The Common Factors Model: Implications for Transtheoretical Clinical Social Work Practice

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Direct practice social workers today are challenged to address the requirements of the complex array of professional, organizational, institutional, and regulatory demands placed on them in the broader socioeconomic context of fewer resources and diminished public support for social welfare services in the United States. The common factors model provides an accessible, transtheoretical, empirically supported conceptual foundation for practice that may help to resolve this conundrum and support effective practice. *Common factors* are conditions and processes activated and facilitated by strategies and skills that positively influence practice outcomes across a range of practice theories. The model provides an expanded conceptualization of the "active ingredients" required for change to include a focus on conditions and processes as well as practice strategies and to focus on all who are involved in the work. The model is described and implications for practice are discussed.

KEY WORDS: *change; common factors; empirical; social work practice; transtheoretical*

The contemporary direct practice social worker, working in a time of both theoretical and institutional flux, faces great challenges in integrating a growing and more complex practice knowledge base in his or her work. Social workers in clinical or direct service practice roles—96 percent of licensed social workers spend time in direct service work (NASW, Center for Workforce Studies, 2006)—are currently presented with multiple and potentially perplexing directives regarding best practices, including calls for evidence-based interventions (for example, see Reid & Colvin, 2005); a newer, related trend toward the use of practice guidelines (see Rosen & Proctor, 2003); ever-emerging practice models and perspectives; the dictates of managed care and increasing pressures for brief interventions; and both industry-wide and unique organizational mandates and constraints. Although each of these multiple directives might be used by social workers to support their practice, they do not constitute, in aggregate or in effect, a coherent model from which practitioners may conceptualize and enact their work. Although there is little research exploring the impact of these kinds of conflicting intellectual, economic, and political forces on practitioners, conscientious social workers may be challenged by these multiple and potentially conflicting directives and may also be unclear about how they might synthetically, coherently, and productively integrate them into their work. Paradoxically, in the context of so much direction,

"What is good practice?" may be a particularly difficult question to answer these days.

Historically, social work has developed practice models that incorporated current knowledge and enabled practitioners to enact this knowledge with clarity and confidence. Social workers in the early 20th century embraced casework methods informed by psychodynamic theory, enriched and empowered by new understanding of the nature of the unconscious and other aspects of our inner psychological world. The functionalist model, developed in the 1940s, greatly helped social workers to understand the ways in which agency-based practice was shaped by its organizational context and to use this understanding in their work. The task-centered model (Reid & Shyne, 1969) helped workers to focus on practical and efficient forms of assistance for clients who were understood as needing relatively swift and action-oriented services that responded to their life conditions and their psychological realities. General systems theory (Hearn, 1969), and ecological models such as the life model (Germain & Gitterman, 1996), introduced to social work in the 1960s and 1970s, helped to incorporate in a powerful way the cardinal professional tenet of understanding the individual as transacting with and as a product of multiple, interacting personal and environmental forces. Shulman (2006) and others complemented this ecological focus with models featuring a micro-skill focus approach applicable to practice with individuals, families, groups, organizations, and communities.

Other more recent practice models focus on specific social, cultural, or political aspects of human functioning, such as empowerment (Miley, O'Melia, & DuBois, 2007), client strengths (Saleebey, 2006), multiculturalism (Lum, 2007), and social justice (Finn & Jacobson, 2003). Concepts from these essential social work approaches continue to shape the practice of contemporary social workers.

Today, as social workers find themselves in the second century of professional development, there is an ever-expanding array of foundation practice methods that are learned and used by social workers in all areas of practice. We believe, however, that the current practice climate complicates and confuses the ways in which social workers are to integrate the various knowledge areas available to them in uniquely challenging ways, perhaps more so than at any other time in our history. Direct practice social workers must find a way to practice that satisfies the requirements of the complex array of epistemological, professional, organizational, institutional, and regulatory demands placed on them, and in the broader socioeconomic context of fewer resources and diminished public support for social welfare services in the United States (Kilty & Meenaghan, 1995; Tsang & Yan, 2001). In today's professional climate, social workers need adequately coherent and accessible conceptual models with which they can plan, conduct, and evaluate their practice; that build on and honor social work's practice traditions, wisdom, values, and ethics; and are experienced by the practitioner as true to their own personal and professional styles. They need a basic structure for practice that helps them to know if they are "on the right path" and what they might do about it if they are not, without having to undertake what might be impractical tasks of researching, learning, and enacting heretofore unfamiliar practice scripts or techniques.

