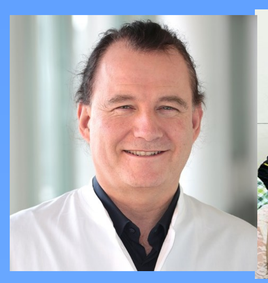
University Hospital
Regensburg, Germany



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PARTNERS: Painting and Re-writing as a Trauma-focused Neurophysiological Enhancement and Regulation of the Self. A "Low"-Verbal -Transcultural Psychotherapy-Concept

合作伙伴: 绘画和 重新编写的创伤为重点的科学家加深了加强和规范的自我。 "低" 的言语——创伤后精神压力障碍 Psychotherapy-Concept

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Introduction

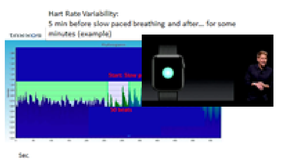
"Germany" in these days seems to stand as a synonym for refugee`s crisis. Up to now in the last three years **more than a million people arrived, half of them younger than 20 years**, most of them more or less traumatized. Moreover they`re **speaking at least 8 different mother tongues** and are often **analphabets** at arrival. The presented concept focuses on these **two main problems – the necessity of therapy and the language-barrier**; in addition we wanted to use **only scientifically proved** interventions. The solution is the use of mostly nonverbal **reprocessing strategies** as painting and writing, combined with **EMDR** but multipliable via trained assistants in a **group therapy** setting (up to 5 participants with a similar cultural background) and enhanced by **easy to learn self-stabilization**. These specially trained non-professionals we named Trauma-Helpers (TH). So one professional therapist could get up to five time more effective.

Interventions and pre-post Diagnostics

The adolescents got a diagnostic procedure before starting the therapy (**UCLA-Child Traumatic Stress Inventory, Impact of Event Scale (IES-8), Depression Self Rating Scale (DSRS)** in their mother language. Having passed the cut-offs, they can start; if needed, in small groups (4-5 participants, gender sorted).
Techniques for Self-Regulation to reduce stress and emotional arousal are:

A= "Action" SURE
(somatic universal regulative exercise; a movement therapy).

B= "Breathe" Slow paced breathing
(reduced breathing frequency 6 / min).



C= "Cortex-Connection - cerebral clearing" (= bilateral stimulation techniques (EMDR, Tapping and similar exercises to be performed them by the adolescents themselves to stop eventual dissociation, which are near to daily living experiences, e.g. dancing, knitting, drumming, dancing, etc.)

Life-Line, "Good" and "Bad" Experiences, Documentation

The therapeutic essential is "**reprocessing**" on the base of a quantified biographic mostly nonverbal review to identify important good and bad experiences. The adolescents are asked to sort them in relation to their age orienting at a symbolic **life-line** (picture 1) set on a table or the flor (we use ca. 1.5 m rope or crayon) and to choose symbols for the **good and the bad experiences** (e.g. stones) which are prepared in two boxes. **Then they quantify the bad situations using a graphic representation**: The "**trauma-landscape**" - where on the x-axis the year of the event is marked and on the y-axis the impact (between 0 and 10) on a documentation sheet (picture 4).

"Safe Place"; Preparing Reprocessing the Bad Experiences

Next step: They choose the best experience, **draw this experience**, and anchor this **in their imagination supported by slow eye movements** (12 times, 2 times repeated, frequency ca. 1 Hz).
Is the so called **"Safe Place", actually a recallable, stable imagination,** efficiently reproducible by the adolescent him or herself, the **reprocessing with the bad experiences is to prepare**:
1st) not the most bad, but the second one will be chosen.
2nd) Now first a 3 dimensional "ABC" -monitoring is performed:
"A" stands for which affects are combined with the bad experience in which degree (again between 0 and 10),
"B" which body-sensation (named and estimated) and
"C" which cognition towards the self-esteem are connected to the situation, and how strong is this thought anchored in the mind.
Than a new cognition is created in collaboration with the TH as a "contra-thought" against the bad cognition.

