

UNIVERSITY OF EDUCATION, WINNEBA

SUPERVISED PRACTICUM IN COUNSELLING PSYCHOLOGY



UNIVERSITY OF EDUCATION, WINNEBA

SUPERVISED PRACTICUM REPORT IN COUNSELLING PSYCHOLOGY



**PRISCILLA DONKOR
(220034830)**

**A Supervised Practicum Report Submitted to the Department of Counselling
Psychology, Faculty of Educational Studies, in Partial
Fulfilment of Clinical Licensing of the Ghana Psychological
Council, and for the award of the Degree of
Masters of Education
(Guidance and Counselling)
in the University of Education, Winneba.**

DECEMBER, 2023

DECLARATION

Student's Declaration

I, **Priscilla Donkor**, declare that this practicum work, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature:

Date:

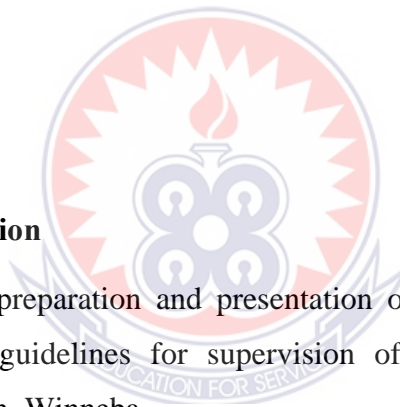
Supervisor's Declaration

I hereby declare that preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.

Supervisor Name: Prof. Paul Kobina Annan Bedu Addo

Signature:

Date:



DEDICATION

This portfolio work is dedicated to my late mother Madam Constance Ofori Yeboah



ACKNOWLEDGEMENT

I express profound gratitude to the Almighty for blessing me with life and the strength to navigate this journey successfully.

I extend heartfelt thanks to my supervisor, PROF. PAUL ANNAN BEDU-ADDO, whose insightful feedback played a pivotal role in the accomplishment of this work. His paternal support, patience, and guidance for corrections and improvements significantly contributed to refining this piece.

I seize this moment to acknowledge and appreciate my parents, guardian, friends (THERESAH, NAOMI AND EMMANUEL OBENG) for having the opportunity to meet and study with you and loved and words of encouragement that have been a source of strength throughout this transformative journey.

I owe a debt of gratitude to my friend, ELISHA ERIC NYARKO, for his unwavering prayers, financial support, and other significant sacrifices made throughout this journey. His contributions have been instrumental in helping me attain this goal. I express my heartfelt wishes for God's blessings upon each one of you.

ABSTRACT

This compilation of practicum reports reflects the culmination of a one-year practical experience as part of a two-year M.Ed program in Counseling Psychology. The reports showcase a range of experiences in the field of mental health counseling, including crisis counseling, psycho-education, trauma counseling, clinical work, individual counseling, group counseling, and administration of psychological tests. Through these experiences, the student gained valuable insights into the practice of evidence-based counseling and the practical application of theoretical knowledge. The reports provide a comprehensive overview of the student's professional development, highlighting the development of skills such as critical thinking, problem-solving, and communication. Overall, this compilation of practicum reports provides a rich and nuanced understanding of the challenges and rewards of working as a mental health counselor, and serves as a testament to the student's dedication to the field.



UNIVERSITY OF EDUCATION, WINNEBA**FACULTY OF EDUCATIONAL STUDIES****DEPARTMENT OF COUNSELLING PSYCHOLOGY****TRACKING SUPERVISED PRACTICUM HOURS**

DATE	VENUE	ACTIVITY	PRESENTER	HOURS
1/2/23	CHRISTIAN METHODIST SERNIOR HIGH	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
8/2/23	CHRISTIAN METHODIST SERNIOR HIGH	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
15/2/23	CHRISTIAN METHODIST SERNIOR HIGH	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
7/2/23	APLAKU COMMUNITY CLINIC	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
10/2/23	APLAKU M/A 1 BASIC SCHOOL	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
15/2/23	APLAKU M/A 2 BASIC SCHOOL	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
17/2/23	APLAKU M/A 3 BASIC SCHOOL	PRATICUM ORIENTATION	PRISCILLA DONKOR	2
22/2/23	CHRISTIAN METHODIST SERNIOR HIGH	DEPRESSION, CAUSES AND EFFECTS	PRISCILLA DONKOR	2
24/2/23	APLAKU M/A 2 BASIC SCHOOL	DEPRESSION, CAUSES AND EFFECTS	PRISCILLA DONKOR	2
1/3/23	CHRISTIAN METHODIST SERNIOR HIGH	ADOLESCENT REPRODUCTIVE HEALTH	MAD. CORDELIA AND PRISCILLA DONKOR	2:30mins
3/3/23	APLAKU M/A 1 BASIC SCHOOL	ADOLESCENT REPRODUCTIVE HEALTH	PRISCILLA DONKOR	2:30mins
10/3/23	APLAKU M/A 2 BASIC SCHOOL	ADOLESCENT REPRODUCTIVE HEALTH	PRISCILLA DONKOR	2
16/3/23	APLAKU COMMUNITY CLINIC	REPRODUCTIVE HEALTH AND CONTRACEPTIVES	PRISCILLA DONKOR AND MAD. FELICITY	2:30mins
19/3/23	YOUNG SINGLES	REPRODUCTIVE	PRISCILLA	2:30mins

	PARADISE A/G	HEALTH AND CONTRACEPTIVES	DONKOR	
22/3/23	CHRISTIAN METHODIST SERNIOR HIGH	REPRODUCTIVE HEALTH AND CONTRACEPTIVES	PRISCILLA DONKOR	2
29/3/23	CHRISTIAN METHODIST SERNIOR HIGH	TEENAGE PRENANCY	PRISCILLA DONKOR	2
17/3/23	APLAKU M/A 1 BASIC SCHOOL	CHILD ABUSE	PRISCILLA DONKOR	2:30mins
15/3/23	APLAKU M/A 2 BASIC SCHOOL	CHILD ABUSE	PRISCILLA DONKOR	1:30mn
24/3/23	APLAKU M/A 3 BASIC SCHOOL	CHILD ABUSE	PRISCILLA DONKOR	2:30mins
19/3/23	PRECIOUS CHAPEL, WOMEN MINISTRY	MENTAL HEALTH OF A WOMAN	PRISCILLA DONKOR	2:30mins
26/3/23	PARADISE A/G WOMEN WING	MENTAL HEALTH OF A WOMAN	PRISCILLA DONKOR	2:30mins
29/3/23	APLAKU M/A 1 BASIC SCHOOL	TEENAGE PRENANCY	PRISCILLA DONKOR	1
30/3/23	APLAKU M/A 2 BASIC SCHOOL	TEENAGE PRENANCY	PRISCILLA DONKOR	1
5/4/23	CHRISTIAN METHODIST SERNIOR HIGH	SUICIDE PREVENTION	MAD. CORDELLIA AND PRISCILLA DONKOR	2:30mins
18/4/23	APLAKU M/A 1 BASIC SCHOOL	SUICIDE PREVENTION	PRISCILLA DONKOR	2:30mins
21/4/23	APLAKU M/A 2 BASIC SCHOOL	SUICIDE PREVENTION	PRISCILLA DONKOR	2:30mins
26/4/23	CHRISTIAN METHODIST SERNIOR HIGH	MANAGING STRESS AMONG STUDENTS	PRISCILLA DONKOR	2
31/4/23	APLAKU M/A 1 BASIC SCHOOL	MANAGING STRESS AMONG STUDENTS	PRISCILLA DONKOR	1:30mins
17/5/23	APLAKU M/A 2 BASIC SCHOOL	MANAGING STRESS AMONG STUDENTS	PRISCILLA DONKOR	1:30min
19/5/23	APLAKU M/A 3 BASIC SCHOOL	MANAGING STRESS AMONG STUDENTS	PRISCILLA DONKOR	2:30mins
HOURS SUB TOTAL				70 HOURS
29/4/2	PRECIOUS CHAPEL INT'L	MANAGING STRESS	PRISCILLA DONKOR	2:30mins
21/5/23	PARADISE A/G CHURCH	MANAGING STRESS	PRISCILLA DONKOR	2:30mins
9/6/23	APLAKU M/A 2	MENSTRUAL	PRISCILLA	2:30mins