Toward this end, we present the common factors model of practice, which has been developed from research on factors of effective direct service practice (see Table 1). *Common factors* are those conditions and processes drawn from a range of practice approaches that have been associated with positive client outcomes (Lambert & Ogles, 2004), primarily from studies of psychotherapy effectiveness (Grencavage & Norcross, 1990). Operationalized as a practice model, this approach offers social workers a relatively simple, coherent, and accessible way to conceptualize their practice and assess the appropriateness

Table 1: The Common Factors of Social Work Practice
Social network factors
Supportive values
Supportive knowledge
Supportive funding, policies, procedures, and practice guidelines
Client social support
Client social support views social work as credible
Social worker/helper factors
Well-being
Acceptance
Genuineness
Empathy
Client factors
Distress
Hope or expectation of change
Active help seeking
Views social worker as credible
Relationship factors
Engagement in relationship
Engagement in change work
Productive direct and indirect communication
Mutual agreement on problems, roles, tasks, and goals
Collaboration
Practice strategies
Rationale for change
Modeling
Feedback
Ventilation
Exploration
Awareness and insight
Emotional learning
Interpersonal learning
Knowledge
Information
Development and practice of new behaviors
Success and mastery
Reinforcement
Desensitization
Suggestion
Advocacy

Note: Adapted from Grencavage, L., M., & Norcross, J. C. (1990) and Drisko, J. W. (2004).

and effectiveness of their work. We believe that it is also consistent with social work values, ethics, and practice wisdom from social work's traditions (that is, start where the client is, respect for the dignity of each person, the importance of relationships,

and so forth). We also believe that the model is consistent with the contemporary epistemologies of social work practice (including constructivism, critical theory, and postmodernism) regarding the social construction of social work practice—that is, the uniqueness of each practice relationship; the mutual construction of meaning; and the influence of social, political, and economic power relations (Williams, 2006). The model is inherently responsive to the particular constellation of characteristics of all individuals involved in each practice situation. We hope and believe that the common factors model can help social workers to resolve some of the challenges of the current practice scene while also reclaiming many traditional, time-honored practices.

THE COMMON FACTORS MODEL

The concept of common factors emerged from psychotherapy research, which found (with a few notable exceptions) that psychotherapy is more effective than placebo or no therapy at all, and that clients make changes with a wide range of practice models and theoretical approaches (Lambert & Ogles, 2004; Wampold, 2001). As researchers sought to understand these findings, they noticed that some factors appeared in many of these practice models. Some researchers hypothesized that "active ingredients" of effective helping were present no matter what practice model was used (Luborsky, Singer, & Luborsky, 1975; Rosenzweig, 2002). They systematically identified these common factors from psychotherapy research studies (Grencavage & Norcross, 1990; Lambert & Ogles, 2004) and began conducting meta-analyses on each factor, which demonstrated support for the positive influence of these factors on therapy outcomes (Castonguay & Beutler, 2006; Norcross, 2001; Wampold, 2001). Practice scholars have also been interested in common factors, particularly those who have been conceptualizing models of eclectic or integrated psychotherapy, beginning in the 1980s and 1990s (Norcross, 2005). Drisko (2004) introduced common factors in the social work literature, suggesting that attention be paid to policy, agency, and client contextual factors that affect a client's ability to access and participate in social work services, thus fleshing out the more abstract "extratherapeutic factors" category in psychotherapy research (Lambert, 1992). These converging areas of scholarship identified six categories of common factors: client factors, practitioner factors, relationship factors, practice factors,

change factors, and Drisko's contribution of social network factors.

