

SPECIAL JOURNAL 2024

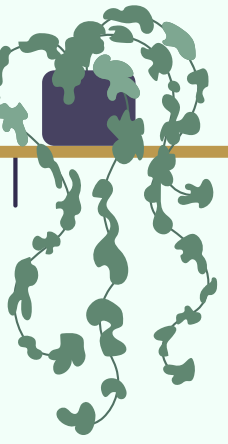
WHICH THERAPY FOR WHAT?



WHO CAN DO THERAPY?



Since there is currently no accepted mental health law, there is an unwritten but ethically accepted practice by people working in the field of mental health. In this order, it is seen that psychologists, psychiatrists, psychological counselors, social workers and child development experts provide therapy. The general opinion on the subject is that psychotherapy can be performed by people who have completed at least a bachelor's degree in mental health or similar fields, have received training in one or more therapy schools, and have received and/or are receiving a certain amount of supervision over the application of the training they received.



The fact that the training received is provided by reliable and accredited institutions, the accreditations are at an international level if possible, and the trainers and supervisors from whom the training is received are approved by reliable accrediting institutions and institutions will increase the psychotherapist's skills and competence in practice.



WHAT IS THE PSYCHOTHERAPY AND WHAT FOR USED?

The letter "Ψ" (psi) in the Greek alphabet is used throughout the world to symbolize the science of psychology. Psychotherapy consists of the words psycho (Greek: ψυχή, romanized: psukhē) and therapy (Greek: Θεραπεία, romanized: therapeia). Psukhē, soul and mind; therapeia is mean headling. Necessary parameters and options for the conditions of mental and spiritual health are included, as can be read from the content of the word.

One of the most well-known, widely accepted and scientifically supported of these techniques is the Cognitive Behavioral Therapy model. Although we will talk about therapy schools in detail in the later parts of the presentation, focusing on an assumption used by CBT is "What is psychotherapy?" I think it will be useful to answer the question. This assumption is related to the necessity of emotions, behaviors and thoughts to be compatible and functional in a situation. This is also called the 3D rule. According to the CBT perspective, when one or more of these do not fit each other or the situation, or are dysfunctional, it causes psychopathology, that is, it is perceived as a deterioration in mental and spiritual health. It is thought that improving it will help the person to be more functional and able to cope.



Why is it applied to whom?

Psychotherapy can be applied to all age groups, genders, sexual orientations, groups and disadvantaged groups, from newborns to children, adolescents, adults, pregnant women, couples, families, and older individuals. If these people have psychopathology, a therapy plan is created and implemented accordingly. Psychopathology can sometimes be detected and diagnosed by a psychiatrist, that is, a medical doctor who has specialized in psychiatry after receiving medical education, and while it is being followed up, the person can be supported with psychotherapy. In the presence of psychopathology, research has found that when the medical and psychological dimensions of the problem are evaluated together and the treatment is carried out together, the change and recovery are more radical and long-lasting. Therefore, there is a common understanding that the solution is more holistic and permanent when the treatment of psychiatric disorders is supported by psychotherapy.



Although sometimes it may be easier to rely only on medications and seek solutions only on a biological basis, it is the general opinion of mental health professionals that the real change will come through strengthening with psychotherapy as well as medication. Sometimes we encounter situations where clients preferably only want to receive psychotherapy and are prejudiced against using medication, but it should not be forgotten that in some cases, getting the support of psychiatric science can both facilitate the psychotherapy process and help the solution offered by psychotherapy to be more radical and long-lasting. In this sense, mental and spiritual health is an issue that needs to be approached holistically.

In addition to situations where there is pathology, psychotherapy can sometimes be used as a supportive system to make coping methods functional and healthy when people have difficulty with a subject or are going through a difficult period. This is a process generally considered psychological counseling. However, there may be situations where just talking is not enough, and in such times, psychotherapy methods can be used for the same purpose.



Therefore, psychotherapy can be used not only in cases where there is a pathology, that is, a disease, but also in cases where there is psychological difficulty despite a general state of well-being.

Psychological support can be given to individuals of different ages and different groups of people (e.g. couples, families, parent-child pairs, pregnant women, mothers, fathers, elderly, addicts, etc.) with different schools or structured techniques.



Who Can Be Helped With Which Schools?

