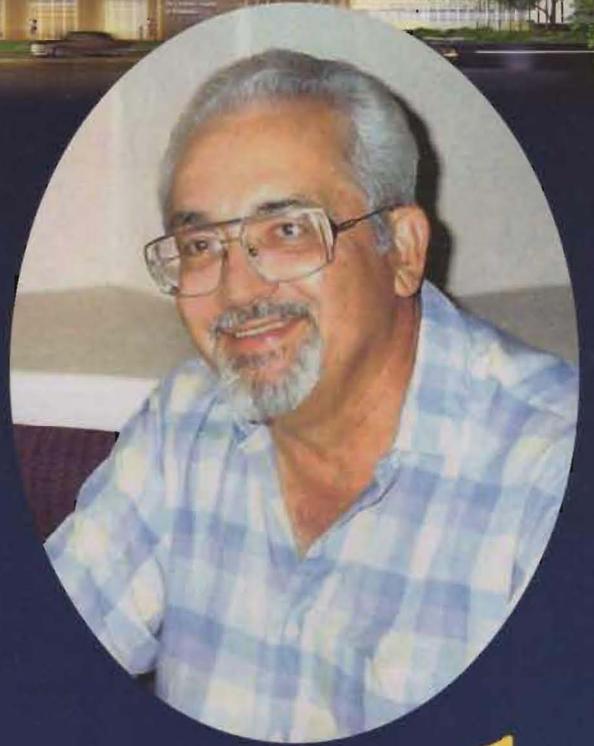




BY JAY LAPPIN



*When Every  
Session*

# Mattered

*The Legacy of* BRAULIO MONTALVO

*Braulio Montalvo, one of the originators of Structural Family Therapy and for many years a much-beloved staff member at the Philadelphia Child Guidance Clinic, died on March 31 at age 80. One of his many supervisees and colleagues, Jay Lappin, describes Braulio's impact on those who knew him, as well as an era in which clinical training received a degree of attention rarely found in the rushed atmosphere of most underfunded clinics today.*

**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 windshield 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 bustle 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 against all the orthodoxies of traditional therapy captured the imagination of young therapists like me, who were straight out of the '60s counterculture. With a wire statue of Don Quixote proudly displayed on his coffee table, 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 cures: 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 nondegreed minority therapists, community people who'd been chosen not because of their academic credentials, but because they were natural healers. Noted family therapist 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—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 preoccupation 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 opportunities? 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 figure 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 Montalvo, an enigmatic, intensely private man who seemed, oddly, both ubiquitous—consulting on every project at the clinic—and yet dedicated to avoiding the lime-light at all cost. He almost never gave workshops and seemingly had no wish to advance his professional reputation. Growing up in a small town in Puerto Rico, he had a genius for quickly sizing up 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 Wiltwyck 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, Montalvo, and Haley—and was boldly going where no one had gone before.

Minuchin was unquestionably the clinic's central figure, the role model for a new kind of systems therapist, a provocateur unafraid of conflict, always willing to insert himself into the center of the process of change and transform the therapy room into a stage for a new kind of therapeutic performance art. Alongside him as a kind of Mr. Spock figure was Haley—first known for his writing on Milton Erickson and his biting critiques of psychoanalytic pomposity—who'd developed Strategic Therapy, an approach that stood conventional methods on their heads and relied on the power of paradox and the unexpected to help change entrenched family patterns. At first more an anthropological observer than a therapist, Haley had been encouraged by Minuchin at the clinic to become more directly involved in the practical applications of systems thinking in therapy. He didn't work with families in the treatment room himself, but exercised his enormous powers of observation by supervising other therapists from behind a one-way mirror. He was a master at guiding clients through a process of change that

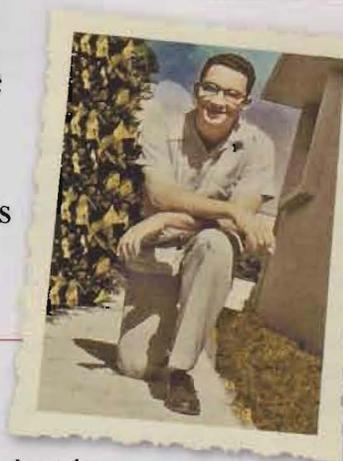
resembled a chess match at times, one in which, no matter what happened, he always seemed to be several steps ahead of everybody else.

Braulio's role within the clinic's hierarchy was harder to define. In a 1982 *Networker* interview, Haley said, "Braulio isn't well known except by the people who work with him. . . . I think what came out of the clinic, the way it operated, and the growth of its prominence is owed to a great extent to Braulio, but I don't know how

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**B**raulio seemed guided simply by his faith in the process of therapeutic attunement itself and approached families more like a poet than a systems analyst.

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anybody would ever know that because he largely remained behind the scenes."

Braulio was most comfortable, not as an out-in-front leader, but as a collaborator, a consigliere who saw his job as drawing out other people's ideas and expanding them, taking their thinking to the next level. Enormously well read and knowledgeable in a wide range of disciplines, he had the rare ability to pick up on the subtlest clinical nuance without losing sight of the bigger picture of clients' lives and the everyday challenges they

faced. Often, he'd be the person you turned to when a group discussion had gotten lost in therapeutic jargon and needed to come back down to earth. In one convoluted consult about how to provide services to a boy who we'd now say was on the autism spectrum, he cleared the air by observing pithily, "I think what this kid needs most is a friend."

