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**A Psychotherapeutic Model Based on Systemic Therapy for
Institutionalized Youth's Social Reintegration**

Silvia Raluca Matei^a, Simona Mariana Dumitrescu^{b*}^a*Ovidius University of Constanta, Psychology Department, Mamaia bd, 126 No, Constanta, 900170, Romania*^b*Poarta Alba Hospital Prison, Education and Psychosocial Intervention Department, Coloniilor str., 1 No, Poarta Alba, Constanta, Romania***Abstract**

Treating emotional typologies, knowing different aspects of the psychological profile of the institutionalized adolescent, compared to the one from the community, can be analyzed from different perspectives, but the affectivity's complexity does not allow an exhaustive approach. The purpose of this study was to develop a psychotherapeutic intervention model based on psycho-therapeutic and pedagogical interventions in accepting and healing the traumatic wounds, as well as to improve behavioural - actionable disturbances, observed in the institutionalized adolescents, in order to develop personal autonomy and facilitate the social inclusion. The model is a tool in the service of the adult who is responsible for the care, education and training of the institutionalized teenager.

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*Keywords: social inclusion; affectivity;***1. Introduction**

"When a child is born, he knows, deep inside himself, that the reason for which he is coming to the world is to be himself, passing through a series of experiences. Besides, his soul had previously chosen the family and the environment in which he is to be born, with a very specific purpose. We all have the same mission, when coming into the world: to live a series of experiences until we accept them and we love ourselves passing through them. [...] After you are born you're not aware of all that past, especially because you focus on the needs of your soul, the soul that wants you to accept your qualities, your faults, your strength, your weaknesses, desires, your personality." (L. Bourbeau, "The five wounds that prevent us from being ourselves").

The present work allows the investigation of a model for the development of personal autonomy to facilitate the adjustment and the socio-professional integration of young people in institutions. By conducting a comprehensive and systematic study on the psychological profile of the adolescents from orphanage, certain main aspects, significant in the profile development have been outlined, as follows: the affectivity – an important factor of the psycho-emotional development of the institutionalized teenager; social behaviour and adaptability; the intellectual development and emotional intelligence; the Ego perception in the personality structure of the teenager from the care institution; the development of a psychotherapeutic intervention model.

Corresponding author name: * Silvia Raluca Matei Tel.: +0-040740952746;*E-mail address:* ralum74@yahoo.com.

2. Research Methods

The sample has 102 adolescents divided in two independent groups chosen by sampling method of intentionality: experimental, (49 subjects coming from orphanages "Ovidiu" Constanta); control group (53 subjects in the "National College Mircea"). The sampling segment coming from "Ovidiu" orphanages, in Constanta, consists of 49 subjects composed of 25 girls and 24 boys, aged 16-19 years, who attend vocational schools and secondary mass.

2.1. Psychometric instruments

Geis - general emotional intelligence scale (Mehrabian, 2001). The concept of emotional intelligence has been built to supplement the information provided by emotional intelligence scores do not adequately explain individual differences on success in life; Emotional distress profile EDP (Macavei, Opris, 2005) scale was designed in 2005 by Opris and Macavei from Emotional Distress items Profile, short version (Profile of Mood Disorders, Short Version - Di Lorenzo, Bovbjerg, Montgomery, Vladimarsdottir and Jacobsen, 1999). Nonverbal personality questionnaire NPQ provided by SCD & D Consultancy Ltd following a competitive research grant received.

2.2. Statistical methods

Index statistics: mean; standard deviation; standard error of the mean; graphical ways of presenting data; Levene test. The factor analysis was performed by the method of principal components analysis extraction; Rotation method: Varimax with Kaiser normalization (rotation in 10 steps) - to identify the five proposed new factors: factor 1 - networking, factor 2 - expansion, factor 3 - cognitive style, factor 4 – motivational, factor 5 - reactivity. Correlation analysis.

3. Findings

The psychotherapeutic intervention model aims to analyze on stages the phenomenon of the institutionalized teenager development with the purpose of identifying the intervention needs. It has been prepared according to: the psycho-diagnosis process and evaluation, the list of issues (possible), conceptualization. The psychotherapeutic strategy included several levels, which were considered significant:

- The context level - life experiences. Aiming to identify life history, focusing on negative situations, which led to a series of cognitive schemes, organized in automatic mechanism of environment stimuli selection and processing.
- The cognitive level refers to conscious and unconscious information processing. The conscious information 'processing refers to acknowledging and verbalizing the mental content and information processing. The unconscious' processing refers to the fact that we can neither verbalize the mental content and the information processing, nor we are aware of their existence. Cognitive level determines the quality of emotional level.
- The behaviour level refers to learned motor behaviours, voluntarily controlled.
- The emotional-subjective level refers to the subject's experiences and the way he describes them: positively, negatively, or neutral.

The psychotherapy intervention at cognitive level refers to: the improvement of solving problems ability; the modifying of rigid and self-destructive credentials; restructuring cognitive distortions and negative thoughts that cause anxiety – the analysis of inner discourse which strengthens / maintains all concerns; the enhance of flexible and realistic thinking; self-acceptance increase; modifying credentials that decrease the tolerance of frustration or

pain e.g. from „I can't take this” to „I don't like this, but I am the living proof that I can take it”; informing correctly and correcting the incomplete and/or wrong information; focusing difficulties and blocking, caused by fear.

