NEJRSP
NEW ENGLAND JOURNAL OF
RELATIONAL & SYSTEMIC PRACTICE

EDITORIAL: CREATING A MORE INTENTIONAL BEHAVIORAL HEALTHCARE SYSTEM

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In a recent *New England Journal for Relational and Systemic Practice* editorial, the authors invited us to think about psychotherapy as a commodity. From an economic perspective, commodities are understood as the raw materials used in the production of goods, while a product is the finished good. Commodities include concrete items—physical materials needed to design said finished good—and abstract items—time, energy, morale, and other intangible qualities.

So, what exactly are the raw materials that might go into creating a smarter, more intentional behavioral healthcare system?

One of the challenges with the field of psychotherapy is that the majority of the commodifiable items are abstract. Unlike the field of medicine, which has a variety of medical devices, psychopharmaceutical concoctions, and architectural structures (read: hospitals) to help diagnose, provide spaces for healing, and measure progress, the fields of psychology and psychotherapy rely on the subjective experience and reporting of clients and dialogical processes between client, client systems, and professional. While the psychological community has developed numerous assessment tools to track responses to trauma and constructs such as anxiety and depression, the process of change is prone to recidivism, especially when the field of psychology invests in first-order change, such as psychometric testing and coping skills, which may be more measurable, but are less consistent in providing the long-term change that second-order change, making changes to the family system (however we define family), can be.

For trauma survivors, for instance, we have a decent understanding of the neurological processes that lead to panic attacks, pain, and other symptoms. However, the variables that create such conditions are infinite, particularly given the uncertainty that exists in the lives of humans, and inconsistent, as one context may create physiological symptoms of anxiety one day, but not the next.

ISSN: 2692-840X |

And that's before we get to the process of family and relational therapy, in which the variables increase between two-fold and ten-fold, depending on the number of people in the immediate family system.

Some of the abstract commodities in the field of psychotherapy are characterological. Therapists who practice effective empathy, nonjudgmentally, and curiosity are more likely to be successful. In fact, Lisa Grencavage and John Norcross (1990) discovered that approximately 40% of clientele who experienced positive change as the result of psychotherapy gave credit to the therapeutic relationship, while only 15% gave credit to a specific intervention or series of interventions; through this research, they invite therapists to explore the common factors of change, centered around developing a positive therapeutic alliance, development of a safe space for exploration and catharsis, and processes for accessing hope. Scott Miller and others (2013) have designed assessments for therapists to evaluate the therapeutic relationship, providing therapist and client with a collaborative process for exploring psychological growth and success.

But there are other abstract commodities that have been ignored and avoided in our profession. Take time, for instance. A billable hour of therapy is not limited to the 45-60 minutes that a professional spends with a client; it includes reading, continuing education, treatment planning, construction of case notes, rest and recovery.

Energy is another abstract commodity that many in our community find lacking, especially given the increase of demand for therapeutic services as a result of the COVID-19 pandemic. We predict this demand will continue for the next decade as families recover from the systemic adjustments (including, but not limited to educational, social, and technological systems) necessitated by the pandemic. Therapists in community mental health agencies are expected to see between 26-32 clients per week in order to maintain healthcare benefits, a process that preceded, but was also enhanced by the pandemic; now, many therapists in private practice have had periods of keeping similar caseloads. Therapists are leaving the profession in droves, and many of the therapists that remain understandably have minimal energy to engage in the development of the field of psychotherapy.

So what if we extended the work of Grencavage, Norcross, and Miller into the construction of the profession of psychotherapy? What if we thought of commodity as a behavioral healthcare system that provides a compassionate and effective experience for the clients it serves, as well as one that is responsible for the commodities that facilitate positive holistic lives of clinicians and staff who provide the care?

I can't imagine that there would be much disagreement on the benefit of such a system, yet to accomplish such a goal requires an agreement that there are things that we can do that move us towards the goal of creating a smarter, more effective system. What are the relational practices that might move a behavioral system in that direction? How do we identify and practice these qualities together?

References

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