

Teamwork for complex clinical situations in psychotherapy: Introduction to the issue

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Abstract

This in-session issue is focused on psychotherapists involved in and performing teamwork practices. Specifically, five teamwork-based psychotherapy interventions are illustrated as solutions for complex clinical situations drawing from multiple theoretical approaches (narrative, systemic, cognitive behavioral, and integrative) and applied in different health care provision settings, ranging from psychotherapy private office to a multidisciplinary oncological service. The contributions try to cover a diversity of presenting problems: separating couples, gang involvement, schizophrenia, cancer and suicidal ideation, bipolar disorder; and formats of delivery such as couple therapy supervision, family therapy, multidisciplinary team formulation and interprofessional health psychology. Three main shared coordinates underlie the diversity of interventions: (1) Considering that psychotherapy is just a piece of a broader network of interactions and meanings generated around a given problem/solution and, thus, it is part of an ecology of ideas (ecological dimension), (2) Assuming interdependence and collaboration as the best strategies to interact with professionals and significant others involved with a given problem or solution (collaborative dimension), and (3) fostering a strengths-based case formulation (epistemological dimension). The issue aims at enriching practitioners' toolbox willing to incorporate team-based interventions as part of their range of professional competences.

KEYWORDS

case illustration, mental health, psychotherapy process, teamwork

1 | INTRODUCTION

Difficult clinical situations are one of the strongest sources of inspiration that invite practitioners and researchers to embark into the adventure of expanding the limits of the art and science of psychotherapy. In the same way that routine practice has challenged us to overcome the paradigm of treatment specificity (a specific protocol for a specific disorder) and develop a transdiagnostic ambition (Cuijpers et al., 2023), the complexity of certain clinical situations encourages us to transcend the dominant one-to-one individualistic mode of delivery and try to put into practice effective teamwork interventions in psychotherapy. The present issue brings together several examples of team-based psychotherapy interventions with the hope of enriching psychotherapists' toolbox. The authors' contributions are contextualized in differential settings and type of (mental)health service provision as well as from different theoretical approaches with the intention of making the issue as more comprehensive and inspirational as possible.

In the following paragraphs, a brief overview of key considerations for effective teamwork in health is provided as a frame for situating the different contributions within the issue. It is important to note that the issue is not addressed to managers, policy makers or heads of departments looking for team management knowledge but rather to psychotherapy researchers and practitioners willing to understand and incorporate team-based interventions as part of their range of professional competences. We consider that teamwork has been an unfairly neglected issue in psychotherapy research and that most of literature has been addressed from a policy and management perspective. Each of the five papers in the issue covers a specific teamwork intervention intended to solve a complex clinical situation. Its application is illustrated by a case example either with a client, a couple, or a family, explaining the dynamics of the teamwork, its advantages and complexities.

2 | EFFECTIVE TEAM WORKING IN HEALTH

Teamwork in health is regarded as a practice in which different professionals and/or concerned community people work together in an integrated manner to improve the delivery of care (Reeves et al., 2010; Tomizawa et al., 2017). Ideally, their members share a group identity around a common vision and assume some degree of interdependence to achieve their goals. Research exploring what aids and hinders the process of multidisciplinary and interprofessional teamworking concur in a simple but essential idea: putting the patient at the center of the discussion reduces tension and misunderstandings among the team members and favor effective interprofessional collaboration. Nevertheless, teamwork is not an easy task and can be either fulfilling and powerful or frustrating and enfeebling. A team is as stronger as its weakest link and often it takes just one person not collaborating to derail the efforts of everyone else. Some studies showed that it is difficult to achieve effective teamwork, and that a significant percentage of health professional errors has been attributed to communication breakdowns caused by lack of effective teamwork (Oflaz et al., 2020; Stark et al., 2002). At the same time, the power of a well-articulated team cannot be compared to any kind of individual intervention. Research in health settings has shown that the use of effective multidisciplinary in-hospital teams improves patients' outcomes, limits adverse events (e.g., morbidity/mortality), reduces length of stay, and favors patient, family, and healthcare workers satisfaction (Epstein, 2014).

Teamwork is also recommended in mental health care literature as a key strategy to offer comprehensive treatments to clients presenting with severe or chronic mental health problems. Although most hospital services and mental health facilities contemplate multidisciplinary teamworking, there are a great discrepancy in the proportion of people that would benefit from this kind of intervention and the proportion that actually receives them (Kazdin, 2017). Furthermore, effective multidisciplinary work is more challenging in mental health care services because the boundaries of roles among mental health professionals (nurses, doctors, clinical psychologists, psychotherapists, social workers, etc.) are more uncertain and ambiguous than in other health areas. Research has indicated that difficulties in achieving effective teamwork in mental health facilities are often associated with differences in professional training background, lack of communication, power imbalance, and lack of shared

decision making (Fleury et al., 2018). Oflaz et al. (2020) researched the subjective perspective of mental health workers about the possible reasons of the failure to achieve teamwork. Their findings suggested that, although mental health professionals used similar concepts when explaining teamwork, they had different ideas about how to shape and perform it. Sharing the tasks and mutual acceptance of roles were the factors most stated as necessary for achieving effective teamwork whereas avoidance to take responsibility, strict hierarchy, underestimating the roles of other team members, personalization of problems, an inadequate number and qualification of staff, and a rapid staff turnover were remarkable perceived obstacles.

