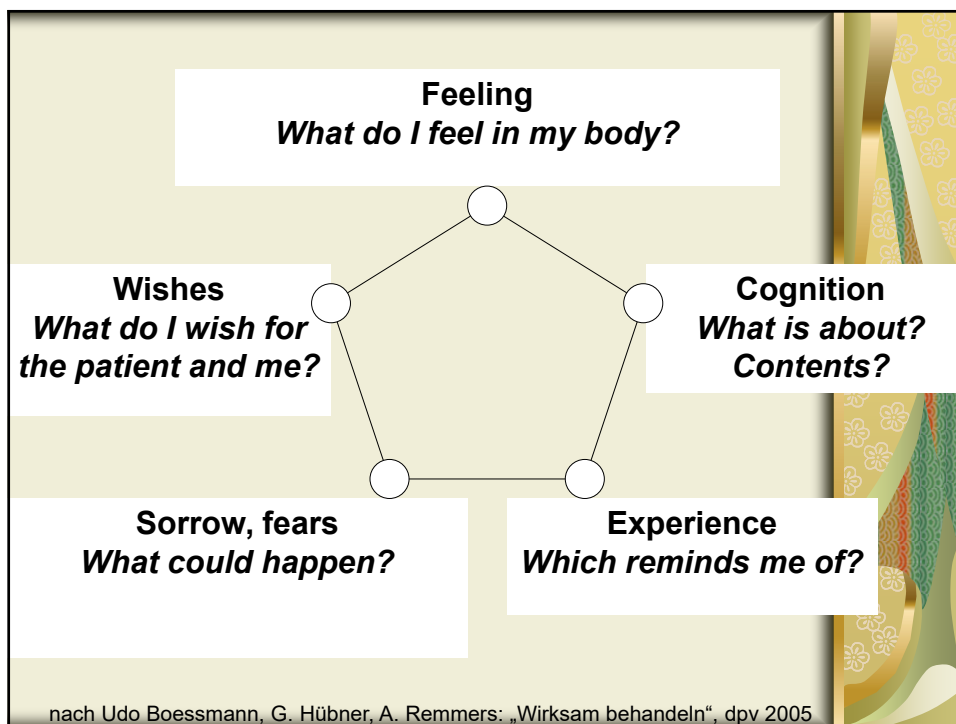
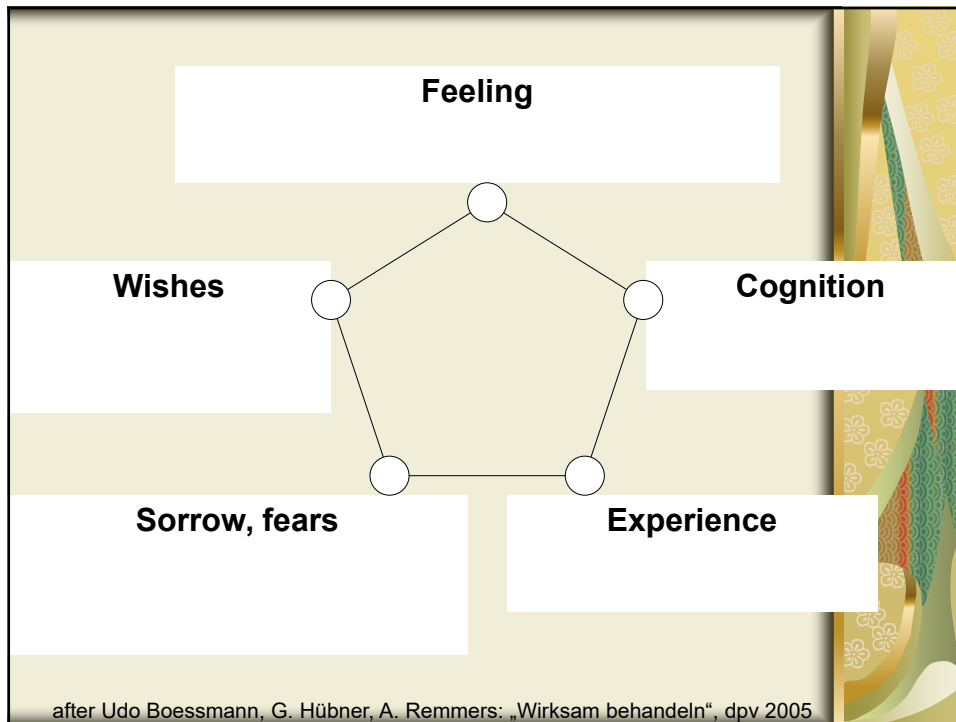