Psychotherapist guides the patient at the behavioural level to: ceasing undesired and unwanted behaviours (ceasing useless and irrational avoidance); behavioural restructuring (learning to use efficient behaviours in order to achieve both therapeutically and life objectives); the self-control of all behaviours determined by thoughts of worrying (avoidance, self-isolation); exaggerated reactions when confronted to different life situations (irritability, behavioural agitation).

One of the techniques proposed by the model is the exercise of working in the systematic therapy of family constellations. This technique requires a very strong focusing and very good skills of the therapist, in order to respond with the highest efficiency to all the changing that are happening in every teenager's personal process, as well as the relation with the extended family.

We consider impetuous for the children to know their origin, disregarding the safety measurements that they have. It is very important that every child should know he / she has only one mother, the natural one, and a single father, the biological one. To achieve this goal, all the specialists involved, including the foster care families and the adoptive parents must provide all the information they have, so that the children can know their origin and establish their connections. For the children from the orphanage this goal is easier to be achieved in the situation where the family is identified.

Every person lives in a familial system. This system is composed by different people: couples, children, parents, and all those previous generations that give us the cultural and individual heritage.

When the love order of this system is interrupted, the effect is felt by the generations that follow, because the system tries to readjust. The result is that the young ones (the institutionalized adolescents in our case) are connected to a destiny which in reality is not their own, and which deprives them from leading their own life. A lot of teenagers are in this situation, without knowing that they are actually repeating the destiny of some members from their original family.

In order to work with these areas of our lives, there is for over forty years the systemic therapy of Family Constellations which has been extended to new dimensions by the German psychotherapist Bert Hellinger. He had been a Catholic priest for 20 years and after leaving the priesthood he studied psychoanalysis, specially the Gestalt Therapy, as well as the Transactional Analysis. However, his therapeutic orientation consists of the opening he brought through his intervention in the dynamic of the family systems in order to reinstall the order so that love can flow freely again. He integrated psychotherapeutical techniques and concepts very different without separating spirituality from science and literature, aiming more to address to the soul rather than to the mind.

In order to create a family constellation, the participant must choose different persons from the group who will represent the family members and position them in the room (therapy room) in the positions he / she feels they are in the family. The incredible thing is that when the subjects are positioned in a very authentic way, they start to actually feel and think in a very close way to the real family members – without previously knowing them. The therapeutic guidance is extremely important in this moment as well, and the participant must be very open so that the persons playing the roles to get the correct information and have the proper positioning.

Eventually, the constellation is guided step by step to the form in which the order of love is re-established. Most of the times, the behavior of family members (even those that are not present) can be changed in good after a family constellation was conducted to a good resolution. It is impressive to discover the „beneficiaries” (the adolescents in our case) when they find their place in the family system, the balance of love, merging into warm and intimate love,

after years of abuse, hate and anger, years in which they felt deprived of their family system. The equal right of belonging (the child belongs equally both to the father and to the mother) as well as: the order between brothers, the order between generations, the order of functional hierarchy, etc. – represent altogether the laws of love in the systemic family constellations.

The psychotherapeutic intervention method can be structured in planning the meetings, in which the transition will be made step by step from one level of intervention to another. The therapist will evaluate every objective of the meeting and will decide upon the right time to pass to the next stage.

The contextual intervention level has as objectives of the three meetings: The identification of the methods linked to the context of our personal history; screening; accepting the others without judging them; the acquiring of interpersonal abilities needed for a good social integration. Used techniques: projective techniques (the family test, free drawing), Genograma, Working with the timeline, Clinical hypnosis, the Re-imprinting, Therapeutic metaphors and stories.

The cognitive intervention level has as objectives of the four meetings: The Improvement of solving problems abilities; facilitating the realistic and flexible thinking; Modifying the self-destructive and rigid believes. The rise of self-appreciation; The modification of all believes that decrease the tolerance for frustration or pain. Used techniques: Monitoring; Cognitive restructuring; Clinical hypnosis; Paradox prescriptions; Six step modification etc.

The behavioral intervention level has as objectives of the three meetings: Ceasing the destructive and undesired behaviors; Behavior restructuring (the use of efficient behaviors in order to achieve realistically the therapeutic and life goals); Self-control of behaviors determined by worrying thoughts (avoiding, self-isolation), Used techniques: control techniques of behavior manifestations caused by worries; Behavior Prescriptions; Techniques for the development of decision and risk management, etc.

The emotional subjective intervention level has as objectives of the three meetings: the identification and labeling of feelings; Expressing feelings; Acknowledging the importance of living, expressing, and emotions acceptance: Elimination of unpleasant feelings; encouraging positive feelings. Used techniques: Techniques of enforcing the Ego; Clinical Hypnosis, The analysis of age decrease; The technique of changing the personal egograma; The games interrupted by psychodrama.

Every human being is unique, complete, complex. There is nothing that we need to become because everything we are searching or aiming for is already there, waiting for us – with no exception – in all of us. Oftenly, we forget this. And in those times we feel that all the beauty, vital force and warmth have left us. We don't feel comfortable in our own selves. In order to get centered again, and to let the content find a place in our lives again and in order to be able to feed ourselves again, we need courage to explore new ways. I am happy when I can help people come back home. I love to witness the moment when people rediscover themselves and shine in their real beauty” (source www.clauskostka.de, quote extracted from the german psychotherapist Claus Kostka)

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