

Section: Modern PPT practice

RESOURCE-ORIENTED WORK WITH TRAUMATIZED PATIENTS

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Abstract

Already since the period following World War 1 until the Vietnam War, criteria of traumatization aftermath of the Vietnam war, the criteria for traumatization have been identified and psychotherapeutic aids have been tested and validated. With its possibility of resource activation, Positive Psychotherapy has made another approach available for analyzing the trauma-triggering triggers, for the identification of competencies that are already being used and for the activation of existing, unused abilities, which leads the patient into a stabilizing process and integration of his/her experiences and thus, together with the cross-school psychotherapeutic interventions, promotes the process of individual recovery.

Keywords: trauma, positive psychotherapy, balance model

Introduction

Whenever people experience powerlessness and helplessness and the feeling arises that they cannot avoid or end a subjectively perceived threat, this experience is "frozen". Life events that resemble this traumatizing situation are avoided, and if this is not possible, the well-known, diverse flashbacks with corresponding symptoms occur, which we psychotherapists encounter again and again in our work with our patients.

Within the framework of Positive Psychotherapy by Prof. Dr. med. Nossrat Peseschkian, we have a model available to us in psychotherapy and counseling with the help of which we can (Peseschkian, 2016):

- a) perform a differential analysis of the trauma content
- b) perform an equally differentiated analysis of the resources used by the patient to cope with and process the traumatic event, and finally

- c) Identify skills/resources that the patient also has available in his or her individuality but does not use under the stressful condition.

At this point, it should be noted that the current state of scientific knowledge on trauma research is not repeated in this article, but is assumed to be known or readable, so that we focus on the use and application of the Positive Psychotherapy model in the context of trauma work and therapy.

Methodology:

This is the balance model, or the model of the four areas of life. Peseschkian starts from the thesis that every person lives and experiences his life in and through four (life) areas. Each of these areas contains abilities, competencies, resources, which develop age-appropriately and end up depending on personality and life circumstances.

Furthermore, each of the areas of life includes challenges and tasks that have to be

mastered in the respective age phases, as well as lifelong challenges for people in concrete situations. Through these challenges, resources of the areas of life are trained and are available as familial strategies. The four areas of life are named:

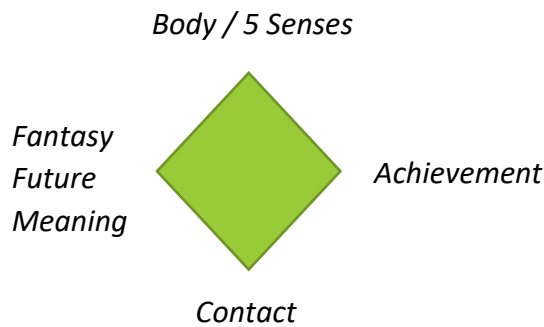


Fig.1. The 4 areas of life according to Prof. Dr. N. Peseschkian

They are operationalized as follows:

- | | |
|--|---|
| Body:
Waking/
sleeping rhythm
Nutrition
Hygiene
Aesthetics
Movement | Senses:
Sight
Sound
Smell
Taste
Touch |
|--|---|

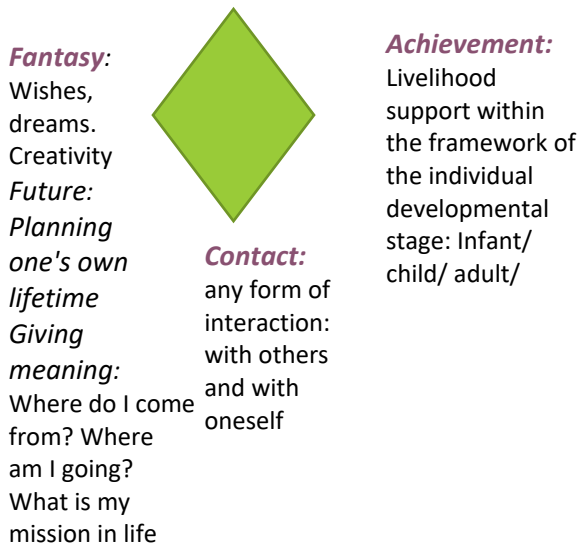


Fig.2. The 4 areas of life according to Prof. Dr. N. Peseschkian and Birgit Werner

It becomes apparent that the more diverse the challenges of personal life are and have been in the past, the more conscious and developed are the resources and abilities of the four areas of life. (From the point of view of developmental

psychology, it can be concluded that it is helpful and self-esteem-boosting for a child if caregivers allow and encourage independence in a child's actions in a manner appropriate to his or her age). Strategically, every person in crisis situations primarily falls back on strategies/resources that are subjectively most familiar and most practiced and tries to solve the crisis with them, regardless of whether these resources are adequate or not. As a rule, partial feelings of success are achieved in this way.

Beginning of the crisis

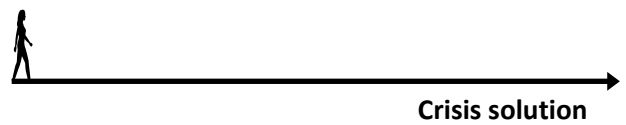


Fig.3. Crisis Management Process I Birgit Werner

If these are not satisfactory, a situation arises that involves different, less frequently used resources using the trial and error principles. If this process does not lead to the desired success, helpers are involved to end the situation of powerlessness and helplessness. This principle applies to trauma as well as to any kind of conflict or life crisis.

The use of less familiar/ new resources is necessary to achieve the goal.