There are quite a variety of approaches to this subject, and each psychotherapy approach has scientifically based theories. Each school has a theory on which human psychology assumes that the state of goodness or evil is based. These are created on very detailed and scientifically based propositions that are open to verification and falsification. In fact, in order for something to be accepted as scientific, it must be both verifiable and falsifiable. In cases where this does not happen, the issue becomes dogmatic, that is, it turns into a form of acceptance without questioning based on pure belief. But scientific things are propositions that can be questioned, verified or falsified.



Psychotherapy approaches are basically divided into five categories, but it is known that there are more than 700 psychotherapy modalities based on theories developed by different theorists. These are only those that are scientifically accepted and accredited. Apart from these, there are therapy modalities that are not yet accredited and are being developed. We do not have time here today to talk about each of them, but I chose for you a few of the therapy models that are frequently used in our institution and that help the emotional processes that I also apply, and I wanted to introduce them to you. For today, I have listed them according to age groups.



I. Child Centered Play Therapy

Child-centered play therapy Prof. Dr. It is a therapy technique developed by Garry L. Landreth and applied to children aged approximately 2-12. In line with Landreth's suggestion, a meeting is held with the family beforehand. In this interview, the current situation that challenges the child is discussed, the child's womb, birth, crawling, feeding, walking, speaking, sleep patterns, the relationship between caregivers and caregivers, pre-school education and academic life, and the relationship and communication with peers and authority figures. The process begins with obtaining information from the family in areas such as.



Psikolaj
Psikolojik Gelişim Eğitim ve Danışmanlık Merkezi



Then the therapist starts working with the child. What the therapist does during the session is to watch, follow, and observe the child's play and to create an inclusive and safe space for the child by transferring them follow-up to the child. The child, who feels included and safe, plays sometimes symbolically and sometimes using the literal meaning of the figures, about the current and sometimes past situation that disturbs or challenges them. Play is a great area for children to express themselves. There are many reasons for this, but two of the most important are language skills and the playability of games at a symbolic level..

I. Language Skills

Their language development and cognitive skills are not yet developed enough to convey themselves and their feelings in detail and properly, and playing games creates a non-verbal or additional area of expression for them.



II. The Symbolic Form of the Game

Using toys and expressing challenges through play allows the child to keep himself in touch with his lived reality on a symbolic level. Because sometimes, when what he experiences or the situation that forces him is too realistic, he may have difficulty coping with this intensity. Therefore, at this point, the game provides the opportunity to draw a thin curtain between itself and reality. Looking at her reality behind this curtain can help her take the time to improve her coping skills. At this point, I would like to share something that the famous child psychoanalyst Donald Winnicott said about the concept of "good enough mother".

Winnicott says: "One of the most important functions of a good enough mother is that the mother includes the child's emotions and reflects these emotions back to him at a digested level that the child can digest." This reminds me of the way birds feed their young. When they feed their babies, they take the food, sometimes chew it, sometimes digest it in their stomachs and offer it to their babies in that form. Although Winnicott talked about the concept of 'good enough 'mother', I think that today, 150 years later, we can expand this concept to 'good enough parent', and in this sense, I believe that one of the most important functions of mothers and fathers is to reflect back to the child the digested state of their emotions.





We can see that the child actually provides a similar space for himself while playing. Sometimes, if a game becomes too realistic, we may even see that the child wants to stop or end that game. Because at that point, the symbolic curtain I just mentioned will be removed and the child, who has not yet acquired the skills to face pure reality, may choose to stop the game. Therefore, the child who receives play therapy, that is, is followed, covered and given space by a good observer, feels free and comfortable in creating games in which he can work on the subjects that challenge him. He then begins to process and process these issues and discover healthy ways to deal with them.

Play therapy limits: One of the most important issues here is borders. The play therapist also supports the maintenance of play within healthy limits throughout this process. Because boundaries are very important and necessary for a child to feel safe. We can think of this just like a garden being surrounded by fences. The existence of these fences is sufficient and necessary to remind the child where the playground is and within what boundaries it is safe and under supervision.



In this sense, fences are very different from walls. Walls can be thought of as cold, oppressive and punishing structures that a child cannot overcome even if he wants to. However, fences are much calmer, warmer and serve as a boundary marker rather than a restrictive one. The boundaries set by the therapist during play therapy are more like fences than walls, and the family is given information on how to set boundaries in a similar way, and the child in the play therapy process is supported both at home and in the therapy room by setting healthy boundaries with the family.



