As we put the finishing touches on this book, we think we have accomplished the number of goals that we had at the outset of the project. An important goal for us was to articulate how relational theory is specifically practiced by social workers in social work settings. To underscore the compatibility of relational theory and social work practice, we once again remind our readers that social work is truly relational at its core in both practice and theory. As noted in the introduction, social workers have historically been relational practitioners since the inception of the profession. As we review the content of the preceding eleven chapters, we trust that we have made transparent the place of social work theory in the broad field of relational theory. In our introduction we noted that social workers have not often been given credit for the views held dear in the heart of the social work profession. Horowitz (1998:378) commented that social workers have not known (realized) or have been unaware, perhaps, of their leadership in developing ideas that are “relational, postmodern, and cutting-edge.” We hope to have countered our profession’s reluctance to claim the full impact of our contributions to mental health literature by specifically highlighting the importance of relationally based social work practice and theory in a range of contemporary practice modalities.

We publish this text at a time in the social work profession’s history when not only the basics but the nuances of sound clinical practice are only superficially taught in many schools of social work across the country. There
is certainly a paucity of psychodynamic theory found in the curriculum of many practice courses in social work schools; there are often practice courses that are increasingly atheoretical at worst and technique-driven at best. Many graduates of schools of social work complete their bachelor’s or master’s degree training without fully appreciating the complexity of the human condition. Some do not understand how the unconscious world affects the behavior and feelings of their clients. Without this understanding, social work practitioners are at a distinct disadvantage in terms of being able to offer sound, theoretically informed practice. In addition, there is an alarming movement in the mental health field that actively challenges and undermines the tenets upon which this book is founded—that is, that relationships (clinical and otherwise) are healing and restorative. We recognize that healing relationships take time to form and to become instrumental in affecting any change process. Social work practitioners can have an impact on their clients’ lives even when mandated to have very brief contact with our most needy clients. However, we suggest that healing relationships take time to work, and that as social workers we need to be challenging the stronghold of managed care companies that dictate that only the briefest of mental health interventions are necessary for the increasingly complex and difficult circumstances and experiences in which our clients live.

We also hope that this text will whet the appetite of social work students, recent social work graduates, and also experienced clinicians to become more familiar with the complexity of practicing from a relational theory perspective. An oversimplification of the theory could potentially give students and practitioners alike a “license” to misuse the tenets of mutuality and equality in clinical relationships. While we certainly suggest that practicing from a relational perspective can facilitate growth for both client and clinician, we also emphasize that the focus of the growth process needs to be squarely centered on the client’s needs. As social work academics, we fully recognize the responsibility of the core values and ethics of our profession, and we take seriously the idea that students certainly need to learn that practicing from a relational theory perspective does not mean that we are self-indulgent. For example, self-disclosure of our thoughts and feelings with our clients at every opportunity counters sound treatment principles of relational theory. Perhaps this goes without saying, but we clearly demarcate a relationally based treatment relationship from that of an interpersonal “friendship” with our clients. To this end, we have articulated clear guidelines about the indications and contraindications of self-disclosure and the process of working through enactments in the clinical relationship.
As noted above, we trust that this text will encourage recent social work graduates and experienced practitioners to seek out further opportunities to learn and practice relational principles, responsibly. We included a chapter on learning relational theory (in the classroom and in supervision) as we wanted to underscore that supervision is a vital aspect of our profession’s vitality. Even though there has been a movement away from clinical supervision in agencies, we do suggest that supervision and consultation (whether peer or otherwise) are important components of our ongoing professional development. Relational theory will also increasingly influence the “learning” of social work.

Relational theory has captured the attention of many psychodynamic theorists as they conduct their clinical skills in advocacy, counseling, and psychotherapy. We imagine (we cannot predict, of course) that relational theory will continue to have a profound influence in the overall field of mental health. As we noted, we have already experienced a paradigm shift in the field; many clinicians have moved away from a classical “drive” theory position to a one-person and then to a two-person psychology understanding of the clinical process.

We also are excited to imagine that contemporary attachment theory and contemporary neurobiological theory will be synthesized with the tenets of contemporary relational theory. This is a time of great advances in the understanding of brain functioning and how our brains are fundamentally shaped in interactions with others. Again, we imagine an interface of relational theories with the burgeoning field of neurobiology that also suggests that even the most intricate of brain functions and growth only happen in relationship with others (Cozolino 2006). The reader is encouraged to explore the work of those authors who are furthering our understanding of how relationships shape our minds; in addition, we know more and more about how treatment relationships can change brain neuronal development that contributes to plasticity across the life cycle (Applegate and Shapiro 2005; Badenoch 2008; Cacioppo and White 2008; Cozolino 2006; Schore and Schore 2008; Siegel 2008). These authors and many others are furthering our understanding of the crucial importance of relationships in our development. We hope this book has furthered your understanding of relational theory principles in your clinical practices, and, as noted, we imagine much more synthesis and progress now and in the future. It is an interesting and challenging time to be a clinical social worker; we hope that you enjoy the excitement of this vibrant time in our field, and that you continue to value your social work roots and traditions.