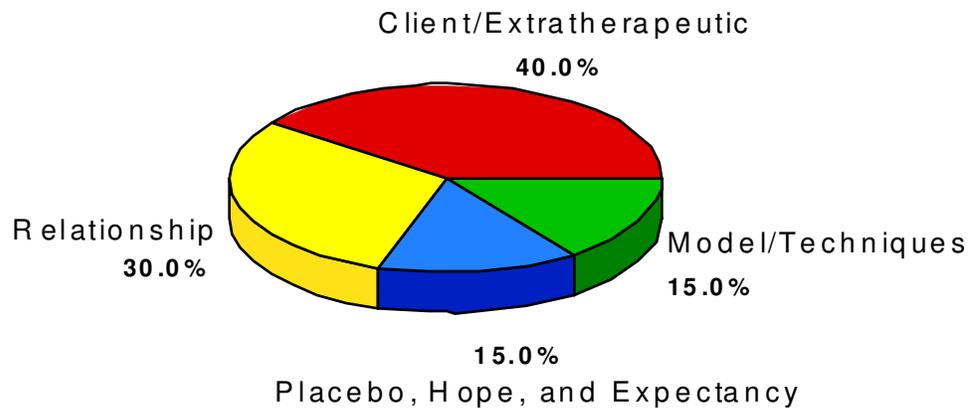


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Client Factors: Accounting for 40% of Change

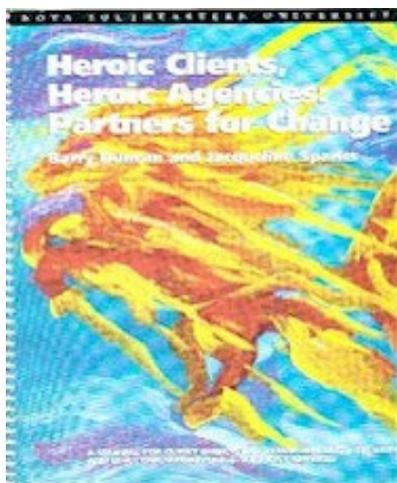
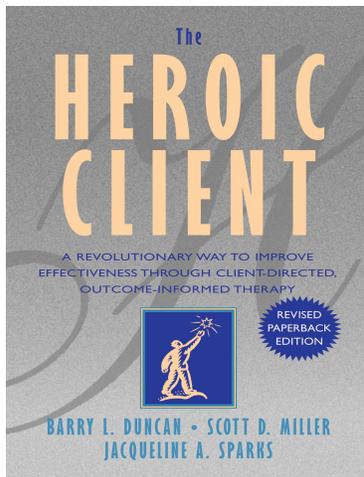
Research makes clear that the client is actually the most potent contributor to successful outcome—the resources clients bring into your agency and what influences their lives outside it (Wampold's meta-analysis attributes 87% to these factors). These factors might include persistence, openness, faith, optimism, a supportive grandmother, or membership in a religious community: all factors already in a client's life before he or she arrives at your doorstep. They also include serendipitous interactions between such inner strengths and happenstance, such as a new job or a crisis successfully negotiated.

Relationship Factors: Accounting for 30% of Change

Next to what clients bring, their perceptions of the relationship with you are responsible for most of the gains resulting from therapy. Now usually called the "alliance," it is most easily understood as a partnership between the client and helper predicated on a strong agreement on the goals and tasks of therapy. Client's favorable ratings of the alliance are the best predictors of success—more predictive than diagnosis, approach, therapist, or anything else (about 7% of the overall variance of change).

Expectancy/Placebo: Accounting for 15% of Change

Expectancy refers to the portion of improvement deriving from clients' knowledge of being helped, the instillation of hope, and how credible the client perceives your rationale and techniques. These effects do not come specifically from a given treatment procedure; they come from the hopeful expectations that accompany the method.



Model/Technique Factors: Accounting for 15% of Change

Model/technique factors are the beliefs and procedures unique to specific treatments like the miracle question in solution-focused therapy or challenging generalizations in cognitive-behavioral therapy. Despite all the hoopla around the power of models, it is worthy to note that not one has demonstrated any superiority over any other—this is the so-called “dodo bird verdict” (“All have won and all must have prizes” from *Alice in Wonderland*). The verdict colorfully summarizes that therapies work about the same and points to elements common across therapies that better explain successful outcomes—namely the innate resources of the client, the quality of the relationship, and the hope for a better future. How exactly should models be viewed when so much of good therapy is controlled by other factors—85% to be exact (40% client factors, 30% relationship factors, and 15% expectancy factors) (only 1% of the overall variance of change)?

