

Acompañamiento: What Can we Learn, and What Can Psychoanalysts Add?

By Jeffrey R. Chambers, M.D.

I am Jeff Chambers, a psychiatrist and psychoanalyst in practice in Durham and Raleigh. I have remained active in public mental health in Virginia and North Carolina since 1987. Some of you remember me as a panelist earlier in this series when I spoke of the importance of the treatment relationship as a consideration in Mental Health Reform.

You may remember that I told you that I believed that not only must we restore the virtues of the treatment relationship to the public sector, but I also told you that my own personal experiences with depression taught me that the Mentally Ill are not “them” but rather, “us.”

It is precisely this consideration which has driven me to help organize this conference on paraprofessionals in mental health care, and precisely why I think that psychoanalysts should be involved. Psychoanalysis stands or falls on the quality of the treatment relationship. Psychoanalysis also forces you to be a patient before you can be the doctor. You must go through analysis before you can practice analysis. I got so much of value from my analysis that I want to see this process made available to everyone who wishes to take advantage of it. But how could such a goal be accomplished?

It is with keeping such longstanding, burning questions in mind that we invite serendipity to visit us. A little over a year ago, my daughter went to study in Mexico. While visiting her, I decided to find out what was happening on the psychoanalytic scene. The man who responded to my enquiry was Dr. Salamonovitz. I was pleased to learn that not only had he founded a psychoanalytic education program in his city, but he was also training paraprofessionals.

The use of paraprofessionals in mental health care is a fairly new practice in our State and in our country. It is part of an evolving infrastructure which has sprung up in an environment of decentralization of services. It is a practice we have discovered, as far as I can tell, independently and somewhat by accident. The practice has been in use in Mexico for many years. Dr. Salamonovitz, however, has been a pioneer in that he has added another dimension to the use of paraprofessionals, that of psychoanalytic supervision. It was then that I knew that somehow, we had to have this forum. If paraprofessionals can be trained to listen to their patients analytically, then psychoanalysis can be democratized.

Here in North Carolina, there is an atmosphere of upheaval around the participation of paraprofessionals in the mental health system. The innovative administrators and clinicians within the system see it as a necessary and cost-effective way to do outreach. The media, who are out to sell newspapers, scandalize the use of taxpayers' money for such activities as taking child and adolescent patients to the movies or the mall. Both sides decry the lack of training for paraprofessionals.

In my inquiries, I have found that there seem to be at least two types of paraprofessionals here in North Carolina. The first, and most controversial are often assigned to work with adolescents and troubled families. They are called, by their case managers, “P.P.’s”. They are frequently young and considered

good role models for the young people they mentor. I have found no specific training requirements for them.

The second type is known as the "Peer Counselor." They are people who have recovered from an illness and have trained to help others in the same situation. They may be in recovery from chemical dependency or even cancer, and assigned to mentor another who struggles. Their training is required and fairly rigorous. That training happens right here at the UNC School of Social Work and the Jordan Institute for Families, and requires, among other things a demonstrated year of clear recovery for certification(5).

When programs are developed for the mentally ill, they are continually underfunded, and lacking in sufficient infrastructure. I see the development of a paraprofessional force as a movement to build infrastructure, but a movement which is currently underfunded and not adequately supported by supervision and training. This results not only in compromised effectiveness of the modality, but also a high rate of turnover among paraprofessionals, and a lack of constancy in the relationships between paraprofessional and patient.

The contributions of Sigmund Freud are very pertinent to the relational aspect of treatment. He informed us of two phenomena in the treatment of mental disturbances which became the foundations of psychoanalytic theory and treatment: transference and resistance. Transference means that the patient will unconsciously re-enact early significant relationships in the present. This means that the professionals and paraprofessionals who involve themselves with him are going to start feeling like they are being pressured by the patient to play a role they might not necessarily have chosen for themselves, parent, older sibling, or lover. Those helping professionals must be ready to handle that pressure and the uncomfortable feelings that pressure brings about. This is where training and supervision are so important.