	GIRLS CLUB	HYGIENE	DONKOR	
16/6/23	APLAKU M/A 2 (PLC MEETING)	MANAGING STRESS AMONG TEACHERS	PRISCILLA DONKOR	2:30mins
18/6/23	PRECIOUS CHAPEL INT'L	MANAGING CONFLICT IN CHURCH	PRISCILLA DONKOR	2:30mins
21/6/23	APLAKU M/A 1 BASIC SCHOOL	ANGER MANAGEMENT	PRISCILLA DONKOR	2:30mins
23/6/23	APLAKU M/A 2 BASIC SCHOOL	ANGER MANAGEMENT	PRISCILLA DONKOR	2:30mins
5/7/23	APLAKU M/A 3 BASIC SCHOOL	ANGER MANAGEMENT	PRISCILLA DONKOR	2:30mins
21/7/23	APLAKU M/A 2 (PLC MEETING)	MANAGING CONFLICT IN SCHOOL	PRISCILLA DONKOR	2:30mins
26/7/23	APLAKU M/A 2 BASIC SCHOOL	MANAGING CONFLICT AMONG STUDENTS	PRISCILLA DONKOR	2:30mins
28/7/23	APLAKU M/A 3 BASIC SCHOOL	MANAGING CONFLICT AMONG STUDENTS	PRISCILLA DONKOR	2:30mins
5/8/23	PRECIOUS CHAPEL INT'L	INTERPERSONAL COMMUNICATION	PRISCILLA DONKOR	2:30mins
8/8/23	CHRISTIAN METHODIST SENIOR HIGH	INTERPERSONAL COMMUNICATION	PRISCILLA DONKOR	2:30mins
11/8/23	APLAKU COMMUNITY CLINIC	INTERPERSONAL COMMUNICATION	PRISCILLA DONKOR	2:30mins
15/8/23	APLAKU M/A 1 BASIC SCHOOL	POSITIVE THINKING	PRISCILLA DONKOR	2:30mins
11/8/23	APLAKU M/A 2 BASIC SCHOOL	POSITIVE THINKING	PRISCILLA DONKOR	2:30mins
18/8/23	APLAKU M/A 3 BASIC SCHOOL	POSITIVE THINKING	PRISCILLA DONKOR	2:30mins
21/8/23	CHRISTIAN METHODIST SENIOR HIGH	POSITIVE THINKING	PRISCILLA DONKOR	2:30mins
23/8/23	APLAKU M/A 1 BASIC SCHOOL	SOFT SKILLS	PRISCILLA DONKOR	2:30mins
25/8/23	APLAKU M/A 2 GIRLS CLUB	PSYCHOLOGICAL EFFECTS OF TEENAGE PREGNANCY	PRISCILLA DONKOR	2:30mins
6/9/22	APLAKU M/A 3 BASIC SCHOOL	PSYCHOLOGICAL EFFECTS OF TEENAGE PREGNANCY	PRISCILLA DONKOR	2:30mins
2/9/22	APLAKU M/A 2 BASIC SCHOOL	SOFT SKILLS	PRISCILLA DONKOR	2:30mins
15/9/23	CHRISTIAN METHODIST	DRUG ABUSE	PRISCILLA DONKOR	2:30mins`

	SERNIOR HIGH			
24/9/23	PRECIOUS CHAPEL INT'L	POSITIVE THINKING	PRISCILLA DONKOR	2:30mins
HOURS SUB TOTAL				80HOURS
TOTAL HOURS				150 HOURS

GROUP COUNSELING

MONTH	DATE	ACTIVITY	SETTING	HOURS COMPLETED
GROUP CONSELLING				
JULY, 2023	7 th	Pre – Screening (6 Students)	School	2 Hours 30 min
JULY, 2023	14 th	Session 1	School	1 hour 30 min
JULY, 2023	21 st	Session 2	School	1 hour 30 min
JULY, 2023	28 th	Session 3	School	1 hour 30 min
AUGUST, 2023	11 th	Session 4	School	1 hour 30 min
AUGUST, 2023	18 th	Session 5	School	1 hour 30 min
AUGUST, 2023	25 th	Session 6	School	1 hour 30 min
SEPTEMBER, 2023	1 st	Session 7	School	1 hour 30 min
SEPTEMBER, 2023	8 th	Session 8	School	1 hours 30 min
Sub – Total				15 hours 30 min

INDIVIDUAL COUNSELING

	DATE	ACTIVITY	SETTING	HOURS COMPLETED
INDIVIDUAL COUNSELING				
CLIENT 1				
February, 2023	2 nd	Session 1	Christian Methodist SHS	1
February, 2023	7 th	Session 1	Christian Methodist	2

			SHS	
February, 2023	14 th	Session 1	Christian Methodist SHS	2
February, 2023	16 th	Session 1	Christian Methodist SHS	1
Sub – Total				6 Hours
CLIENT 2				
February, 2023	13 th	Session 1	Christian Methodist SHS	2
February, 2023	20 th	Session 1	Christian Methodist SHS	2
March, 2023	1 st	Session 1	Christian Methodist SHS	1
Sub – Total				5 Hours
CLIENT 3				
March, 2023	20 th	Session 1	Aplaku JHS	2
March, 2023	22 nd	Session 1	Aplaku JHS	2
March, 2023	27 th	Session 1	Aplaku JHS	1
June, 2023	3 rd	Session 1	Aplaku JHS	1
Sub – Total				6 Hours
CLIENT 4				
February, 2023	20 th	Session 1	Christian Methodist SHS	1 hour 30 min.
March, 2023	8 th	Session 1	Christian Methodist SHS	2
March, 2023	10 th	Session 1	Christian Methodist SHS	1 hour 30 min
March, 2023	14 th	Session 1	Christian Methodist SHS	1
March, 2023	17 th	Session 1	Christian Methodist SHS	2
Sub – Total				8 Hours
CLIENT 5				
March, 2023	3 rd	Session 1	Aplaku JHS	1
March, 2023	9 th	Session 1	Aplaku JHS	1

March, 2023	10 th	Session 1	Aplaku JHS	1
March, 2023	21 st	Session 1	Aplaku JHS	2
Sub – Total				5 Hours
CLIENT 6				
March, 2023	16 th	Session 1	Christian Methodist SHS	1
April, 2023	4 th	Session 1	Christian Methodist SHS	2
April, 2023	12 th	Session 1	Christian Methodist SHS	2
April, 2023	19 th	Session 1	Christian Methodist SHS	1
Sub – Total				6 Hours
CLIENT 7				
April, 2023	24 th	Session 1	Aplaku JHS	2
April, 2023	28 th	Session 1	Aplaku JHS	2
May, 2023	4 th	Session 1	Aplaku JHS	1
Sub- Total				5 Hours
CLIENT 8				
April, 2023	6 th	Session 1	Aplaku JHS	2
April, 2023	24 th	Session 1	Aplaku JHS	2
Sub – Total				4 Hours
CLIENT 9				
June, 2023	6 th	Session 1	Christian Methodist SHS	1
June, 2023	13 th	Session 1	Christian Methodist SHS	2
June, 2023	16 th	Session 1	Christian Methodist SHS	1
June, 2023	21 st	Session 1	Christian Methodist SHS	1
Sub – Total				5 Hours
CLIENT 10				
June, 2023	12 th	Session 1	Christian Methodist SHS	1

June, 2023	23 rd	Session 1	Christian Methodist SHS	1
July, 2023	5 th	Session 1	Christian Methodist SHS	2
July, 2023	1 th	Session 1	Christian Methodist SHS	2
Sub – Total				6 Hours
CLIENT 11				
July, 2023	5 st	Session 1	Christian Methodist SHS	2
August, 2023	2 nd	Session 1	Christian Methodist SHS	1
August, 2023	11 th	Session 1	Christian Methodist SHS	2
August, 2023	18 th	Session 1	Christian Methodist SHS	1
Sub – Total				6 Hours
CLIENT 12				
August, 2023	9 th	Session 1	Aplaku JHS	2
August, 2023	16 th	Session 1	Aplaku JHS	1
Sub – Total				3 Hours
CLIENT 13				
August, 2023	11 th	Session 1	Aplaku JHS	2
August, 2023	18 th	Session 1	Aplaku JHS	2
September, 2023	1 st	Session 1	Aplaku JHS	1
Sub – Total				5 Hours
CLIENT 14				
September, 2023	12 th	Session 1	Christian Methodist SHS	2
September, 2023	15 th	Session 1	Christian Methodist SHS	2
September, 2023	19 th	Session 1	Christian Methodist SHS	1
September,	22 nd	Session 1	Christian	1

