

PSYCHOTHERAPEUTIC PRACTICES AND SOCIAL WORK PROFESSIONAL IDENTITY: SYNERGY OR BOUNDARY DISRUPTION? PRACTICE IN THE CZECH REPUBLIC

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Abstract: This constructivist study aimed to explore how mental health social workers construct and reinterpret their professional identity by integrating psychotherapeutic practices into their practice in the Czech Republic. Respondents agree that social work with people with mental disorders is an area where social work and psychotherapy intersect, and the therapeutic action of the social worker is perceived as a given. Completing therapeutic training affects the construction of professional identity in different ways. Social workers with training think more broadly about their professional identity and either lean towards the identity of a therapist or feel themselves to be both social workers and therapists. The professional identity of social workers is shaped by many factors, including completing psychotherapeutic training.

Keywords: Social work, Psychotherapy, Social Work Identity, Interdisciplinary boundaries

1 Introduction

Mental health and its relevance to the social functioning of individuals is a crucial area of interest for social workers, and their professional role often involves psychotherapeutic approaches. Although in the Czech Republic there is a formal emphasis on the distinction between social work and psychotherapy as two autonomous helping professions, in practice, there can be interdisciplinary overlap, particularly in the care of people with mental illness. In this study, we aim to answer the research question: How do mental health social workers construct and reinterpret their professional identity by integrating psychotherapeutic practices into their practice? We base our study on the assumptions of social constructivism, which we apply to form social work professional identity (Navrátil, 1998). The literature and practice suggest that practical social work with people with mental illness can be supported by the therapeutic influence of the social worker (Mátl, 2019; Šupa, 2017; Tartakovsky, 2016).

When a social worker perceives a client's mental health and well-being as a fundamental factor in their social functioning, they use a therapeutic approach (Payne, 2016). According to the Center for the Advancement of Mental Health Care (CRPDZ, 2017), the cornerstone of care for people with mental disorders is psychosocial intervention, or that intervention in which the helping professional uses social and psychological management strategies and techniques that are aimed at alleviating cognitive, social, and psychological impairments.

The existing literature needs to include more information on social workers' perceptions of their professional identity in the context of psychotherapy training and its impact on their everyday practice. Therefore, this study explores how psychotherapeutic training influences social work with clients with mental illness and how social workers perceive this influence regarding their professional identity. The relationship between social work and psychotherapy is widely discussed, especially in Anglo-Saxon countries where social workers often act more as therapists (Lieberman, 1987; Thompson, 1997; Goldstein, 2009). In the Czech environment, the discussion has been absent until recently.

In the theoretical part of the article, we will focus on social work with clients with mental illness, the professional tools of social workers, psychotherapy and psychotherapeutic training, and the relationship between social work and psychotherapy. Our study contributes to an essential debate about the role of psychotherapeutic practices in social work and their impact on

the professional identity of social workers, thus offering new perspectives and insights for the professional community.

2 Theoretical part

2.1 Social work and the professional identity of the social worker

Despite the possible disapproval of the majority of society, social work is seen as the profession of the future (Papadopoulos, Egan; 2023). For example, Hanuš (2007) portrays social workers as the connective tissue of society, contributing to the bonding of individuals with the community and professionals within a multidisciplinary team. However, a unified Czech definition of social work does not yet exist. The generally accepted criterion for social work in the Czech Republic is a qualification in the form of higher professional education or university education in social work or its related fields (Act No. 108/2006 Coll.). A defining feature that can help us in our efforts to understand the nature of social work is collective identity. According to Berger and Luckmann (1999), identity is the cornerstone of each individual's subjective reality and is formed within social processes. Thus, according to several authors, social work is a socially constructed reality shaped by interactions with clients, educational and social institutions, employers, and other vital actors (Navrátil, 1998; 2015). Social work is thus seen as a socially constructed activity that can be viewed in relation to the social and cultural context in which it was created (Payne, 2016), serving as a response to specific problems in a given context. Fook (2016) builds on this idea and emphasizes that it is imperative to link context and individual experience. It can therefore be assumed that interaction with another profession (represented by participation in psychotherapy training or the use of psychotherapeutic resources) and its representatives will influence and transform (re-construct) the social worker's identity. According to Musil (2013:512), the identity of the social work field is "the collective self-concept of a group of people who find it desirable to pursue goals while acting in ways specific to social work."