Beginning of the crisis

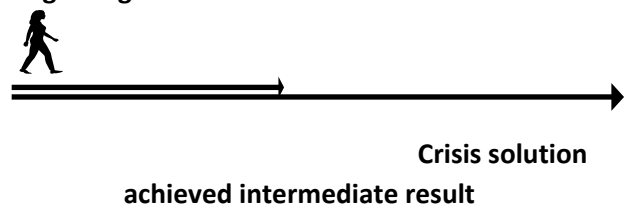


Fig.4. Crisis Management Process II Birgit Werner

Discussion

For the therapist, the first step in the method is to identify the trauma(s) in the setting. the trauma(s) is based on the patient's description and the perceptible symptoms in the setting. Balance model on the basis of the patient's description.

Here are a few examples:

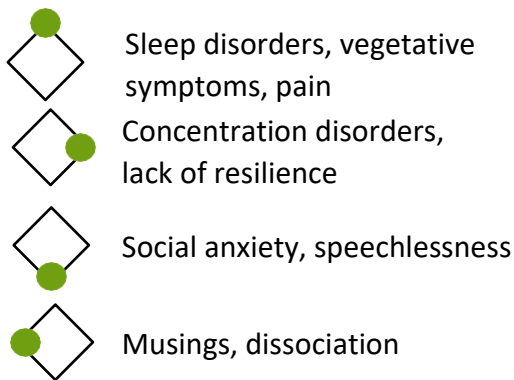


Fig.5. Question: In which areas has trauma escalation taken place?

Depending on the structural level of the patient, this analysis can be discussed with the patient in a more or less differentiated way.

In the second working script, we use the model of the four domains of life to differentiate the symptoms of the patient. Here are a few examples:

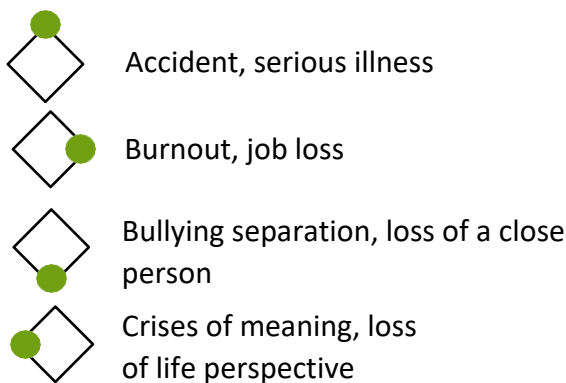


Fig.6. Question: What symptoms have arisen as a result of the traumatization?

The third step takes place, also more or less differentiated, depending on the structural level of the patient. Here the question of analysis is: *What resources has the patient used so far to regain control over his/her own life after the traumas and to process the symptoms that have arisen?*

Here, the resources familiar to and trained by the patient become apparent. In the comparison of the areas of life in worksheets 2 and 3, a clear picture emerges of which areas of life are particularly heavily burdened and which areas of life are used to a particularly high degree to compensate for and process the trauma. This insight can give the therapist a suggestion as to which of the four areas of life can be used more extensively.

In the fourth step, we consider together with the patient which resources and abilities are

generally available to people. The therapist can give some suggestions at this point and should enable the patient to develop those resources which he/she has become acquainted with and possibly observed in other people.

It is generally our goal to guide the patient toward self-help, which is especially important after a trauma, in order to help the patient to get out of the passive back into an active life situation.

Together in the Session we discuss which of these concrete resources can be tried out for the life situation of the patient in addition to the familiar strategies in order to achieve symptom reduction and an awareness of more extensive self-control, so that the psychological and physical ability to cope is improved. Here, too, a few examples are given:

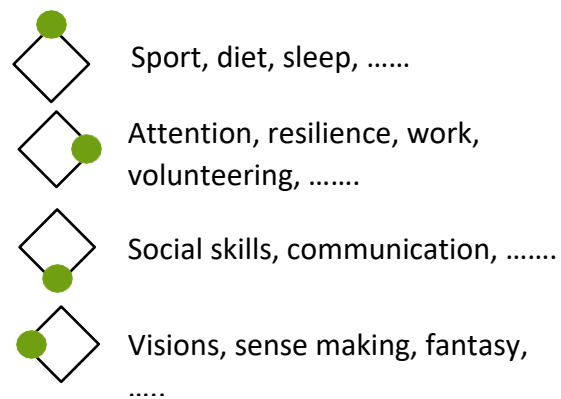


Fig.7. Question: What resources and abilities are available to people in principle?

In the further course of therapy, it is now useful to repeatedly pay attention to the patient's ability to act and to reflect on this with him. With regard to the resources used, a fine-tuning can continue to take place in the therapeutic dialogue.

Conclusions

In order to process a trauma, people fall back on their individually familiar coping strategies immediately after the event has occurred. The individually experienced symptoms represent completely normal, natural reactions to the extraordinary, unfamiliar event of trauma, which is not mastered with the familiar strategies. With the Balance Model of Positive Psychotherapy, three significant factors of psychotherapeutic work can be differentiated according to the four areas of

life: 1. the analysis of the traumatizing factors, 2. the analysis of the coping strategies already used, in the sense of an actual-value assessment, 3. the recognition of the coping possibilities available and not yet used, in the sense of the target-value analysis.

In addition to the various techniques and strategies of trauma therapy, the application of the model of the 4 areas of life in the variations mentioned here and those that each psychotherapist can further develop, give an additional possibility for the patient to activate and stabilize his/her own self-help and thereby contribute to his/her own recovery and a more stable self-worth.

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