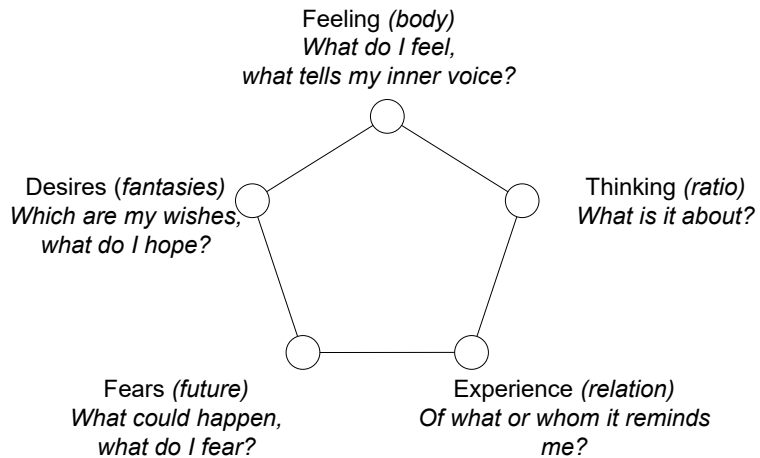


## Supervision in Five Steps

- First encounter: First feeling, thinking, what does it remind me of, what do i expect?
- What is it about? Why choose me?
- How do i feel as a therapist with the client? In which way i feel helpful?
- Which are my difficulties?
- Which experience i take from the encounter with the client?



## Counter Transference



Three stadiums of interaction in supervision – to feel, to do, to be

- Attachment: „*Hello!*“
- Differentiation: „*How are you?*“
- Detachment: „*See you later!*“