Resistance means simply that people get into ruts or grooves. If an illness is acute, that is a deviation from the usual, and there is a tremendous drive to get well. Being well is the "groove," and the patient has both conscious and unconscious drives to return there. However, if an illness is chronic, the groove is a sick one, and the patient will tend to remain sick. It will take a tremendous expenditure of energy to get him out. There will be the seemingly strange situation in which a person says he wants to get well, but his behavior says otherwise. Helping professionals will need to understand and expect these behaviors from the chronically ill, and be schooled in what it takes to transcend the rut. Resistance is what maintains chronicity, most mental illnesses are chronic, and is the reason we can no longer tolerate the high turnover among both professionals and paraprofessionals in the mental health field.

There must be a chance for the clinician and the patient to build a relationship which has significance to both of them, and has a sense of some permanency. The clinician must have some legitimate aura of authority. In other words, the patient must be able to sincerely say, "My clinician cares about me, knows what he is doing, and will be there when I need him. "

In short, I believe that there are people in our society to whom we refer as the mentally ill, who bear a heavier load than most of us, of the emotional and behavioral ills which beset all of us to some degree. The mentally ill are not “them,” but “us.” Mental health care is compromised by a lack of resources, some of which are held back due to prejudice and a lack of appreciation for the value of the treatment relationship in their healing. Mental illness requires treatments that are heavily dependent on the treatment relationship. The concepts of transference and resistance in psychoanalysis help us to understand two important things. Because of resistance, treatment relationship commitments will be long-term in many cases, so that professionals and paraprofessionals alike will need to have a career track. Because of transference, professional and paraprofessional alike will need training, supervision, and maybe even therapy to deal with the intense feelings which arise in these treatment relationships.

We are, in North Carolina, slowly discovering the role of paraprofessionals as a possible means of extending these relationships in a cost-effective way. We should not minimize, trivialize, nor disrespect their importance on the treatment team. Mexican society has long recognized their importance, and Dr. Salamonovitz has extended a training program emphasizing the phenomena of transference and resistance in the treatment of chronic illness to the paraprofessional, who will be on the front line taking the manifestations of transference and resistance on their own chins.

Having offered my opinion of where our coordinates lie on the map of this vast field, I would like to begin the presentations by formally introducing our speakers. Since each has a bio in your packets, I will make my introductions brief:

Welcome, and thank you to Dr. Alejandro Salamonovitz, PhD, psychologist, psychoanalyst, founder of the *Circulo Psicoanalitico Mexicano, Sede en Cuernavaca*, former President of the *Circulo* for all of Mexico, now active in both the teaching and practice of psychoanalysis and the psychoanalytic supervision of paraprofessionals.

Welcome and thank you to Dr. Ed Eastman, psychologist and Director of Clinical and Residential Services for the NC Mental Health Association, currently supervising assertive community treatment teams utilizing paraprofessionals.

Welcome and thank you to Ms. Terri Knighton, Master of Clinical Psychology, and Community Support Coordinator for Comprehensive Community Services in Durham, a front-line provider of paraprofessional services.

Welcome and thank you to Ms. Louise Jordan, a member of the Board of Directors of Club Horizon in Knightdale, an elected member of the Board of Wake County NAMI, and brother of Phil Wiggins, whose discharge from Cherry Hospital has been covered recently by the News and Observer.

Welcome and thank you to Mr. Ronald L. Mangum, who brings more than 30 years' experience in the mental health field to the task of developing the Peer Support Specialist Certification here at UNC.

Welcome and thank you to Ms. Laurie Selz Campbell, Research Assistant Professor here at the School of Social Work, who is very involved as program director and evaluator for peer support services.

Ms. Ann Akland, former president of the NC NAMI was also to be with us today, but I am sorry to say, has been unable to make it due to family commitments. Ann, although you are not physically here with us today, we salute you for your tireless efforts on behalf of the mentally ill in this state.

Let us begin with Dr. Salamonovitz....

References:

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- 4) Tilney, N.L. (2003) *Transplant: From Myth to Reality*. New Haven: Yale University Press

- 5) University of North Carolina at Chapel Hill (2008), <http://bhrp.sowo.unc.edu/?q=node/25>, Website of the Peer Support Specialist Credential Program, Behavioral Healthcare Resource Program, Jordan Institute for Families, School of Social Work. University of North Carolina at Chapel Hill.