Most of teamwork research on mental health has been conducted on in-patient hospital and community mental health facilities. However, we cannot overlook that the vast majority of psychological treatments are administered in private settings under the one-to-one therapy model of delivery. This form of delivery is considerably different from multidisciplinary facilities. It is usually provided in a private practice office, in the context of a privileged relationship of a client (person, couple) with a mental health professional that often assume the whole treatment responsibility. This dominant format of treatment delivery prevails because clinical practice, graduate and postgraduate training programs, and psychotherapy research draw heavily on this model (Kazdin, 2017). Considering this framework is not surprising that teamwork remains as an uncommon practice and research topic and that an individualistic approach to treatment rules in routine private psychotherapy.

The one-to-one model has proven to be an effective modality for delivering evidence-based treatments. There is no need or claim to replace it or eliminate it. Remarkable progress has been made in developing psychotherapy with such delivery model for a wide range of psychological problems for children and adults alike. There are effective well-established treatments for most common mental health problems, such as depression, anxiety, and even for more severe conditions like psychotic symptoms. Still, the practice-research gap remains unsolved, especially for complex clinical situations. Evidence-based treatment protocols derived from randomized controlled trials usually exclude comorbidities and complexity to maintain control. Thus, treatment manuals derived from research have limited applicability in routine practice with complex clinical situations (Willemsen, 2022). Furthermore, the pertinence of results from efficacy studies for clinical practice is often questionable (limited external validity). Therefore, what can psychotherapists do when what it is validated is not valid for stuck cases? Teamwork, in all its various forms, can be a partial answer, either as a supervision, as a multidisciplinary collaboration, as a consultation, or even as a well-articulated referral.

3 | CONTRIBUTIONS IN THIS ISSUE

In the present issue, we aim at enriching psychotherapists' toolbox by presenting five teamwork-based psychotherapy interventions, applied in different settings (private office, community facility, in-patient ward, oncologic hospital), and from different theoretical approaches (narrative, systemic, cognitive behavioral, and metacognitive). Each contribution is illustrated by a case example of how a team-based intervention was used to face a difficult clinical situation. Altogether, they try to cover a diversity of complex situations: separating couples, gang involvement, schizophrenia, cancer and suicidal ideation, bipolar disorder; and formats of delivery such as couple therapy supervision, family therapy, multidisciplinary team formulation and interprofessional health psychology.

Despite the disparity on the content of the contributions, they all share three underlying core assumptions for effective teamwork practices: (1) an ecological dimension contextualizing the role of psychotherapists within the professional and social networks determined by a given problem or solution. This dimension implies an understanding that we, as psychotherapists, are just one node contributing to and within a wide network of interactions and meanings of a specific client, (2) the collaboration dimension highlighting the strategical interdependence derived from the ecological dimension. That is, that we can strategically take advantage of belonging to such network by adopting a "one adding to the whole" perspective instead of an omnipotent "one against everything" attitude or a disconnected bubble mode, and (3) an epistemological dimension fostering a

shared strengths-based case formulation (vs. deficit focused formulation) when addressing complexity, resistance, and chronicity.

The first paper, "Reconnecting with relational values in highly conflicted separating couples: A narrative therapy-informed relational interviewing teamwork-based supervision approach" (Montesano et al., 2023, this issue) demonstrates a five-step supervision method using an evolved version of the one-way mirror reflecting teams (Andresen, 1991) in a community-oriented family therapy center. First, the authors outline the theoretical principles of their novel relational interviewing approach (Madigan, 2017; Montesano & Ness, 2019) based on the reconstruction of preferred relational values to dissolve enduring conflict. Then, they guide the reader through each of the five steps of the teamworking process. The dynamics, tasks, and effects of each phase are illustrated as applied to a conflicted couple with different signs of complexity: they were struggling with the grief process for the loss of their older son, bearing infidelity issues, polarized about economic issues precluding any kind of separation agreement. If couple therapy itself is one of the most difficult modalities of psychotherapy, the coordinates in which this couple was finding themselves posed a great challenge even for the most experienced psychotherapists. The article explains how taking a relational interviewing team-based perspective made the difference for this couple and for the team.

