

Individual Psychological Accompaniment of the Vicaria for the Family and Culture of the Archdiocese of Cali

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Introduction

The Vicar for Family and Culture of the Archdiocese of Cali, for some years have been implementing the psychospiritual assistance program for young people, children and adults, which aims to put psychology professionals who provide care at the service of the Caleña community. psychological assistance to all the people who come for this help. The psychologist in his practice is concerned with supporting the various activities of a clinical and therapeutic nature that are presented in the Vicar for the family, in order to enable spaces in which they have an opportunity to improve their quality of life, based on therapies individual, psychological tests, workshops, activities, that allow him to carry out a psychological monitoring, and in this way the individual as such has the possibility of a possible alternative way out of the problem that the subject presents [1-4].

Background

The Vicar for Family and Culture of the Archdiocese of Cali has been implementing the psychospiritual assistance program for some years, depending on any difficulty or discomfort that may arise in the Cali community, whether in their personal or family life. The fundamental objective is to promote mental health in each and every one of the people who take this service, in order to provide well-being and provide tools that contribute to the improvement of the quality of life of the entire community.

Objectives

General objective: Implement workshop manual and provide psychoeducational support to children, youth and adults who come to the Vicar for the family.

Specific objectives: Guide people who come to the Vicar for the family through psychoeducation in an informative and formative way in significant aspects in the upbringing of their children so that they can reach a subjective rectification of their behavior, where each one of the subjects participating in the therapies find themselves in the possibility of establishing strategies that allow them to solve the difficulties at home or at least, border the situation.

- A. Evaluate the behavioral repertoires, cognitive functioning and emotional state of patients in order to make possible referrals to other professionals if this is the case.
- B. Structure and apply workshops for educational purposes that allow alternative solutions for parents and couples.
- C. Enrich the marriage manual with psychological aspects.

Results

In this section of results, the findings of the problems of two patients who received psychospiritual assistance will be shown, in addition, the intervention proposal will be shown.

Summary of Clinical Histories

Individual 1

Diagnostic impression: F52.7 excessive sex drive: 17 year old patient with a very active libido and an obsession with masturbation. When the excessive sexual impulse is secondary to a mood disorder (affective). This diagnostic impression is part of the F52 Non-organic sexual dysfunctions. Sexual dysfunctions encompass different forms of inability to participate in a desired sexual relationship. Depending on the case, it is a lack of interest, an inability to feel pleasure, a failure in the physiological response necessary for effective sexual interaction (eg, erection), or an inability to control or feel an orgasm.

Techniques used:

- a) Applied Relaxation, Cognitive Behavioral Therapy, Psychoeducation - Skills Training.
- b) Cognitive Restructuring Technique: Beck's Cognitive Therapy / Ellis Rational Emotive Therapy.

Determine Patient Problems, Detect Irrational Ideas, Debate and discuss irrational ideas, Empty chair (2 sessions), Forgiveness therapy, parent. Letters: Father, Therapy with his mother. Inform and train the mother regarding the Management of the rules and limits at home in a space where their experiences, doubts and fears that they experience in their role as mother can be socialized.

Issues: The importance of rules and limits at home: The importance of the consequences of absences. Current risk situations: When the patient's behavior is not like the others. Assign responsibilities. Good deal. Situations that make parenting difficult. Handling Aggression. Psychosocial risk factors.

Result: Decrease in the disorder; Improvement in relationships with her mother and her environment, forgiveness towards her mother continues, Social skills, better relationships with her social and family environment, Life Project.

Individual 2

Diagnostic impression: F32.0 Mild depressive episode: 32-year-old patient with depressed mood, loss of interest and the ability to enjoy, (in F32.-, page 152). This depressive episode has been coming for two weeks, he has difficulty in his work and social activity, he wants to quit, he has lost his appetite and he does not sleep well [4-8].

Techniques used:

- A. Behavioral Therapy, Brief Psychodynamic Therapy, CBT, Psychoeducation - Skills Training, Reminiscence Therapy (mild-moderate)
- B. Cognitive Restructuring Technique: Beck's Cognitive Therapy / Therapy Ellis's Rational Emotive.

Result: Decreased levels of depression, Forgiveness towards his mother, Social skills.

Intervention proposal

Psychospiritual orientation:

- A. Interview with the Patient: In order to collect personal data, identify family dynamics, know the problems of the individual when he openly manifests his symptoms and his diagnostic impression.
- B. Application of cognitive behavioral therapy techniques such as cognitive restructuring, assertive training, automatic thought blocking, anxiety management, etc. that allow alleviating the symptom.
- C. Intervention with the parent when necessary.
- D. Reflective activity: The patient is invited to socialize their reflections, the patient is investigated and questioned on the subject, and the most important aspects of the exercise carried out during the week are highlighted. Conclusion of how you felt, what you think and tasks for the next appointment.
- E. Preparation of Closing: Thanking the assistance and agreeing the next appointment to continue with the treatment.

Psychological assessment:

- a) Application Of Assessment Instruments: Drawing of the family, human figure, HTP (House, Tree, personal).
- b) Verbally inform the person about their behaviors, the treatment plan and recommendations.
- c) Exercises are performed within therapy such as questionnaires, a story, an empty chair, so that the patient can continue their therapeutic exercise.
- d) Refer to the psychiatrist for diagnosis and drug treatment when necessary.

Conclusion

With the completion of this professional practice, it is possible to register some precedents of orientation towards other interventions and psychospiritual care, with this it would be ideal for the university to deepen its students in intervention issues, techniques, promotion and prevention, in legislation, since once the scope of health psychology is known, it should be considered that it is worth investing and including this component within the curriculum of the Psychology program. Additionally, it is found that in the therapeutic process of minors, there is absenteeism of the parents, the majority relegate the full responsibility to the caregiver, be it the grandparents or the nanny. Likewise, difficulties are perceived in most families in aspects such as establishing father-mother roles; management of authority and an aspect to highlight such as the recognition of rules and limits at home.

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