Empowering Client Factors

1. **Listening for heroic stories.**
2. **Becoming change-focused; Co-creating heroic stories.**
3. **Validating the client's contribution to change.**
4. **Tapping into the client's world.**

Empowering Alliance Factors

1. **Court the client's favor and woo their participation—fit their ideas of a good relationship.**
2. **Validate the client and accept his or her goals at face value.**
3. **Form all plans and tasks with the client; fit the client's theory of change.**

Empowering Expectancy Factors

1. **Believe in the client, in yourself and your work, and in the probability of change.**
2. **Orient therapy toward a hopeful future.**
3. **Highlight the client's sense of personal control.**

Empowering Model Factors

1. **Use models to provide structure and focus.**
2. **Use a model to change your mind, not make up your mind, about a client**
3. **Use technique as a vehicle for enhancing the effects of the other common factors.**

Why Partner with Clients? The Good, the Bad, and the Ugly of Outcome Management—and the REAL GOOD

The Good:

Change early on in therapy is a good predictor of eventual outcome. Yes it's true, if you can't get anything going by session 3, and for sure by session 6, then it is very likely at session 20, that nothing will still be happening—if the client is still around. Partnering with clients to make therapy accountable monitors the client's view of progress to capitalize on this fact.

The client's view of the relationship is a good predictor of outcome. In fact, the client's rating of alliance in the second session is the **best** predictor of success going. So if the client doesn't like you or what's happening early on, then don't look for much change, except of course if you call dropping out an indication of change! Partnering with clients to make therapy accountable monitors the client's view of the process of therapy to capitalize on this fact.

The Bad:

About 10 % of clients account for 60-70 % of mental health care expenditures. We are spending all our money on situations that are not changing. Go figure! Partnering with clients to make therapy accountable turns this situation around, opening options for both clients and therapists by providing immediate feedback when things are stuck.

And the Ugly:

Therapists who are not getting positive results often believe that their therapy is effective.

Yes, it's sad but true, research shows that the helper is the last to know. Partnering with clients to make therapy accountable let's us know when, and often why, we are not effective. This information need not be painful, but rather is liberating in terms of helping us do better work.

Enlisting the client makes being a helper much easier.

And the REAL GOOD:

Real time feedback about the outcome of services can up to double effectiveness. Research of real world outpatient settings has shown that on average, only a paltry 35% of clients improve or recover. Therapists range from about 20 to 70% in effectiveness. However, when therapists are given reliable feedback about whether or not clients are reporting benefit, effectiveness rates increase dramatically. No one is effective with everyone—even the best among us are not successful with almost a third of our clients. Finding this out early rather than late prevents ongoing ineffective work and encourages better options for the client. Our research showed that real time feedback doubled therapist effectiveness! Other studies show up to a 65% increase in effectiveness.

Outcome management offers an alternative to burdensome and meaningless paperwork. For years, counselors have endured heavier and heavier burdens of paperwork. Now there is an alternative. Imagine this: Partnering with clients to monitor process and outcome on just two brief forms is the only paperwork required—that's right, no more diagnostic workups, treatment plans, intake forms, or any other form or practice that doesn't have any relevance to outcome. You say I'm a dreamer, but I'm not the only one! It's already happening in some places. Partnering with clients to make services accountable is already, and will continue, changing the way that mental health services are delivered. Start now!

Working with Kids and Families: Using the CORS and CSRS

Use the child measures in a similar fashion to the adult measures. There are some differences:

- When the child is presented as the problem, use the CORS with the child and parents; do not obtain ORS scores of the parents unless they identify separate problems for themselves.
- The measures encourage conversations about similarities and differences of individual ratings; and they allow therapists to attend to each person's perspective of both change and the alliance. They provide a common ground on which to make comparisons and draw distinctions, allowing each individual to be part of the discussion of what needs to happen next.
- It is not unusual for families to hold different perspectives. Using a graph with different-colored lines for each person helps illustrate varying viewpoints and can open up a productive conversation.
- The CSRS and SRS give therapists a chance to see which, if any, family members are feeling the least connected to the process. The therapist then has accurate knowledge of where to focus more attention. Using the CORS and ORS with families is an invaluable way to keep track of many change trajectories and many agendas—all it takes is a willingness on the therapist's part to become adept at quick and seamless data gathering for sometimes as many as five or six people in session and the ability to make that information meaningful by using it as a springboard for conversation. The reward is the same, whether child or family—reliable feedback about whether things are changing and the strength of the alliance, so counseling can better fit client preferences for the best outcome.

Barry L. Duncan, Psy.D. is therapist, trainer, and researcher, with over 17,000 hours of face to face experience with clients. He is co Director of the Institute for the Study of Therapeutic Change (ISTC) and in private practice in Boca Raton, Florida. Barry has over one hundred publications, including thirteen books. His latest books: *The Heroic Client* (Jossey-Bass, 2004) offers both a critique of mental health practice and suggests an alternative that puts clients in the driver seat through outcome management; *Heroic Clients, Heroic Agencies: Partners for Change*, (ISTC Press, 2002), details the “how tos” of involving clients as valued partners and provides down-to-earth suggestions for transforming mental health services into client directed practices; finally the APA best selling, *The Heart and Soul of Change*, (APA Press, 1999) provides a thorough treatment of a common factors viewpoint. Because of his self help books, he has appeared on "Oprah," "The View," and several other national TV programs and has been featured in *Psychology Today* and *USA Today*. His latest self help book, *What's Right With You*, challenges the business as usual mentality of “What's wrong with you” and instead demonstrates how to rally natural resources and resiliencies to overcome life challenges. Barry conducts seminars internationally in client directed, outcome informed therapies in hopes of inciting insurrection against practices that diminish clients and encouraging therapists to establish their own identity. He can be reached at barrylduncan@comcast.net.