We can list many examples of situations where play therapy is used, but the situations where it is most frequently used are as follows: lack of boundaries, lack of self-confidence, attachment problems (which in this age group include difficulty separating from mother, father, caregiver or home or completely ignoring these separation situations, nail biting, holding the toilet and/or urinating, difficulty falling asleep or staying asleep), frequent rejection of activities that are actually physically needed, such as dressing, undressing, bathing, eating).



It can be used in situations where behaviors that involve unlimited and dysfunctional expression of difficult emotions, which are called mischief in society, in ways that are not accepted by society, are frequently and intensely exhibited.

It can also be used to increase the autonomy, self-confidence and emotional regulation skills of children who are cognitively evaluated within the neurodiversity spectrum, that is, children whose brain functions function outside the average.



It can be used in children who have recently or previously gone through a traumatic process for themselves or their primary caregivers. Additionally, if the child is currently going through a difficult period or is experiencing a divorce, moving, changing schools, illness or potential loss of one or more of the primary care providers, it is important to increase the child's psychological resilience during this process and to cope in a healthy way with the difficult emotions he is experiencing or will potentially experience. It can be used to support the



Although how long play therapy will take varies from person to person and problem to problem, the expected average process flows as follows. The first 3-6 weeks are exploration of the room, discovery of the therapist, 9-12 weeks to establish a trusting relationship with the therapist and the beginning of deepening, 12-18 weeks to resolve the problem, 18-24 weeks to ensure the permanence of the resolved problem, and gradual termination with control of permanence between 24-36 weeks. . This is only an average expectation and it should be kept in mind that a precise timeline cannot be given and the flow will vary individually and problem-specific.



Theraplay

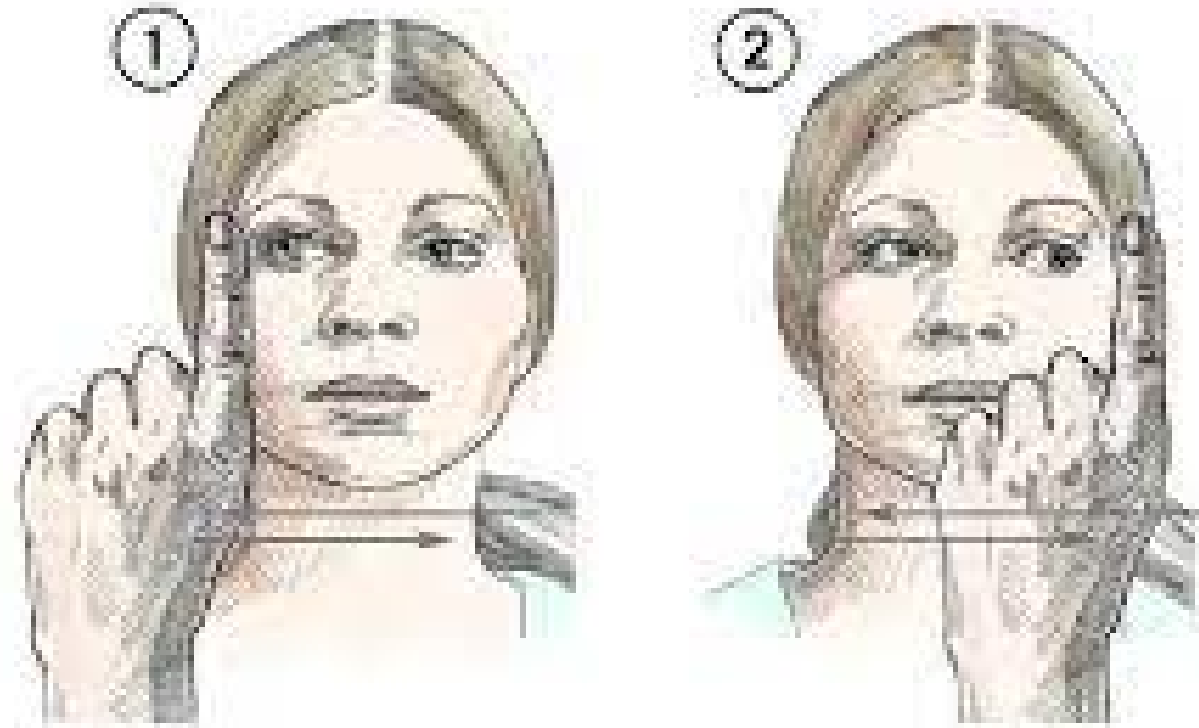
It is a play therapy model developed by Ann Jernberg and her friends. In this play therapy model, the family (mother or father) is also involved in play therapy. The aim of Theraplay is to make the bond between the family and the child safe and warm, while also setting healthy boundaries. Games in Theraplay are in 4 different categories. These; building games, commitment games, nurturing games and challenge games. The therapist applying Theraplay takes the parent-child pair into the session together during the application. It allows some structured games to be played during the session. Each session has a balanced flow in four areas considered important by the theraplay perspective. It is the therapist's job to create a balanced flow here and ensure that the parent-child pair follows this flow.