after N. Peseschkian 1977

### 3 Stages of Interaction in Supervision

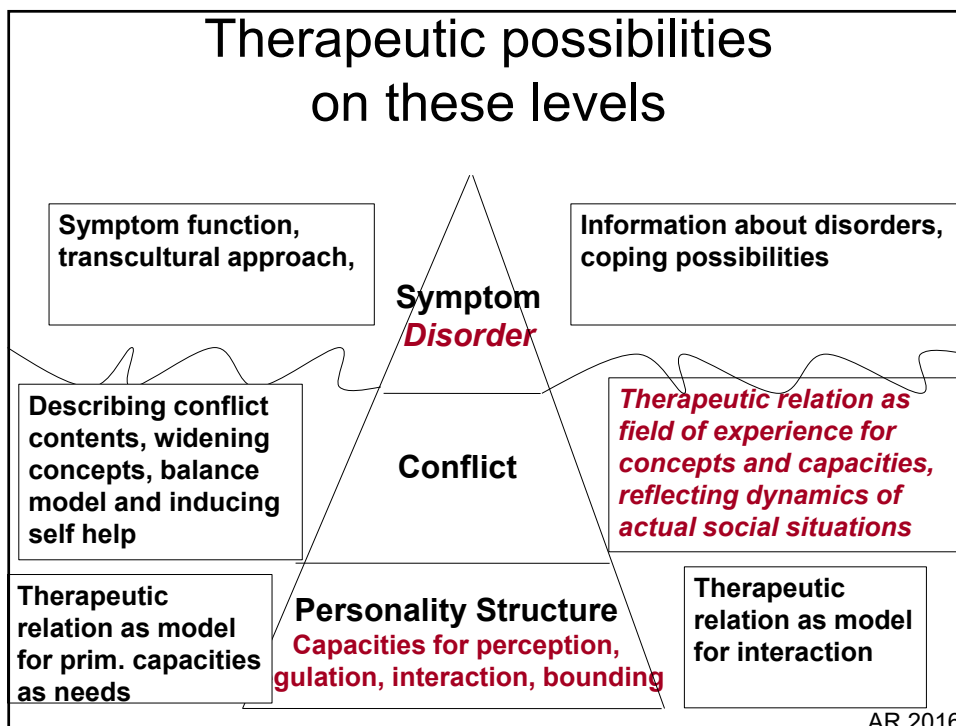
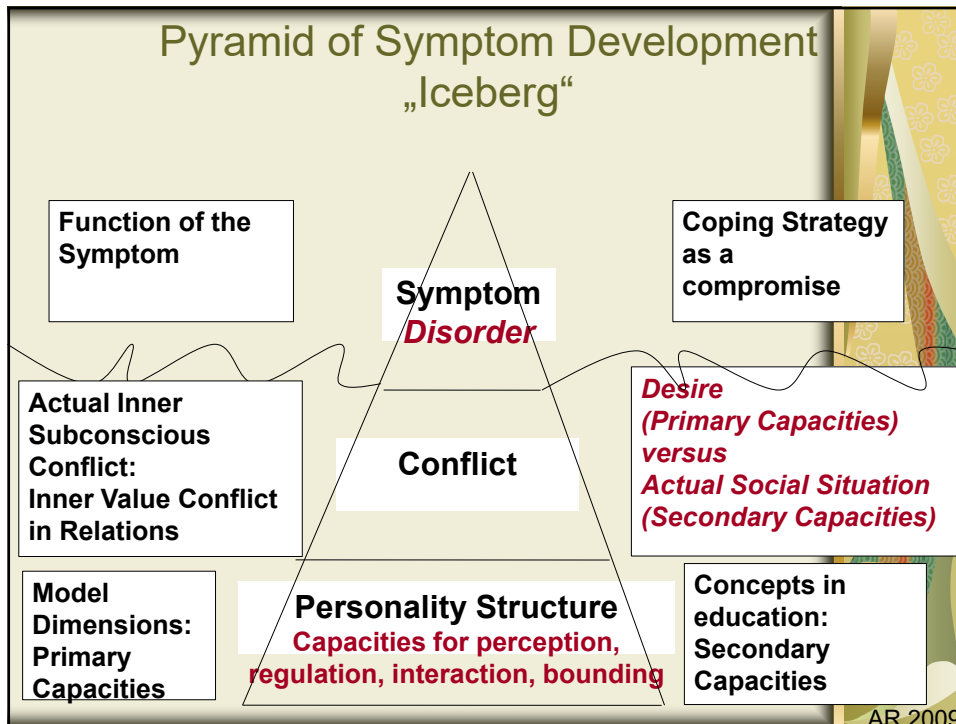
<u>Attachment</u>	<u>Differentiation</u>	<u>Detachment</u>
<i>Interaction and feelings of therapist, client, supervisor</i>	<i>To find out about the process and contents in therapy</i>	<i>To prepare for to be the competent therapist</i>
<b>Emotional SV exchange, feelings of therapist and client</b>	<b>Exchanging resources, capacities, differences, difficulties</b>	<b>Therapists and supervisors insights and ideas, dynamic, methods</b>
<b>The capacities of all to start the relation</b>	<b>To find out he capacities behind the emotions</b>	<b>To learn with each other and new views</b>
<b>Positive view, transcultural distancing</b>	<b>DAI, contents, four areas in therapy</b>	<b>Adapting five step therapy, self help</b>

AR 2009

### Three Levels of Diagnosis in Supervision

- Symptoms and its functions as conflict reaction and in therapy processes
- Therapy process, interaction, capacities, balance, conflict content, structure, individual and family dynamic
- Personality qualities as uniqueness, model dimensions and family concepts

AR 2009



## „First Interview“ in Supervision

***Therapeutic experience with each other:  
Emotions, behaviour, encounter, intuitions***

***The symptoms, its functions and  
changing the point of view***

- ↻ positive connotation, language, symbols
- ↻ transcultural comparison, stories
- ↻ transference, counter transference contents