Building on this work, we have created a practice model that is adapted from the structures offered by Grencavage and Norcross (1990) and Drisko (2004). We also offer three new and potentially useful conceptualizations: (1) Change-supporting conditions and processes—First, we have developed a conceptualization on the basis of the ways the factors function in practice as conditions and processes that are activated and facilitated by strategies and skills for change. Conditions for change are essential qualities or attributes necessary for change work to succeed. Processes are inter- and intrapersonal activities carried out by one or more people involved in the work. *Strategies* are heuristics that guide practice activities. *Skills* are the discrete actions used to enact strategies. We believe that this conceptualization appropriately broadens our understanding of the differential roles and contributions of various aspects of the practice encounter. (2) System of action—We suggest that these conditions and processes interact as a "system of action" (Parsons & Shils, 1954) in which these factors reciprocally influence each other, synergistically producing change. For example, although client positive expectation regarding change (a condition of the client), client and social worker collaboration (a relationship process enacted by both client and social worker), and development of a rationale for change (a practice strategy process) are common factors that are individually associated with positive client outcomes, the interaction of these factors constitutes the dynamic of change work. (3) Locus of practice competencies—Finally, common factors are conceived as pertaining not only to the social worker and the client, but also to all those involved in the change work, including family members, informal social supports, and helpers in social services, education, healthcare organizations, and the judicial system. In essence, the common factors model broadens the conceptualization of practice beyond technique and the conceptualization of "practitioner" beyond the professional. We say more about these conceptualizations later.

Social Network Factors

Social network factors include the dynamic, synergistic environmental contexts within which effective social work takes place. These include supportive values, knowledge, funding, policies, procedures, and practice guidelines shaping social workers' un-

derstandings and actions and also clients' support and the perception of those in clients' support networks that social work services are credible. The values and knowledge of practitioners profoundly shape their work, and these are shaped not just by professional education, but through their unique life experiences. However, these are not always explicitly known, nor is their determinative impact always understood. Social workers must bring to their work supporting personal and professional values as well as relevant knowledge about people, their problems, effective practice, and change to be successful. Funding for services is often attached to governmental policies that flow through state and federal agencies or is attached to other organizations that have their own policies, procedures, and practice guidelines (health insurance companies or grantors) that may specify the parameters of what types of service can be provided, in what time frame, and with what evaluation and reporting requirements (Drisko, 2004). Social workers who are employed in host settings can also have additional policies, procedures, and guidelines for practice that may or may not support effective, client-centered social work (see, for example, Hasenfeld & Weaver, 1996).

Services must be accessible, user-friendly, and comfortable to clients. Clients' experiences as they request and obtain services affect their ability to engage in the work once it is set up. Clients' social networks play an important role in their help seeking and engagement in their change work. For example, when a child has a behavior problem, the child and the family might meet with a social worker at an outpatient clinic, but the school social worker, teachers, and pediatrician might also be involved. Support networks provide not only social and emotional connections, but also material resources. Social supports are a key component of resilience (Glicken, 2006) and have been found to have a positive effect for clients with significant functional impairment (Beutler, Harwood, Alimohamed, & Malik, 2002). Access issues have a negative effect on use of services for some people who are members of targeted groups in North America (Zane, Hall, Sue, Young, & Nunez, 2004), whereas services designed to minimize access issues have shown success (see Zayas, 2003).

Social Worker/Helper Factors

Social worker/helper factors include well-being, acceptance, genuineness, and empathy. Although social workers are professional helpers, several personal attributes are necessary for social workers to form and effectively use working relationships with clients and all involved in change work. Genuineness, acceptance, and empathy were originally identified by Rogers (1957) in his person-centered theory. Research has consistently shown the importance of these positive attributes of the person of the practitioner both to the formation of a working relationship and to positive outcomes (Bohart, Elliott, Greenberg, & Watson, 2002; Farber & Lane, 2002; Norcross, 2001). In addition, research supports the correlation between the emotional well-being of the social worker and positive outcomes (Beutler et al., 2004). When all those involved with the client in personal and professional helping roles share these qualities, the prognosis for successful work is greatly enhanced.