Theraplay also has an analysis technique that is used by many therapists and found to be very functional. This is called the Marschak interaction method (MEM). MEM analysis also predicts four areas that theraplay cares about. Basically, a parent-child pair is invited to an area where they are video-recorded, and there are guided games specifically prepared for them in this area. The parent reads and implements each instruction in turn. Their interactions during this process are then analyzed by the practicing therapist. In this way, the therapist can understand in which areas and in what way this couple can support their relationship and help establish a secure attachment within healthy boundaries.

3.EMDR

Basically, and when it first came out, Dr. It emerged as a trauma intervention technique developed by Francine Shapiro. Eye Movement Desensitization and Reprocessing means desensitization and reprocessing with eye movements. As the technique has become widespread and its effectiveness has been observed, and research in this field has proven that supportive and positive results have been seen, EMDR has been used not only in trauma studies, but also in post-traumatic stress disorder, eating disorders, mood disorders, personality disorders, panic attacks, Research has shown that it can be used easily and safely to increase psychological resilience, treat phobias, and even with couples and children.

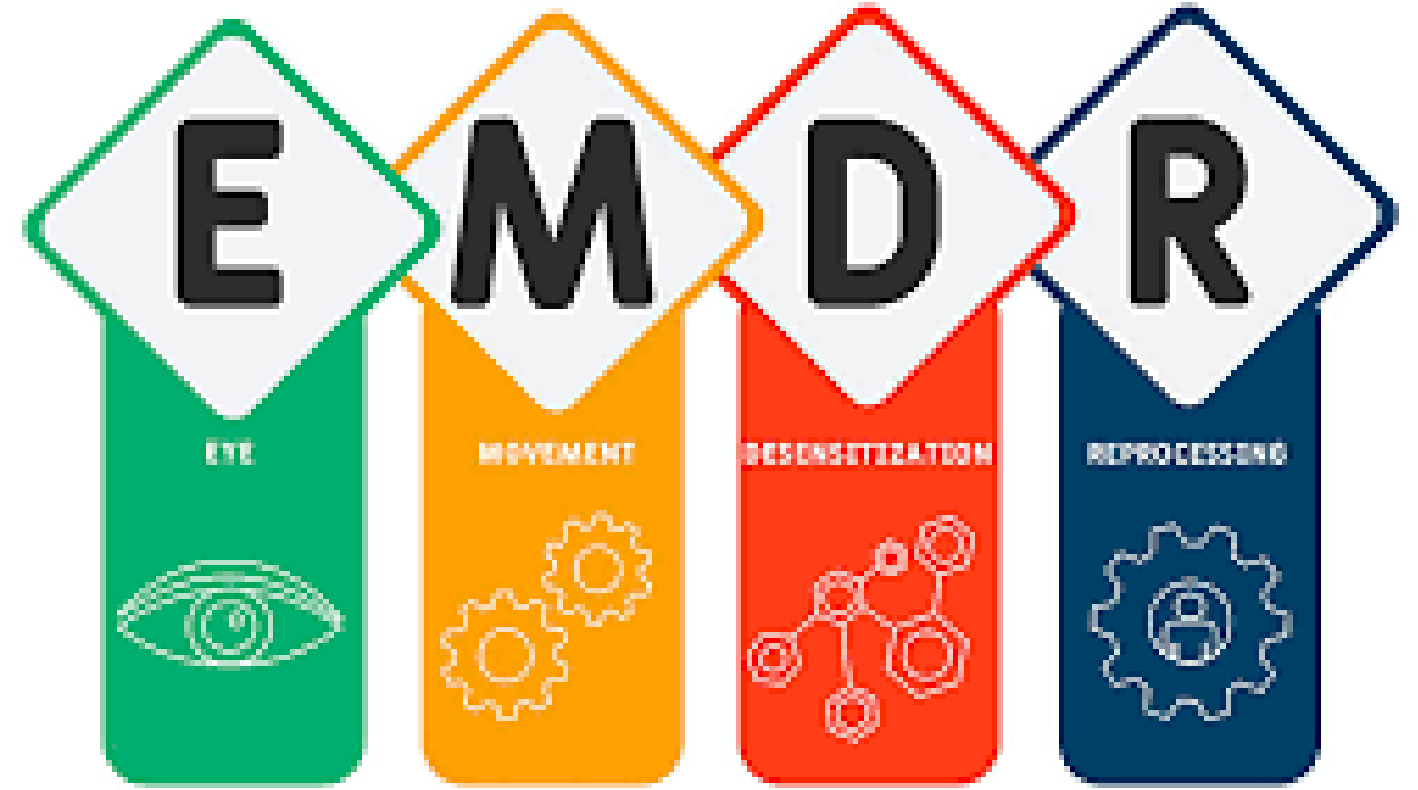


The basic working principle of EMDR is based on this idea: During a traumatic situation, when the communication between the right and left lobes of the brain is interrupted or stopped for that moment, the traumatic event remains stored in the brain as unprocessed, raw information, and as a result, it is thought to cause unhealthy learning for the person. Later, when this unhealthy learning is reinforced with different events, it can become dominant in the person's life after a while. Therefore, EMDR helps to desensitize memories that were previously unprocessed and connected to dysfunctional learning through bilateral stimulations of the brain, and connect them to healthy learning by reprocessing them.



