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AFRONTAMOS *(Let's face it)* a **psychological care program at the university**

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Perhaps this is the central question...
**How to create a genuine and safe
helping relationship?**

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Our experience at UIICF with programs that offer psychological help in two very different contexts:

- Individual/family psychotherapy program for the child protection system of Galicia (from 2012 to the present): users with severe emotional damage and trauma
- Afrontemos: a psychological care service for the university community (96% of users are students: so users with a high level of functionality)



psychotherapy program for the child protection system of Galicia (from 2012 to the present)

2400 cases (2012-2022)

24 therapist

10 therapy clinics

situations of severe trauma in children and adolescents due to neglect and abuse

45% of the children we treat are separated from their families of origin (in family or residential care)





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Programa Afrontemos

Year	number of people treated	Format (online versus in-person)	
		In-person	On-line
2021	70	In-person	28
		On-line	42
2022	111	In-person	59
		On-line	52
2023	114	In-person	46
		On-line	68
Total	295		295



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Programa Afrontemos

- The profile of the program users has been mostly **women (72%)**, **students (96%)**, in the **final years** of a degree or in a master's or doctorate.
- Most of the users show a **clinical anxiety** profile related to **crisis** situations. In 67% of the cases there is a history of anxiety and mild depressive symptoms in the last 6 months.
- In 49% of the cases, **family problems and interpersonal relationships** difficulties that already existed in the last two years have arisen.
- Only **4,8% of the cases showed a severe mental health pathology** and had already been diagnosed in advance. In these cases, Afrontemos serves as a support or "bridge" for the users to return or re-start a specialised treatment at Public Mental Health Services.



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Programa Afrontemos

<https://www.udc.es/en/afrontemos/>



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How do we work? Essential ideas

- **relational conceptualization of human difficulties** (co-construct with the client a relational conceptualization of their initial complaint (for example, contemplate other perspectives: interpersonal, circular-causal, external, dynamic, changeable or alterable...problem))
- **expanded direct treatment system**
- **expanded therapeutic alliance**



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How do we work? Examples of useful questions to create a safe context for help

- *Is there **fear** toward the help/therapy context?*
- *Does **anyone** feel singled out or accused as the **cause** of the family's problems?*
- *Does **anyone** feel **self-identified** as the **cause of the family's problems**? Does **anyone** feel **ashamed** about the **situation** that has brought the family to the current situation and this help?*
- *Does **anyone** feel **accused** of something specific (by professionals or by other family members)?*
- *Does anyone **fear what others might say** about him/her?*
- *Could someone be **afraid of revealing a secret** they don't want/can't face?*



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How do we work? Examples of useful questions to create a safe context for help

- *Does anyone specially **fear that the conflict will turn violent**?*
- *Could anyone have a concrete idea of what she/he **would like to achieve** as a result of the therapy/help? What would like to get?*
- *Who seems to be more **open to the idea that the professional helper will be able to understand** her/him and her/his personal situation?*



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ideas that help us and that come from working with
children and adolescents with relational trauma

1. There are good people who are bad parents.

For some people, family is the least safe place

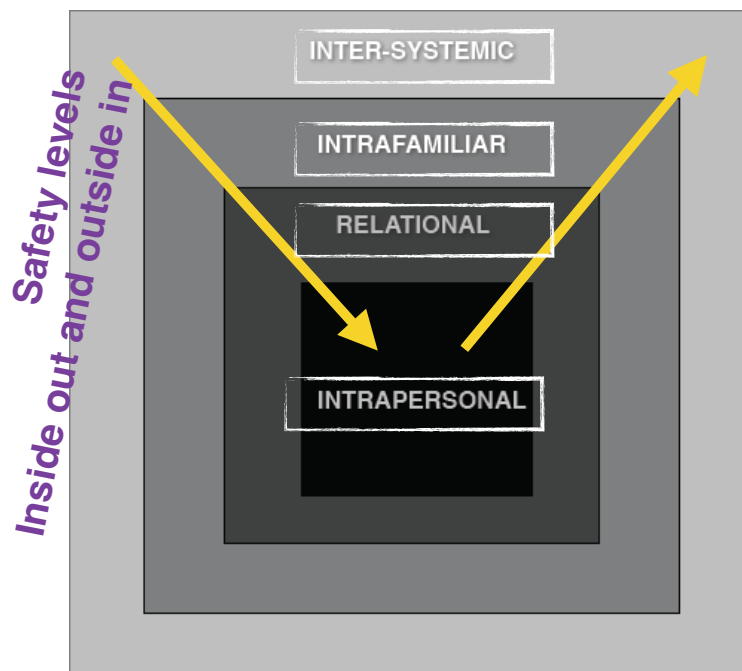


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2. There are people who have never felt safe
(not even in the mother's womb)



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ideas that help us and that come from working with
children and adolescents with relational trauma

3. The therapeutic alliance cannot be
prescribed or imposed.
Collaborate (working together)