

GUEST EDITORIAL

For the development of a pluralistic and person-centered mindset among mental health practitioners

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Introduction

Rather than adhering to delivering psychotherapeutic treatment within any given 'traditional' unitary model, practising pluralism "is based on a philosophical and ethical commitment to valuing multiple perspectives" [1]. While the field of mental healthcare has traditionally trained psychologists to practise within a specific approach, there is evidence that the quality of treatment can be improved by blurring theoretical barriers and reaching outside of a singular preferred method to integrate aspects from multiple approaches [1-4]. In psychiatry, however, where the inevitable cross-sectioning of disciplines should encourage pluralism, the literature indicates that practitioners often fail to engage in more person-centered practices, vastly favoring bioreductionism [5-8] and many psychiatrists have even been highly critical of the need for a biopsychosocial approach at all [9-11].

In a world where we are witnessing an increased blending of cultures and creeds, the need for adjusting mental health treatments and making them administrable to a larger and mixed population is essential [1,2,10]. From a psychotherapeutic perspective, Wilk [12] argued that, "pluralistic theory and practice in counselling psychology has immense potential to continue expanding, incorporating models and core competencies that can welcome every kind of client into the therapeutic room". While there is certainly a strong mantra in the social sciences towards increasing the generalizability factor in our research and practice [13], we cannot negate that human beings are all unique, nor the fact that how they are approached can define how they react, participate, adapt and grow. Psychologists should therefore be trained in the art of method-making and method implementation, rather than just excluding potentially favorable aspects of other existing models proven to be more appropriate in certain

circumstances than practitioners' preferred 'go-to' options. There should also be a strong inclination towards accenting the importance of multidisciplinary collaborations, in order to best address not only the needs, but also the preferences, of the individual patient. Ultimately, such a clinical stance would encourage practitioners to engage in more person-centered care, through accenting active listening, conveying empathic responding and promoting participatory attitudes in patients - all factors related to positive treatment outcomes [10,14-17].

The Importance of Practitioner Flexibility in Clinical Interventions

In therapeutic settings it is unarguable that every patient encountered will be unique, will possess their own personality and come with their own set of individual differences [18]. As practitioners, it is important to acknowledge and to continuously be highly aware of the fact that people share, explore, learn and adapt in different ways, to different degrees and at different paces. Being flexible and showing willingness to adapt and adjust each therapeutic experience to best serve the individual needs of a patient's specific characteristics is imperative and unequivocal in providing quality care and is also associated with positive treatment outcomes [19-22]. As Levitt and Piazza-Bonin [23] astutely noted, clinical wisdom is dependent on increased "tolerance for ambiguity and vulnerability". A high capacity for managing these mental states is essential in mental health practitioners, both in maintaining their own wellbeing and in being able to cultivate and positively influence the wellbeing of others [24,25]. Practitioners must make efforts to increase their awareness of their own clinical limitations, their prejudices and their opinions and attitudes towards specific types of

patients and their presenting problems, in order to insure that all efforts are made to help the patient as best possible [10,26,27].

A certain level of ambiguity is natural to human existence, as there will always be multiple factors at play in any given situation, at times creating acute contradictions or confusion. Mental health practitioners need to be astutely aware of ambiguity in their patients, as it is inevitable that there will be cases where there are many loose threads, or where no specific therapeutic course is ideal. A thorough understanding and acceptance of the complexities involved in human behavior and in psychopathologies is essential in coping with professional stress [21,23,25,28]. Considering a more pluralistic approach may assist practitioners in being more flexible in these cases and help them in determining the best possible path to pursue with their patient - while still adhering to an evidence-based framework [29]. There is no universally standard course of therapy and no matter how much we may believe we are prepared, accepting the fact that we will never know enough to react perfectly in every case, with every patient, every time, is an imperative step in a practitioner's personal development and growth [24]. Even in manual guided treatments, the active responses and flexibility of the practitioner play an important part in a patient's healing [30]. Nevertheless, when adapting specific interventions in the effort to be flexible and considerate of the perceived needs of a patient, it is important to be cautious and ensure that any steps are carefully considered and in keeping with evidence-based practice, in order to avoid harmful effects [21,31].

