When Every Session Mattered

The Legacy of Braulio Montalvo

BRAULIO MONTALVO

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The Legacy of

W hen I first saw the huge glass façade and walked into the atrium lobby of Children’s Hospital of Philadelphia in 1976, it was like no hospital entrance I’d ever seen. Everything seemed so new and shiny, like the spotless wind-shield on a gleamingly futuristic car. Wherever you looked, there was sunlight streaming in, indoor trees, lush hanging plants, elaborate sculptures, and—to make sure that you knew this was truly a special place—its very own McDonald’s. With all its hustle and brand-newness, it seemed infused with the ionized air of hope and unlimited possibilities. In a community that was nearly 80 percent African American and poor, that was a quality normally in exceedingly short supply.

Adjoining all this splendor, the Philadelphia Child Guidance Clinic lay at the end of a long staircase that made your footsteps echo as you descended—which seemed right for the headquarters of an underground group of rebels who could never feel at home in the opulence of the lobby. At that time, the clinic was the hub of a dissident movement called family therapy, which was offering a radical new vision of the future of psychotherapy, dedicated to serving people who’d been labeled unreachable with the traditional approaches originally designed for comfortable middle-class clients.

The clinic’s director was family therapy pioneer Salvador Minuchin, probably the world’s most imitated therapist at the time, whose theatrical flair and sense of crusading spirit Jay Haley, one of its originators, said of it, “Instead of teaching middle-class people what it was like to be poor, the poor would be trained to be therapists—how they were natural healers. Noted family therapist Minuchin had already become a celebrated figure in the field by coauthoring Families of the Slums, a widely influential book, based on his work with poor families at the Wiltwyck School for Boys. As the clinic’s director, he was continuing to develop that work, founded on the conviction that, as he put it years later, “we could change the world one family at a time.”

The clinic was in many ways a product of the War on Poverty. Government money was still available for “promising projects,” and the clinic was in the vanguard of working with the poor, as well as all sorts of other challenging treatment populations who weren’t considered good candidates for the traditional talking cure: clients with eating disorders or psychosomatic conditions, substance abusers, hard-to-treat clients, all who’d never before received such laserlike therapeutic attention. Even more revolutionary was a training program called the Institute for Family Counseling, funded by the National Institute for Mental Health, which epitomized the clinic’s social mission—to serve the poor. It was the first paraprofessional therapy-training program in the world comprised of all nondegree minority therapists, community people who’d been chosen not because of their academic credentials, but because they were natural healers. Noted family therapist Minuchin himself, was more revered for his ability to penetrate to the core of a family’s problem than for his clinical skills—”instead of teaching middle-class people what it was like to be poor, the poor would be trained to be therapists—which is something nobody had thought of doing up until that time. . . . We worked with them in live supervision, 40 hours a week for two years. Nobody has ever been trained that intensely.”

The clinic represented a radical departure from the traditional view that therapy should be conceived as a private interaction between therapist and client, as well as from our modern, increasingly legalistic preoccupa-tions with therapeutic confidentiality. Instead, the guiding principle was the importance of making what took place in sessions as open and transparent as possible. After all, how would therapists be held accountable for their work and improve their skills unless observers pointed out their miscues and missed opportuni-ties? Much of the therapy being done at the clinic was directly observed and supervised on the spot, or else recorded on video and reviewed later. The staff gathered regularly to discuss difficult cases and try to fig-ure out the key to making change happen within the most troubled kinds of families. It was as if each and every session mattered, always holding the potential for life-altering breakthroughs, if only the therapist or the team watching were observant and skilled enough to bring them about.

AN ENIGMATIC PRESENCE

In this highly charged atmosphere, no one on staff, not even Minuchin himself, was more revered for his ability to penetrate to the core of a family’s problem than...
Braulio Montalto, an enigmatic, intensely private man who seemed, oddly, to have no sense of his own personal presence on every project at the clinic—and yet dedicated to avoiding the limelight at all cost. He almost never gave my Network interview. Braulio had no wish to advance his professional reputation. Growing up in a small town in Puerto Rico, he had a kind of shyness that seemed to be rooted in his social microenvironments and the processes through which people define each other in interaction, especially within the intimate arena of the family. He’d worked with Minuchin at Wilwynck and had followed him from there to the clinic. In the mid-70s, the joke around the clinic was that, like the starship Enterprise, the place had three leaders—Minuchin, Montalto, and Haley—and was boldly going where no one had gone before.

Minuchin was unquestionably the ship’s captain, the one who charted the course for a new kind of systems therapist, a provocateur unafraid of conflict, always willing to insert himself into the center of every storm of change and transform the therapy room into a stage for a new kind of therapeutic performance.

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your work in the way he reflected it back to you, showing you a depth in yourself that extended your sense of your personal possibilities.

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The profession I entered as a young therapist nearly 40 years ago is vastly different from the one young therapists enter today. In clinics across the country, one-way mirror observation rooms have turned into storage closets. The kind of intensive training offered at places like the Philadelphia Child Guidance Clinic is too costly and time-consuming to be considered practical at most professional training programs today. What does continue to be as necessary as ever—especially in an era of protocol-driven psychotherapy and the relentless pressure to see more and more clients without sufficient opportunity to review one's work—is keeping alive the tradition of highly personal mentoring that people like Braulio Montalvo once provided.

Braulio knew how the fear of being shamed can handicap a clinician's development and how being fully seen as a person and appreciated for one's strengths, even when they still weren't readily apparent, were crucial to the development of a skilled therapist. He understood how much gentleness and encouragement mattered in the early stages of one's professional development and how the work of the master therapists on the workshop circuit often created elevated expectations that were impossible to meet too early in one's career.

As we mark his passing, it's important to realize that the great gift Braulio gave those of us he nurtured at the clinic was not only his vision of the social mission of therapy, but the personal touch he brought to the development of young therapists. An unassuming man at home with his own fallibility, he gave us permission to make mistakes, even to welcome them, as we struggled to master the highly imperfect, frequently intuitive craft of psychotherapy. As he put it, "Only by making mistakes—or coming very close to them—can the therapist achieve an intimate knowledge of a family's way of operating." While our superstars continue to dazzle us, the future of psychotherapy will depend on the subtler influence of the unsung Braulio Montalvos of our profession to keep the tradition of careful therapeutic craftsmanship alive and prepare the next generation of clinicians to take their place in our field.

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