***Balance model of client and family***






***Life-events, micro trauma, genogram, interactions***

***Existing and possible capabilities and conflict  
dynamic***

***in family and in therapeutic interaction, DAI, WIPPF***

***Four dimensions of modelling, history and concepts,  
personality and uniqueness***

## 5 Steps of Positive Psychotherapy Supervision

- 1. Observation  – Distancing 
- 2. Making an Inventory #
- 3. Situational Encouragement 
- 4. Verbalization 
- 5. Broadening of the Goals 

## 5 Steps of SV in PPT

### 1. Observation – Distancing

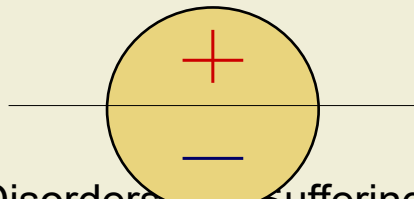
- Listening to each other
- Counter transference of both
- Positive connotation
- Stories, proverbs and transcultural approach, language pictures



Goncharov M: Operationalisation of Counter Transference in Positive Psychotherapy, 2005

## „Positum“ (lat.): The Symptoms in its Function

Positive Changes in the  
Balance Model



Disorders and Suffering in  
the Balance Model

## 5 Steps of SV in PPT

### 2. Therapeutic Inventory

- Balance model and conflict reaction
- Actual capacities: Micro-trauma
- Life events: Macro-trauma
- Family, Genogram, Interaction
- Model dimensions, relation dimensions
- Personality style, uniqueness

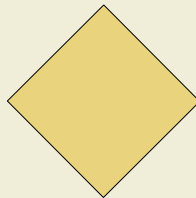


DAI, WIPPF, Peseschkian N 1977: Positive Psychotherapy, 1991:  
Psychosomatic and Positive Psychotherapy