Explaining this with examples can make it easier to understand the process. Let's say a person who had a traffic accident believed that he had caused the accident because he left home late and that he was therefore guilty of this frightening event that had happened to him. This belief is unhealthy, dysfunctional and destructive for him. Because accident is the name given to behaviors and their consequences that are not done knowingly. However, here we are alone with someone who finds himself guilty of the incident he experienced, so this learning needs to be made functional for the person so that this person can regain the mood and functionality he had before the accident.

To put it simply, we can summarize the working principle of EMDR as follows. However, today EMDR has become extremely detailed and its usage area has expanded, and it has different protocols developed for different situations. At this point, it will be the clinical decision of the therapist to use which protocol with which client and in what way. In addition to mood and personality disorders, EMDR can also be used for early attachment trauma. What we're talking about here involves healing from moments when the relationship with primary caregivers is hurtful, from the womb through adolescence and, in some cases, into young adulthood.



It is also used in many different ways when working with children. One of the most common of these is story therapy. By telling a symbolic story of a difficulty experienced by the child and ways to cope with this difficulty in a functional way, that is, by adding the child's potential aspects and strengths, that is, resources, with bidirectional stimulation, it is explained to the child sometimes by the therapist and sometimes by his mother or father in an environment where the therapist is present. applicable. Therapeutic stories can serve a similar function when bilateral stimulation is not used.



It is very difficult to predict how long a therapy plan created for EMDR will last. It may vary from person to person and situation to situation. However, it is recommended to plan session times around 90 minutes.

For those who are curious about the school and want to learn more about it, I recommend the book EMDR for Everyone.



IV. Heart Centered Hypnotherapy

Heart-centered hypnotherapy is a therapy model developed by Diane Zimmerman and David Hartman that can be applied to many age groups, from young children to elderly individuals, and is used to treat many psychological difficulties such as mood disorders, personality disorders and trauma. Hypnosis is actually a state that every normally functioning brain enters spontaneously during the day. Basically, it is just a name given to some of the changes in brain waves.



