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## EQUITY IN THE AGENCY EXPERIENCE: AN INTRODUCTION

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**JEREMIAH GIBSON, MMFT; SANJAY GRANT, MA**

Editorial Team – *New England Journal of Relational and Systemic Practice*

**Jeremiah Gibson:** Hi there. My name is Jeremiah Gibson. I'm the Executive Director of the New England Association for Family & Systemic Therapy. We're a professional organization dedicated to providing the best continuing education and support for psychotherapists in Massachusetts regardless of where said therapist is in their professional career. In Massachusetts, after a therapist graduates with their master's degree, they commonly begin their paid career in a community mental health center, or colloquially known as agencies. Agency systems provide a number of great services for newer therapists. But there's also a lot of ways that agencies struggle to support the newest members of our profession.

Equity in the Agency Experience is a twelve-month weekly chat amongst people in the agency world that attempts to find ways to bring voices together so that folks from throughout the psychotherapy community, regardless of where we're at—if we're in private practice, professors, or in policy work—can figure out how to provide the best support for our newest therapists. Today, we're going to just talk about an overview of the mental health system. As we go along, we'll talk about processes, including the productivity model and how we might challenge that and think about different ways of defining success for therapists, explore how we can create effective supervision structures that ensure that our newer therapists are getting the access to best practice and not just using supervision for administrative purposes, and also discussing how we can provide self-care and support agency workers in setting effective boundaries with the work so they can have healthy relationships and healthy lives outside of the therapy process, as well as other things. So without further ado, I'm going to turn this over to my colleague Sanjay Grant. Sanjay is one of my co-editors on the New England Journal of Relational & Systemic Practice and this is a process that's put on in conjunction with the NEJRSP and NEAFASST as well. So, Sanjay, I'm going to turn this over to you, and also to our panelists.

**Sanjay Grant:** Thank you, Jeremiah. Thank you, everyone, for joining us. My name is Sanjay Grant and my background includes: I'm a licensed mental health therapist, I have practiced in

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agencies for the last fifteen years in various settings such as residential, in-home therapy, and out-patient. I currently work as the Program Director for an out-patient substance abuse program and I also work in private practice independently. I want to say thank you to all our panelists for joining us today and we'll go ahead and introduce ourselves.

**Porsche Lockett:** Hi, my name is Porsche Lockett. I have been working in community mental health agencies for the last nine years. I'm also in private practice. I have been in out-patient, in-home therapy, crisis, and supervision, and am currently balancing both of those worlds.

**Sanjay Grant:** Thank you, Porsche. Kelly?

**Kelly Olson:** Hi, my name is Kelly Olson. I'm a licensed Marriage and Family Therapist. I have been working in agencies for a very long time but since grad school it's been about six years. And within that I've done one-on-one therapy, in-home family therapy, I've worked in residential programs, and done some group therapy as well. I'm currently doing private practice.

**Sanjay Grant:** Thank you, Kelly. Emma.

**Emma Vukelic:** Hi, my name is Emma Vukelic. I use she/her/hers pronouns. So, I graduated in 2020, and since then have been working in community mental health in the greater Boston area and also for practicum and internship worked in agencies. I primarily do IHT and couples and family work while also seeing individuals. I also recently quit my job due to burnout so I'm in the place of privilege where I can take a little bit of a break and return to finish my hours prior to getting licensed.

**Sanjay Grant:** Awesome. Thank you, Emma. Natalie.

**Natalie Gadja:** Hi everyone. My name is Natalie Gadja. I have been in the field for the last five years, I think...something like that. It took a bit more because of the pandemic but I am here now. I have been licensed since December, so I am now Licensed Marriage and Family Therapist, I think like most of you here. I have worked with individuals, couples, with groups, and since last week, I am officially working for myself.