The above-mentioned considerations are important not only in the safeguarding of patients, but also in ensuring practitioner wellbeing. Hellman *et al.* [28] reported that practitioner rigidity is likely to result in increased stress related to the therapeutic alliance, professional insecurities and complicated patient behaviors, such as "psychopathological symptoms, suicidal threats, and passive-aggressive behaviors". When working with complex and sensitive issues such as trauma, the elevated tolerance towards ambiguity needed and the prolonged uncertainty involved can be difficult to process, potentially leading to an increased sense of helplessness and anxiousness in practitioners [32,33]. Levitt and Piazza-Bonin [23] contended that highly competent practitioners should be at ease with interpersonal vulnerability and open and aware of how they are affected by the patient-practitioner relationships they engage in, in order to increase their understanding of patients' "relational, emotional, cognitive, and behavioral patterns and appreciate the slow progression toward clarity and the importance of patience". Being flexible, patient and tolerant of the difficulties that patients face in their daily struggles with their ailment eases the process for all involved, while simultaneously conveying a supportive, understanding and accepting attitude on behalf of the practitioner.

The Risks in Rigidity Towards 'Traditional' Non-Integrative Practices

Budd and Hughes [34] argued that the practice of a unitary approach such as cognitive behavioral therapy, "ignores the variability and complexity of the symptoms of people [...], and that it also ignores the psycho-social factors maintaining the symptoms". For this reason, in providing adequate treatment, it should be advocated that practitioners conduct individual in depth analyses of each patients' needs and then implement the techniques most appropriate to treat their distress symptoms, in order to truly elicit change in problematic behaviour [34]. Failing to encourage professionals to actively explore and implement techniques stemming from multiple sources could result in an indoctrination of sorts - where looking further than one's own field and training is simply not considered, even when it would appear to be favorable for the patient [1]. Being restricted by theoretical principles can result in psychological reductionism and therefore today's unitary mindset should evolve to accommodate critical analysis of patients needs, expanding beyond any singular approach or method of practice.

Remaining integrative in one's approach assists in facilitating evidence-based practice. Vespia, Sauer, and Lyddon [35] noted that "counselling psychology has a long history of integrating science and practice in training" and while it could be argued that unitary approaches are tested with more rigor, or that mixing approaches does not necessarily result in better outcomes [9,36], as all patients are ultimately unique, it is impossible to be certain that any specific treatment will be equally effective at all times in practice [1,37]. While practising pluralism could be seen as an approach in itself, it could be argued that rather than a specific approach, pluralism should be seen as an essential mindset facilitating the delivery of evidence-based practice. In analyzing the scientist-practitioner model, Blair [38] argued that practising science-based psychological therapy requires acquiring knowledge and skills in the process of exploring science-based approaches and "demands that counselling psychologists learn the art form of combining and integrating these skills in a coherent manner". Similarly, adhering to practising within a pluralistic and person-centered framework requires cultivating extensive and substantive knowledge on existing evidence-based approaches, as well as astute skill in implementing said knowledge, in the effort to actively tailor treatments to suit the individual needs of each patient encountered.

Conclusion

The psychological profession riles against bioreductionism [5,7,8,10], yet religiously following unitary approaches insures the perpetration of reductionist practices. When entrusted with the noble task of helping individuals in a time of extreme vulnerability, the refusal of practitioners to include techniques from other methods that could improve

the care provided should not only be considered counterproductive, but also highly unethical. Nonetheless, one should remain hopeful, as an increasing number of practitioners “identify themselves as eclectic/integrative and express interest in learning how to be more integrative in their therapeutic practices” [39]. We cannot disregard the need for stepping outside of our own perceived methodological limits, in order to work with what works best for our patients. When a mental health practitioner bears knowledge of more adequate ways of approaching a patient’s problems, remaining silent due to personal biases is simply inexcusable and, furthermore, it fundamentally violates our oaths as care providers [40].

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