Drawing, (Re-)building or Writing and Reprocessing

Now the **bad experiences have to be drawn** with crayons on paper, built in the sand-play ground with toys / symbols or described writing. The TH documents the information. If there are more trauma-images, all of those which have an impact more than 3 have to be elaborated the same way; **if needed, there can be stabilization phases in between in the same session**.
If the adolescent feels, that the most difficult situations in his life are prepared in this way, **EMDR or "Tapping" will be performed, but now faster and more (24 times, 2 Hz).**
After **every turn, the three dimensions are checked again**. There are **as many turns done as needed, up to the moment that the A and B loading falls under 3.** The sessions are started and finished with a short relaxation-exercise (SURE or SPB). These exercises would be used also, if the reprocessing would fail in the session.

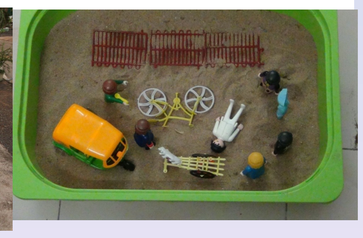
All the **reprocessing** (drawings, picture of the lifeline, trauma-landscape, eventual events **are documented** by the TH). All sessions which are all **taken by video**.

Discussion

There is no **need for interpreters during the sessions**, because the adolescents after an at least 3 month stay in Germany and being in school know enough German to cope with the situation. In a standard individual treatment, the adolescents often don`t present regularly because of cultural reasons, e.g. they have fear to be patients in the "Cray People Clinic" as they name the psychiatric hospitals, but **being part of a peer group, they like to come, therapeutic relationships develop and they even feel the behavior improvements.**

Conclusions

If enough people are to be **motivate to do our 2 day preparation** course **for TH** and commit themselves to assist in 10 one hour sessions followed by an one hour supervision each time (learning on the job) and **at least one trauma and with this age group experienced psychotherapist PARTNERS is an easy to applicate concept and cost effective**: 5 traumatized adolescents in an individual setting would need at least 10 hours of diagnostics and at least 50-100 hours of treatment. In our concepts 10 hours of diagnostics are followed by only 10 hours of engagement in group therapy and supervision and maybe followed by 10 hours individual therapy for the still suffering patients. **So the capacity of one therapist at least doubles and could even amount on five times more patients in the same time.**



We`re already in contact with

Swizzerland, Austria, France, Greek, Italy, Israel, Turkey, Palestine, Libanon, USA, Columbia, Peru, Nicaragua, Cuba, India (Andhra Pradesh, Telangana), Brasile, Southafrica, Nepal

介绍
"德国"的这些天似乎是同义词。 难民危机。 到现在为止在过去 3 年中有 100 多万人, 其中一半是年轻 20 年, 大多数更多或更少的创伤。 而且他们说至少有 8 种不同的母语, 而且经常是在 analphabets 到来。 提出的概念集中在这两个主要的问题——需要治疗和语言的障碍; 此外我们希望仅使用经科学证明的干预措施。 解决的办法是使用的大多为非语言沟通的再加工战略, 作为绘画和写作, 再加上 EMDR 但 multipliable 通过培训助理的一组治疗设置(最多 5 的与会者提供了类似的文化背景)和增强型的易于学习的自我稳定的。 这些受过专门训练的非专业人士的我们命名 Trauma-Helpers(次)。 这样一种专业的治疗师可获得最多 5 次更为有效。
干预和预后诊断程序
青少年有了诊断程序启动之前的治疗(美国加利福尼亚大学洛杉矶分校的孩子创伤的库存、影响事件的规模(下稱-8)、 抑郁自评级(DSRS)在他们的母语。 在通过了削减折衷, 他们可以开始; 如果需要, 在小组(4-5 与会者、 性别排序)。