I first heard of Braulio when watching him in one of the most influential videos of the early days of family therapy. "Family with a Little Fire" was a classic training tape that epitomized what set the family approach apart from more traditional interventions. In it, Braulio works with an overwhelmed, single, African American mother of four, whose 7-year-old daughter has almost set their apartment on fire by playing with matches. Rather than focusing on the little girl, Braulio's calm questioning soon draws out the larger family situation.

The hardworking mother is away most of the day, leaving her four small children at home to be supervised by the oldest son, who's only 10. Seamlessly, Braulio manages both to join with the exasperated mother and patiently draw out the frightened, barely verbal 7-year-old daughter. Meanwhile, he gently but firmly blocks the efforts of the parentified 10-year-old son to

assert this central position in the family so mother and daughter can connect. Step by step, he finds a way to switch the little girl's position in the family from dangerous troublemaker to someone the mother can be proud of and embrace.

I still remember admiring the skill and tenderness with which he trades places with the mother so she can sit next to her crying daughter. As the older brother tries to talk over his sister, Braulio draws a line, but with a soft pencil, saying to the mother,

"Your son is trying to be helpful, but your daughter didn't have a chance to finish her story." Picking up on Braulio's lead, the mother begins to draw a boundary of her own, telling her son, "Wait, let me talk to her." Later, after Braulio has set up an enactment in which the daughter shows off her reading skills only to have her mother dismiss the girl's accomplishment, he gently chides the mother until she acknowledges the little girl's incipient competency.

The session ends with a touching moment of attachment between the previously neglected daughter and the increasingly attentive mother, now awakened to her daughter's need for her love and approval. There's no discussion of pathology or assignment of blame, just a beautifully orchestrated session, in which the therapist leads the family in a dance filled with optimism, hope, and a new sense of order.

What set the therapy practice at the clinic apart from the traditional variety was the avoidance of disparaging labels for families and the sense that the responsibility for beginning the process of change lay with the therapist. There was no such thing as an "unreachable" family—just therapists who didn't know how to reach them. I remember a session I was trying to supervise in which a belligerent father dressed in combat boots and a deerstalker hat was haranguing the therapist, demanding to know her credentials because, in his view, she hadn't helped his son with school problems. No one else in the family felt free to say a word, and even I didn't know what to say as I sat watching from behind the one-way mirror.

Braulio just happened to be walking down the hallway when I asked him to observe a bit of the session with me and the supervision group. After a few moments, he asked if he could go into the session and say a few things to the father. Quietly beginning to engage the father, he listened to his complaints about the therapy and sympathized with his frustrations,

subtly changing the mood in the session. Then came the curve: Braulio calmly announced, "You are clearly a very strong man with very strong ideas. Now I wonder if you are strong enough to listen to what your wife has to say about this problem."

Having won the man's confidence, he'd given him a pathway to another role in the family without having to sacrifice his sense of entitlement and authority. The tone and direction of the session then changed completely. Later, when I asked Braulio how he'd been able to turn around the session so quickly, he simply said, "I just gave him a way to be strong in a new way." Then, characteristically, without calling any more attention to himself, he walked out of the room. It was as if we'd just been shown how to make a skeleton key to an entire city by a master locksmith.

Suspicious of big theoretical ideas and slick interventions, Braulio seemed guided simply by his faith in the process of therapeutic attunement itself and approached families more like a poet than a systems analyst. Watching him over the years, I marveled at his ability to enter into the soul of the families he worked with. He knew what it meant to become part of a family system so you could absorb its language and its imagery and learn how best to use yourself as a therapeutic instrument. Embracing the improvisational nature of therapy, he believed that protocols and clever strategies usually didn't take you very far as a clinician. Instead, you needed to stay in the moment, especially when things weren't going well. As he once wrote, "The crucial obstacles and pitfalls of a case only appear when they are almost upon us. Perhaps more than any other factor in the treatment situation, grasping what *not to do* allows the therapist to cue into the particular quandary that a client family presents."

Braulio brought his gift for generously taking people in and making them appreciate their own best instincts to his work as a clinical mentor. I remember countless times

when I'd feel discouraged after a tough session only to go over it with Braulio and leave not only with a fuller sense of the session, but with an understanding of my own positive contributions to it. In fact, I recall showing him a tape of an intensely emotional session I'd had with the family of a Puerto Rican drug addict. Over the years, the young man had repeatedly detoxed, only to resume drug use to the crushing disappointment of his family. In the session, he was trying to show his family that this time he really intended to go straight, so he suddenly lifted his shirt to reveal his sweaty belly, an indication of his drug withdrawal and his determination to make a fresh start.

At that moment, on an impulse, I'd gone over and lightly touched the young man's exposed belly in implicit support of his message to his skeptical family. Afterwards, I wondered if I'd crossed some professional boundary and made a terrible blunder. Later, when I showed Braulio the session, his eyes brightened and he complimented me on the rightness of the moment, making me feel that I'd moved to a new stage as a therapist when my instincts, no matter how unconventional, could be trusted. Later, he even wrote a piece in the *Networker* describing the moment as only he could: "Acting as if he belonged to that family, in complete attunement to the importance of touching, the therapist gets up from his chair and touches the belly. He bears witness—like Thomas touching the wound of Christ—that this man's claim is indeed true. As he moves back to his seat, he's immediately followed by the mother, the brother, and everybody else in the family who also must touch. Touching the cold sweaty belly of the addict becomes a shared experience confirming that, yes, this young man must truly be beginning a withdrawal from drugs. It's as if each family member is saying, 'Look at these beads of sweat. Some things cannot be faked.'" Indeed, Braulio had a rare ability to enrich

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.



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. But 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 exalted 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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