For this research, we work with a definition that emphasizes the core characteristics of professional occupational identity and places emphasis on occupational self-concept (Beijaard et al., 2004). In this process, personal interests, experiences, values, and beliefs regarding the occupational self are reflected in relation to the situational or contextual aspects of work. There is also an emphasis on how social work is presented within the sector and to people outside the sector (Adams et al., 2006).

2.2 The relationship between social work and psychotherapy

Social work considers social and psychological, biological, and spiritual factors when intervening with clients. Thus, it uses knowledge from other disciplines and integrates them into its knowledge base to ensure that the interventions provided are effective (Janebová, 2014). Payne (2006) states that social work is a practice that uses psychological and social sciences, especially in interpersonal interactions with people from deprived groups. Social work with people with mental illness is integral to Czech social work. According to the National Health Information Portal (NHIP, 2023), the total number of people suffering from psychiatric illness in the Czech Republic increased by 22% between 2010 and 2021. Serious psychotic illness was the third most commonly diagnosed disorder in 2020 (NHIP, 2020). Thus, a client with some form of mental illness may be encountered by social workers across a variety of social services.

In the Czech environment, the relationship between social work and psychotherapy has not been addressed in empirical or even theoretical studies for a long time. The need for social workers to use psychotherapeutic tools precisely in the context of work with

disadvantaged children has recently been pointed out by some authors (Navrátilová et al., 2023, 2021; Punová et al., 2020), but even these studies do not focus directly on the interaction, boundaries or intersection of psychotherapy and social work. The interest in exploring the relationship between psychotherapy and social work in mental health has been significantly influenced by systemic change in the form of the Mental Health Care Reform (2017), where the intersection of health and social work is fully manifested and addressed. The social worker is a pivotal link in multidisciplinary teams and often acts as a case manager. To some extent, negotiating roles and boundaries becomes necessary (Psychiatrická společnost, 2017). Social workers may also already attend, for example, the Ministry-accredited course Psychotherapy and Social Work – Intersections, Differences and Possibilities for Collaboration, where participants are expected to learn how overcome fears of venturing into more serious topics in conversation with a client, lest they do something they do not feel competent to do (MPSV, 2022). At some universities, students can now study the new course Applied Psychotherapy and Innovation in Social Work, which promises to teach graduates to apply psychotherapy in their work, emphasizing the care of people with mental illness (e.g., CMTF, 2023). The intersection and interrelationship of the two disciplines are thus becoming more prevalent in mainstream and lifelong social work education and need to be considered more than ever before.

The relationship between social work and psychotherapy is discussed in detail by Wakefield (1988a, 1988b, 1998). Although these are older texts, the author refers to the American environment, where clinical social work (as psychotherapeutically profiled social work is called in the USA) is in a different position than in the Czech context. The author's typology is transferable to the debate about the relationship between social work and psychotherapy in the Czech environment. Wakefield (1988a) notes that social work has become one of the helping professions in the USA that is dedicated to people with mental illness. He reflects on how the widespread practice of psychotherapy affects the nature of social work. He describes three possible ways how the relationship between the two professions exists. We will loosely refer to these as 1/ the independent model, 2/ the subdomain model, and 3/ the selective model.

Within the independent model, there is no natural conceptual line between social work and psychotherapy – the use of psychotherapy by social workers may be a “historical mistake” where social workers have sought professional recognition and power outside their natural profession. In this conception, psychotherapy may be used to some extent by social workers in their work with people with mental illness (as long as it is consistent with the needs of the client), but it is still an act that lies outside the boundaries of social work.

Within the subdomain model, all psychotherapy should be conceptualized as a subdomain of social work – this requires either defining social work very broadly to include all interpersonal help, or constructing psychotherapy to fit the understanding of social work. This strategy would likely lead to an unreasonable expansion of meanings and concepts, which would be less desirable. In particular, this idea is counter-intuitive to the idea that we can intuitively say there is any difference between social work and psychotherapy. Applying this concept to our work, psychotherapists would be social workers' colleagues in the unified social work field.

In the selective model, certain forms of psychotherapy fall within the social work profession, and others do not; as such, two fundamental problems arise from this conception, according to Wakefield (1988). The first is the fact that there is a need to establish decisive criteria to determine when a technique is psychotherapy and when it is social work. Therefore, capturing the essential difference between social work and other therapeutic disciplines is necessary. The second problem is how to treat the fact that social workers are legitimately involved in

working with people with mental illness and in their psychotherapeutic treatment.