技术, 自行调节, 减少压力和情绪唤起的是:
A ="行动"确保(体细胞的普遍的旯鄞骶丨路练习; 运动治疗)。
B = "呼吸" 慢节奏的呼吸(降低呼吸频率 6/ 最小)。
C =" Cortex-Connection -脑结算" =双边刺激技术(EMDR、 攻螺纹和其他类似的练习, 以执行他们的青少年本身要停止最后的分离, 这是接近生活的经验, 例如舞蹈、 编织、 鼓乐、 舞蹈、 等。)

Life-Line, "好"和"坏"的经验、 文档。
治疗的关键是 "重新处理" 的基础上的一种量化的传记大都是非语言的审查, 以查明重要的好的和坏的经验。 "青少年是要求对它们进行排序就其年龄的方向上具有象征意义的生活线(图 1)设置在表或弗洛尔(我们使用的 ca。 1.5 米的绳索或蜡笔)和选择的符号的好的和坏的经验(例如石块, 准备在两个复选框。 然后他们确定的坏情况下使用图形表示: "心理创伤的景观" ——在 x 轴上的事件则是明显的, 在 y 轴上的影响之间(0 和 10)在文档张(图 2)。

安全的地方"; 准备再加工的坏的经验。
下一步骤: 他们选择了最好的经验、 吸取这方面的经验, 并锚定在他们的想象力支持慢眼部运动(12 次, 2 次重复的频率。 1 赫兹)。
就是所谓的 "安全的地方", 实际上是一种可回呼的、 稳定的想象力、 高效可重现的少年他或她自己的后处理与坏的经验 是准备:
1)不是最坏的, 但第二个也将会被选择的。
2)现在第一次有 3 维" ABC "-监测执行:
"A" 代表的影响相结合的坏的经验在这程度(又一 0 和 10)
"B", 身体的不适感(命名和估计数)和
"C" 的认知对自尊的连接情况和如何强大的是这种思想根植于心。 不是一种新的认知是创建在同日作为"反思想" 的坏的认知

绘图、 (重新构建或书面形式和再加工
现在的坏的经验要绘制的蜡笔在纸上、 建在沙滩上的播放的地面与玩具/符号或说明了写作。 这次的文档的信息。 如果有更多的心理创伤的影像, 所有那些有影响的多 3, 应当制订同一的方式; 如有需要, 可以有稳定的阶段, 在这同一届会议上。
如果青少年认为, 最困难的情况下, 他的生活都是以这种方式制作、 EMDR 或 "点击" 将会执行, 但现在更快和更多的(24 次, 2 Hz)。
在每次打开的三个层面再检查。 有许多圈做的, 最多的时候, A 和 B 的负载低于 3。 会议的开始时间和结束时间较短的放松练习(肯定或 SPB)。 这些练习将也被使用, 如果再处理就会失败。 这届会议。
所有的再加工(图纸、 图片的生命线、 创伤的景观中, 最终的事件都记录下来的日)。 所有的会话都是采取的视频。
讨论。

不需要口译员在委员会届会期间, 因为青少年的后至少 3 个月的逗留在德国和在学校知道有足够的德语来应付这种局面。 在标准的个别治疗, 青少年往往不存在经常由于文化方面的原因, 如他们有恐惧的病人在 "人民的 Cray 诊所" 等名称的精神病医院, 但一对等组的, 他们要来治疗关系的发展, 他们甚至感觉到行为的改进。
结论。
如果有足够多的人都将激励我们做 2 天的准备课程的次, 并承诺协助 10 个小时的会话然后是一小时的监督每个时间(学习的作业)和至少一种创伤和与这一年龄群组有经验的精神科的合作伙伴是一种易于 applicate 概念和成本有效的: 5 创伤的少年在个人设置将需要至少 10 小时的诊断程序和至少 50-100 小时的治疗。 在我们的概念 10 小时的诊断之后仅 10 小时的参与团体治疗和监督, 也许后面 10 小时个人治疗的仍在痛苦的病人。 这样的能力, 一位治疗师至少增加一倍, 甚至可能上量 5 倍以上的病人在同一时间。