“Common factors” in rehabilitation counseling: Expectancies and the working alliance

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Abstract. The purpose of this article is to describe two constructs recently highlighted in the counseling psychology literature – working alliance and counseling expectancies – and to describe first steps toward their application in vocational rehabilitation. As consumer and counselor embark on the vocational rehabilitation experience, differences in expectations may lead to a strained relationship and subsequent poor outcomes. In recognition of this challenge, the authors undertook a research project to give meaning and impetus to the concept of consumer empowerment in a manner that would maximize VR outcomes. Specifically, enhancing the quality of the working alliance between counselors and consumers is presented as one way to achieve these goals.

Keywords: Rehabilitation counseling, vocational rehabilitation outcomes, counselor-consumer partnerships

1. Introduction

Few issues in vocational rehabilitation (VR) have received as much attention as that of active consumer involvement [6,8–10,13,16,19,21]. These authors consistently maintain that the goal of empowerment is best achieved when there is maximum consumer involvement in both the development and implementation of rehabilitation plans. The virtues of this basic rehabilitation principle have been underscored by federal legislation (the 1973 Rehabilitation Act), research and education priorities, published literature, and public policy [11].

The translation of this principle into rehabilitation counseling practice, however, has been an entirely different matter. Serious questions emerged as to whether or not the lip service given to consumer involvement has ever risen above the level of fanciful platitude [2, 19,23]. As evidence of this problem, Chan et al. [6] cite the following examples:

- Operational, attitudinal, political, cultural, and legal barriers that impede active consumer involvement;
- Depiction of consumers by professionals as incapable of meaningful participation due to cognitive impairments, inadequate work histories, or naiveté regarding the VR system;
- Prevalence of directive counseling approaches that support a traditional structure in which the counselor occupies the power position; and
Complaints of advocates, which have played a role in the progressively more stringent legislative mandates to document consumer involvement.

Even those counselors who are most committed to consumerism may find that these constraints preclude the achievement of truly collaborative working relationships. When counselors experience stresses associated with work expectations and/or other external sources, the time and care devoted to establishing and nurturing counselor-consumer relationships may suffer, ultimately resulting in poorer “teamwork” and diminished outcomes [4]. Counselors with limited time and resources are challenged by the need to “connect” with consumers in a meaningful and yet efficient manner. Counselors, committed to meeting their obligations to both agency and consumer, would profit from knowing which factors maximize consumer involvement and build productive partnerships while responding to the very real challenges of the work environment.

One purpose of this article is to review pertinent literature in counseling psychology that provides a context and rationale for the closer investigation of consumer expectations and the working alliance in VR. The second purpose is to describe a research project that seeks to measure these constructs and apply them to the state-federal VR program in a manner that would enhance the meaningfulness of counselor-consumer partnerships [20].

2. Lessons from counseling psychology

Counseling psychology has intensively studied the outcomes and effectiveness of various psychotherapeutic approaches. Luborsky et al. [17] published a review that compared the outcomes of different approaches to psychotherapy. Although they concluded that psychotherapy is superior to no treatment, they also found that one form of therapy was not more effective than another. They described their conclusion as “...the dodo bird verdict;” that is, everyone has won and all must have prizes. Similar results were obtained by Smith et al. [25], Lambert [15], and Elkin et al. [12].

To address the question of how such divergent approaches could be equally effective, Walborn [27] hypothesized that nonspecific techniques, process variables, or “common factors” may be the true agents of change. He proceeded to outline the contribution of four process variables that are common elements in all approaches to psychotherapy. The interdependence of these common factors was also emphasized. According to Walborn, these process variables include:

- **Therapeutic relationship.** This includes a supportive relationship in which the consumer perceives the therapist as trustworthy and helpful. It also includes a collaborative relationship in which the consumer believes that the therapist and consumer are working together as a team.
- **Consumer expectations.** This underscores that consumers who are motivated and who have realistic expectations are more likely to benefit from psychotherapy than involuntary consumers with misconceptions about the process.
- **Cognitive insight.** This involves providing consumers with new and more meaningful frameworks from which to view their problems. Interpretations occur in all therapeutic approaches, differing only in their subtlety and directiveness.
- **Affective experience.** As with all learning experiences, consumers who are emotionally engaged in therapy are more likely to benefit from it.

Over the past decade, psychotherapy researchers have made significant breakthroughs that are causing a re-examination of the role of psychotherapy in health care and shaking the assumptions of insurers. In the aggregate, these studies provide a timely context for this article. In what has rapidly become a classic examination of thousands of studies regarding the efficacy of psychotherapy, Wampold [28] flatly rejects the medical model and provides overwhelming evidence supporting a contextual model of psychotherapy. Specifically, he concludes that at least 70% of psychotherapeutic effects are due to common factors while only 8% are due to specific ingredients. Common factors are defined as components that all forms of psychotherapy have in common; that is, they exist across all forms of psychotherapy. As contrasted with common factors, Wampold [28] defines specific ingredients as actions or techniques that are both essential and unique to a particular theory (e.g., paradoxical intent, empty chair, or role play). The remaining variability (unexplained or error variance) is due mostly to individual consumer differences.