## Balance Model

*N.Peseschkian*

Body  
Senses



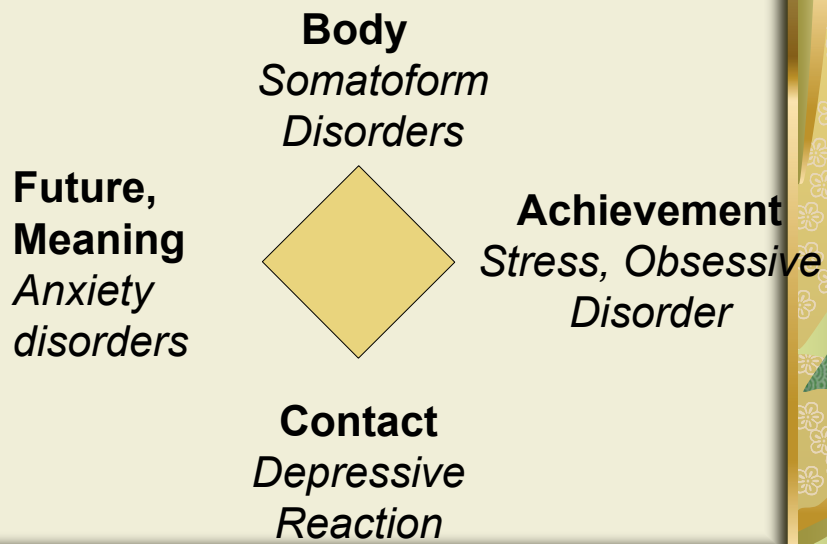
Future,  
Meaning  
*Intuition*

Achievement  
*Reason*

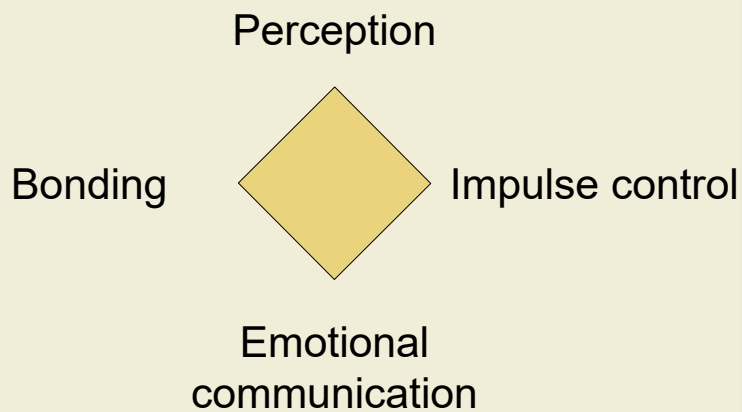
Contact  
*Tradition*



## Conflict Reactions (Examples)



## Capacities of the personality structure



OPD2 2006, AR 2009

<b><u>Primary Capacities</u></b>	<b><u>Secondary Capacities</u></b>
time	punctuality
patience	cleanliness
contact	orderliness
love/acceptance	obedience
sexuality/tenderness	courtesy/politeness
trust	honesty/candor
confidence	faithfulness
doubt	justice
hope	diligence/achievement
faith	thrift

<b>Actual Capacities in Positive Psychotherapy</b> <i>(N. Peseschkian)</i>	
<b><u>Primary Capacities</u></b>	<b><u>Secondary Capacities</u></b>
<b>Bonding capacities to <i>found and hold relations,</i> formed by the model of emotionally important persons, <i>like with the therapist</i></b>	<b>Social norms to <i>organize relations,</i> formed by education, communicating concepts and values, <i>like in the relation with the therapist</i></b>

AR 2016

## 5 Steps of SV in PPT

### 3. Therapeutic Encouragement 🗣️

- Resources of the patient and social environment
- Functions of the existing concepts as needs in the past
- Widening the concepts in therapy relation
- Self help and self help group
- Medicine, physiotherapy, social therapy

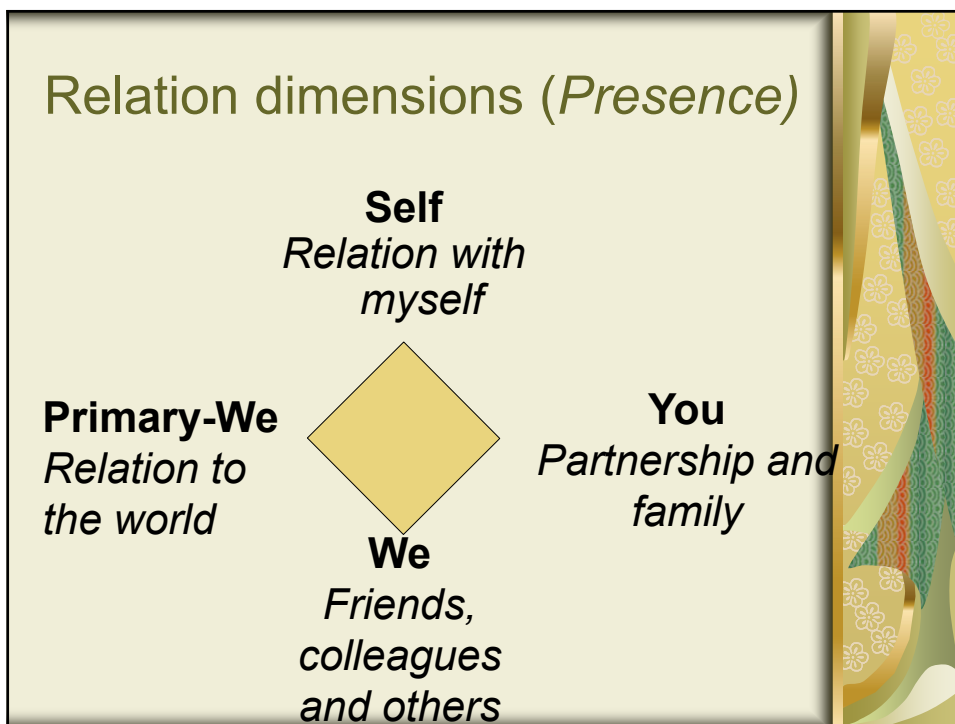
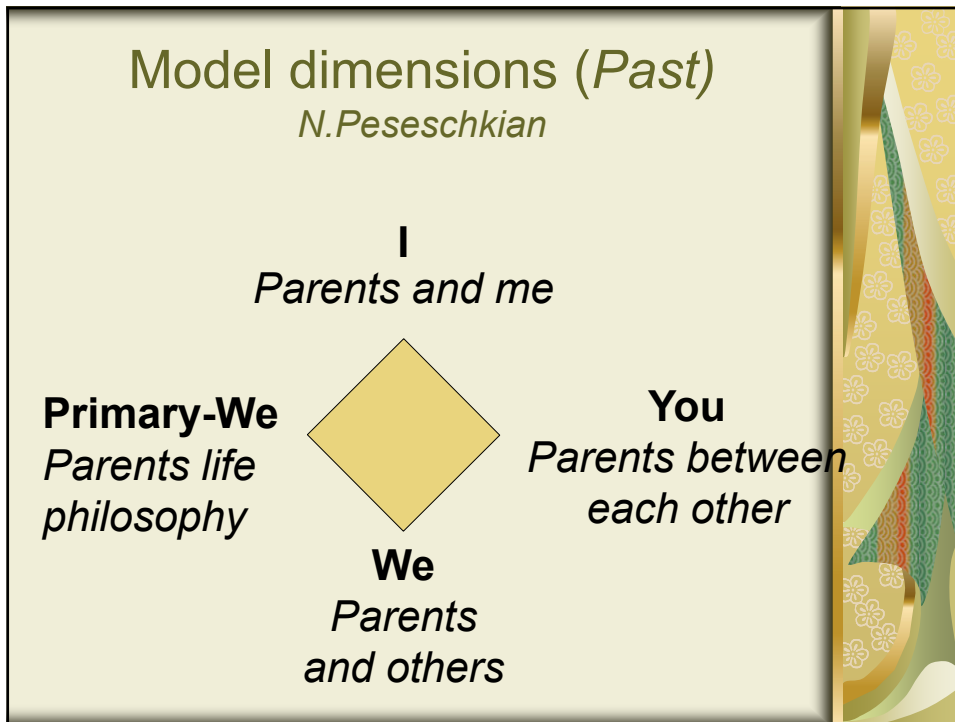
📖 Peseschkian N 1979: Family Therapy; 1991: Psychosomatic and Positive Psychotherapy