2.3 Psychotherapy and psychotherapeutic training

In the past, psychotherapy belonged more to the medical field, but it was possible to practice it outside the medical field. In the healthcare field, psychotherapy is regulated very lightly, which is still more than in the non-healthcare field, where the regulation of psychotherapy is absent. This corresponds to the current climate in psychotherapy, where two differently-minded camps are pitted against each other: the Czech Psychotherapy Society of the Jan E. Purkyně Society (ČPTS) and the Czech Association for Psychotherapy (ČAP). The ČPTS considers the only legal provision of psychotherapy to be that which can be found in a clinical psychologist or psychiatrist working as a health care provider registered by a regional authority (ČPTS, 2022). The ČAP is more benevolent and leans towards the idea that psychotherapy can be provided as a separate profession, utterly independent of the departments (ČAP, 2022). This context also influences the interprofessional collaboration between psychotherapy and social work. However, above all, opinions differ diametrically on the topic of the identity of the social worker after completing accredited psychotherapy training. Representatives of the ČPTS do not recognize that persons outside the health sector have completed such training and practice psychotherapy.

Psychotherapeutic training can be considered a crucial part of the education of future psychotherapists. It is not easy to compare or generalize between different pieces of training, as they differ not only in theoretical orientation and ideology but also in the length and content of the training itself (Rønnestad, Ladany, 2006). According to the official system of the Ministry of Labour and Social Affairs, the completion of accredited psychotherapy training is an essential part of a psychotherapist's professional credentials. Even a person without previous medical training can do psychotherapeutic training; thus, after completing it, he or she can practice psychotherapy. There is a plethora of psychotherapeutic training, which is also related to many new psychotherapeutic directions, which are increasing every year. Since this paper does not aim to describe the variety of PST (psychotherapeutic) training, we will not devote additional space to it.

Regarding the constructivist interpretation, social interactions, experiences, and sociocultural context all influence a social worker's professional identity. Thus, psychotherapy training may significantly impact the professional identity of a social worker cooperating with persons with mental illness. We anticipate a set of possible specific impacts that the completion of psychotherapy training could have, which could manifest in the reconstruction of professional identity.

3 Methodology

We will now attempt to briefly describe the essential procedures we will use in our investigation and relate them to the object of study, which is "the professional identity of the social worker after (or without) psychotherapy training." We will choose a qualitative research strategy because we want to a) understand the specific subjective experience of individuals, b) find out how social/organizational/cultural factors influence this experience, and c) see how this experience affects the interaction between the individual and the environment (Creswell, 2013; Merriam 2009:5,13)

In this research, we investigate the perceptions of selected social workers about using PST techniques in their work with people with mental illness. We will therefore draw on the understanding method, within which we will lean towards an inductive way of thinking. Based on this, we will draw out the more regular patterns we can extract from the data. We lean towards induction because the topic of "social worker identity with and without PST training" is not covered in the literature, so there is no theoretical framework through which we can view our research.

Unlike inference, we will begin our research with as few perceptions as possible so that a theory can emerge from the data (O'Reilly, 2012). Given this, we lean towards grounded theory, an inductive primary qualitative research method. Thus, the main task of the researcher is to discover what is in and behind the data. The orientation toward generating theoretical ideas (hypotheses) from the data is essential (Strauss, Corbin, 1998). For us, the central concept of perception will be based on constructivist theories of social perception; thus, the researcher leans towards Charmaz's (2014) constructivist grounded theory methodology. According to Charmaz, the researcher does not assume any external truth to be discovered; instead, the emphasis is on the dynamic and reciprocal interaction with the research participants, with the truth being formed in the process (Charmaz, 2008, 2014).

Respondents were contacted by email to check whether they met all the criteria we had set. Three respondents were contacted through the snowball method, as we were contacted by the respondents we interviewed initially. We outlined the main objectives of our work to the respondents by email. Before the interview, we ascertained demographic information (field of study, length of experience, type of training, organization, and age). Interviews (and repeat interviews) were recorded, and respondents were made aware of this and consented to the recording. In total, we worked with eight respondents, all of whom were social workers. The respondents with training were required to have completed accredited (and multi-year) PST training.

