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Abstract

Psychology has been remarkably successful as a scientific discipline and field of clinical practice. Despite its remarkable growth, however, the field has also experienced substantial conflict and controversy. There has been great diversity in the approaches counselors and psychologists have used to understand development, psychopathology, and the goals and processes of psychotherapy. This has led to large numbers of conflicts and controversies that have distracted the field from its primary purposes. A biopsychosocial approach has the potential to bring the field together around a unified science-based framework for understanding mental health practice that will avoid these conflicts.

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1. Introduction

Psychology has been remarkably successful as a scientific discipline since its founding in the late 1800s. The application of psychological science in clinical practice has also been tremendously successful in the last half of this period as well. Already in 1961, E. L. Kelly, the past president of the American Psychological Association Division of Clinical Psychology at the time, declared that the growth of clinical psychology was “well nigh phenomenal. Before World War II, clinical psychologists were few in number, poorly paid, and had but little status...Ours is a success story without counterpart in the history of professions” (p. 9). Clinical mental health counsellors and psychologists played a small role in health care before 1945 when the first licensure law for psychologists was enacted in the U.S. Since then, the mental health field has grown dramatically and now plays a major role in health care and social services in the U.S. and many other countries (e.g., there are now over 85,000 licensed psychologists and over 400,000 master’s-level practitioners in the U.S.; Duffy et al., 2006).

Despite its remarkable growth over just a few decades, however, the mental health field has also been marked by significant controversy and conflict. The source of much of this conflict derives from the tremendous complexity of the subject matter involved. Understanding the precise nature of human psychology and the process of therapeutic change have proved to be formidable challenges for behavioral scientists. Research over the past century has provided reliable explanations for many psychological processes, but other aspects of the tremendous complexity of human psychology have been extremely difficult to unravel and are currently understood only in broad outline. This

is particularly true for the more complicated psychological and interpersonal processes that are often the focus of psychotherapy. Detailed descriptions of many basic psychological processes are widely accepted (e.g., sensation, perception, the basic processes of cognition, affect, learning, and development), but there remains a great deal to be learned about highly complex processes such as the development of personality, the causes of psychopathology, the nature of intelligence and personality, the prediction of future behavior, and the mechanisms that account for psychotherapeutic change.

As a result of the extraordinary complexity of human psychology and the limits of scientific research to unravel that complexity, there has been great diversity in the theoretical orientations used to understand psychological development and functioning and the goals and processes of counseling and psychotherapy. Across its entire history, the field has been characterized by deeply conflicting and competing theoretical camps and schools of thought. There has been a trend toward identifying compatibility and integrating theoretical approaches in recent years, and conflicts between schools and camps has lessened significantly (Goodheart & Carter, 2008, Cummings, 2005; Magnavita, 2008; Norcross, 2005). Nonetheless, the field is still characterized by substantial diversity in the conceptualization of psychopathology and its treatment.

The mental health field is currently undergoing an important transition, however. In recent years, research examining several aspects of psychological development and functioning has been progressing steadily. Remarkable advances in areas ranging from genomics and the neurosciences to sociocultural factors are improving our understanding of many aspects of psychological development and functioning. Extensive research is also verifying the effectiveness of psychotherapeutic interventions at a level that compares favorably with medical, educational, and other types of interventions. The validity of these various research findings also is not being challenged like it was in the past because the quality of research methodology has improved.

As the field moves into what may be a new period in its development, it is important to revisit the basic frameworks that are used to conceptualize mental health education and practice. These foundational conceptual frameworks have a major impact on educational curricula, accreditation and licensure standards, and practice guidelines. The profession also needs to ensure that the knowledge and skills that counsellors and psychologists apply in their clinical work are current and consistent with recent scientific and clinical developments. Given the recent evolution of the field, now is an important time to reexamine these issues.

There are several indications that the basic frameworks used to conceptualize mental health education and practice need to be updated. A number of problems and sources of confusion encountered in the field stem from the use of these frameworks. To illustrate this point, some of the developmental milestones involved in graduate education in the field will be briefly reviewed.

