

control of Doctor Prouty's estate, and remains professionally dormant. However, Pre-Therapy continues to flourish in Western Europe, and we American practitioners continue to believe in, and promote, the approach as an ethical approach to the problem of providing non-directive understanding to under-resourced clinical populations.

I feel grateful to have had the opportunity to work under Doctor Prouty's tutelage, and to be encouraged in my own intuitive work by someone who could truly appreciate its value and my own motivations. Many gifted Americans work with Pre-Therapy in the Mid-West today – Leslie Spencer, Heather Parris, Jim Doherty, Susan Pauna are only a few, and excellent work on Pre-Therapy by Korey McWilliams and Margaret Warner can be accessed by students who are eager to expand their understanding of the approach.

-Amanda R.E. Aller Lowe, LCPC
Aurora, IL

I was formally introduced to the theory and practice of Pre-Therapy while attending Benedictine University's Master's in Counseling Psychology with Amanda Lowe. I was working full-time as a group home manager and was overseeing a varied group of clients in this transitional living situation. I felt drawn to understanding and being able to communicate with my clients in their most "symptomatic" states, and felt that this was a very misunderstood and often underserved population. Dr. Prouty's work was inspiring and gave me hope that through the use of empathic reflections, I could connect with my clients no matter what they were experiencing. Although the agency I worked for had very compassionate staff and the clients were well cared for, they operated under a medical model of treatment. If some of the more chronic clients would have a relapse of psychotic symptoms, they would immediately be hospitalized and/or have their medications adjusted as this was seen as the only option. Pre-Therapy offered another, more humane (in my opinion) solution to this situation. For my internship I worked at another of the agency's group homes, offering therapy to the clients for whom this normally would not have been an option, in Carl Rogers' definition of

“psychological contact.” I felt that Dr. Prouty’s definition and theory of Pre-Therapy addressed this first condition of CCT, and offered a feasible solution. I was excited by the communication I was able to have with these clients, and became involved in assisting Amanda in giving presentations and training on Pre-Therapy at Benedictine University, and years later, the New Center. When Dr. Prouty was invited to give a presentation at Benedictine University in 2001, I jumped at the chance to meet him and had him autograph the program I designed to advertise this presentation. I was filled with admiration and respect for Dr. Prouty and this revolutionary and yet somehow obvious solution to the dilemma of psychological contact. Sitting at a table with Dr. Prouty and Dr. Shukin and discussing our work was a transforming moment in my career.

In 2008 when Amanda was approached by Jill and Dr. Garry Prouty to assume leadership in the Pre-Therapy Institute, I joined and attended quarterly meetings to assist in this process. I was working on certification as a Pre-Therapy trainer at the time of Dr. Prouty’s passing, and feel his death as a loss on several levels. One of my regrets is that I was not able to visit him and Jill a few weeks before his death and did not get a chance to pay my respects.

I currently supervise an outpatient mental health clinic and provide therapy to about 30 clients, many of whom are diagnosed with schizophrenia. Pre-Therapy continues to be one of the most important skills I can offer any of my clients to avoid hospitalization and unnecessary medications. My personal goal is to be able to train each of the staff within the agency on the basic theories of Pre-Therapy in order to be able to facilitate ongoing psychological contact and empathic understanding.

-Leslie Harris Spencer, LPC
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