Tab. 1: Basic information about respondents

	SEX/ AGE	EDU CAT ION	PROFE SSION	PST TRAI NING	TYPE OF TRAI NING	REP EAT ED INT ERV IEW
R 1	W/3 2	mast er's	SW	YES	Dasein	YES
R 2	W /35	bach elor's	SW	YES	CBT	YES
R 3	M/27	mast er's	SW	YES	Gestalt	NO
R 4	W /36	mast er's	SW	YES	CBT	NO
R 5	W /30	colle ge	SW	NO	-	YES
R 6	W /27	bach elor's	SW	NO	-	YES
R 7	W /31	mast er's	SW	NO	-	NO
R 8	M /28	colle ge	SW	NO	-	YES

Source: Authors

3.1 Data analysis process

After completing all the interviews, the main task was to transcribe them verbatim after each session. According to Hendl (2016), transcription allows for delineating similarities in the content communicated by the respondent. Based on Charmaz's recommendation, we analysed each interview immediately so we had a vivid memory of the non-verbal communication and the context of expression. After almost every interview, we determined a range of topics we wanted to discuss further with the respondents as part of the data saturation process. For five of the respondents, we used the option of a supplementary semi-structured interview; for three, we repeated the supplementary semi-structured interviews twice. Four respondents were recruited through social media advertisements, while the rest of the respondents were recruited through the snowball sampling method. We conducted 16 interviews with eight respondents, ranging from 25 minutes (for the repeated one) to 98 minutes.

Thus, in analyzing the collected data, we followed the guidelines formulated by Charmaz (2008, 2014). Following Charmaz (2014), we ensured that coding consisted of initiation and selection phases. The initiation phase is characterized by the researcher's attempt to name and code information to create space for the diverse interpretations and meanings perceived in the data. In the selective phase, we searched for units of meaning and significance, sorted the codes, and sought to integrate and synthesize the data. Thus, using focused coding, the codes are grouped into similar categories, which are described by Charmaz (2014: 91-92) as "the refinement of ideas, events, and processes in our data." The aim is also to uncover the relationships between the coded parts. Axial coding (Charmaz & Henwood, 2008) is characterized by identifying categories, their dimensions, and internal structures.

4 Results

The identified categories related to the immediate experiences and attitudes of the respondents that they associated with the construction of their professional social work identity. This analysis aimed to understand respondents' subjective meanings and study how they directly construct these meanings (Charmaz, 2014). As there were responses from multiple respondents in the interviews, each statement will be numbered based on which respondent the statement belonged to (table in methodology). For clarity, verbatim quotations are provided and are italicized in the text. Due to limited space, we present the interpretation of one category.

4.1 Professional identity through the eyes of social workers in the care of people with mental disorders

All respondents perceive social work as an autonomous profession distinct from other helping professions.

Concerning the professional identity of the social worker, respondents R5 and R8 emphasized the never-ending work of the social worker. Respondents R2 and R6 emphasized that the identity of a social worker does not form itself without effort but needs to be nurtured, which was complemented by respondents R1 and R3 about the need to fight for it in society. *"Once you're a social worker, then you have to do something every day to make the profession stand out."* (R8)

A big theme concerning professional identity was education and competence. Respondent R2 spoke mainly about lifelong learning in this context. According to respondents R6 and R7, sharing practice and experience among social workers also strengthens the identity of social work. Respondents R3 and R4 believe that social workers can only do an excellent job by continuously improving their skills and broadening their horizons in social work. In the area of training, the professional "mischief" associated with mandatory lifelong learning that occurs in some services was also repeatedly highlighted by respondents (R1, R4, R8): situations where the offer of compulsory courses does not correspond to the needs of social workers, or it is not explained why it is necessary to attend courses. In such cases, social workers attend courses only out of obligation and take nothing from them, which does not contribute to strengthening their professional identity. According to the respondents, this leads to the fact that social workers do not want to be educated; they take it as a necessary obligation and sit out the courses.

"Education - fortunately, the law requires us to do that, and that is the most important thing. However, it is not like I'm going somewhere to do the course; I'm trying to choose what interests me and is useful for my practice. There are some places and organizations where people have mandated courses, which no one is interested in, and they have it as an obligation, and no one takes anything away from it." (R5)

Synonymous with professional identity, according to respondents, were terms such as 'togetherness' (R1, R6, R7), 'meeting each other' (R5, R8), 'shared practice' (R1, R2), 'interdisciplinary collaboration' (R3, R4), 'sharing problems and experiences outside the home organisation' (R6, R7) and 'collective consciousness' (R2, R3).