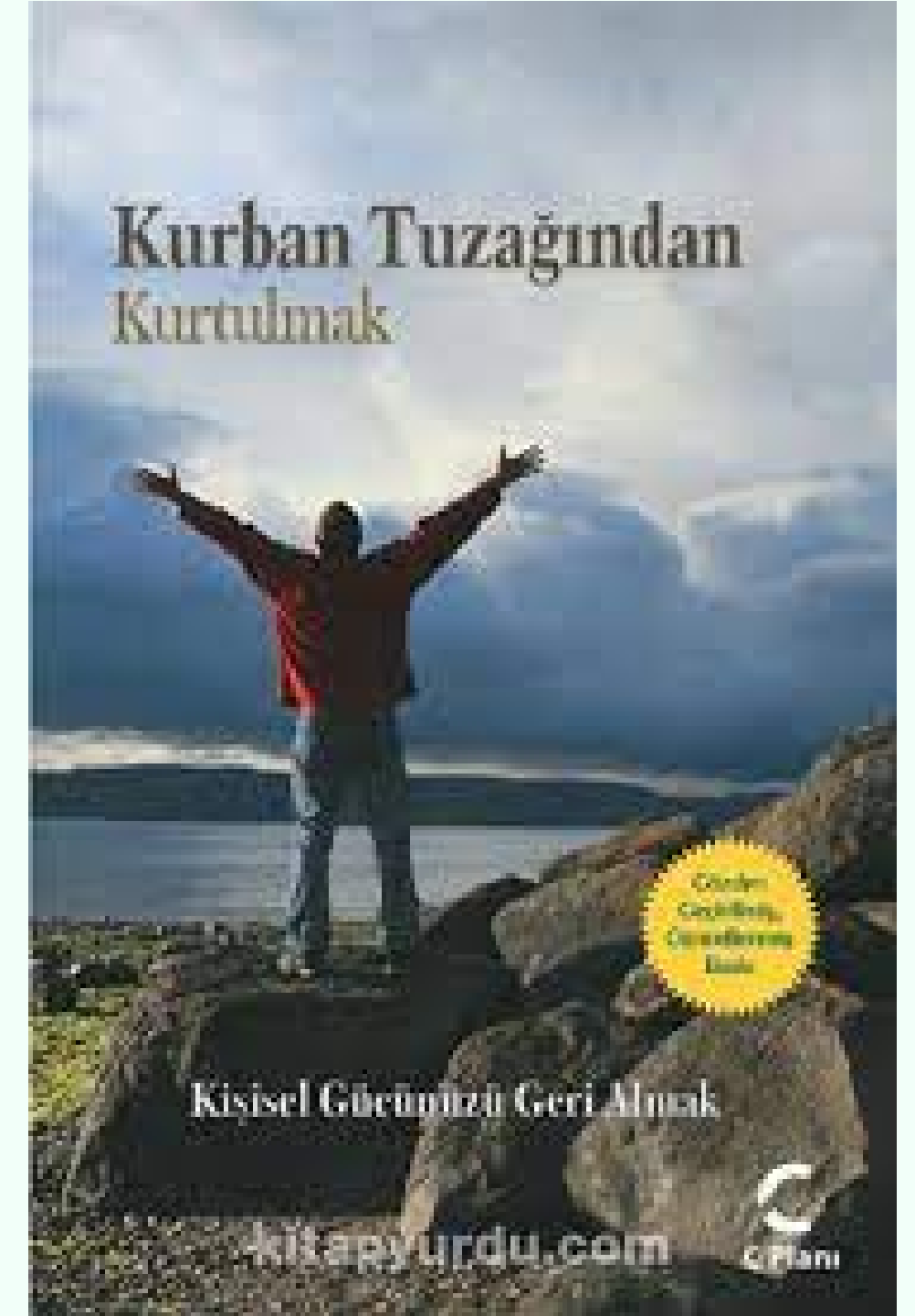
People sometimes go into hypnosis when the brain is relaxed. This can occur spontaneously or can be achieved with the help of someone else. Hypnotherapy is the name of psychotherapy performed in a state of deep relaxation. No one can be forced or kept in hypnosis by force. A person can enter hypnosis only if he/she wishes, and can take himself/herself out of the hypnotic state whenever he/she wishes. Therefore, it is important to establish a bond of trust between a person who will receive heart-centered hypnotherapy and their therapist. Unlike classical hypnosis, heart-centered hypnotherapy works with the client to treat the difficulty he or she is experiencing, using the heart-centered hypnotherapy text structured by Diane Zimberoff, after a state of deep relaxation is achieved.



The use of hypnosis makes it easier to access some memories and decisions made at an early age that have been suppressed by the conscious brain or eliminated by different defense mechanisms. In this way, there is a chance to replace those decisions with more functional and healthy ones.

It is recommended to plan session times as double sessions, and some parts of the session are recorded and sent to the client after the session so that the client can listen and reinforce later.

For those who are curious about the school and want to learn more about it, I recommend Diane Zimberoff's book, Breaking Out of the Victim Trap.