Client Factors

Four client factors common across theories are positively associated with client outcomes: distress, hope or expectation of change, active help seeking, and client viewing the social worker as credible. Each of these factors suggests that positive outcomes are associated with the motivation of clients and their positive sense of the possibilities for change in the work. The validity of these factors is supported by research as well as social work practice wisdom. Clarkin and Levy (2004) reported modest support for the motivational aspect of subjective distress. Hubble, Duncan, and Miller (1999) found support for the role of expectation both within and outside of psychotherapy. Studies in social work (see Goldstein, 1990), and in psychology (see Wampold, 2001), have shown the importance of hope and belief in the helping process. More specifically, client perception of social worker's credibility to help was associated with positive outcomes (Orlinsky, Rønnestad, & Willutzki, 2004). In addition, client willingness and ability to be actively involved (Clarkin & Levy, 2004) and to be open (Orlinsky et al., 2004) have consistently predicted outcomes of clinical work.

Relationship Factors

Relationship factors include engagement in relationship; engagement in change work; productive direct and indirect communication between all involved in the work, mutual agreement on problems, roles, tasks, and goals; and collaboration. It is not surprising that the relationship, or working alliance, between

client and social worker is the common factor that has received the greatest amount of attention in both psychotherapy research and practice literature. Research supports the significance of the relationship, consistently showing a correlation between the alliance and outcome (Horvath & Bedi, 2002; Orlinsky et al., 2004). It is clients' perceptions of the relationship early in the work that have been found to be the best predictor of improvement, but over time, both worker and client ratings correlate with outcomes (Horvath & Bedi, 2002). In addition to the working alliance, the importance of engagement, or mutual commitment to and cohesion in the relationship, has empirical support; clients who view themselves and their social workers as positively engaged are likely to achieve positive outcomes (Orlinsky et al., 2004).

At the most basic level, clients need to be actively involved in the work with social workers, and clients and workers need to be able to communicate with one another in ways that produce adequate understandings of what is happening and that move the work forward. With many clients, this means that the social worker must have facility in working with clients who express themselves obliquely and indirectly. Clients benefit by learning about how the social worker views the client and worker roles and what kinds of tasks the work entails. Social work researchers have long identified the importance of clear communication and understanding between social workers and clients in the development of engagement and the prevention of premature termination (Maluccio, 1979; Mayer & Timms, 1970). Research consistently finds a correlation between goal consensus and mutual collaboration and positive client outcomes (Tryon & Winograd, 2002). There is also empirical support for the importance of role preparation (Orlinsky et al., 2004). When many people are involved, it is important for everyone to work collaboratively, whether in meetings, by phone, or through other forms of communication. Collaboration and participation of adults (for example, from the child's family, community, school, and so forth) moderate outcomes in social work practice with children (Kazdin, 2004).

Practice Strategies
Practice strategies include rationale for change, modeling, feedback, ventilation, exploration, awareness and insight, emotional learning, interpersonal learning, knowledge, information, client ventilation,

development and practice of new behaviors, success and mastery reinforcement, desensitization, suggestion, and advocacy. Each of these factors is likely to be familiar to social workers as they are all featured in social work and other clinical practice models. We view these practice strategies as both processes that occur between social worker, client, and others involved in the work and change principles suggesting helpful actions that may also be used by any of the participants in the work. Social workers select the practice strategies that are compatible with a specific client, problems and goals, and practice context.

This list of practice strategies is similar to the 10 change processes identified and empirically researched by DiClemente and Prochaska (1982), who performed a comparative analysis of 24 therapy models to identify processes used for change across models. They then studied how people use these processes (both in psychotherapy and outside of it) to make changes in their lives. They found that although people may use a wide range of techniques to achieve change, these efforts can be grouped into a limited number of change processes. Most important, they also found that change processes predict outcomes (Prochaska, DiClemente, & Norcross, 1992). What makes this significant is that change processes are what clients are doing; outcomes, therefore, "are much more a function of what clients do than what therapists do" (Prochaska & DiClemente, 2005, p. 163). We elaborate on this point in the next section.