2023			Methodist SHS	
Sub – Total				6 Hours
CLIENT 15				
September, 2023	20 th	Session 1	Aplaku JHS	3
September, 2023	28 th	Session 1	Aplaku JHS	1
Sub – Total				4 Hours
CLIENT 16				
September, 2023	13 th	Session 1	Christian Methodist SHS	1
September, 2023	22 nd	Session 1	Christian Methodist SHS	2
October, 2023	11 th	Session 1	Christian Methodist SHS	1
October, 2023	13 th	Session 1	Christian Methodist SHS	1
Sub – Total				5 Hours
Total				84 Hours

WEBINERS AND SEMINERS

MONTH	DATE	ACTIVITY	SETTING	HOURS COMPLETED
February, 2023	24 th	Snooping on your partner's phone	Virtual Seminar	2 hour
April 2023	15 th	Anxiety and Mental Health in Children	Zoom	2 hours
June, 2023	11 th	Dealing with depression in Men	Zoom	2 hour
July, 2023	2 nd	Early signs of Mental Health	Zoom	2 hour
June, 2023	29 th	Managing stress and Burnout	Zoom	2 Hour
June 2023	3 rd	Benefiting from Godly Counsel	Zoom	1 hour
April, 2022	7 th	Substance Abuse	School	2 hour
May, 2022	30 th	Career Choice	School	3 hour
June, 2022	6 th		Google Meet	1 hour

June, 2022	10 th	Adolescent Mental Health		2 hour
July, 2022	1 st	Drug	Online	2 hour
July, 2022	11 th	Cognitive Development		1 hour
July, 2022	16 th	Child Anxiety	Online	2 hour
July, 2022	28 th	Mental Health	Zoom	1 hour
September, 2022	2 nd	When Love Turns Sore	Zoom	1 hour
September, 2022	9 th	Communication (Suicidal Persons)	Zoom	3 hour
September, 2022	10 th	Good Study Habit	Online	1 hour
Sub – Total				32 Hours

ADMINISTRATION TEST

MONTH	DATE	ACTIVITY	SETTING	HOURS COMPLETED
February, 2023	23 rd	DASS 21	School	50 hours
February, 2023	24 th	Interpretation	School	50 hours
March, 2024	31 st	RIASEC Model	School	50 hours
March, 2024	1 st	Interpretation	School	50 hours
February, 2024		Occupational Interest Profile (O.I.P)	School	20 hours
		Interpretation of O.I.P test	School	20 hours
March, 2024	27 th	Study Habits Inventory	School	100 hours
March, 2024	25 th	Interpretation		50 hours
Sub – Total				370 Hours

TOTAL HOURS CLOCK

	HOURS
PSYCHO EDUCATION	150
GROUP COUNSELLING	15
INDIVIDUAL COUNSELLING	84
VIRTUAL SEMINARS	32
ADMINISTRATION OF TESTS	370
TOTAL	651



PSYCHO EDUCATION



OUTREACH PRESENTATION/PSYCHOEDUCATION



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Date: 4/01/23

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: school counsellor

Contact Number: 0244215288

Starting Time 11:00am

Ending Time 12:00pm

Presentation Topic: Practicum orientation

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explained what practicum is.
2. Identify two benefits of practicum work to the students

Grade level or age of audience: Literate: 14-21years

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables

Equipment available at location: Chairs, Tables. Marker board and markers

SUMMARY ON PRACTICUM ORIENTATION

As part of my work as a student trainee counsellor, I chose Christian Methodist Senior High School as one of my sites of my practicum. So, on the 4th January, 2023, I visited the school and the necessary arrangement was made.

I had an interaction with the form two and three students about my mission in their school. I explained to them what practicum is, the number of times and days I will be visiting their school. Per consultations from the headmistress, we agreed on Wednesdays and Fridays of every month.

I discussed with them the activities that I will be doing in this school how is also going to improve their lives. Such activities mentioned were, individual counselling, group counselling, psycho education and many others. I explained to them that this is an academic work and sometimes I will need their consent to take some pictures of our activities as evidence to my supervisor. I assured them of safety of our discussions.

The headmistress added her voice by encouraging them to make good use of my presence in the school. He emphasized on the importance of counselling as most of them are going through diverse issues. Questions were asked and clarifications were made. The orientation came to end and was very successful.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 6/01 2023.

Presentation Venue: Aplaku M/A 2 Basic School

Name of Contact Person: Mr. Justice Torklo

Position: Headmaster

Time: 10:00am – 11:00am

Presentation Topic: Practicum orientation

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explained what practicum is.
2. Identify two benefits of practicum work to the students

Grade level or age of audience: Basic 6 to JHS 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables

Equipment available at location: Chairs, Tables. Marker board and markers

SUMMARY ON PRACTICUM ORIENTATION

As part of my work as a student trainee counsellor, I chose Aplaku M/A 2 Basic School as one of my sites of my practicum. On the 6th of January, 2023, I organised an orientation which I had already discussed with my head teacher.

I had an interaction with some of students and explained to them what practicum is. I also told them the number of times and days I will be meeting them for special programmes. Per consultations with my headmaster, we agreed on Thursdays and Fridays of every month.

I discussed with them the activities i would be having with them which included individual counselling, group counselling, psycho education and many others. I explained to them that this is an academic work and sometimes I will need their consent to take some pictures as evidence to my supervisor. I assured them of safety of our discussions.

My head teacher also encouraged them to make good use of the opportunity to learn and also get counselling in their areas of difficulty. Questions were asked for clarifications as we ended the orientation.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: Priscilla Donkor

Date: 03-09-2023

Venue: Precious Chapel International

Time: 12:00 – 1:00pm

Name of contact person: Rev. Elisha Nyarko

Position: Head pastor

Audience: Members of the women ministry

Presentation Topic: Psycho education on maintaining your mental health as a woman

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explain what mental health is
2. Identify 3 causes of mental health problems
3. Identify two ways of managing one's mental health

Format of presentation: Face to face presentation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs and tables, microphone etc.

Equipment available at location: Chairs, microphone

SUMMARY ON PRACTICUM ORIENTATION

On 1st January, 2023, a face to face presentation was organized from 12:00pm to 1:00pm at Precious Chapel International and the purpose of the psycho education was to conscientize the women ministry on the need to take care and maintain a good mental health. The programme was started by a prayer followed by a bible verse. I then brainstorm the woman on what mental health is and some of the cause of mental health problems, and how best we can manage our mental health as women.

What is mental health?

Mental health is the state of mental well being of an individual that helps them to cope with life stresses, realize their abilities, learn and work well and also to be able to contribute to their community, society or life.

When we talk about mental health, we are talking about our mental well being; our emotions, thoughts and feelings, our ability to solve problems and overcome difficulties our social connections and our understanding of the world around us.

As the World Health Organization famously says, “there is no health without mental health”

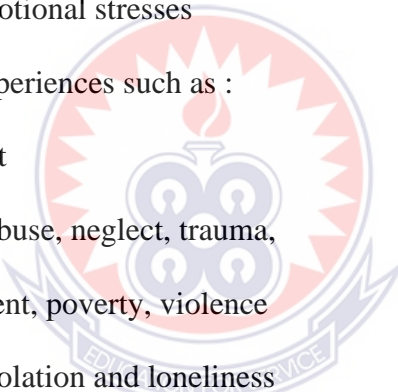
Every individual, in the course of a life time, not all people will experience mental health illness, but everyone will struggle or have a challenge with their mental well being just like we all have challenges with our physical well being from time to time.

Why mental health?

Mental health is important at every stage of our lives from childhood through adolescent to adulthood. Mental health has an impact or can affect a person's thinking, perceptions, mood and behavior.

Mental health challenges can make it difficult for people to cope with work, relationships and other demands of life.

Things that affects or causes of women mental health

1. Major life Transition (pregnancy, motherhood and menopause) can create physical and emotional stresses
 2. Negative life experiences such as :
 - i) Bereavement
 - ii) childhood abuse, neglect, trauma,
 - iii) unemployment, poverty, violence
 - iv) infertility, isolation and loneliness
- 
- The logo of the University of Education, Winneba, is a circular emblem. It features a central lamp with a flame, set against a background of a sunburst. The lamp is flanked by two stylized human figures. Below the lamp, the words 'EDUCATION' and 'SERVICE' are written in a banner. The entire emblem is surrounded by a decorative border.