**Sanjay Grant:** Thank you, Natalie, and congratulations! Alrighty, so we'll go ahead and we'll start our discussion. Collectively we have years of experience in the agency world, and as Jeremiah mentioned earlier, there are a lot of positives that come from working in the agency world. So, let's start our conversation today talking about some of the positive experiences we've had in the agency world. Experiences that have helped you as developing yourselves as the therapists you are today.

**Kelly Olson:** I would say for me, I think, that one of the positive experiences that I had was just

the sense of community and support that I got working in an agency. I feel we work with really difficult cases, and having the ability to walk into someone else's office after a tough session to debrief or grab lunch created an amazing sense of community.

**Natalie Gadja:** I agree, that has helped me as well...not only do you feel like part of the community, but you also feel appreciated. No matter how hard the day was, I always felt I could get support if I needed it.

**Sanjay Grant:** Absolutely, so a sense of positive reinforcement in the moment has been helpful as you have supervisors on staff and even coworkers who are able to give you that real time feedback. Other folks with positive experiences. Porsche.

**Porsche Lockett:** In that same line of thinking, I'm not sure how it happened but when I started in agency work, about four other folks from my graduating class ended up at the same agency and there were also additional interns from William James College—so at one point there were eight of us in a staff meeting in different places in our career, and it was just really nice to feel like there was even a non-intentional bridge of all being together, being all in the same hallway, and being able to connect what we learned in school and then actively still being able to have the same support being in the same agency—which we didn't plan; it just worked out that way. And also feeling like we were able to hold each other accountable to what we were learning, what we were doing, and also seeing so many different things happening: so many different needs, and so many applicable moments that sometimes we just talk about in our graduate programs but don't necessarily get to see in person, but having all of those interconnecting things coming to fruition in front of us actively.

**Sanjay Grant:** One of the things over the years that we were able to develop in the agency where I work was to create a separate clinical team group for all the interns across the agency in the different offices just so they had that support, and where you talk about being able to bring back some of what you're learning in school versus what you're seeing in real life and how that plays out for an intern. I think that was definitely a valuable experience for our young interns. Any other thoughts or feedback? Emma.

**Emma Vukelic:** So, a couple different things in thinking about the positive experience: I definitely agree. I think the sense of connection in community was, kind of, what invited me to be able to take on the work that I was doing. I was lucky enough to have—anyone who was unlicensed was in a group supervision together, so I did an internship where I worked following grad school. So, I was brand new, started in the pandemic, totally virtual, didn't know anyone. And so, having those spaces for both connection and case consultation, if I didn't have that I probably wouldn't have lasted as long as I did where I was. I think also what I appreciated—I think this can be both a positive and a negative depending on the day—but I think, kind of being thrown into the fire, so to speak; I really appreciated kind of just jumping in and learning as I went, again, like

different need areas: ranges of diversity related to areas of identity and just really kind of taking it all on.

And I was really lucky to have really strong supervisors and supervision where I felt comfortable to be myself in those spaces, which I think really, kind of, helped me learn through each client. So, I think without that, you know, I wouldn't be the clinician I am today. I think, just, you know...for me, that was a plus, just kind of not knowing what I was doing, not having the time to overthink, and just kind of jumping right in and rolling with it. So, I think that's, you know, the connection points and the range of client presentations were two things that I felt positively about.

**Sanjay Grant:** I love that analogy of being thrown in the fire. I think, for most of us, that's definitely something we experience, and when I was thinking of some of the positives that I've gained over the years, crisis management was definitely one of them. When you work in a community setting you're almost forced to kind of learn crisis management and sometimes we don't have enough opportunity to have a supervisor or another coworker walk you through step-by-step; you kind of go into a situation and you learn as you go along. So, that's definitely one of the things that I would say has also been a positive. Other positives that folks are maybe thinking about.