"I feel it (author's note: identity) as belonging to the profession. Although, for example, according to Satir, we should not identify ourselves as social workers. But I do. The personal life, the lifelong learning, the prevention of burnout syndrome, and my well-being are also important. But for me, it's identifying with the values of social work itself." (R1) Identity was also mentioned as an entity a good social worker should care about (R1, R4, R5). According to respondents R5 and R8, identity awareness and care are central to preventing burnout syndrome. *"You want to be pretty, so you go to the hairdresser and the beautician. You want to be a good social worker who isn't burnt out and can help clients? Then you must constantly care for yourself and your professional values."* (R5)

When asked where respondents would place their professional identity, respondents without training responded consistently that it was in the social work category. They feel their own identity is in the role of a social worker. In this part of the statement, identity was thought of in terms of social and professional roles. Respondents R3 and R4 with training reflected that they needed clarification, and although they are still doing social work, therapy does intrude a lot into their intervention with clients. They are both thinking about going to work somewhere as therapists. Respondent R1 with training still refers to herself primarily as a social worker and wants to keep that the same. Respondent R2 refers to herself as a therapeutically-oriented social worker at the moment. However, in her own words, she is balancing what she wants, and although she enjoys her work as a social worker, the poor financial situation in the service where she works as a social worker is likely to drive her to therapy. She separates the field identity of social worker and the identity of psychotherapist as two parallel worlds. *"I have been in practice for many years. Identity-wise, I am more of a social worker. We'll see how it goes from here. And I think I'll be happy to say I'm a social worker - a psychotherapist, if I take it chronologically. Over the years, I've built a certain pride in being a social worker."* (R1)

Respondents also reflected on when and how the two disciplines intersect, when this is desirable and when it can be risky, and what role PST training can play. Respondents with training also shared another fact, namely their perceptions of the impact of PST training on their social work with clients. All respondents (R1, R2, R3, and R4) emphasized the tremendous value of the self-experience portion of the training. In their view, self-experience should be mandatory in the training of future social workers. *"I was greatly enriched by the experience period, which allowed me to experience and conclude things that could be reflected in my work with the client. I don't feel that I have mastered a series of techniques that I could apply to client work. Rather, it's more about that gut feeling and that internal setting. That then translates into working with the client."* (R4)

Another area that respondents perceive in relation to training is a shift in both personal and professional areas. Respondent R1 shared that the change was in how she was able to gradually break out of patterns and stereotypes in her head based on previous experience. She also sees positive impacts in her work with clients. *"It has definitely helped me in my practice because I can teach clients that way by learning to accept myself more there and with different external qualities, and not all completely one hundred pro-positive qualities so that they accept themselves better. Because I accept them better, because I'm more tolerant and patient."* (R1) None of the respondents regret having taken the training. Although it has been challenging regarding resources and balancing work, personal, and "training" life, they all feel that the training has only enriched them, and they do not regret going through it. *"I think I would have functioned worse without the training, certainly not as well. It definitely gave me some professional confidence."* (R2)

The negative aspect of a situation where a social worker has training was also reflected. The conflict between organizational and legislative matters was mentioned, whereby the nature of the social service, or social worker, lead to the feeling that they should not do psychotherapy (R2, R4). However, according to respondents R1 and R2, a social worker with psychotherapy training is an advantage, and it is about how they set up and communicate this within the service or team. Identity crisis was also mentioned, where the social worker can stop doing social work and only deal with the client's psyche (R1, R3). *"It has limits in that if a person wants to comply with the regulations badly, they don't actually use the fact that they have training in that social service. If it's important for him to help those clients, to provide that social service well and use that training that he has, so he does the psychotherapy anyway, but he can't say that anywhere."* (R1)

Respondent R4 identifies situations where a social worker with training has and can act therapeutically and does not have to fear stepping out of the social worker's identity. At the same time, however, she distinguishes between a psychotherapist and a social worker with psychotherapeutic training. *"Sure, when we have a client who needs much psychotherapy and much intensive psychotherapy, it's not that we're somehow criticizing the service, but we're just recommending psychotherapy to the client and working with them to find a therapist, start therapy and go to therapy."* (R4)

Respondent R3 highlights the benefits of completing PST training for a social worker and illustrates it by working with a client. *"... if a person has a therapeutic background and has that overlap there, then on the one hand, they can solve many problems, like mental health issues or some crisis illness or something. It's more like identifying that this might be a problem and needs to be addressed rather than someone who does not have that training."* (R3) It should be mentioned, however, that even respondents without training named situations where, in their opinion, it would be desirable for them to have psychological or therapeutic training.