2. Traditional Approaches to Mental Health Education and Practice

Students of psychology are familiar with the wide variety of theoretical orientations that have been developed to explain psychological development, psychopathology, and psychotherapy. Very early in their coursework, students also learn that these orientations are typically based on an array of assumptions or first principles that presented quite different views on the nature of human psychology (e.g., fundamentally conflicted drives in the case of psychoanalysis, a blank slate in the case of behaviorism, an optimistic self-actualizing tendency in client-centered therapy, a postmodernist constructivism in solution oriented therapy). These widely varying perspectives on fundamentally important aspects of human nature naturally gave rise to disagreements regarding the validity of the differing approaches. The phenomena under study in psychology are tremendously complex, so it would be expected that many different approaches to understanding those phenomena would be proposed. Nonetheless, a bewilderingly diverse array of over 400 different approaches to understanding personality, psychopathology, and/or psychotherapy have now been developed (Corsini & Wedding, 2008).

This complicated educational landscape can be quite challenging for students to navigate. In addition to the many irreconcilable conflicts between the available theoretical orientations, new orientations continue to be developed. There has been significant growth in terms of integrative and eclectic approaches (Norcross, 2005), and completely new approaches continue to be developed (e.g., acceptance and commitment therapy, positive psychotherapy, personality-guided relational psychotherapy; Hayes, Strosahl, & Wilson, 1999; Magnavita, 2005; Seligman, Rashid, & Parks, 2006). The shortcomings and weaknesses of these various approaches are commonly discussed in students' textbooks, and controversies regarding the validity of particular approaches are well known. Students also notice

that few of the theoretical orientations incorporate recent scientific findings regarding the biological functioning of the human mind and brain, and many do not fully integrate the impact of sociocultural influences on behavior and development. And yet a comprehensive scientific approach to understanding human psychology would seem to require that all these influences be integrated into one's theoretical orientation for understanding human development, functioning, and behavior change.

Despite the very complicated and confusing professional literature they are studying, students nonetheless need to identify a theoretical orientation that they will use to organize and structure their approach to clinical practice. If their faculty do not inform them about which theoretical orientation would be the "correct" one to select, students are typically advised to choose one or perhaps more of the available orientations on their own. Students are normally quite practical about this very important selection. Choosing an orientation that is not one of the most frequently endorsed approaches can seriously decrease one's chances of obtaining required practicum and internship placements and later employment positions. There are major incentives to choose one of the most popular orientations even if it is judged to be inferior for particular purposes.

These issues raise challenging questions not only for students entering the field, but also for the strength and coherence of the theoretical foundations of the profession itself. It was perhaps inevitable that the rapid growth and development of the young discipline of psychology would lead to a variety of different perspectives on human psychology. There is now a large scientific literature, however, regarding the interaction of biological, sociocultural, and psychological influences on developmental and functional outcomes. These recent scientific findings need to be integrated into the conceptual and theoretical frameworks that the field uses to organize education and practice in professional psychology.

It is time for the profession to systematically address these questions. Indeed, one could argue that the need to resolve these issues is growing critical. The movements toward evidence-based practice and competency-based education along with the growing scientific understanding of human psychology and the current economic climate within health care are creating steadily increasing pressure to resolve these issues. The lack of a common framework for conceptualizing mental health practice introduces confusion and inefficiencies for students, accreditation and licensure bodies, professional organizations, universities, governmental bodies, insurers, as well as the general public. None of this benefits the profession or the public we serve.

3. Two Critical Issues Needing Resolution

Reaching the point when clinicians from across the specializations and theoretical camps can endorse a common, unified framework for mental health practice will require a level of consensus within the field that has never before existed. In order to reach this type of consensus, common ground from across the theoretical orientations and practice areas needs to be identified. There are also two fundamental issues that need to be resolved before consensus is likely to develop regarding the viability of a unified framework for the field.

