self-reflective questioning that focus both on the broad (client, therapist, and alliance characteristics) and narrow (cognitive, affective, behavior change) common factors.

MFT Research. In order to become a research informed clinician, students should be critical consumers of research findings and should respect empirical evidence that can contribute to clinical effectiveness (Karam & Sprenkle, 2010). Therapists-in-training, especially those taught a variety of MFT approaches, often feel overwhelmed by competing claims of model supremacy. They also often feel low therapist self-esteem as they try to implement complex interventions. The common factors movement reinforces the fact that some of the things students typically already feel good about (like their ability to establish alliances with clients) are strong evidence-based contributors to change. While there is clear evidence for the effectiveness of certain MFT approaches, there is not yet strong evidence for the relative effectiveness of the various models as compared to one another (Shadish & Baldwin, 2003). Learning this information based on meta-analysis research helps students realize they do not prematurely have to pledge allegiance to the superiority of any one model, even though there may be value in choosing a model that is a good fit for their own worldview (Simon, 2006). Believing in a model is itself a common factor associated with positive outcome (Wampold, 2001). In addition to learning about other forms of evidenced-based practice, this MFT research course is designed to give students an understanding of the empirical underpinnings that legitimize the validity of the common factors movement. We believe the notion of the "empirically validated therapist" is just as important as the empirically validated treatment.

Supervision. Common factors supervision is based on the belief that no one theory or single set of therapeutic techniques is always effective in conceptualizing a case. Even if you have already chosen a favorite approach, both supervisor and supervisee need to have a basic knowledge of various MFT models and techniques to work effectively with a wide range of clients in diverse clinical settings. While we encourage learning a model that is a good fit for the student, we also strongly believe working strictly within the framework of one theory may not provide MFT's the flexibility to deal the complexities associated with clinical practice. If a supervisee learns through supervision to view models as more overlapping than distinct, the ability to

shift between approaches may become more intuitive. Throughout this five semester long sequence, students receive specific training and direct supervisor feedback and ongoing assessment in common factors such as building, maintaining, and repairing the therapeutic alliance, seeking and responding appropriately to system feedback, nurturing hope, and facilitating client motivation.

MFT Theory and Practice Integration. It is not unusual for beginning therapists in training to haphazardly pick techniques to use in session without any overall theoretical rationale. This is known as syncretism, wherein the student searches for anything that seems to work, often making no attempt to determine whether the therapeutic procedures are either appropriate or effective (Lazarus, 1996). While we believe this syncretistic confusion is completely developmentally normal for young therapists, it is our goal by the end of this capstone integration course for students to have developed a more purposeful way of working by developing a personalized approach to common factors integration.

In order to achieve this goal, students are required to develop an integrative theory of change paper and videotaped representation of their work, using the common factors as a template in which to think about their preferred theoretical orientation. Before adopting ideas from various therapeutic models, students are taught to evaluate critically these ideas to discern between what is model specific vs. what is more generic and inherent to all good therapies. The course also helps students to customize their techniques so they fit their own personality and style, while at the same time, learning to be open to feedback from clients about how well the techniques are actually working.) ■

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