Respondents R3 and R4, however, described an experience where a social worker, having received psychotherapy training, had swapped the identity of the social worker for that of the psychotherapist. *"I have known people who, after PST training, change that helping profession and become identity therapists. It makes sense to me that some people have that. It could be that working as a therapist is more prestigious and better paid."* (R3)

Respondents R6, R7 and R8 described situations where they could imagine and find it meaningful for a social worker without training to do some of the more therapeutic techniques with a client if they feel up to it. However, they stress that these must be safer, more standard techniques. For example, the social worker puts on music, and the client draws what comes to mind (R1), works with a picture of characters, identifies with one, and then talks about why (R1, R4). Respondent R7 was the most open to using psychotherapeutic techniques in social work, but she stressed that the social worker must have *"some training, the basics of crisis intervention, [and must] seek out the training oriented to this issue."* (R7)

Interdisciplinary boundaries were described in various forms by virtually all the respondents, although each viewed them slightly differently. Respondent R5 declared that psychotherapy does not belong in social work. Imaginary boundaries were often discussed concerning the education and competencies of the social worker. A social worker without psychotherapeutic training is simply a social worker who should think very carefully about therapeutic action (R2, R3, R5, R6).

Respondents with training R1, R3, and R4 compared their interventions with clients before and after training, and all agreed that completing accredited PST training had taken their social work practice up many levels. Respondent R3 said that he had never thought about it until he had undergone the training himself. However, after completing it, he feels more competent and receives positive feedback from colleagues and clients. Respondent R4 says that she can only imagine working with clients with the knowledge that the training has given her. *"Training has changed a lot my overall perception of the world. Moreover, it definitely translates into my work with clients. It may sound like a strong statement, but I can't imagine working with clients now and not having that knowledge and experience from the training."* (R4)

Most respondents are inclined to the view that, officially, psychotherapy does not belong to social work. Risks and dark scenarios were mainly mentioned by respondents with training in this area. Respondent R1 discussed the problem of the blending of the two disciplines. The respondent mentions one situation where social work and psychotherapy were blended, leading to her colleague having to leave the service. *"Until now, I had a colleague there who was a psychologist with PST training, and she also had a degree in social work, which she had never done in practice. So she was having much trouble dealing with the practical stuff in that residential service, and she was having much trouble setting boundaries and enforcing those rules that applied to the other clients or the place."* (R1)

However, respondents also acknowledge that they are sometimes more therapeutic when working with clients. However, respondent R6 says it should not be taboo in social work to let a client share something traumatic and difficult. The social worker needs to make it clear at that moment that he or she is there for the client, to listen to it, but to resist the urge to find a solution to the situation. Respondents R4 and R8 also agree with this. *"I see a difference in the work of a social worker and a therapist. SPR, we don't have a problem being with the client in those difficult situations and topics, but we say to them, "We are not going to help you process this," and "We are not going to get rid of this disease."* (R6) However, respondent R5 strictly emphasized that she could not afford to be a therapist in her work. She is therapeutic only in the sense that *"if the client opens up, shares something with me, then, of course, I listen respectfully, but that is as far as I can go because I have no training or psychological education."* (R5)

Although the respondents (R1, R2, R3, R4) have completed accredited PST training, they try to avoid getting too involved in psychotherapy or psychological interventions with clients. Respondents R3 and R4, however, recognize that they work differently with clients compared to the pre-training period, and the collaboration is deeper. Respondent R1 shared that even though she has completed the training completely, there are psychotherapeutic techniques that she would not dare to use even now, such as: *'relaxation, imagery, general bodywork, or opening up childhood themes, and I know that would be more than desirable when working with my target. I don't feel up to it yet. However, it doesn't belong in social work.'* (R1). Respondents R1 and R3 also highlighted the interesting idea that even the fact that a social worker completes their training does not entitle them to *"mindlessly use psychotherapy when working with clients in social services. Self-reflection is important."* (R3) *"But when a social worker has completed PST training, it also depends on what they have. It's all about self-reflection. If a social worker is a macho person who plays therapist, they could damage that client."* (R1)

According to the respondents, the organization's culture also influences social work and psychotherapy intermingling. Respondent R2 reflected that she found it difficult to talk about the relationship between social work and psychotherapy because their service is set up very loosely, and all social workers have either completed their training or are almost at the end of it. Despite this looseness, the respondent stands by the fact that there are boundaries between the two professions, and it cannot be pretended that they do not exist. Respondents R5 and R6, on the other hand, say that the basis of their services is social counseling, which does not include psychotherapy.