**Natalie Gadja:** I think that something that came to my mind, I'm not sure who mentioned burnout, but I feel like I have heard this word so so much, especially in the last few years; it's just everyone seems to be burnt out. So, at some point it was like, "Ok, well if my friends are, if my peers are, if everyone seems to be burnt out, does that mean that I am too?" So, it does help to have a group of folks that you can say, "Hey, you know, I can't sleep, I don't seem to eat well, something's off." And they're like, "Yes, it could be burnout." It doesn't need to go to that far place where I need to drop my job, that there are ways for me to take care of me a bit more. That key term of burnout, I thought I would bring that up.

**Kelly Olson:** I feel like the community, the support, all of that stuff, it really depends on which agency you're at. I definitely did not get that at every agency I was at. But working at an agency—especially from my experience now being in private practice—you have a lot of really difficult cases and you're under supervision, and regardless of why you're under that supervision, you get it consistently for the most part. Having access to things like CEUs that are readily available and free and things like that—I think that's also something that's a big benefit to being part of an agency that you don't necessarily get being on your own.

**Sanjay Grant:** Absolutely. And that tuition-reimbursement that some agencies also provide is a nice incentive. One of the things that was also beneficial in the agency world was documentation: learning how to document properly. I can see the difference between someone who was taught in an agency setting versus someone who was taught in an exclusively private practice setting. Any final thoughts on other positive experiences that we may have experienced? If anything else comes

up feel free to share. We'll talk about some of the challenges that we have faced over the years, some of the situations that may have prompted our decision to transition out of the agency world as we move forward with our careers. So, what are some of those challenges that we have faced over the years working at agencies?

**Porsche Lockett:** I would say some of the consistent challenges were the constant change in administrative expectations that were handed down by insurance companies. I think that although we know it happens, we know it's important, it can just feel mundane after the most of your energy is going to providing good clinical work to the clients, making sure that their needs are met, making sure that you are as full as you can be to provide for also the immense amount of numbers of clients that we have. I don't know if that's common for folks across the board but just having so many clients, wanting to provide great services to all of those clients. And a lot of times a client is not just that one client; that client has a partner, that client has a family, that client has children, and you're also in some ways clinically helping in all those capacities too, depending on what's going on. And having to then have your paperwork, but then the paperwork changes and then the agency switches the system so they go from paper records to then, you know, electronic records and learning how to manage all those things. And some of the things that we're required to do administratively it's not necessarily what we learned at school but you still have to do that because it's a requirement of the agency which got handed down this information by the insurance company. And so, I think this is a cycle that, regardless of whatever your concentration is, if you're working in an agency—even in private practice, it is significantly less, however, it is that changing of the tides that can be just that last thing at the end of a workday that you're like, "Oh, that's right, got to circle back, got to make sure the notes are done, and done correctly."

**Kelly Olson:** Yeah, Porsche, to your point, I think it's awesome that agencies are really readily available to all of the clientele who need them but because of that I think they have a longer waitlist, like you said, just a larger expectation for a caseload. And I can remember supervisors in the past telling me, "Well, you have student loans to pay off so take on more clients and more cases," and, I find myself saying, "Oh my god, you're right. I do have student loans to pay off. I should take on more!" And just being really kind of overwhelmed with the amount of clients and, like you said, having to not just work with the clients but everything that comes with that. So, definitely I think the expectations for managing a lot of clientele was a big struggle.

**Emma Vukelic:** I'm going to build off both of those and try to keep the passionate part in me in check around this. I left a couple of months ago due to burnout and a lot of the challenges that we'll probably talk about right now are the reason—but I think at the end of the day, to me, it came down to the additional emotional labor on top of the clinical work that I was already doing that leadership and kind of the systems in place were expecting me to be able to hold. And not only, kind of, not feeling supported by people that were in positions of power but in some ways feeling like I'm working against them, you know, kind of going the other way and kind of adding things onto therapists and staff. In a system where we're already operating at one hundred and

