

Five Competences of the Positive Psychotherapists

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A palette of different patterns of behavior in psychotherapy is necessary: i.e., the supporting aid for a depressive patient, the structuring in affective disorders, the freedom of association after telling a story or metaphor, surprising, or postponing subjects. A whole variation of accepting, supporting, surprising, complementary and contrary behavior seems most effective in client care, both rationally and emotionally.

The meta-studies of *Grawe (1994)* as well as the investigations of others showed the effectiveness in psychotherapy of the following factors: Aid in conflict solving, understanding and clearing, quality of the therapeutic relation, optimism to find and to give help on the outcome on psychotherapy, personality and maturity of the therapist independent of the method he uses.

Differentiating the necessary capabilities of the therapist, concerning the different steps, methods and needs in therapy, the following should be developed in psychotherapeutic trainings. All of them are orientated towards the client and to the therapist himself or herself.

The first capacity of the psychotherapist is...

... To listen with patience, empathy and to add different points of view: This means first the conditions of *Rogers*: empathy, authenticity, acceptance, and added the transcultural and positive change of view after *N. Peseschkian*. This includes the ability to register sensitively the therapist's own emotions. This is in PPT the step of attachment, acceptance, creating trust and hope.

The second capacity is...

... To ask exactly, to define contents, history, dynamics and possibilities: To distinguish psychogenesis, somatogenesis and sociogenesis and to give a full understanding of the situation to the patient is based on systematic first interview and therapy structure. It contains the capacity to translate the emotional feelings of transference and counter-transference into conflict contents, capacities and relation patterns.

This differentiating step is characterized by several secondary capacities like justice, exactness, order, openness, and uses mainly analytical and logical resources. Clear communication with the patient gives himself an understanding of his symptom as a step within his development and of the difference between conflict contents and resources. In PPT this is the step of differentiation and inventory.

The third capacity is...

... To accompany the patient and to encourage his self-help: The step to self-help means to trust in the patient's discovered resources, to know ways to support also by involving the social groups. This also means to develop the deficit in emotions and feelings in the patient by moderating one's own emotional behavior.

This is the classical behavior in medicine: to support by advice, to see the resources, to use drugs, relaxation techniques, group therapy or sports. In psychotherapy it means to combine all necessary treatment, including anti-depressant or anti-psychotic drugs or physical exams, for instance making tests concerning hyperthyreosis, drug side-effects or tumors as possible reasons for psychiatric disorders. In PPT this is the step of situational encouragement.

The forth capacity is...

... To focus on conflicts by consultation and to mediate responsibility for the consequences of changes: To practice openness and honesty as well as patience and politeness in solving

conflicts (coping, family consultation, changing). Included is the training of affective-emotional possibilities of changes, for instance, by training in openness and expressing emotion, and to find out the responsibility for emotional reactions. Specific difficulties from transference and contents need supervision or intervision - and the readiness of the therapist to use it. This means capacities for the fourth step of verbalisation, consultation and family therapy in PPT.

The fifth capacity is...

... To see the future after conflict solving in the center: To widen the goals to the future meanings in life's plans is not only work with hope as a treating drug, but also concerning the surroundings and relations of the patient.

This means the step of detachment, to see problems and therapy as a chance for a new beginning, and self-help.

Which signals would show us the end of the therapeutic situation, and, when will it be enough for the patient? Can I prepare the patient within the first interview to see the future, after therapy, not just the attractive atmosphere of the therapist's office?

Education in Positive Psychotherapy means to experience the own qualities as therapist in supervision and intervision, and to discuss them also in the extended Balint group concerning the relations of the therapist with the patient, and also with his colleagues and others.

Five competences of a therapist in the five steps of therapy

1. *Observation - Distancing*: The ability to listen patiently with empathy, to understand, and . to add other points of view (*Positive, transcultural and language aspects*)
2. *Inventory*: The ability to ask exactly, to define contents, capacities, possibilities, history and dynamics (*Differentiation: Areas of conflicts, reactions and capabilities*)
3. *Situational Encouragement*: The ability to encourage the self-aid of the patient (*Support, self-help, and the patient as therapist for his environment*)
4. *Verbalization*: The ability to solve problems in frank consultation limited to the area of the problem, to give information about different ways and consequences, and to see responsibilities (*training of courtesy and openness; consequences for all areas of relation*)
5. *Broadening of the goal*: The ability, to ask about the future after working out the conflict: To ask, what the patient will be healed for. (*Fantasy training - To see conflicts and treatment as an opportunity*)