DISCUSSION AND IMPLICATIONS FOR SOCIAL WORK PRACTICE
In many fundamental ways, the common factors model and each of its component factors cohere with essential social work methods, practice wisdom, and values. For example, understanding clients' attitudes toward help seeking has long been a part of social work's professional dialogue (see, for example, Compton, Galaway, & Cournoyer, 2005). Social work's principle of "start where the client is" reminds us to listen for the balance of hope, distress, and motivation for change of clients. Likewise, practitioner qualities, including all of those featured in the common factors model, have been identified by many practice scholars over the past century (for example, Goldstein, 1990; Perlman, 1957). Change processes identified here all embody the kinds of change work social workers have done and described in the professional literature (for example, Germain

& Gitterman, 1996; Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2006; Sheafor & Horejsi, 2006; Woods & Hollis, 2000). This model of practice is consistent with all social work approaches; this is also true for the working relationship, which social workers have long viewed as a primary vehicle for client change efforts (see Bogo, 2006; Compton et al., 2005; Hollis, 1964; Perlman, 1957; Shulman, 2006). The inclusion of social network factors focuses on the important work that social workers do with groups, organizations, communities, and policies. We believe that this formulation of common factors represents prototypical social work practices long identified in social work research and theoretical writing and embodied in our prominent social work practice models, as well as newer concepts in practice.

Although the common factors model builds on this consonance with social work practice conventions and methods, we also believe that the model adds, in some key ways, to what has come before. The model can serve as a foundation to help social workers organize and respond to the multiple directives and pressures of contemporary social work practice. Specifically, this involves a more explicit and enhanced consideration of the nature of change in social work practice, a more synthetic and practical treatment of theory vis-à-vis practice, evidentiary bases that in an alternative way provide practitioners with an empirical grounding to their practice, assessment and intervention planning that emphasize the identification of factors required for effective change work, a redefinition of what practice involves and the locus of practice competencies, a foundation on which additional methods from other practice models can be added, an inherent responsivity to sociocultural variations, and a broadened, process-oriented approach to practice evaluation.

Change in Social Work Practice

Although the ecological and systems perspectives have helped social workers to orient themselves to environmental factors influencing clients' lives, the abstract nature of these perspectives may fail to promote practitioners' understanding of the precise activities and experiences required for change to occur in practice. Especially in micro practice models, change processes are depicted primarily as clients' reactions to and use of the technical offerings of the social worker. Also, although all social work practice models contain theories of change, they do not generally explicitly describe a theory of how change is produced. Furthermore, the methods for change featured in typical models are necessarily limited by each model's underlying theories and their concomitant structural parameters. We think that social workers can most effectively facilitate change when they have a clear understanding of its nature and can use a number of methods for its achievement.

The common factors model presents social workers with a definition of change that advances our understanding in a few ways. First, the model offers a more explicit identification of a constellation of factors associated with positive client change. Second, the model moves beyond the technical activities of the practitioner and the relationship of practitioner and client. The concept of system of action presents a model of change that focuses on the ways in which change is achieved through the change work of clients in the context of the presence and interactions of change-supporting factors. This helps social workers to understand their activities with and on behalf of clients to be part of a larger system in action, rather than as its central or only essential feature. In this sense, change is viewed as being activated and facilitated through the development and interactions of the factors of the system, including aspects of the client, the social worker, their relationship, what happens between them, and the social networks encompassing their work. In keeping with research that suggests that the multiple aspects of clients and their lives assert a profound impact on the outcomes of clinical practice (Hubble et al., 1999), the common factors model directs the social worker toward a more studied appreciation of these "extratherapeutic" factors and suggests that social workers might most effectively conceptualize their role as a contributing part of a helping system. Finally, the model is drawn from several empirically supported practice approaches and, so, is less limited than nontranstheoretical models in its capacity to offer a broader array of change-producing strategies for work.

Theory and Practice

The common factors model is constituted by shared factors across practice models, but it does not include their theoretical underpinnings or their particular techniques and so exists as a model situated "somewhere between theory and technique" (Norcross, 2005). Following from this, the common factors

model is less abstract than typical practice models. In addition, it suggests key strategies essential for all types of practice. These strategies may be implemented through the use of any direct service social work skills that are functionally consistent with the model's structure and change principles. We believe that this offers social workers two advantages over other models: (1) a more practical and simplified model that does not require theoretical or cognitive elaboration and (2) the freedom to use a range of discrete skills that have already been learned and mastered and are effective. Furthermore, practice decision making is simplified as social workers need only focus on the change strategies that they are attempting to enact, rather than having to consider more abstract, complex, and numerous theoretical principles and then translate those into practice activity. We think that this middle level of abstraction of the model, or its nearness to practice, would be a better fit for social workers who may be understandably focused on using familiar, comfortable, and effective practice skills.