twenty percent, I think that can become really taxing, along with the changing of the tides that you mentioned, Porsche, as agencies become more corporatized. My experience was agencies kind of hiding behind the excuse that, you know, this was industry standard and, “If other people are able to do this, why can’t you?” And, rather than asking the question of, “How can we support you in actually following through on I’m getting creative?” You know, even though all these systems are in place, like, “What are these small incentives that we can throw in to kind of help better support you?” And I think, you know, everyone’s spread so thin, right? Like, even if we have amazing supervisors, even if we have amazing colleagues and amazing clients, everyone is just spread so thin. And so I think that that trickled down into the clinical work that I was able to provide, and I never—you know, even just trying to be a good enough therapist, it felt really difficult to even make it to that benchmark for me, and just really feeling that the expectations of productivity—the word that we all love—I think also breeds a lot of shame for us as therapists, even when we feel like we are over-exerting ourselves and also who all of the systems that are based in, kind of, what is industry standard and what is, you know, considered productive. And I think, you know, even that word is based in this strong white supremacist culture, so I think all of these kind of systems are being created around that expectation in the sense of urgency and perfectionism and all of that. I think, you know, everyone’s spread too thin and I think it’s hard to feel supported and also have the bandwidth to support not only our clients but the people that we’re working with as well. Rant over.

**Sanjay Grant:** That was such a valuable point. Emma, that part where you talk about the word “productivity” and how that makes us have that shame factor wondering, “Am I being productive? What does it mean to be productive as a therapist? Is it reflective in my numbers? In my billable hours?” I think that it’s so powerful. And when we talk about industry standards: “This is what we do across agencies,” this is the expectation—and not hearing our clinicians and how counterproductive that is to the work that we’re supposed to be doing. So, I think that was such a valuable point. I just wanted to go back a little bit. Both Porsche and Kelly had mentioned this where we talk about caseload. And, you know, for some folks who may not have been in the agency setting, could we just give an example of what a typical caseload looks like?

**Kelly Olson:** I think I still don’t know what a typical caseload is supposed to look like because of the fact that I would work at an agency and I would have up to 40 something clients a week, and now in private practice, Emma to mimic your word, there’s definitely some guilt and shame around me cutting down and now having about twenty-five clients a week to thirty clients a week, I’m like, “Oh my gosh, I’m barely working! I should have more clients!” So, I don’t know what the correct number is but I’ve bounced between the twenty to forty so...it’s definitely a big difference.

**Porsche Lockett:** I can relate to Kelly in that way too. I don’t know if Jackie remembers saying this during a class at this point almost a decade ago. She said, “When you’re in private practice, a good number is twenty-five.” And almost a decade now, I’ve kept that in my head, and so in private practice—like you said, Kelly—a good week is between twenty to thirty, but my favorite is a

solid twenty-three. That's my favorite. But in community mental health, it's way different. I know for me personally when I was starting out and a new therapist right out of school, for some reason my goal was to challenge myself, like, "How many clients can I see? How many billable hours can I have?" And, right now in this conversation and also being in a different place in my career, I wonder how much of that was me and how much of that was being pushed by the agencies and, you know, "If I have this many numbers that means I'm just a good worker." Which I think is a whole other system that is problematic in and of itself; that's probably a whole different conversation. And also to circle back to what Kelly said—some folks were, you know, had the opportunity to not have student loans but I personally have student loans and that reasoning of, like, "Oh, well you have student loans. If you take on more clients then you'll be able to meet that and do that. Or even stay in community mental health for ten years to get your loans excused." I think a lot of those terminologies can create things such as resentment, guilt, shame, burnout, and just feeling stuck in a space where you feel like you're further away from what your passion was when you started this journey of saying, "I want to be in this type of work. This is what I want to do for my career."