Common factors are described by Wampold [28], as:

- allegiance; defined as the degree to which the therapist is committed to the belief that therapy is beneficial to the consumer;
- therapeutic alliance, defined broadly to include the consumer’s affective relationship with the therapist;
- the consumer’s motivation and ability to accomplish work collaboratively with the therapist;
– the therapist’s empathic listening, responding to and involvement with the consumer; and
– consumer and therapist agreement about the goals and tasks of therapy. Applications to Vocational Rehabilitation.

Drawing upon the momentum in counseling psychology, Chan et al. [6] sought to explore the role of select common factors to the process of rehabilitation counseling. Specifically, they postulated that select common factors might enhance the meaningfulness of counselor-consumer partnerships, and by extension improve VR outcomes. Chan et al. [6] began with the construct from counseling psychology that best reflects the spirit and intent of consumer empowerment – the working alliance. The working alliance was defined by Bordin [5] as a collaborative effort involving equal contributions from the consumer and counselor, based on an attachment bond as well as a shared commitment to the goals and tasks of counseling. The value of the working alliance construct in VR was also recognized by McAlees and Menz [19] and Rubenfeld [22]. Recently, Lustig et al. [18] established that (a) employed consumers from the state-federal VR system had a stronger working alliance than unemployed clients, and (b) the working alliance is related to the consumer’s perception of future employment prospect and satisfaction with the current job.

Chan et al. [7] rendered the construct of the working alliance operational for VR by modifying the Brief Working Alliance Inventory [14] into a VR specific instrument known as the Rehabilitation Working Alliance Inventory (R-WAI). This 12-item self-report measure can be used by VR counselors to measure the quality of an established working alliance several months into the VR process (see Appendix A).

3. The Expectancies about Rehabilitation Counseling Project

To test their model, the authors undertook a four-year research project with support from the National Institute of Disability and Rehabilitation Research. Focus was brought to bear upon the relevance of two key constructs in VR: the working alliance and counselor-consumer expectancies. The goal was to develop a reliable and valid measure of expectancies for use in the state-federal VR program. Following a series of development and validation activities [7], both Counselor and Consumer versions of the Expectancies about Rehabilitation Counseling (EARC) Scale were developed along with a computer program to score, compare, and interpret discrepancies for any particular dyad of counselor and consumer. The EARC instruments are presented as appendices in the Chan et al. [7] article, which also describes the specifics of both instrument development and validation processes.

Next, there existed a need to develop counseling and programmatic interventions to minimize discrepancies (or reinforce congruence) in expectations early in the VR process. As described by Shaw et al. [24], VR counselors were taught a methodology that would encourage counselors and consumers to immediately discuss and resolve discrepancies beyond a certain magnitude, whether on specific items, factors, or overall EARC scores. Using a modified conflict resolution strategy, expectancies were reported to be modifiable by both consumers and counselors in the direction of greater congruence. After a follow up period of 120 days, outcome measures of working alliance (R-WAI), satisfaction (Consumer Satisfaction Scale), and quality of life (Wisconsin HHS Quality of Life Inventory) were administered. Due to the lack of a comparison group, the results could not be interpreted as having changed because of the intervention. However, the generally positive results suggest that a focus on expectations in future research and clinical training may prove helpful in the development of a strong therapeutic alliance. These interventions, a complete training agenda, and an evaluation of the EARC Intervention Protocol Training Program are described by Shaw et al. [24].

4. Conclusion

Counseling psychology has established that two common factors – expectancies and working alliance – explain a significant proportion of the success in psy-
This article describes a method to evaluate the degree to which counselor and consumer expectations are aligned at the beginning of a counseling relationship in the VR process. With appropriate interventions, these tools can be utilized effectively to bring expectations into closer alignment. This approach breathes life and meaning into the rhetoric of consumer empowerment. Once counselors have been trained in the use of the EARC and the proper means of intervention to reconcile divergent expectations, the investment in time and effort may be worth the anticipated results: stronger working alliances and more positive outcomes.

Acknowledgment
Preparation of this paper was supported in part by a field-initiated project ("Enhancing Consumer-Counselor Working Relationships in Rehabilitation"), which was funded by Grant # H133G980135-00 from the National Institute on Disability and Rehabilitation Research to Virginia Commonwealth University.

References
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Appendix A

REHABILITATION WORKING ALLIANCE INVENTORY SHORT FORM VERSION

PLEASE COMPLETE THIS FORM 120 DAYS AFTER THE EARC INTERVENTION

This brief scale is used to gauge your current relationship with the client who completed the EARC exercise with you approximately 60 days ago. The following sentences describe some different ways a VR counselor might think or feel about a client. Using the following seven-point scale, respond to every item quickly with your first impression.

Never  Rarely  Occasionally  Sometimes  Often  Very Often  Always

1. This client and I agree about steps to be taken to improve the VR process.
2. This client and I both feel confident that our current activity in the VR process is useful.
3. I believe this client likes me.
4. I have doubts about what we are trying to accomplish in the rehab plan.
5. I am confident in my ability to help this client.
6. We are working toward mutually agreed upon goals.
7. I appreciate this client as a person.
8. We agree on what is important for this client to work on.
9. This client and I have built a mutual trust.
10. This client and I have different ideas regarding what is important in the rehab plan.
11. We have established a good understanding between us regarding the kinds of changes that would be good for the client.
12. This client believes that the way we are working in the VR process is correct.