Alternative Evidentiary Bases

Though not formulated in a way that meets the requirements of some proponents of evidence-based practice (Gambrill, 2003), the common factors model provides evidentiary bases for social work direct practice intervention. As just stated, it is directly built from factors of practice approaches shown to be associated with positive client outcomes and, therefore, represents established effective practices. Research interest in common factors has grown in recent years, adding to the empirical support for its practice utility and effectiveness (Castonguay & Beutler, 2006; Lambert & Ogles, 2004; Wampold, 2001) (see the section Limitations of the Model). In addition, as we described earlier, many of the conditions and processes for change have been supported by studies in social work, psychology, and other areas outside of common factors research.

Assessment and Planning

The common factors model draws the practitioner's attention to specific factors and relationships associated with effective change work among all individuals and systems involved in change efforts, including a consideration of the capacities of clients and others involved in the work to engage in productive change processes. In addition, it includes an explicit examination of the worker's capacities and readiness for effective work. Planning would include these considerations as central, not peripheral, to chances for success. The practitioner is directed toward explicit planning for the establishment or enhancement of the change-supporting conditions and processes of the client, worker, and relevant others and the relationships among everyone involved in the work. In this model, prognosis becomes an important element in social work assessment and intervention planning, a process that has not been discussed in much depth in social work assessment literature.

Redefining Practice

The common factors model is founded on ideas about practice that shift and expand definitions of what practice involves and the locus of practice competencies. Moving from a predominant emphasis on technique, practice is viewed as more broadly constituted of the essential ingredients needed for change—conditions and processes—that are activated and facilitated by skills intended to enact strategies for change derived from the model's change principles. The particular techniques or skills used to enact change strategies are not any more essential to the work than are change-producing conditions and processes. Skill selection should be based not only on the problems and goals of the work, but also on the communications received by the social worker in moments of practice and on the social worker's style and preferences in regard to the characteristics of his or her unique approach to helping. Practice, then, in this perspective, has less to do with the narrowly defined technical activities on the part of the social worker and the client's response. Rather, practice primarily involves the activation and facilitation of conditions and processes through change strategies and logical use of skills given the personality and helping style of the worker. It is the presence and interaction of these factors (in the system of action) that produces change.

In this approach, then, skills used to enact change strategies should be used to facilitate the conditions and processes necessary to help clients achieve change, including factors pertaining to the client, the worker, the nature of the relationships among all those involved in the work, and characteristics of relevant social networks. The social worker using a common factors approach would select and use skills consciously and differentially to engender

client change activity and to facilitate conditions and processes for change as needed.

The common factors model also broadens the conceptualization of the locus of practice competencies. Clients and others involved in the work, not just social workers, need to possess and use certain capacities, resources, and skills to best achieve their goals. In a sense, clients and all those involved in change efforts must be adequately skilled "practitioners." Not only are there skills of helping, but also, we argue, just as important, there are skills of using help. In this view, change in the client is a multidetermined product of a constellation of factors and forces, including not only social worker interventions, but also factors of the client, the social worker, and other individuals and systems in the client's life and the relationships among all these individuals and systems. Change is less a product of the specific, technical activities of the worker and more the result of coordinated efforts to facilitate factors and relationships among all involved in the work. Furthermore, interventions on the part of the worker must be coordinated with the establishment or enhancement of the conditions and processes of change, and as the work proceeds, the worker reflects on strategies, skills, conditions, and processes as coordinated and interacting forces working for change. The practice action called for in any particular moment would be directed by the state of the client's progress and his or her temporal realities and by the extent to which the constellation of factors promoting change are in place, available, and being used on behalf of change efforts.

