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comorbid current PTSD) and N=12 nonpsychiatric control after obtaining psychiatric history and psychopathology, the biological functioning results were assessed extensively. We humanization, the kind of traumata and comorbid PTSD on all we compared both groups for neuropsychological performance ongoing study will be presented. We expect that we will present and impaired profile of neuropsychological performance and executive functions. Implications for the psychological functioning.

Treatment program for chronified complex PTSD

of enogenic psychodynamic therapy for stabilization and treatment of chronified PTSD. *Design:* Female inpatients; (N=153) group design; stabilizing by imaginative psychodynamic exposure by EMDR, screen technique. *Measures that* (S, BPI, SCL-90-R, BDI, GAF, CGI. *Setting:* Subjects were all PTSD ward at the Lower Saxony Psychiatric State Hospital (approximately 4 months); N=78

patients with BPD and self-mutilation belong to the groups of were "previously therapy resistant" and "high users of psychiatric inpatient treatment per year in average) and multilateral treatment program yields therapy results not reported in literature. Improvements in nearly all measures which even in nearly no inpatient treatment or crisis intervention necessary low self-mutilations, decrease of medication, improvement of social skills, medium and large effect sizes.

Human Resources, Tbilisi, Georgian Republic. Georgia went through the interethnic conflicts and resulted in a 300 000 refugees and Internally Displaced Persons (IDPs) of individual, but of societal character as well. Since 1995

Foundation for Development of Human Resources (FDHR) works in a field of psychosocial rehabilitation. The beneficiaries of this work are as follows: war victims (refugees from Abkhazia and South Ossetia), ex-combatants of interethnic conflicts, victims of disasters and violence, refugees from Chechnya settled in Georgia. FDHR accumulated a rich experience of helping traumatized men, women, elderly people and children. The psychotherapeutic methods used in a work are as follows: individual and group psychotherapy, art therapy, NLP, Gestalt therapy, T-groups, etc. I would like to emphasize two particular methods, which I use effectively in work with traumatized people. 1. *Storytelling:* client narrates his "traumatic history" and autobiography. Usually the history is fragmented. Psychotherapist encourages client's storytelling by the means of active listening and puts together all the fragments into the complete dramatic story. Then, psychotherapist retells, retrieves the client the complete version of his history and provides him/her with the feedback. While story telling clients are "tied" with retrospective self, and describe it from the

image of prospective self is poor or lack of images of actual and prospective future. The client's objective is to integrate/perspectives: 1. Actual self (from the position of a. past, b. present, c. future). 2. Free from traumatic experience ("to begin life from the start", "to rebirth"). 1. The concept of psychological meaning stages of prenatal life and birth. 1. Elaboration and depth of breathing and are go through these 4 samples successful of the going through the prenatal stages of the particular cases will make more

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Psychoenergetic drawing: A proposal for the elaboration of traumatic events

The elaboration of the traumatic event requires a regressive movement and contemporarily a progressive movement, to avoid that the patient may fix in the traumatic experience. It is important the participating and constant presence of the therapist during the elaboration of the traumatic affections. The technique of drawing, managed according to the principles of the Psychoenergetic of Peter Schellenbaum, has revealed useful for this purpose. The patient is invited to concentrate on the predominant emotion and to let flow on the paper sheet the colors that he feels at the time, in an almost sub-vigilant state. Subsequently the patient is invited to express the feelings the drawing arouses in him, with the observation of its spatial components

(up and down; left and right). The therapist accompanies the flow of the emotions and the memories. It is possible to connect to the body the affections that emerge from the elaboration of colors and drawing. The following sessions serve for the analytical elaboration of the emerged material. This technique is also useful with very fragile patients, because of the constant presence and support of the therapist. This therapeutic method doesn't force the patient to preconscious insights and has resulted very useful for the elaboration of traumas, where strong emotions are present.

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reported for violence

...ncing or witnessing physical or sexual
a variety of mental health problems,
rder. However, relatively little research
dren receive and who receives them.
n of children living in families reported
ntal health services, and to assess what
rger, ongoing project, the Navy Family
17 years living in families reported to
intimate partner violence. Highly struc-
dren two to six weeks after the report
Extensive victimization histories were
or major depression and PTSD were

administered. Children were asked about any counseling or therapy they may have had after the report to authorities. Of the 133 children, 29.3% reported a history of sexual abuse, 39.1% described a physical assault, 49.6% indicated physical abuse, 69.2% reported witnessing serious community violence, and 45.1% indicated they had witnessed violence between parents. At the time of the first interview 32.3% met diagnostic criteria for depression, 14.3% met criteria for PTSD, and 40.6% had at least four symptoms of PTSD. Less than half of the children (45.1%) had seen a counselor or therapist since the report of violence. Number of sessions ranged from 1 to 50 with an average of 15.1. Of those children receiving therapy, 71.7% had been in individual therapy, only 11.7% had been in group therapy, and 41.7% had received family therapy. Children with PTSD were more likely to have seen a counselor (73.7% vs 40.4%). However, children with depression were not. Multivariate analyses indicated that having a history of sexual assault was the only significant predictor of seeing a therapist regardless of diagnostic or problem status. These results suggest that less than half of children in families reported for violence receive any counseling, and the biggest predictor of who gets counseling is not the nature and severity of problems, but rather whether they report being sexually abused or not.

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The Target-Group-Intervention-Program as an alternative to critical incident stress

...The essential component of Target-Group-Intervention-Program (TGIP) is an intervention designed to prevent PTSD through early identification of risk factors. For this, an instrument known as the Cologne Risk Index – Military Version was developed. According to risk profile, varying intervention measures such as psychological first aid, psychoeducational risk profile, and psychotherapy are recommended and standardized. The psychot based on Fischer's Multidimensional Psychodynamic Trauma Therapy, a manualized, personally oriented treatment. We conclude that TGIP is a useful intervention schedule lows the strategy "As much (intervention) as necessary as little (intervention) as possible

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Implications of Post Traumatic Stress Disorder for the personality organization of inflicted and of their spouses

Traumatic experiences have been found to be potentially pathogenic for family members and their significant others as well (This phenomenon has been termed secondary traumatization). The present study examines the implications of Post Traumatic Stress Disorder personality organization of the inflicted and of their spouses. Impairment of personality organization has been defined as an increased use of splitting and a lowering of ego. Participants were 57 married couples of which 30 included husbands who have been diagnosed as post traumatic following combat, and 27 matched control. Data were gathered by spouses questionnaires filled out separately by each spouse. Findings: half of the spouses of PT traumatic soldiers suffer from PTSD symptoms to an extent that justifies a PTSD diagnosis. In addition with this research's hypothesis it has been found that PT soldiers, their wives in and PT wives in particular have lower ego strength than controls. The hypothesis of more use of splitting among PT and their spouses has been partially affirmed. Surprisingly been found that PT whose wives suffer from secondary traumatization reported less splitting and showed higher ego strength than PT whose wives were not PT. Clinical and theoretical implications are discussed.

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Peritraumatic dissociation and PTSD in accident survivors

This study aimed to assess the incidence of ASD and PTSD in a random sample of hospital accident victims, and to specify the predictive value of peritraumatic dissociation for development of PTSD. We collected a sample of 323 accident victims (all types of a