V. Birth psychotherapy

Birth psychotherapy is a school developed by Expert Psychologist and Psychodramatist Neşe Karabekir and is a pioneer in this sense in our country and in the world. Work can also be carried out with the pregnant woman who is about to give birth, and with the pregnant woman's mother, her partner's mother and her partner, if they will attend the birth, or even with the pregnant woman's mother and her partner, even if they will not attend individually. But it is not necessary. The priority is to work with the pregnant woman. The work should be done for at least 5 sessions and, if possible, more. Concerns about birth, burdens or fears from previous births, if there are births she has attended and any negative feelings she feels about those births, these are worked on, and thus, the aim is for the pregnant woman to go to birth as simplified as possible.

This is generally the goal of studies conducted before birth. During birth, a birth psychologist also attends the birth. Here, it takes into consideration the psychological well-being of everyone involved in the birth, especially the mother, baby and father, as well as the birth team, doula if any, private midwife, doctor or midwives in the hospital, and aims to increase the secure attachment between the mother, father and baby at the moment of birth. After the birth, the pregnant woman meets again and supports the pregnant woman about how the birth went and how to manage any remaining negative feelings about the birth.



VI. Relationship-focused Couples Therapy

Relationship-focused couple therapy is originally called Encounter Centered Couples Therapy. It has been translated into Turkish as relationship-focused couple therapy. But encounter is actually a word meaning encounter. The encounter mentioned here is not only the encounter of individuals but also of souls.

It is a couple therapy model developed by Heidi Schleifer, inspired by imago therapy and adding spirituality. The couples mentioned here are not necessarily romantic partners. It is a school of therapy that can be applied between parents and children of adolescence and above, between siblings, childhood friends who grew up together, and even between groups in conflict with each other by selecting representatives from among them.



Heidi partnerlerin birbirinin şifacısı olduğunu varsayar. Bu şifalanma hayatta kalma düğümlerinin çözülmesiyle olur. Hayatta kalma düğümü; tekrar eden ve çiftlerin kendi başlarına çözüme kavuşturamadığı konulardır Heidiye göre. Ve ayrıca bir büyüme noktasıdır. Doğru iletişimle çözüldüğünde ilişkileri hiç olmadığı kadar iyileştirdiği gibi bireyleri kendi büyüme yolculuğunda da ilerletir. Heidi aynı zamanda çiftlerin ortak gelişim basamaklarında ortak bağlanma yaralarına sahip olduğunu ve bundan dolayı birbirlerine çekildiklerini düşünür. Tam da bu yüzden birbirine çekilmiş olan çiftler eğer bu yaraların onarımında birbirlerine destek olabilirlerse yalnızca ilişkilerinde değil kendi bireysel yolculuklarında da ilerlemiş olacaklardır. İlişki odaklı çift terapisine göre ayrılmak bir çözüm değildir. Daha çok kendi sorunlarıyla yüzleşmekten bir kaçıştır. Çünkü bir şeyin problem olması için iki kişi gerekir. Bir kişi tek başına problemi oluşturamaz.

In relationship-focused couple therapy, when both parties truly feel that what is said has been fully heard while communicating, the next step is taking responsibility, thus changing behavior and deepening the relationship, and that warm bond that has perhaps never been established before is felt by both parties. Relationship-focused couple therapy can be applied as couples coming to therapy at regular intervals for double sessions, just like coming to individual sessions, but it can also be applied as an accelerated intensive couple study covering two full days.



In addition, relationship weekends are also organized for couples who want to move forward in their relationships and solve their problems through better communication. Couples who attend relationship weekends can take the texts of relationship-focused couple therapy and apply them in their lives at any time after learning how to apply them in the same weekend.

The duration of relationship-focused couple therapy varies depending on the couple and the situation.



PSYCHOLOGY COUNSELING CENTER



@PSIKOLAJBAHCESEHIR

WWW.PSIKOLAJ.COM.TR



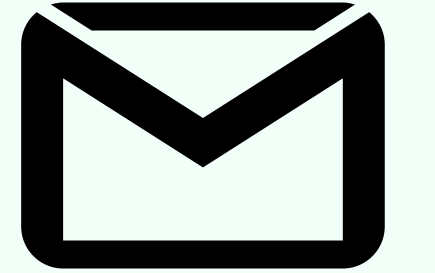
@PSIKOLAJDANISMANLIK

0532 159 74 39
0212 924 81 45



@PSIKOLAJ

PSIKOLAJ@GMAIL.COM



Psikolaj
Psikolojik Gelişim Eğitim ve Danışmanlık Merkezi