"... the relationship is very open-ended. The boundaries are looser for us, but we are aware of them. We perceive that there are boundaries between social work and psychotherapy I don't question that at all. It needs to be reflected." (R1)

5 Discussion

Some respondents mentioned several cases of people who, immediately after completing psychotherapeutic training, redefined their professional identity in favour of psychotherapy, referred to themselves only as therapists, and quit social work altogether. This is a topic that deserves more research scrutiny. We believe that the "total redefinition" of the social worker's professional identity into that of a psychotherapist may be motivated by greater social prestige, independence, and potentially higher earnings, which are fairly rational and pragmatic reasons (which are also more or less consistent with the respondents' statements). However, why someone "converts" to psychotherapy and why someone, even with a bit of training, remains a social worker is not clear from any research, and we can only guess as to whether it is personality adjustment, professional self-confidence, or the organization's culture, etc. A constructivist approach offers different perspectives that can shed light on how these decisions are shaped and how they affect the professional identity of social workers. Further research could thus focus, for example, on how social workers construct and reinterpret their professional identity by integrating psychotherapeutic practices into their practice and how these factors influence their professional roles and career paths.

Again, this is a shared subjective construction of the selected respondents, and the aim is not to generalize the findings to the broader population. It is clear from the respondents' accounts, and their perceptions of the whole issue, that completing PST training impacts the construction of a social worker's professional identity.

Respondents with training perceived the impact of completing the training on interventions with clients mainly regarding their professional self-esteem and their ability to understand the client's situation more comprehensively. However, respondents also accentuate greater social prestige and financial reward if they become therapists, which two of them openly thought about. Sometimes, the social worker becomes more "professional" (hence more professionally confident) and uses the skills acquired from the training adeptly in their daily work with clients. At the same time, the self-experience allows them to be more congruent and authentic. The role of self-experience and the identification of personal themes were repeatedly emphasized, which, thanks to the training, social workers were able to process on their own in a safe environment and could avoid uncomfortable situations when working with clients where the worker's unprocessed theme would be encountered. Respondents with training were also much more likely to emphasize the need to follow up with professional therapeutic help and knowledge of the main manifestations of mental illness in client crises.

Respondents without training admit that there is a more visible intersection between social work and therapy in social work with people with mental illness than is the case, for example, with other target groups. Each respondent deals with this differently. Some openly admit that they allow themselves to treat clients therapeutically, while other respondents hold strictly to the social agenda, which allows them to refrain from crossing professional boundaries. On the other hand, another respondent actively seeks out courses and education that help illuminate some of the dilemmas in the care of people with mental illness.

Regarding the effect of psychotherapeutic training (or the perceptions of respondents without training) on the construction of the professional identity of the social worker, the data revealed some interesting aspects. A simple typology of social workers could emerge from the analysis of the data obtained from the survey (see Tab. 2). The formal position was the same for all social workers. According to Act No. 108/2006 Coll. on Social Services, all respondents were social workers working in the care field with people with mental illness. In terms of the selection of respondents, we distinguished between social workers with and without training. Moreover, the last column of the table indicates where individual social workers rank on the professional identity scale.

Tab. 2: Types of identities

WHO	FORMAL POSITION	PROFESSIONAL IDENTITY
Mental health social worker without PST training	Social worker	Social worker
Mental health social worker without PST training	Social worker	A/ SW with therapeutic orientation OR B/ SW considering PST training (for various reasons)
Mental health social worker with PST training	Social worker	A/ Therapist OR B/ Social worker - therapist

Source: Authors

Respondents without training referred to themselves as social workers, although they used selected psychotherapeutic procedures in isolation. In discussing their professional identity, they strictly categorized themselves as social workers. It helped them to gain a clear conceptual agenda (e.g. targeting the restoration of the client's social functioning), determine service settings, and understand the law. They rejected therapeutic practice because they felt it was not directly compatible with the social work agenda, as it would mix two separate disciplines. The client might need clarification, making it harder to maintain the established professional boundaries with the social worker.