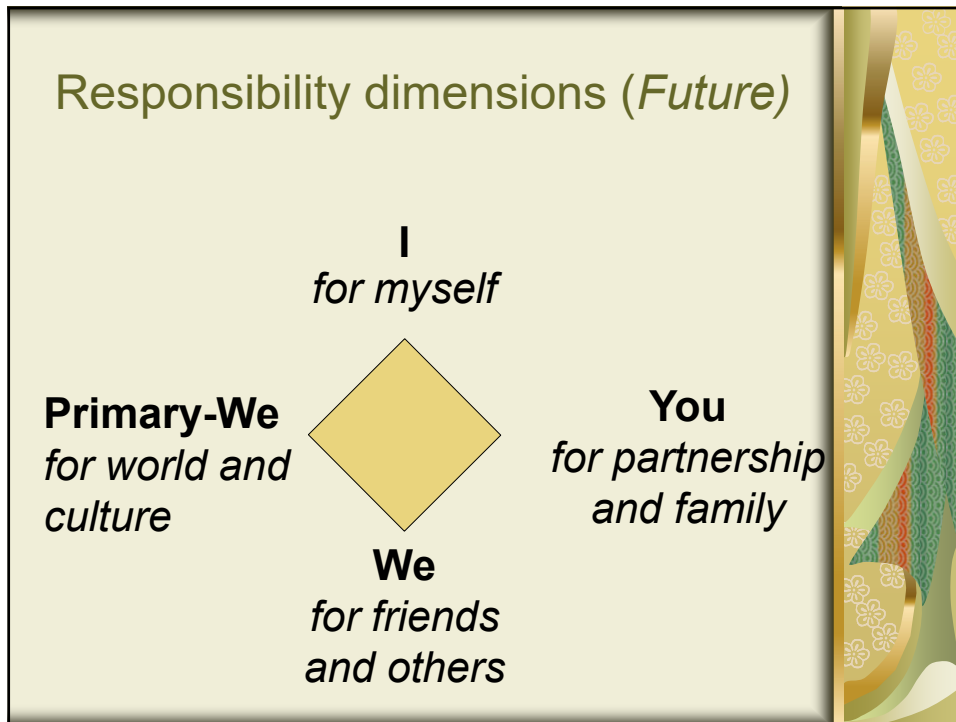
## 5 Steps of SV in PPT





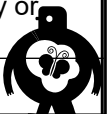
### 4. Verbalization of conflict and dynamic 🗣️

