INTRODUCTION TO THE SPECIAL ISSUE ON PSYCHOTHERAPY AND MENTAL HEALTH PRACTICE: STORIES OF GROWTH AND CHANGE

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A great deal of confusion, conflict, and (let's be honest) outright antipathy exists in the helping disciplines about the proper role or place of psychotherapy and mental health practice among the array of theories, intervention frameworks, and methods available to practitioners. Psychiatry, once a leader in mental health theory and practice, has essentially abandoned the psychotherapy field in favor of biopsychiatry, medication consultations, and diagnostic taxonomies. (It is a measure of how much things have changed when directors of psychiatric training now debate whether carrying psychotherapy cases should have any role in the training of residents and fellows.) In social work, newer frameworks never miss an opportunity to pin the "deficit model" tail on the donkey of traditional psychotherapy practice. In the field of psychology, it is neuropsychology, rather than clinical or counseling psychology, which is in ascendance. As a result, as one of the contributors to this special issue has written elsewhere, "Psychotherapy is a lumbering dinosaur, whose relevance to the post-modern world is like that of God to an atheist, or Oz to Zeus" (Lyon, 2000, p. 67).

No wonder the general public is ever more wary and skeptical about mental health treatment when the helping professions themselves are so uncertain and/or antagonistic to the whole endeavor. Nonetheless, there appears to be an increasing demand for mental health treatment by both insured and uninsured consumers. Paradoxically, however, many professionals already have left their psychotherapy practices. Whether the leaving is due to managed care constraints, cumbersome agency bureaucracies, daunting paperwork, burnout, or diminished professional rewards, it is clear that there are increasingly large holes in the availability of seasoned therapists, experienced clinical supervisors, and knowledgeable clinical educators. As traditional mental health disciplines and experienced professionals depart the scene, the door has remained open for newer practitioners, often having less training and—perhaps—less commitment to ethical care, who are more than eager to take their place. It remains an open question as to whether these developments ultimately will prove beneficial or harmful to mental health consumers and their families, and to society at large.

This special issue of Reflections is not intended to be the last stand of the Jurassic era psychotherapists, dying under the massive impact of the killer comet called managed care. Rather, it aims to peer through the clouds of ambivalence, which have enveloped the professions’ perceptions of mental health practice, by capturing three types of narratives: those of clients, of practitioners, and of service organizations and/or clinical programs. It is the intersections of these three types of stories that are of particular interest. Read on multiple...
levels, these stories help illuminate the rich diversity of thought and work actually occurring in the field today, which may help liberate clinical practice from the negative stereotypes and distorted perspectives under which it currently labors.

Several important emphases in the special issue narratives are worth noting. First, the stories told here are by interdisciplinary contributors—from child and family development, clinical psychology, school psychology, and social work, respectively. Second, the stories are set in diverse practice settings (i.e., public and private) and at differing levels of intervention (i.e., micro to macro). Third, there is a distinct emphasis on collaboration (e.g., between client and therapist, supervisor and supervisee, student and educator, and university, community, and organizational stakeholders).

Clients' stories—the accounts of their struggles, strengths, and impetus for growth—are prominently featured in most of the narratives in this special issue. They take center stage, however, in the narrative by Thomas Roberts, a child and family development educator and therapist. Roberts gives us an account of his work with a self-styled "professional mental health client," and the discovery of the therapeutic value of making mistakes. In addition, the poems and reflections of Tiffany Bucknam provide the voice of one who has been not only a client but also a service provider and (now) a social work student.

Another group of narratives in the special issue are the stories of the professionals providing services, as well as the stories of educators and supervisors involved in the training of mental health professionals. While rarely shared with clients or students except in moments of self-disclosure, these educator and practitioner stories also are important. For example, Carolyn Saari, a well known clinical social work educator and author, traces the linkages between her personal and professional development in social work and the development of a conceptual framework regarding the role of the environment and social justice concerns in psychotherapy practice. Nancy Decker, a clinical social worker, offers a story about the evolution of her understanding of gender roles and how that has shaped her development as a therapist treating couples and men. In addition, there are two articles on clinical supervision, one by Jeff Rothstein, a clinical social work educator and supervisor, and another by Colleen Atoma-Mathews, a recent social work graduate, which provide overlapping perspectives regarding the role clinical supervision plays in the practitioner's development, and its resulting impact on the parallel process work with clients. Further, the co-authored article on resilience by Mark Lyon, a school psychology educator, and Catherine Cohn, a school social worker, describes their focus on client strengths and resilient capacities and the mutual collaboration between, on the one hand, student practitioner and faculty member in the classroom, and on the other hand, the student practitioner and the child and family receiving services.

Two narrative articles address the helping systems themselves. School psychology educator, Gloria Miller, and school social worker, Connie Clifton, describe their personal and professional collaboration in developing an alliance between a school district, a university, and a low income community in developing an innovative prevention program for kids—who are considered (wisely) as being "at-promise," rather than being labeled only as "at-risk." This article pointedly reminds us that mental health practice is not confined to the 45 or 50-minute psychotherapy hour. Social work...
educator, John Kayser, clinical psychologist, Judith Silver, and school psychology educator, Mark Lyon, share their case and cause advocacy work on behalf of a variety of client systems, involving, respectively, interventions in a managed care organization, a junior high school, and an urban school district.

The goals of this special issue, therefore, will be accomplished if these narrative articles help readers: (a) understand the change process from multiple viewpoints—clients, therapists, supervisors, educators, and communities; (b) appreciate the organizational and social policy context within which psychotherapy and mental health practice takes place; (c) identify some of the social justice and cultural dimensions occurring in the delivery of mental health services; (d) understand the impact of the therapist's discipline, education, and training on the process of therapy; and (e) understand the management of personal and professional issues by therapists, including their strategies for self-care and self-renewal.

Finally, on a personal note, I would like to thank all of the contributors to this special issue, who have worked diligently with me over the past twelve months in developing their manuscripts, to the peer reviewers for their timely reviews and helpful suggestions, and to the past and present editors of Reflections for the opportunities to be involved in this unique journal.

References