**Kelly Olson:** I think to that point there's definitely been a dynamic that's been created where it's almost like, like I can remember the tone being like, "You can either help people or you can make money. Those are your options." And I remember when I was first thinking about transitioning to private practice, you know, it's a mixed bag and there are a lot of colleagues who would be like, "Oh my gosh, you're not going to be able to help anyone. What are you going to do?" And so, you feel very guilty when you try to advocate for yourself as well and what you want for your life and the amount of money that you should be making. And, you know, it's definitely something that I still struggle with now. It just creates this really weird dynamic where you feel like, again, you can either help people in a community setting or you can put yourself in this place where you are kind of setting yourself up for success.

**Natalie Gadja:** I just laughed because it is so, so true, right? I mean, there is this sense of pride, like, "Oh, I worked so, so hard," right? At one point, I was seeing ten clients a day and I felt good! I was completely exhausted but I was like, "Mm, I think I am doing a good job since I am just working all day long." And so now that I am on my own, I have all of this time. And there is this guilt part and this shame part and, you know, this, "How am I going to feel good about what I do if I don't work from when the sun goes up to when the sun goes down?" And so, in some ways, we are told to do these things but there is that part of us that wants to prove that we are great. And so, when I hear, "How can I work less and get paid more?" it doesn't sound good. And yet, we know, "Well, I want to pay my bills. But I also want more than that, right?" And so, yes, the purpose that we have is to help, is to be there, you know, to not just improve us but help someone else; and yet, the exciting part that helps us go on is that, "Well, it does feel good to go on a trip that I can easily pay for."

**Sanjay Grant:** Absolutely. So, this undenying theme of: take on more cases, these expansive case-

loads—and as I ask earlier about a typical caseload that you’ve seen in an agency, I’ve worked in spaces where you’re having up to sixty-five, sometimes seventy clients on your caseload. And to Natalie’s point, sometimes you’re seeing eight to ten patients in a day.

**Emma Vukelic:** I was just going to add. So, to provide numbers for my last job, I think ours was, for a full time salary twenty-six clients a week, which compared to what everyone else is saying sounds pretty great. And still everyone found it difficult to reach that. And I think what often isn’t recognized is the amount of work that goes on, especially for those family and couples cases, on the outside. I had a family of six, four boys, and I was doing collateral for all six. And all of that goes unnoticed and wasn’t counted in my productivity. And so, the challenge for family therapists specifically is that that productivity expectation is the same whether I’m meeting with a family of six or I’m meeting with one. Not that one is easier or harder than the other but there’s a lot more that goes into that process in the background, and I think something that’s been my experience is kind of feeling devalued as a family therapist. We see that in insurance companies with rates changing and clearly for a lot of family therapists, especially in the IHT world, it’s kind of another beast. I think that’s another thing to keep in mind: even if the number seems doable, there’s so much more that we’re expected to do in the background that can really actually take away from the care we’re able to provide if we don’t feel like we have the bandwidth. “Oh, I can’t call their therapist this week,” and then what happens next because I don’t have the bandwidth? So, I think that’s another thing that often goes unnoticed for the therapist that I want to be engaging in a lot of collateral work, and I want to have good notes and I want to have good assessments and all of those things, but I think the system is not set up for us to give that the attention we want. Which can negatively impact the client’s experience if we’re not hearing from all the systems that they feel supported by.

**Kelly Olson:** Emma, to your point, I think you’re absolutely right. It’s funny because I didn’t even remember this, but being considered full time it was a similar number to what you were saying—like twenty-five, thirty clients, whatever the case was—but I can remember us, at different agencies, having boards up where it would say how many openings you had and you would have to adjust this per week so your productivity is out there on display for everybody to see and you’d get check ins frequently about many more people can you see. And, I do think that there’s this sense of, even though you’re full time and you get the benefits and you kind of meet that standard at twenty-six or whatever that lower number is, there’s almost an unspoken expectation that you’re going to go above that. At least in my experience, it was this sense of, “Oh, you’re only doing twenty-six? You have lots of time for more.” And then, like we’ve talked about, just kind of pushing more of those cases on you. And there were definitely incentive programs, depending on how many more clients you’re doing—again, you battle that sense of, “Well, you know, I need the money so maybe I should take on a few more cases. So, to your point, you’re right, I’ve had the experience of feeling that my supervisors were pushing me to take on more clients.