- Describing the inner conflict, basic conflict and actual situation
- Key conflict and emotions:  
Politeness/courtesy - openness/honesty
- Partner and family consultation
- Responsibility of the client within the four areas of relation

📖 Peseschkian N 1979: The Merchant and the Parrot, 1977: Positive Psychotherapy; Goncharov M 2014: Psychodynamic in PPT;





<b>BC + AC → AISC</b>		
<b>Basic Konflikt</b>	<b>Actual conflict</b>	<b>Actual Inner Subconscious Conflict</b>
Former Experience of environment, one self and interaction 	Actual situation, life event, microtraumatic situation	Subconsciously unbearable situation, decompensation of coping strategies
Psychic Adaptation, Compensation and Defense mechanisms	Micro- or Macrotrauma 	Hopelessness
Development of Personality and individual Structure 	reactivates the sleeping Basic Conflict 	Conflict manifestation symbolically in Body or Psyche 

## 5 Steps of Positive Psychotherapy



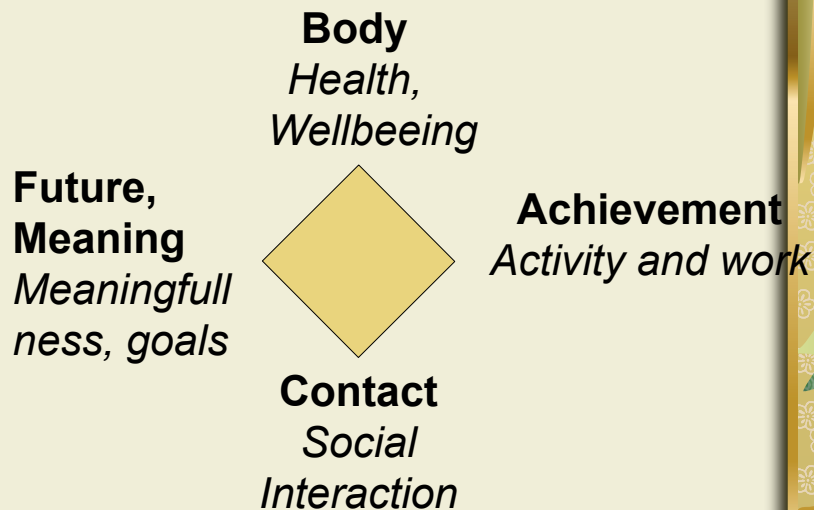
### 5. The Future after the Sessions

- What needs the client for the time after the session and after therapy?
- What did the client never think or do before?
- Which are the goals for 3-6 Weeks/Months/Years within the 4 areas of life, within social environment?



Peseschkian N: In the Search of Meaning, Psychotherapy of Everyday Life

## Therapy Objectives



## **Some Mechanisms of Effective Psychotherapy**

- **Quality of the Therapeutic Relation**
- **Understanding and Clearing**
- **Aid in Constructive Conflict Solving**
- **Optimism to Find and to Give Help**
- **Motivation and Active Participation**
- **Personality and Maturity of the Therapist**
- **Independent of the Method He Uses**

Compiled after *Federschmidt, Grawe AR1997*

## **Theory of PPT in Supervision**

### **Functions and Background of Disorders**

- **Microtraumatic conflict**
- **Symptom as a specific conflict reaction**
- **Link between contents and emotions**
- **Individual psychodynamic and psychogenesis**
- **Relation Systems and Concepts: Sociodynamics und sociogenesis**

AR 1992.

## **Description Models of Positive Psychotherapy in Supervision**

- **Four areas of Life Energy**
- **Four areas of Diagnosis**
- **Four areas of Conflict Reaction**
- **Model Dimensions: Past (experience), presence (relations), future (responsibility)**
- **Primary and secondary actual capacities in relational patterns, repeated in therapy**
- **Three stadiums of interaction in relations**

AR 1992.