If the above causes are not handled well, it can lead to mental health illness such as

Types of Mental Health Illness

1. Mood Disorder (such as depression and bipolar)
2. Anxiety Disorder (excessive worrying that is difficult to control)
3. Personality Disorder (long term pattern of behavior and inner experiences that differs from the norm).
4. Psychotic Disorder (distorted perception of reality e.g. Hallucinations, paranoia etc)

Maintaining Your Mental Health

1. Get enough sleep:

sleep plays an important role in our physical and mental well being. When we are sleep – deprived, we are likely to experience feelings of stress and anxiety.

2. Allow yourself to make mistakes:

no one is perfect, therefore make mistakes, learn and grow from them. Forget about the voice that says you need to be perfect make mistakes the lesson you gain from them are priceless. Remember you can't make everybody happy in life.

3. Stop comparing yourself to others:

comparing yourself will always make you last, there is only one you, focus on yourself and your journey and destiny.

4. Don't worry about other's opinions:

don't worry about what society thinks and expect from you or how others want you to behave.

5. Practice mindfulness:

paying attention to the present moment can improve your mental well-being. This is also called 'self awareness'. Mindfulness can help you enjoy life more and understand yourself better. This can positively change the way you feel about life and how you face life challenges.

6. Lastly, love and be kind to yourself:

love yourself, speak kindly to yourself and hash words to yourself. People will always treat you the way you treat yourself. Don't feel bad to put yourself first. Find time for yourself to decompose and recharge and bounce back to face life.

Maintaining mental health may be a struggle but with time it will settle in your heart and you will look back and be happy of becoming the best version of yourself.

Conclusion:

The women were so much excited as they asked questions to enhance their understanding and requested for more of such presentations.

All questions were answered during the presentations.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 4/02 2023.

Presentation Venue: Aplaku M/A 3 Basic School

Name of Contact Person: Rev. Joseph Opoku Darko

Position: Headmaster

Presentation Topic: Practicum orientation

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explained what practicum is.
2. Identify two benefits of practicum work to the students

Grade level or age of audience: JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables

Equipment available at location: Chairs, Tables. Marker board and markers

SUMMARY ON PRACTICUM ORIENTATION

As part of my work as a student trainee counsellor, I chose Aplaku M/A 3 Basic School as one of my sites of my practicum. On the 2nd of February, 2023, I visited their school and organised an orientation which I had already discussed with the head teacher.

I had an interaction with some of students and explained to them what practicum is. I also told them the number of times and days I will be meeting them for special programmes. Per consultations with the headmaster and the guidance and counselling coordinator, we agreed on Wednesdays and Fridays of every month.

I discussed with them the activities I would be having with them which included individual counselling, group counselling, psycho education and many others. I explained to them that this is an academic work and sometimes I will need their consent to take some pictures as evidence to my supervisor. I assured them of safety of our discussions.

My head teacher also encouraged them to make good use of the opportunity to learn and also get counselling in their areas of difficulty. Questions were asked for clarifications as we ended the orientation.



Introduction of me as a student counsellor by the guidance and counselling coordinator of Aplaku M/A 3 school



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 9/02 2023.

Presentation Venue: Aplaku Community Clinic

Name of Contact Person: Elikem Gbobogze

Position: Administrator

Time: 9:00am – 10:30 am

Presentation Topic: Practicum orientation

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explained what practicum is.
2. Identify two benefits of practicum work to the hospital

Grade level or age of audience: Administrators and Nurses

Format of presentation: face to face presentation, Question and Answer.

Equipment needed for presentation: Chairs, Tables

Equipment available at location: Chairs, Tables.

SUMMARY ON PRACTICUM ORIENTATION

Aplaku Community Clinic was one of my sites for my practicum work. On the 9th of February, 2023, I visited the clinic to orient them about my practicum based on my previous visit.

I had an interaction with the administrators and explained to them what my practicum is all about. He then took me to the medicals head who gave us the permission to the other staff and nurses. I also told them the number of times and days I will be coming to the facility. They then handed me over to the guidance and counselling coordinator to work with of which we agreed on Thursdays and Fridays of every month.

I discussed with her the activities I would be having embarking on which included individual counselling, group counselling, psycho education and many others. I explained to her that this is an academic work and sometimes I will need their consent to take some pictures as evidence to my supervisor. I assured them of safety of our discussions. We then ended the meeting and schedule for another time.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 13/01 2023.

Presentation Venue: Aplaku M/A 2 Basic School

Name of Contact Person: Mr. Justice Torkla

Position: Headmaster

Presentation Topic: Adolescent Reproductive Health and Right

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Students will be able to understand the meaning of adolescence reproductive health
2. Understand adolescence reproductive right
3. Students will be able to cope up with their developmental process
4. Students will understand the effect of teenage pregnancy

Grade level or age of audience: Basic 6 to JHS 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, laptop

Equipment available at location: Chairs, Tables

Equipment needed for presentation; laptop, projector, and screen.

Equipment available at location; laptop, projector, and screen

SUMMARY ON PRESENTATION

Adolescence is the period of life between childhood and adulthood. Individuals make a gradual transition from childhood to adulthood. This period of development is between the ages of 10-19 years.

The World Health Organization (WHO) expert committee (1965) proposed ten to nineteen years. This is broken into early and later phases of adolescence. The early phase starts from 10 to 14 years while the late stage starts from 15 to 19 years.

Reproductive health: is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its related functions.

Reproductive right: are the basic right of all couples and individuals to decide freely and responsibly, the number and spacing of their children and the means to do so.

Most adolescents face a lot of challenges when they get to this age. Their sexual drives increase most of them enter in a relationship with the opposite sex. Some try to influence their friends to such activities.

These factors affect the young adolescent to drop from school, unwanted pregnancies, loss of respect and even lead to committing suicide.

Adolescents should understand their reproductive system to live in a societal expectation. They should avoid peer group influence and curiosity to live a good life.

To conclude students, ask a lot of questions and some even made some suggestion to help the adolescent child development in the society.

Supervisor signature.....

Date.....

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 16/02 2023.

Presentation Venue: Aplaku M/A 1 Basic School

Name of Contact Person: Madam

Position: Headmistress

Time: 10:00am – 11:00am

Presentation Topic: Practicum orientation

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explained what practicum is.
2. Identify two benefits of practicum work to the students

Grade level or age of audience: JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables

Equipment available at location: Chairs, Tables. Marker board and markers

SUMMARY ON PRACTICUM ORIENTATION

As part of my work as a student trainee counsellor, I chose Aplaku M/A 3 Basic School as one of my sites of my practicum. On the 16th of February, 2023, I visited their school and organised an orientation which I had already discussed with the head teacher.

I had an interaction with some of students and explained to them what practicum is. I also told them the number of times and days I will be meeting them for special programmes. Per consultations with the headmaster and the guidance and counselling coordinator, we agreed on Wednesdays and Fridays of every month.

I discussed with them the activities I would be having with them which included individual counselling, group counselling, psycho education and many others. I explained to them that this is an academic work and sometimes I will need their consent to take some pictures as evidence to my supervisor. I assured them of safety of our discussions.

The head teacher also encouraged them to make good use of the opportunity to learn and also get counselling in their areas of difficulty. Questions were asked for clarifications as we ended the orientation.

UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 24/02/ 2023.

Presentation Venue: Aplaku M/A 3 Basic School

Name of Contact Person: Rev. Joseph Darko

Position: Headmaster

Presentation Topic: Adolescent Reproductive Health and Right

Time: 12:30 pm – 1:30pm

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Students will be able to understand the meaning of adolescence reproductive health
2. Understand adolescence reproductive right
3. Students will be able to cope up with their developmental process
4. Students will understand the effect of teenage pregnancy

Grade level or age of audience: JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, laptop

Equipment available at location: Chairs, Tables, marker board

SUMMARY ON PRESENTATION

Adolescence is the period of life between childhood and adulthood. Individuals make a gradual transition from childhood to adulthood. This period of development is between the ages of 10-19 years.

The World Health Organization (WHO) expert committee (1965) proposed ten to nineteen years. This is broken into early and later phases of adolescence. The early phase starts from 10 to 14 years while the late stage starts from 15 to 19 years.

Reproductive health: is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its related functions.

Reproductive right: are the basic right of all couples and individuals to decide freely and responsibly, the number and spacing of their children and the means to do so.

Most adolescents face a lot of challenges when they get to this age. Their sexual drives increase, most of them enter into a relationship with the opposite sex. Some try to influence their friends to such activities.

These factors affect the young adolescent to drop from school, unwanted pregnancies, loss of respect and even lead to committing suicide.