A Platform for Use with Additional Methods

The common factors model forms a foundation that social workers can use in all of their work. In a sense, it suggests a set of basic strategies and abilities for the practitioner. However, the particular demands of working with families and groups in micro practice, the challenges of macro practice, and the requirements of clients with specific disorders all require additional practice methods not included in the common factors model (see the section Limitations of the Model). We believe that the common factors model can serve as a foundation on which social workers can add the unique methods called for in other modality- and problem-based approaches. In this sense, the challenges of achieving skillful eclecticism in one's

practice approach are reduced, as practitioners only need to master those methods not suggested by the common factors model.

Individualized and Flexible Response to Sociocultural Variations

The model is inherently responsive to the particular constellation of people in each practice situation. The model allows social workers to take into account the values, meanings, and beliefs of each client when selecting strategies and enacting skills that activate the conditions and processes of the common factors model. The selection of strategies and skills to activate and facilitate particular processes is based on the consideration of which processes are most compatible and indicated with each person one works with (Tsang & Bogo, 1997). In addition, because the common factors model's conceptual basis rests in the conditions and processes unique to each client's life situation, the model naturally and automatically directs the practitioner's attention toward variations from client to client. This flexibility also requires social workers to be aware of the values, meanings, and beliefs of clients and all those involved in the work as they differentially select practice strategies and skills. For example, it has been suggested that use of catharsis and ventilation may be more compatible with a Euro-American ideal and may not be indicated with a client who does not find such emotional expression compatible with how they experience effects (Seeley, 2000).

Practice Evaluation

Finally, the common factors model suggests a modification of traditional practice evaluation methods in two ways. First, it promotes a process-oriented adjunct to social workers' outcomes-based practice evaluation efforts. The set of common factors may serve as structure to guide the assessment of the presence and quality of the conditions, processes, and strategies required for change. In addition, the approach also formally expands the scope of the evaluation to include examination of the participation and contributions of *all* those involved in the work, not just the social worker. This focus on the need for practice competencies beyond the worker both reinforces the social worker's environmental focus and offers additional options for taking action when the work is not progressing. We believe that this approach to practice evaluation will likely be

more often utilized by social workers and will provide them with more ongoing and useful feedback regarding the quality of their work.

Limitations of the Model

The common factors model is in the early stages of development in social work. This proposed model of practice will require study of its effectiveness in use. Additionally, research on common factors continues to evolve and focus our understanding of the strengths and limitations of this approach. Some criticisms of common factors have been raised and need to be considered carefully by social workers. One concern is that the use of common factors alone may not be sufficient for all practice situations with clients (see Reid, Kenaley, & Colvin, 2004; Stevens, Hynan, & Allen, 2000; also see Reid & Colvin, 2005). For example, social workers need to know best practices for work with clients with severe impairments such as schizophrenia. Also, given its origins in psychotherapy models, common factors as currently conceptualized and understood may be most appropriate for work with individuals and as a basis for work in other modalities, which requires that practitioners additionally use knowledge of modality-oriented practice methods. Although research has begun to identify common factors in family and group psychotherapy (Burlingame, MacKenzie, & Strauss, 2004; Karver, Handelsman, Fields, & Bickman, 2006), further research is needed to expand our understanding of the potential and limitations of the common factors model for practice with larger systems. In addition, while greater attention is being given to the cultural perspectives embedded in research on psychotherapy and social work practice, further work remains to be done. This includes the selection of diverse research participants, use of culturally-responsive instrument designs, and implementation of other methodological modifications (Zane et al., 2004). More generally, research is needed to evaluate how well the common factors model may function as a discrete and effective practice model.

CONCLUSION

Social workers practicing in the contemporary professional climate are pulled in multiple directions. Social workers, in their efforts to practice well and in ways that adequately reflect evidence-based techniques, practice guidelines, managed care directives, and organizational demands, may struggle to integrate these various directives coherently and usefully in their work. In addition, they may feel pulled from basic and traditional social work practice methods that they were taught and likely have continued to use as the basis for their work. The common factors model may help practitioners address these quandaries by providing a coherent, accessible, and professionally consistent model. It is a transtheoretical, empirically supported approach that focuses on discrete factors of practice that social workers have traditionally been taught and have used successfully in their work. Continued conceptualization and research will help to demonstrate the usefulness of this model for social work and the ways that it may resolve some of the conflicts presented by the range of directives that constitute current, and perhaps future, practice contexts. **SW**

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