One of these issues concerns the scientific basis for psychological practice. At first glance, it might seem unnecessary to raise questions about this issue—many would argue that the scientific basis of professional psychology is self-evident, and it is not useful or helpful to raise questions about this point. Nonetheless, the sheer complexity of human psychology means that we currently possess only incomplete scientific descriptions regarding many important aspects of psychological development, functioning, and behavior change. Many psychological processes are only understood in broad outline, and the causes as well as the cures for many psychological syndromes and disorders are not clear at this point. On the other hand, however, answers to these questions are steadily becoming more complete as research methodology improves and research findings accumulate. A unified conceptual framework for the field may not be possible until there is consensus regarding the adequacy of these findings for explaining psychological development and functioning.

The adequacy of current scientific explanations for understanding human psychology and mental health care is obviously an extremely complex topic. There have been two main approaches to understanding the complicated development and evolution of scientific fields which will be just briefly noted here. From the perspective of the history of science, Thomas Kuhn's (1962) *Structure of Scientific Revolutions* has been the most influential approach to understanding the evolution of scientific fields in the U.S. He found that there is normally great competition between competing proposals for understanding phenomena within a field before a paradigm is established that provides satisfactory answers for understanding those phenomena. The second main approach to understanding the

evolution of scientific fields emphasizes the impact of increasingly powerful and precise tools available to conduct science (e.g., Crump, 2001; Mitchell, 2009). These would include both technological tools, such as the telescope and microscope and more recently gene sequencers, as well as conceptual tools such as calculus and statistics and more recently structural equation modeling.

From either perspective, there has been major progress in understanding human psychology in recent years, and the pace of scientific advances in several areas (e.g., genomics, cognitive neuroscience) has been truly remarkable. As a result of the development and refinement of new conceptual and technological tools (e.g., mathematical modeling procedures, computer hardware, genetic sequencers, high resolution brain imaging machines), researchers are now able to directly examine aspects of human development and functioning that simply could not be observed in the past. Important advances are occurring across all the biopsychosocial domains. For example, instead of speculating about possible links between current human characteristics and our evolutionary past, for the first time it is now possible to actually verify and disconfirm testable hypotheses regarding these connections (Lumsden, 2005; Wade, 2006). In the realm of cognition and emotion, new magnetoencephalography imaging machines with much improved spatial and temporal resolution are allowing researchers, neurosurgeons, and other clinicians to examine neural processing within the brain in far greater detail than was possible in the past. Research has advanced regarding many sociocultural factors as well. Large bodies of empirical findings have accumulated at many levels, from the nature and consequences of the infant-mother attachment bond (e.g., Cassidy & Shaver, 2008; Mukilincer & Shaver, 2007) to the impact of ethnicity and culture (e.g., Suzuki, Meller, & Ponterotto, 2008).

Though detailed explanations of many psychological phenomena will require a great deal of additional work, the recent progress of research in the psychological sciences has been impressive. The question of whether the scientific underpinnings of psychology and mental health practice are now sufficiently strong for adopting a unified science-based theoretical framework for the field is certainly debatable. If one concludes that they are, however, what would be some of the implications of such an approach? At a very basic level, one of the most fundamental implications may be that a comprehensive approach that integrates psychological, biological, and sociocultural influences is needed to understand human psychology. There already appears to be widespread agreement on this point. Virtually any of our standard textbooks, along with our practice guidelines, accreditation and licensure standards, and the standards of practice identified by disciplinary bodies and malpractice courts emphasize that psychological, biological, and sociocultural considerations all need to be incorporated into psychological assessments and treatment planning (e.g., see APA, 2002, *Ethics Code* 2.01(b); APA, 2003, multicultural guidelines; APA, 2006, *Whole Person Statement*; APA, 2007, *Guidelines for Psychological Practice with Girls and Women*; Joint Commission for the Accreditation of Healthcare Organizations, 2006, *Provision of Care Standards*; Kaslow et al., 2007; Melchert, 2007). Indeed, these guidelines and standards suggest that failing to take a comprehensive approach such as this can result in incomplete case conceptualizations that can be ineffective and potentially even deleterious. Therefore, there appears to be consensus at this point that the highly complex nature of human psychology cannot be understood without taking a comprehensive, integrative, biopsychosocial approach. Consequently, the biopsychosocial approach may be able to form the basis for a unified conceptual framework for the mental health professions.