Adolescents should understand their reproductive system to live in a societal expectation. They should avoid peer group influence and curiosity to live a good life.

To conclude students, ask a lot of questions and some even made some suggestion to help the adolescent child development in the society.

Supervisor signature.....

Date.....



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 01/03/ 2023.

Presentation Venue: Aplaku M/A 1 Basic School

Name of Contact Person: Madam Hawa Issakah

Position: Headmistress

Presentation Topic: Adolescent Reproductive Health and Right

Time: 7:30am – 8:30am

Grade level or age of audience: JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, laptop

Equipment available at location: Chairs, Tables, marker board

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Students will be able to understand the meaning of adolescence reproductive health
2. Understand adolescence reproductive right
3. Students will be able to cope up with their developmental process
4. Students will understand the effect of teenage pregnancy

SUMMARY ON PRESENTATION

Adolescence is the period of life between childhood and adulthood. Individuals make a gradual transition from childhood to adulthood. This period of development is between the ages of 10-19 years.

The World Health Organization (WHO) expert committee (1965) proposed ten to nineteen years. This is broken into early and later phases of adolescence. The early phase starts from 10 to 14 years while the late stage starts from 15 to 19 years.

Reproductive health: is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its related functions.

Reproductive right: are the basic right of all couples and individuals to decide freely and responsibly, the number and spacing of their children and the means to do so.

Most adolescents face a lot of challenges when they get to this age. Their sexual drives increase, most of them enter into a relationship with the opposite sex. Some try to influence their friends to such activities.

These factors affect the young adolescent to drop from school, unwanted pregnancies, loss of respect and even lead to committing suicide.

Adolescents should understand their reproductive system to live in a societal expectation. They should avoid peer group influence and curiosity to live a good life.

To conclude students, ask a lot of questions and some even made some suggestion to help the adolescent child development in the society.

Supervisor signature.....

Date.....

UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 15/03/2023

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: School counsellor

Contact Number: 0244215288

Time 9:00am – 10:00am

Presentation Topic: Adolescent Reproductive Health and Right

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Students will be able to understand the meaning of adolescence reproductive health
2. Understand adolescence reproductive right
3. Students will be able to cope up with their developmental process
4. Students will understand the effect of teenage pregnancy

Grade level or age of audience: Form 1 and 2 students

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, laptop

Equipment available at location: Chairs, Tables, marker board

SUMMARY ON PRESENTATION

Adolescence is the period of life between childhood and adulthood. Individuals make a gradual transition from childhood to adulthood. This period of development is between the ages of 10-19 years.

The World Health Organization (WHO) expert committee (1965) proposed ten to nineteen years. This is broken into early and later phases of adolescence. The early phase starts from 10 to 14 years while the late stage starts from 15 to 19 years.

Reproductive health: is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its related functions.

Reproductive right: are the basic right of all couples and individuals to decide freely and responsibly, the number and spacing of their children and the means to do so.

Most adolescents face a lot of challenges when they get to this age. Their sexual drives increase most of them enter in a relationship with the opposite sex. Some try to influence their friends to such activities.

These factors affect the young adolescent to drop from school, unwanted pregnancies, loss of respect and even lead to committing suicide.

Adolescents should understand their reproductive system to live in a societal expectation. They should avoid peer group influence and curiosity to live a good life.

To conclude students, ask a lot of questions and some even made some suggestion to help the adolescent child development in the society.

Supervisor signature.....

Date.....

UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 29/03/2023

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: School counsellor

Contact Number: 0244215288

Time 9:00am – 10:00am

Audience: All form 2 and 3 students

Presentation Topic: Psycho education on Depression

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explain what depression is
2. Identify 3 causes of depression
3. Identify three ways of dealing with depression

Format of presentation: Face to face presentation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs and tables, microphone etc.

Equipment available at location: Chairs, microphone, pulpit

SUMMARY OF PRESENTATION

The presentation started in the morning of Wednesday, 29th March, 2023 immediately after worship. The students listened keenly as I started the presentation.

Major depression is a period of sadness, irritability or low motivation that occurs and last for at least two weeks and is severe enough to negatively affect one's life.

Depression is not a sign of weakness or character flaw. It is real and treatable medical illness.

Some of the causes and symptoms of depression in teenagers were discussed which included the following;

CAUSES OF DEPRESSION IN TEENS

- Fights with family or friends.
- Changing schools or starting secondary school.
- Being bullied.
- Experiencing a relationship break-up, recent death, abuse or neglect.
- Genetics. Depression can run in families.
- Brain biology and chemistry.
- Hormones. Hormone changes can contribute to depression.
- Stressful childhood events such as trauma, the death of a loved one and abuse.

SYMPTOMS OF DEPRESSION

- i. Tiredness and low energy
- ii. Trouble sleeping or sleeping too much Feeling or seeming slowed down agitated
- iii. Aches or pains headaches, muscle cramps and problems.
- iv. Change in appetite and mood swing

DEALING WITH DEPRESSION

We also discuss ways of dealing with depression, which included the following;

- i) Being physically active
- ii) Exercising daily
- iii) Don't be too hard on realistic goals
- iv) Spend quality time with friends and family as confidant in a trusted friend with your problems
- v) Eating healthy food such as bananas

CONCLUSION

The students were able to understand depression, causes, symptoms and how it can be managed. Questions asked were also answered with the help of the school counselor.

UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 19/04/2023

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: School counsellor

Contact Number: 0244215288

Time 9:00am – 10:00am

Audience: All form 1 and 2 students

Presentation Topic: Teenage pregnancy

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Define teenage pregnancy.
2. Identify 3 causes of teenage pregnancy.
3. Identify two ways of preventing teenage pregnancy.

Grade level or age of audience: 14-19

Format of presentation: Audience participation using Question and Answer.

Equipment needed for presentation: Chairs. Tables, marker board, etc.

Equipment available at location: Chairs, Tables. Books, pens marker board etc.

SUMMARY OF REPORT ON TEENAGE PREGNANCY

Teenage pregnancy: According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those concerned about young women and their children's health and well-being. The ages of female adolescents may vary with regards to teenage pregnancy and this can be related to growth, maturity and development as they are biological and environment factors that determine that.

Through discussion with the students, we came out with some of the symptoms or signs of teenage pregnancy and the following were mentioned and elaborated in details, Tiredness, Increase in size of the breasts, Frequent need to urinate, Nausea, Headaches, Mood swings, Food cravings or aversions, Heightened sense of smell and others.

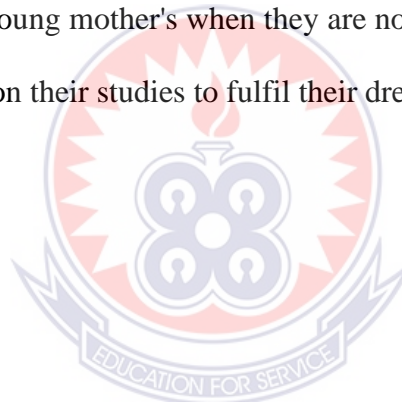
I also discussed with them the causes of teenage pregnancy and some that were mentioned were; Lack of information about sexual and reproductive health and rights, Inadequate access to services tailored to young people, Family, community and social pressure to marry, Sexual violence, Child, early and forced marriage.

I also saw it necessary to talk about the effects of teenage pregnancy. The current study identified the following;

School dropout, Low self-esteem, Unemployment, Early parenthood, Can lead to death, pre-matured babies, emotional problems such as depression, drug and alcohol use etc.

In my psycho education with the students on teenage pregnancy, we concluded our discussion by identifying some preventive measures of teenage pregnancy and some of the ways are: abstinence from sex, the use of condoms and contraceptives, being clear about your own sexual values and attitudes, discourage early dating, and get guidance and counselling in difficult situations.

To conclude, we encourage the students to stay away from sexual activities to prevent them from becoming young mother's when they are not ready for such responsibilities but rather concentrate on their studies to fulfil their dreams in the future.



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 28/04/ 2023.

Presentation Venue: Aplaku M/A 1 Basic School

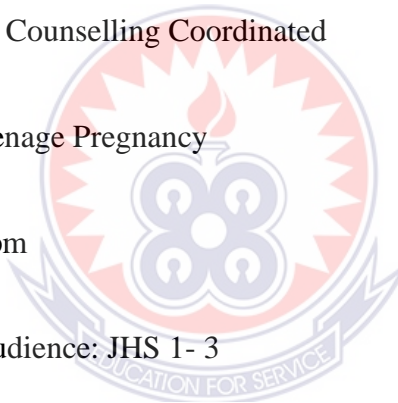
Name of Contact Person: Madam Gifty Gakpo

Position: Guidance and Counselling Coordinated

Presentation Topic: Teenage Pregnancy

Time: 12:30pm – 1:30pm

Grade level or age of audience: JHS 1- 3



Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, and laptop

Equipment available at location: Chairs, Tables, marker board

Format of presentation: Audience participation using Question and Answer.