**Natalie Gadja:** I wanted to add to that because I have now worked full time. I have always worked as a fee-per-service, so I never felt pushed in the way you describe, but I knew that if I did

schedule eight clients a day, how many would I actually see? I knew that I would actually make less. I think that that has changed a bit, you know, in the last few years now that we can use Zoom. If it rains, if it snows, the client and I can still meet and so I can still get paid.

**Emma Vukelic:** And I think what we're all speaking to and touching on is the salary of it all, right? And that's a huge challenge. It's not a secret to anyone. I think that also trickles into time and what we're being paid is a huge challenge in the agency world where new therapists coming out more likely and we want the trainings, we want the resources to be able to have the time for trainings, and my experience was some places might offer that in-house, so to speak. And oftentimes that hasn't been my experience, so then we're also paying out-of-pocket for external training while also having to take a personal day or take sick time or try to fit that in and I think that's something that was really important for me. And so not being able to have the bandwidth, the time to do that or the resources financially to be able to build on my knowledge to be a better therapist and learn more, I think that was a huge challenge for me as well; being able to do everything I wanted to and having the time to do it.

**Sanjay Grant:** All very valuable points, and definitely things that I can also relate to my time in the agencies: how these things will wear you down and eventually force you to make that decision of what's next for your career. So, we've talked about the challenges, we've talked about all the benefits. And if we look towards the future, how could agencies work and improve in some of these systems to make it more attractive for newer clinicians, reduce burnout, have more clinicians wanting to stay in the agency world? What could the agencies be doing differently?

**Porsche Lockett:** I think when agencies have more diversity on their boards and leadership... Oftentimes, agencies are run by folks who have business degrees and who see things in numbers and from a different mindset. And I think if more people at the very top were social workers, therapists who have done the work, there could really be a different type of advocacy. And not just from a place of word-of-mouth, being the person who's delivering the message when they come and speak to clinicians or supervisors who are actually in the field. They go back to those meetings and say, "Well, this is what was reported" instead of having someone at the table who has that very experience and can give a firsthand discussion about it to inform what is practical and what actually is realistic.

**Sanjay Grant:** Absolutely. Thank you for that feedback, Porsche. And I want to say that you are probably correct and the majority of leadership teams are filled with people with business degrees and numbers are typically the bottomline when we look towards these different changes that we're implementing in agencies. Other folks, in terms of opportunities for agencies to improve their systems so that they can better retain their therapists and attract new talent?

**Natalie Gadja:** I want to go back to our discussion about the need for more training. I would wish for more opportunities, and the support for training and knowledge. Help paying for new

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training, reimbursement for books that add to my skills... It's all small things but ultimately I think we need to focus on increasing the quality of our work, not just the quantity.

**Sanjay Grant:** Absolutely. Some agencies do provide funds for CE trainings but it's very limited, like you'll only get reimbursement for those select trainings, so expanding on that: being able to purchase materials for your educational development. I think that's something to keep in mind as we look to attract new people and retain our therapists. What else can we do besides offering the standard CE credits reimbursement that we give? Thank you for that, Natalie. Emma?