The second contribution is "Breaking Free from a Gang Lifestyle: The Use of a Solution-Determined Collaborative Team to Help Transform a Challenging and Complex Adolescent Case Situation" (Selekman, 2023, this issue). In contrast to the systemic concept of the problem-determined system (Anderson et al., 1986), which refers to the creation of a net formed by everyone who is concerned with a specific case, Selekman brings in this paper the tactic of conforming a solution-determined collaborative team. This is comprised of the very willing family members, as many of the involved helping professionals as possible and the family's identified key resource people from their social network. All of them working together with the spirit of a sports team, sharing the mission of co-generating multiple high-quality solutions. The author explains the mechanics of recruiting solution-determined collaborative team members and the role of the hosting therapist in coordinating it, as well as the rationale for considering why this team-based intervention seem to be so promising when working with complexity, chronicity, and cases with multiple professionals involved. Selekman details session by session the change process of Jorge, a 14-year-old with a long history of gang involvement, and his family who were referred to him by Jorge's probation officer.

The third paper title is "Using CBT interpersonal team formulation on mental health inpatient wards" (Berry & Hartwell, 2023, this issue). Team formulation involves an intervention with a multidisciplinary team (and often also the user of the service), to support them to develop an empathic understanding of service user's needs and difficulties, facilitating compassionate care, and collaborative, strengths-based care planning (Association of Clinical Psychologists, 2022). Promising evidence has already been found for team formulation as an intervention to improve quality of care in inpatient settings (Berry et al., 2017, 2022). In this paper, the authors illustrate the process of the team formulation method with a multidisciplinary team of an in-patient mental health unit in charge of a middle-aged patient with longstanding mental health difficulties, a current working diagnosis of schizophrenia and a disturbing behavior within the ward. In the paper, it can be read how a self-reinforced vicious circle of misbehavior leading to worse care and vice versa, was changed towards a virtuous circle of compassionate care coupled with improved behavior. The reader will find very valuable the way in which challenging interpersonal behavior is re-conceptualized and transformed into meaningful messages and how specific interpersonal responses are devised within the team formulation process.

The fourth paper by Heyda et al. (2023, this issue) is focused on a multidisciplinary team working with an oncologic patient dealing with a diagnosis of advanced head and neck cancer. He was experiencing acute psychological distress and expressed alarming suicidal ideation due to cancer-related symptoms and treatment consequences during chemoradiotherapy. The authors describe the interprofessional collaboration needed to protect patient' integrity and prevent self-harm impulses. The role of psychotherapists within this health context is portrayed.

The fifth contribution, "Delivering effective combined treatments in mental health settings with difficult-to-treat patients: a Bipolar Case Study illustrating the role of teamwork and other mediators" (Scherb & Kerman, 2023, this issue), focus on the psychiatrists -psychologist pairing, which supposes the cornerstone of mental health in

most countries. Indeed, combined treatments, meaning psychological and pharmacological interventions, are the rule of thumb for patients with severe disorders. Even though this is a widespread clinical practice, the science underlying combined treatments remains largely underdeveloped (Tucker, 2003). Research about combined treatments mainly addresses the issue of treatment adherence to medication and the impact of psychological interventions in facilitating that goal (Totura et al., 2018), but the collaboration between psychiatrist and psychologist itself has received very little attention. In this paper, the authors describe a successful combined treatment in the context of a prepaid insurance company. The patient was a woman diagnosed with a Bipolar II disorder, previously classified as a nonresponder or difficult to treat patient that, however, showed a positive outcome after treatment and at a 2-year follow-up. The paper focuses on the implementation of integrative cognitive-behavioral and systemic interventions. The authors describe the therapy process and the inter-professional coordination between the psychotherapist, the psychiatrist, and the family therapist.

The last contribution is a commentary of all the papers providing a review and identifying points of convergence and divergence, and discussing about the central idea that, especially with complex clinical situations, we must overcome the traditional client-therapist perspective and include the professional and relational network of the client in our interventions to catalyze and ensure the construction of therapeutic change.

Training professionals in teamwork practices might play a crucial role in making psychotherapists more aware of the limits of their influence and optimize their role in the context of the relational ecology (psychotherapy as a node contributing to a wide network of interactions and meanings determined by a problem or a solution), the collaborative attitudes (interdependence and collaboration as the best strategies to interact with the network), and the strengths-based case formulation of a given complex clinical situation. Research underpinning clinical practice must recognize these dimensions of psychotherapy highlighting the need of interprofessional collaboration and social processes of meaning-making and recovery in therapeutic work with complexity. This awareness raise can be an antidote to the silo effect of modern health provision and lessening the awkward revolving door phenomenon of people struggling with complex problems.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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