Equipment needed for presentation: Chairs. Tables and Marker board etc.

Equipment available at location: Chairs, Tables. Books, pens marker board etc.

SUMMARY OF REPORT ON TEENAGE PREGNANCY

Teenage pregnancy: According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those concerned about young women and their children's health and well-being. The ages of female adolescents may vary with regards to teenage pregnancy and this can be related to growth, maturity and development as they are biological and environment factors that determine that.

Through discussion with the students, we came out with some of the symptoms or signs of teenage pregnancy and the following were mentioned and elaborated in details, Tiredness, Increase in size of the breasts, Frequent need to urinate, Nausea, Headaches, Mood swings, Food cravings or aversions, Heightened sense of smell and others.

I also discussed with them the causes of teenage pregnancy and some that were mentioned were; Lack of information about sexual and reproductive health and rights, Inadequate access to services tailored to young people, Family, community and social pressure to marry, Sexual violence, Child, early and forced marriage.

I also saw it necessary to talk about the effects of teenage pregnancy. The current study identified the following;

School dropout, Low self-esteem, Unemployment, Early parenthood, Can lead to death, pre-matured babies, emotional problems such as depression, drug and alcohol use etc.

In my psycho education with the students on teenage pregnancy, we concluded our discussion by identifying some preventive measures of teenage pregnancy and some

of the ways are: abstinence from sex, the use of condoms and contraceptives, being clear about your own sexual values and attitudes, discourage early dating, and get guidance and counselling in difficult situations.

To conclude, we encourage the students to stay away from sexual activities to prevent them from becoming young mother's when they are not ready for such responsibilities but rather concentrate on their studies to fulfil their dreams in the future.



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 3/05/ 2023.

Presentation Venue: Aplaku M/A 2 Basic School

Name of Contact Person: Madam Esther Batse

Position: Guidance and Counselling Coordinated

Presentation Topic: Teenage Pregnancy

Time: 12:30pm – 2:30pm

Grade level or age of audience: Basic 6 and JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, and laptop

Equipment available at location: Chairs, Tables, marker board

Format of presentation: Audience participation using Question and Answer.

Equipment needed for presentation: Chairs. Tables, marker board, etc.

Equipment available at location: Chairs, Tables. Books, pens marker board etc.

SUMMARY OF REPORT ON TEENAGE PREGNANCY

Teenage pregnancy: According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those concerned about young women and their children's health and well-being. The ages of female adolescents may vary with regards to teenage pregnancy and this can be related to growth, maturity and development as they are biological and environment factors that determine that.

Through discussion with the students, we came out with some of the symptoms or signs of teenage pregnancy and the following were mentioned and elaborated in details, Tiredness, Increase in size of the breasts, Frequent need to urinate, Nausea, Headaches, Mood swings, Food cravings or aversions, Heightened sense of smell and others.

I also discussed with them the causes of teenage pregnancy and some that were mentioned were; Lack of information about sexual and reproductive health and rights, Inadequate access to services tailored to young people, Family, community and social pressure to marry, Sexual violence, Child, early and forced marriage.

I also saw it necessary to talk about the effects of teenage pregnancy. The current study identified the following;

School dropout, Low self-esteem, Unemployment, Early parenthood, Can lead to death, pre-matured babies, emotional problems such as depression, drug and alcohol use etc.

In my psycho education with the students on teenage pregnancy, we concluded our discussion by identifying some preventive measures of teenage pregnancy and some

of the ways are: abstinence from sex, the use of condoms and contraceptives, being clear about your own sexual values and attitudes, discourage early dating, and get guidance and counselling in difficult situations.

To conclude, we encourage the students to stay away from sexual activities to prevent them from becoming young mother's when they are not ready for such responsibilities but rather concentrate on their studies to fulfil their dreams in the future.



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 17/05/2023

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: School counsellor

Contact Number: 0244215288

Presentation Topic: Teenage Pregnancy

Time: 8:30pm – 9:30pm

Grade level or age of audience: form 1 and 2

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, and laptop

Equipment available at location: Chairs, Tables, marker board

Format of presentation: Audience participation using Question and Answer.

Equipment needed for presentation: Chairs. Tables and Marker board, etc.

Equipment available at location: Chairs, Tables. Books, pens marker board etc.

SUMMARY OF REPORT ON TEENAGE PREGNANCY

Teenage pregnancy: According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those concerned about young women and their children's health and well-being. The ages of female adolescents may vary with regards to teenage pregnancy and this can be related to growth, maturity and development as they are biological and environment factors that determine that.

Through discussion with the students, we came out with some of the symptoms or signs of teenage pregnancy and the following were mentioned and elaborated in details, Tiredness, Increase in size of the breasts, Frequent need to urinate, Nausea, Headaches, Mood swings, Food cravings or aversions, Heightened sense of smell and others.

I also discussed with them the causes of teenage pregnancy and some that were mentioned were; Lack of information about sexual and reproductive health and rights, Inadequate access to services tailored to young people, Family, community and social pressure to marry, Sexual violence, Child, early and forced marriage.

I also saw it necessary to talk about the effects of teenage pregnancy. The current study identified the following;

School dropout, Low self-esteem, Unemployment, Early parenthood, Can lead to death, pre-matured babies, emotional problems such as depression, drug and alcohol use etc.

In my psycho education with the students on teenage pregnancy, we concluded our discussion by identifying some preventive measures of teenage pregnancy and some

of the ways are: abstinence from sex, the use of condoms and contraceptives, being clear about your own sexual values and attitudes, discourage early dating, and get guidance and counselling in difficult situations.

To conclude, we encourage the students to stay away from sexual activities to prevent them from becoming young mother's when they are not ready for such responsibilities but rather concentrate on their studies to fulfil their dreams in the future.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY
OUTREACH PRESENTATION/PSYCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 19/05/2023

Venue of Presentation; Vicar Trust International School

Name of Contact person: Mrs. Gladys Ackom

Position of Contact Person: Proprietor

Contact Number: 0574189744

Presentation Topic: Teenage Pregnancy

Time: 8:30pm – 9:30pm

Grade level or age of audience: JHS 1- 3

Format of presentation: Audience participation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs, Tables, and laptop

Equipment available at location: Chairs, Tables, marker board

Format of presentation: Audience participation using Question and Answer.

Equipment needed for presentation: Chairs. Tables, marker board, etc.

Equipment available at location: Chairs, Tables. Books, pens marker board etc.

SUMMARY OF REPORT ON TEENAGE PREGNANCY

Teenage pregnancy: According to the United Nations Children Fund (UNICEF), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. It is a global problem and creates issues for all those concerned about young women and their children's health and well-being. The ages of female adolescents may vary with regards to teenage pregnancy and this can be related to growth, maturity and development as they are biological and environment factors that determine that.

Through discussion with the students, we came out with some of the symptoms or signs of teenage pregnancy and the following were mentioned and elaborated in details, Tiredness, Increase in size of the breasts, Frequent need to urinate, Nausea, Headaches, Mood swings, Food cravings or aversions, Heightened sense of smell and others.

I also discussed with them the causes of teenage pregnancy and some that were mentioned were; Lack of information about sexual and reproductive health and rights, Inadequate access to services tailored to young people, Family, community and social pressure to marry, Sexual violence, Child, early and forced marriage.

I also saw it necessary to talk about the effects of teenage pregnancy. The current study identified the following;

School dropout, Low self-esteem, Unemployment, Early parenthood, Can lead to death, pre-matured babies, emotional problems such as depression, drug and alcohol use etc.

In my psycho education with the students on teenage pregnancy, we concluded our discussion by identifying some preventive measures of teenage pregnancy and some

of the ways are: abstinence from sex, the use of condoms and contraceptives, being clear about your own sexual values and attitudes, discourage early dating, and get guidance and counselling in difficult situations.