## **PPT Tools in Supervision**

### **Therapeutic Tools and Methods**

- **Positive Connotation, Surprise and Humour: Emotional activation, hope**
- **Language Picture, Proverbs, Stories: Emotional activation, changing views**
- **Transcultural Comparison - Comparison of views and concepts**
- **Differentiation of contents and capacities in relational patterns**
- **Balance model for resources, conflict reaction, motivation, therapy tasks**
- **Family therapy using the social environment as resource**
- **Five step treatment: Structuring the process**
- **Self Help: "Homework" between the sessions**

AR 1992.



## **Questions for therapy planning**

Arno Remmers 2023

### **What does the patient suffer from?**

Subjectively described and objectifiable complaints and impairments  
(body, activity, relationship, motivation)

Diagnosis and symptoms

Strengths in the areas of life, previous coping mechanism

### **How is the patient as a person?**

Style/body/mode/neurosis disposition

Structural skills (OPD), flexibility (structural level)

### **Why is the patient the way he/she is?**

Biography, relationship experiences, family culture, developmental phases and crises

Basic conflict, forms of defense, psychodynamic, sociodynamic

### **What is bothering the patient today?**

Current trigger factors

Inner unconscious conflict as ambivalence between incompatible needs and social values, drives and inhibitions, self and others

Intrapsychic and interpersonal conflict contents

### **Which is the vulnerability of the patient?**

Vulnerability, disposition for conflicts

### **Why is she/he getting sick, needing therapy right now?**

Overstrain of previous coping and defense mechanisms

Microtraumatic experience, life events

### **Which coping and compensation possibilities exist?**

Structural strengths and previous conflict solutions

### **What does the patient gain from being sick?**

Functionality of symptoms, effects on environment and self

### **Which change needs the patient to get well again?**

Therapy plan: Clarification of tasks, realistic goal setting, structural, conflict or trauma related.

Clarifying, recognizing, confronting in the here and now, discovering the central conflict, protection and defense mechanisms, relationship patterns, resistance in therapy showing needed protection

New emotional relationship experiences and development of structural skills in therapy

### **In which way can m I be the right therapist for the patient?**

How do we fit with each other? Which possible transference relationship could we develop?

Which kind of therapy could fit the best? Which models of understanding the illness could fit to lthe both of us?

### **How could therapy work?**

Prognosis from the therapist's, and from the patient's point of view

Expected obstacles and difficulties in therapy

Resources for therapy (social support, attachment, reliability, strengths of the pat.)

## 关于治疗计划的问题 Arno Remmers 2023

病人患的是什么病？

主观描述和客观的抱怨和损害

(身体、活动、关系、动机)

诊断和症状

生活领域的优势，以前的应对机制

病人作为一个人是怎样的？

风格/身体/模式/神经症的处置

结构技能（OPD），灵活性（结构水平）

病人为什么是这样的？

传记、关系经历、家庭文化、发展阶段和危机

基本冲突、防御形式、心理动力学、社会动力学

今天是什么在困扰着病人？

当前的触发因素

内心无意识的冲突是不相容的需求和社会价值、驱动力和抑制力、自我和他人之间的矛盾冲突

心理内部和人际间的冲突内容

哪个是病人的脆弱性？

脆弱性，对冲突的处置

她/他为什么会生病，现在就需要治疗？

以前的应对和防御机制的过度紧张

微创伤经历，生活事件

存在哪些应对和补偿的可能性？

结构上的优势和以前的冲突解决方案

病人从生病中获得什么？

症状的功能性，对环境和自我的影响

哪些变化需要病人重新获得健康？

治疗计划：澄清任务，制定现实的目标，与结构、冲突或创伤有关。

澄清，认识，在此时此地面对，发现中心冲突，保护和防御机制，关系模式，治疗中的阻力显示需要的保护

治疗中新的情感关系体验和结构技能的发展

我在哪些方面可以成为病人的正确治疗师？

我们之间如何配合？我们可以发展哪种可能的转移关系？

哪种疗法最适合？哪种理解疾病的模式可以适合我们两个人？

治疗如何进行？

从治疗师和病人的角度进行预测

治疗中预期的障碍和困难

治疗的资源（社会支持、依恋、可靠性、拍档的优势）。