A unified framework for the field requires more than just clarity regarding its scientific underpinnings, however. Such a framework also requires consensus regarding a definition of the field that identifies the nature, scope, and purposes of professional mental health practice. Some of the confusing aspects of mental health education and practice noted earlier in this paper derive from the lack of clear official definitions of the profession.

At a very basic level, there are important differences between conceptualizing mental health care in terms of a service that individuals are free to purchase and conceptualizing them as health care services. If the mental health field is conceptualized as primarily a service industry where individuals can purchase services to meet their needs and preferences, then individual customers hold the primary responsibility for their choices. For example, a client who feels depressed can choose from the variety of services available for addressing depressed mood (e.g., Cognitive Behavioral Therapy, online positive psychology, antidepressant medication, or St. John's Wort herbal treatment). From this perspective, clients (or "customers") hold the primary responsibility for evaluating their needs, researching the treatment options, and then making the selection of the product or service they will use to address their needs.

On the other hand, when the mental health field is conceptualized as a health care specialization, the primary purpose of the field is to meet the mental health needs of the general public. This approach has important implications. Perhaps the most important is that health care interventions should be based on scientific evidence

regarding their safety and effectiveness. In addition, assessment and treatment planning are normally based on a comprehensive, integrative approach that considers the full range of psychological, biological, and sociocultural influences on development and functioning. From this perspective, counsellors would not conceptualize their client cases on the basis of a personally selected theoretical orientation, but would instead apply a comprehensive scientific perspective to understanding a client's development and functioning and then apply therapies that research and clinical experience suggest will be effective in particular cases. Another implication of the health care approach is the central role of professional ethics. The obligations to provide safe and effective care and to promote client welfare are higher when therapy is approached from a health care perspective as compared to a service industry perspective. Instead of clients holding the primary responsibility for choosing services to meet their needs, greater responsibility falls on the health care provider to provide services that are safe, effective, and promote the health and well being of clients.

4. Conclusions

The conflicts and divisiveness that have been pervasive across the history of the mental health field have distracted the field at times from its mission to promote mental health and human welfare. These conflicts have caused confusion among the many stakeholders in health care about the nature and purposes of psychological services, and support for these services has sometimes suffered as a result. Moving beyond these conflicts and adopting a common, unified conceptual framework for understanding human development, functioning, and treatment would have many benefits. This will require, however, a great deal of common ground that does not yet exist. There will likely need to be consensus regarding two important issues in particular. Without consensus regarding the adequacy of scientific explanations for psychological phenomena, counsellors and therapists will continue to rely on a variety of theoretical orientations to understanding personality, psychopathology, and psychotherapy. And without a commonly accepted definition regarding the nature, scope, and purposes of mental health care, health care stakeholders may be confused about the appropriate roles and responsibilities of counsellors and therapists. These are very complicated issues that involve many important details. They may need to be resolved, however, before consensus on a unified conceptual framework for the field can develop.

A science-based biopsychosocial approach to understanding human psychology and mental health treatment can provide a unified framework for the mental health field. The biopsychosocial approach is consistent with current scientific findings and is recognized around the world. It is also able to accommodate and integrate the wide variety of evidence-based practices into a common framework for organizing education and practice in the field. It appears to be the best approach currently available for providing a unified conceptual framework for the field.

A great deal of effort is needed to work out the details of a unified biopsychosocial approach to mental health care. The benefits of this effort could be substantial, however. Coming together around a common, unified perspective and purpose would allow mental health professionals to advocate with a unified voice for their clients and the profession. Time and effort could be expended toward important common goals instead of toward competing ones. Conflicts and disagreements can also be resolved more quickly and thoroughly when basic principles and purposes are shared.

It is time to consider leaving behind the era of conflicting theoretical approaches to understanding mental health practice and replace it with a unified science-based and health care-based framework for conceptualizing the field. This would represent a major break from some important traditional practices and would involve a major transition for the field. Nonetheless, the science and practice of psychology have progressed to the point where a unified approach to conceptualizing human development, functioning, and mental health treatment is now possible. Embracing such an approach will enable the field to continue on its remarkable trajectory of growth and development as a profession.

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