To conclude, we encourage the students to stay away from sexual activities to prevent them from becoming young mother's when they are not ready for such responsibilities but rather concentrate on their studies to fulfil their dreams in the future.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY
OUTREACH PRESENTATION/PSYCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 31/05/2023

Venue of Presentation; Vicar Trust International School

Name of Contact person: Mrs. Gladys Ackom

Position of Contact Person: Proprietor

Contact Number: 0574189744

Time: 8:00am – 9:30am

Presentation Topic: Psycho education on Depression

Grade level or age of audience: JHS 1- 3

Objective / Expected Outcome: at the end of the presentation, participants will:

1. Explain what depression is
2. Identify 3 causes of depression
3. Identify three ways of dealing with depression

Format of presentation: Face to face presentation, Demonstration, Question and Answer.

Equipment needed for presentation: Chairs and tables, microphone etc.

Equipment available at location: Chairs, microphone, pulpit

SUMMARY OF PRESENTATION

The presentation started in the morning of Wednesday, 29th March, 2023 immediately after worship. The students listened keenly as I started the presentation.

Major depression is a period of sadness, irritability or low motivation that occurs and last for at least two weeks and is severe enough to negatively affect one's life.

Depression is not a sign of weakness or character flaw. It is real and treatable medical illness.

Some of the causes and symptoms of depression in teenagers were discussed which included the following;

CAUSES OF DEPRESSION IN TEENS

- Fights with family or friends.
- Changing schools or starting secondary school.
- Being bullied.
- Experiencing a relationship break-up, recent death, abuse or neglect.
- Genetics. Depression can run in families.
- Brain biology and chemistry.
- Hormones. Hormone changes can contribute to depression.
- Stressful childhood events such as trauma, the death of a loved one and abuse.

SYMPTOMS OF DEPRESSION

- v. Tiredness and low energy
- vi. Trouble sleeping or sleeping too much Feeling or seeming slowed down agitated
- vii. Aches or pains headaches, muscle cramps and problems.
- viii. Change in appetite and mood swing

DEALING WITH DEPRESSION

We also discuss ways of dealing with depression, which included the following;

- i) Being physically active
- ii) Exercising daily
- iii) Don't be too hard on realistic goals
- iv) Spend quality time with friends and family as confidant in a trusted friend with your problems
- v) Eating healthy food such as bananas

CONCLUSION

The students were able to understand depression, causes, symptoms and how it can be managed. Questions asked were also answered with the help of the school counselor.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACHED PRESENTATION

Name; Priscilla Donkor

Date; 04/06/2023

Venue of Presentation; Precious Chapel International Church

Name of Contact person; Miss Abigail Mensah

Position of Contact Person: Patron, Precious Daughters

Contact Number 0543188010

Time 2:00pm - 4:00pm

Presentation title; Adolescent Reproductive Right and Health

Objectives of Presentation

1. Audience will understand the meaning of adolescence reproductive health
2. Understand adolescence reproductive right
3. They will be able to cope up with their developmental process
4. They will understand the effect of teenage pregnancy

Grade level of or age of audience; students (13-24)

Format of presentation; PowerPoint

Equipment needed for presentation; laptop, projector, and screen.

Equipment available at location; laptop, projector, and screen

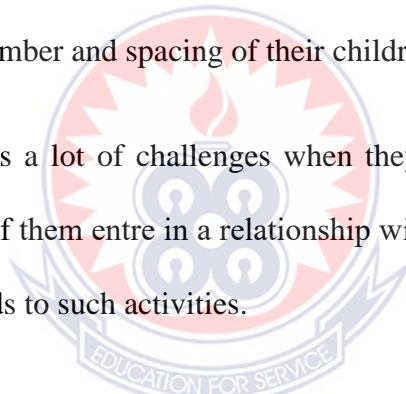
Brief summary of presentation; Adolescence is the period of life between childhood and adulthood. Individuals make a gradual transition from childhood to adulthood. This period of development is between the ages of 10-19 years.

The World Health Organization (WHO) expert committee (1965) proposed ten to nineteen years. This is broken into early and later phases of adolescence. The early phase starts from 10 to 14 years while the late stage starts from 15 to 19 years.

Reproductive health: is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its related functions.

Reproductive right: are the basic right of all couples and individuals to decide freely and responsibly, the number and spacing of their children and the means to do so.

Most adolescents face a lot of challenges when they get to this age. Their sexual drives increase most of them enter into a relationship with the opposite sex. Some try to influence their friends to such activities.



These factors affect the young adolescent to drop from school, unwanted pregnancies, loss of respect and even lead to committing suicide.

Adolescents should understand their reproductive system to live in a societal expectation. They should avoid peer group influence and curiosity to live godly lives.

To conclude students ask questions and some even made some suggestion for the adolescent development in the society.

Supervisor signature.....

Date.....

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 14/06/2023

Venue of Presentation; Christian Methodist Senior High

Name of Contact person: Madam Corderlia Dzifa

Position of Contact Person: School Counsellor

Contact Number: 0244215288

PRESENTATION TITLE: Vocational guidance among senior high school students.

OBJECTIVES OR EXPECTED OUTCOME

- i) To suggest measures with a view to enhancing the employability of an individual or groups of individuals;
- ii) To offer assistance to an individual or groups of individuals in preparing to choose, change and adjust to occupational life
- iii) To evaluate the strengths and weaknesses of the individuals and match them with the job requirements;
- iv) To generate awareness and appreciation of the realities of employment market in the community

v) To collaborate or co-operate with other agencies in the field of guidance to stimulate and promote joint efforts; and

vi) To promote self-employment

Grade level or age of audience: 14 -20

Format of presentation: power point presentation

Equipment's needed for presentation: flip chat, projector, screen and laptop.

Equipment's available at location: laptop, projector, and screen

Brief summary of presentation:

Vocational Guidance means assistance given to an individual in solving problems related to vocational planning and to occupational choice and profession with due regard for the individual's characteristics and their relation to occupational opportunities.

Guidance is beneficial for the individual as well as to the society. It helps an individual by providing assistance in solving problems relating to choice of career, occupational change and adjustments. From the standpoint of the society, it is one of the means of achieving proper utilization of manpower. Indirectly, it helps in raising productivity and in minimizing unemployment/under-employment.

Vocational Guidance programmed is integrated with the placement functions as a whole.

Vocational Guidance is an aspect of guidance, having focus on the problems relating to vocational life. Guidance services are, therefore, a constellation of services

concerned with educational, vocational, personal, social or health aspects; such labeling has been done for practical considerations.

Conclusion students realized themselves that even the causes they are offering in school it was peers and parental pressure which pushed them for such causes.

Supervisor signature.....

Date.....



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 19/06/2023

Venue of Presentation; Aplaku Community Centre

Name of Contact person: Madam Rebecca Akyere

Position of Contact Person: Head of Counselling Department

Contact Number: 0249915545

Presentation Topic: Child Abuse.

Objective or Expected Outcome: at the end of the presentation, participants will:

1. Explain child abuse
2. Identify four causes of child abuse
3. Identify 4 ways of preventing child abuse.

Grade level or age of audience: everyone

Format of presentation: Community Outreach, Questions and Answers

Equipment needed for presentation: microphones, chairs and tables

Equipment available at location: Chairs, microphone etc

Brief summary of presentation:

As part of the yearly programmes organised by the guidance and counselling department in Aplaku Community Clinic, the management decided to educate the public on child abuse as it has become an alarming issue in the Aplaku community. On the 20th of June 2023, I was invited to take part in discussing of the topic child abuse in their outreach programme.

The panellists gave their explanations on the topic child abuse. Child abuse or child maltreatment is physical, sexual, and/or psychological maltreatment or neglect of a child or children, especially by a parent or a caregiver. Based on the meaning of child abuse, we realized that a lot of children are undergoing such abuse. Some parents even engage in the act without even knowing. So, with this education, parents will come to realize how they are abusing their children which have an effect on them. We also discussed the causes of child abuse. Some of the causes discussed were:

- i. Isolation and lack of support, no family members, friends, partners or community support to help with the demands of parenting,
- ii. Stress: financial pressures, job worries, medical problems or caring for a family member with a disability unrealistic expectations: a lack of understanding about a child's developmental stages and behaviour
- iii. intellectual disability or mental illness: parents may be unable to adequately care for their child
- iv. lack of parenting skills: parents may not know how to care for their child or may believe it is acceptable to use excessive physical force to discipline or punish a child

- v. drug, alcohol or gambling problems; addiction or substance abuse may affect a parent's ability to meet their child's needs
- vi. low self-confidence: parents may doubt their ability to meet their child's needs and find it hard asking for help
- vii. past childhood experiences: parents may have experienced abuse as a child in their own families, which could have caused them to develop an insecure attachment style

To prevent child abuse, the following points were also discussed

1. Volunteer your time. Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup.
2. Discipline your children thoughtfully. Never discipline your child when you are upset. Give yourself time to calm down. Remember that discipline is a way to teach your child. Use privileges to encourage good behavior and time-outs to help your child regain control.
3. Examine your behavior. Abuse is not just physical. Both words and actions can inflict deep, lasting wounds. Be a nurturing parent. Use your actions to show children and other adults that conflicts can be settled without hitting or yelling.
4. Educate yourself and others. Simple support for children and parents can be the best way to prevent child abuse. After-school activities, parent education classes, mentoring programs, and respite care are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community.