**Emma Vukelic:** Yeah, you know, I came up with a list in my mind of tangible ways but at the end of the day, what it comes down to is leadership building a stronger understanding of the day-to-day experience of people that are working there. I think that that's a huge pitfall. I think there's an element where I have felt heard in the past and then what happens with that? What happens with that request? What happens with that expression of something I'm really struggling with? So I think, like, finding the balance between feeling heard, you know, beyond my supervisor, feeling heard by people that are in positions of power to be able to hear me while also, having an action plan or "These are the steps we're going to take," and being very clear and open and transparent about the steps that they're going to try to take to even look into that. Even if there isn't an answer, I think having a willingness to try to get creative around how to meet these needs if we can't increase one's salary. If insurance companies are still going to pay these rights. Finding other ways to have staff feel supported. I feel like a lot of what we're seeing now is that we all get burned out in our first couple of years and then we jump into our private practices because we've been so burned out and it feels like there's no other option. So I have always wanted a career in mental health, and I am experiencing that happening right now, but wonder, can I possibly sustain this? So, I think we're dealing with a larger issue and if there are ways that leadership can hear us and meet our needs, if we just get a little bit more creative...whether that is providing more free trainings, more group supervision time put into people's schedule, peer supervision groups...I think having those consultation spaces is a huge value add, and hopefully staff are being paid to join those, especially fee-for-service folks who feel like they have to just have sessions to be able to get paid. And so I think finding ways to actually hear the clinicians that are meeting the clients day-to-day is what's going to keep them there. If we feel like our needs are being met, even in these small ways—even if there's nothing that we can do in the next month—what conversations can we have? I think just feeling heard goes a long way, and I think, everyone's spread too thin but there needs to be more value put on the people that are in the day-to-day.

**Sanjay Grant:** Meeting the needs of the folks who are meeting the needs of the clients. That's important. Kelly, did you have any final thoughts for us on how agencies could possibly improve?

**Kelly Olson:** Well, mine's not as eloquent as everybody else's. But I made a list and I think a lot of it kind of comes back to the amount that we're getting paid and of course that's not always realistic to increase the pay of the clinicians but I think if you have a higher pay rate you're going to get more clinicians who are going to be there and then with that the expectation of how large of

a caseload you're going to have is going to be down. I think the burnout for supervisors and the burnout on the way up, that ladder is going to be less hopefully, or ideally, And, again, I think at least from my experience working in agencies, I had, like everybody else was saying, really difficult cases and really difficult clients who were dealing with a lot of intense personal and family stuff and, you know, residential things, in-home things. And you're just kind of thinking about how you're burnt out and on top of that you're not getting paid enough to sustain your own life or to manage your own needs I think just creates this sense of, "Even if I am getting that support, I'm still not able to sustain life and what I see for myself."

**Sanjay Grant:** Thank you for that, Kelly. Thank you to Porsche, Kelly, Emma, Natalie. Very insightful. A lot of what you brought up today were things that we've all experienced in the agency world. I hope that this discussion is just the beginning of trying to reshape what we experience in the agency world and how we can have better training, better retention, better compensation, feel like we're being heard more by our leadership team, by insurance companies who, you know, change things—as you say, Porsche—on a rapid basis of what they require of us, as we think about how we want to move forward and help reshape the future of our therapists who are coming on board. So, thank you, everyone, for participating and joining us today and I'll turn it over to Jeremiah.

**Jeremiah Gibson:** And, Sanjay, thank you so much for organizing this conversation as well. This was a fantastic conversation. And to those of you who are watching this on the Zoom channel, on our YouTube channel, please share this with your colleagues because building a more equitable system for our newest therapists is going to involve the voices of our entire psychotherapy community. So, where do we go from here? There are a lot of options for us to turn to next. First, we invite you to share about your ideas for improving and engaging the agency experience by writing an article for the New England Journal of Relational & Systemic Practice. Learn more about how to do this at [www.nejournalrsp.com](http://www.nejournalrsp.com). And second, for this platform, if we're going to have an agency system serve as a postgraduate pre-licensure training ground, what do we know about the professional needs, emotional needs, and the financial needs of our newest therapists? And how can we create policies and expectations on the agency level that aligns with the research that we have about therapist development? We'll talk more about the inconsistencies between current policy and the needs of our newest therapists and how we can work together to bridge the gap in the next edition of Equity in the Agency Experience. Thanks so much!