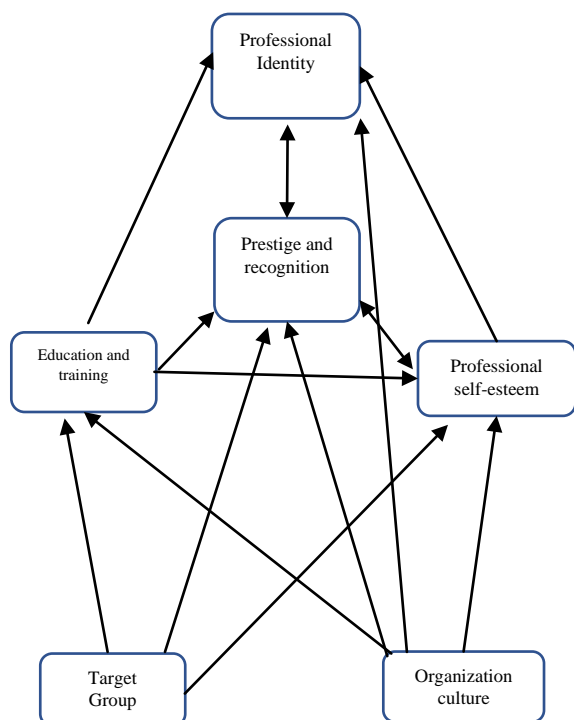
We identified two other smaller subcategories within the category of respondents without psychotherapeutic training. A social worker who, although not trained, was quite open about the fact that their social work was and had to be therapeutic, as the nature of working with the target group of people with mental illness required it. He communicated this consciously and did not conceal his therapeutic orientation. He sought to acquire skills in this area, at least through mandatory training. Furthermore, he found nothing negative about the therapeutic orientation, as he consciously worked in this setting and had permission within the team to work in a more therapeutic style. Another named phenomenon could be a social worker with no training who openly admitted to thinking hard about PST training and probably wanting to take it. The reasons described were mainly the specific nature of social work with people with mental illness, where knowledge of psychology and psychotherapy is an undeniable advantage, leading to better financial reward, career progress, and higher professional self-esteem.

Two streams have emerged in the field of social workers who have completed accredited PST training and are still working as social workers in the system of care for people with mental illness. The first was that the social worker was already categorized as a therapist on the scale of their own professional identity and was taking action then (functioning as a part-time therapist in another organization, changing their contract of employment in the organization where they were working and moving into a therapist role, etc.). These respondents stated why they had decided to undergo training, drawing attention to social workers' poor salaries and social conditions. These respondents expressed regret because they had been in social work for a long time and found working with people with mental illness fulfilling. However, external adverse conditions and a desire to move elsewhere in the professional world forced them to change. The second group was of social workers who had already completed PST training but still proudly referred to themselves as social workers or social workers/therapists. Their statements were dominated by pride in social work, perhaps because they had studied social work, had their first experience in social services, and the social worker position was their first job ever, etc. In general, social workers with no training talked about their identity and the intersection of social work and psychotherapy as is predicted by the independent model, while social workers who had completed PST training tended to hold the views of the selective model (Wakefield, 1988a, b).

6 Conclusion

The text aimed to answer the main research question: *How do mental health social workers construct and reinterpret their professional identity by integrating psychotherapeutic practices into their practice?* The professional identity of social workers is constructed and reconstructed through several factors, including psychotherapy training, social prestige and financial evaluation, personal adjustment and professional self-esteem, organizational culture, and the target group (Figure 1).

Figure 1: Factors in the construction and reconstruction of professional identity



Source: Authors

Based on the interviews conducted, a causal model can be constructed to explain the different conceptions of social workers' identities. This model is based on several factors that may influence how social workers understand and construct their professional identity.

Factor 1 – Education and training: Social workers who have received psychotherapy training may redefine their identity in favour of psychotherapy and begin to see themselves as therapists. This training can give them new skills and perspectives that can influence their professional identity.

Factor 2 – Social prestige and financial reward are other factors that can motivate social workers to redefine their professional identity. Psychotherapy may be perceived as a field with more prestige and better financial rewards, which may be appealing to social workers seeking professional growth.

Factor 3 – Personality settings and professional self-concept: Social workers with strong professional self-concepts and certain personality traits may be more inclined to redefine their professional identity. They may feel more competent and confident in their ability to understand and help clients if they integrate psychotherapeutic practices into their practice.

Factor 4 – Organizational culture: The organizations where social workers work can also influence how they construct their professional identity. If an organization welcomes the integration of psychotherapeutic practices into social work, it may motivate workers to embrace a new role and redefine their professional identity.

Factor 5 – Target group: e.g. in working with people with mental illness, it is possible to see the intersection of social work and therapy more than with other target groups. This may influence how social workers perceive their role and professional identity.

However, this model is simplistic and may only include some factors that may influence the professional identity of social workers. The reality is often much more complex, and each social worker may have a unique combination of factors that shape his or her professional identity. This study also showed that changes in professional identity can manifest in various forms, such as greater self-awareness, congruence, and authenticity when working with clients, or a more open approach to therapeutic methods. The significance of this finding is that it allows us to gain a deeper understanding of the variability and dynamics of social workers' professional identity. This has important implications for social work practice as it provides insight into the potential benefits and pitfalls of integrating psychotherapeutic methods and skills into everyday client work. In addition, these findings contribute to a better understanding of social work training and supervision needs, which may lead to a more effective and responsive approach when working with people with mental illness.

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