In conclusion, child abuse is a very bad practice amongst our people and needs to be stopped. People who engage in child abuse will be punished by law. Time was given

to the listeners to call and a lot of people called to contribute to the program. The listeners who called all kicked against that act and called on the law enforcers to be Strick on this act for it affects the growth of children.



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 03/07/2023

Venue of Presentation; Paradise Assemblies of God

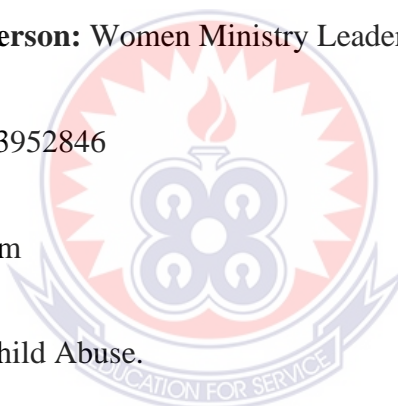
Name of Contact person: Madam Millicent Manjingine

Position of Contact Person: Women Ministry Leader

Contact Number: 0243952846

Time: 6:30pm – 8: 30Pm

Presentation Topic: Child Abuse.



Grade level or age of audience: 25 and above

Format of presentation: Face to face presentation, Questions and Answers

Equipment needed for presentation: microphones, chairs and tables

Equipment available at location: Chairs, microphone etc

Objective or Expected Outcome: at the end of the presentation, participants will:

1. Explain child abuse
2. Identify four causes of child abuse

3. Identify 4 ways of preventing child abuse.

Brief summary of presentation:

I was invited by the Women Ministry department of the Paradise assemblies Of God Church, Old Barrier Accra to treat the topic child abuse in one of their evening programme.

The panellists gave their explanations on the topic child abuse. Child abuse or child maltreatment is physical, sexual, and/or psychological maltreatment or neglect of a child or children, especially by a parent or a caregiver. Base on the meaning of child abuse, we realized that a lot of children are undergoing such abuse. Some parents even engage in the act without even knowing. So, with this education, parents will come to realize how they are abusing their children which have an effect on them. We also discussed the causes of child abuse. Some of the causes discussed were:

- i. Isolation and lack of support, no family members, friends, partners or community support to help with the demands of parenting,
- ii. Stress: financial pressures, job worries, medical problems or caring for a family member with a disability unrealistic expectations: a lack of understanding about a child's developmental stages and behaviour
- iii. intellectual disability or mental illness: parents may be unable to adequately care for their child
- iv. lack of parenting skills: parents may not know how to care for their child or may believe it is acceptable to use excessive physical force to discipline or punish a child
- v. drug, alcohol or gambling problems; addiction or substance abuse may affect a parent's ability to meet their child's needs

- vi. low self-confidence: parents may doubt their ability to meet their child's needs and find it hard asking for help
- vii. past childhood experiences: parents may have experienced abuse as a child in their own families, which could have caused them to develop an insecure attachment style

To prevent child abuse, the following points were also discussed

1. Volunteer your time. Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup.
2. Discipline your children thoughtfully. Never discipline your child when you are upset. Give yourself time to calm down. Remember that discipline is a way to teach your child. Use privileges to encourage good behavior and time-outs to help your child regain control.
3. Examine your behavior. Abuse is not just physical. Both words and actions can inflict deep, lasting wounds. Be a nurturing parent. Use your actions to show children and other adults that conflicts can be settled without hitting or yelling.
4. Educate yourself and others. Simple support for children and parents can be the best way to prevent child abuse. After-school activities, parent education classes, mentoring programs, and respite care are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community.

In conclusion, child abuse is a very bad practice amongst our people and needs to be stopped. People who engage in child abuse will be punished by law. Time was given to the listeners to call and a lot of people called to contribute to the program. The listeners who called all kicked against that act and called on the law enforcers to be Strick on this act for it affects the growth of children.

UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

OUTREACH PRESENTATION/PSCHOEDUCATION

Name: PRISCILLA DONKOR

Date: 15/07/2023

Venue of Presentation; Precious Chapel International

Name of Contact person: Miss Helena Nartey

Position of Contact Person: Women Ministry Deaconess

Contact Number: 0245805540

Time: 11:30pm – 1:30pm

Presentation Topic: Child Abuse.

Grade level or age of audience : 30years and above

Format of presentation: Face to face presentation, Questions and Answers

Equipment needed for presentation: microphones, chairs and tables

Equipment available at location: Chairs, microphone etc

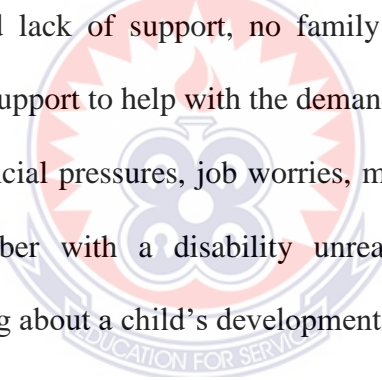
Objective or Expected Outcome: at the end of the presentation, participants will:

1. Explain child abuse
2. Identify four causes of child abuse

3. Identify 4 ways of preventing child abuse.

Brief summary of presentation:

Child abuse or child maltreatment is physical, sexual, and/or psychological maltreatment or neglect of a child or children, especially by a parent or a caregiver. Base on the meaning of child abuse, we realized that a lot of children are undergoing such abuse. Some parents even engage in the act without even knowing. So, with this education, parents will come to realize how they are abusing their children which have an effect on them. We also discussed the causes of child abuse. Some of the causes discussed were:

- 
- i. Isolation and lack of support, no family members, friends, partners or community support to help with the demands of parenting,
 - ii. Stress: financial pressures, job worries, medical problems or caring for a family member with a disability unrealistic expectations: a lack of understanding about a child's developmental stages and behaviour
 - iii. intellectual disability or mental illness: parents may be unable to adequately care for their child
 - iv. lack of parenting skills: parents may not know how to care for their child or may believe it is acceptable to use excessive physical force to discipline or punish a child
 - v. drug, alcohol or gambling problems; addiction or substance abuse may affect a parent's ability to meet their child's needs
 - vi. low self-confidence: parents may doubt their ability to meet their child's needs and find it hard asking for help

- vii. past childhood experiences: parents may have experienced abuse as a child in their own families, which could have caused them to develop an insecure attachment style

To prevent child abuse, the following points were also discussed

1. Volunteer your time. Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup.
2. Discipline your children thoughtfully. Never discipline your child when you are upset. Give yourself time to calm down. Remember that discipline is a way to teach your child. Use privileges to encourage good behaviour and time-outs to help your child regain control.
3. Examine your behaviour. Abuse is not just physical. Both words and actions can inflict deep, lasting wounds. Be a nurturing parent. Use your actions to show children and other adults that conflicts can be settled without hitting or yelling.
4. Educate yourself and others. Simple support for children and parents can be the best way to prevent child abuse. After-school activities, parent education classes, mentoring programs, and respite care are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community.

In conclusion, child abuse is a very bad practice amongst our people and needs to be stopped. People who engage in child abuse will be punished by law. Time was given to the listeners to call and a lot of people called to contribute to the program. The listeners who called all kicked against that act and called on the law enforcers to be Strict on this act for it affects the growth of children.

VIRTUAL SEMINARS / CONFERENCE



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

MENTAL HEALTH AUTHORITY



VIRTUAL SEMINAR

Topic The rewards and regrets of snooping on your partner's phone. Your mental well-being matters.

MODERATOR

			
DR. YAW AMANKWA ARTHUR Deputy Director, Health Promotion	DR. CECILIA TUTU-DANQUAH Counselling Psychologist and Lecturer	DR. JONATHAN ODAME Lecturer / Clinical Psychologist	MS. GLORIA AYEBEA AGUADZE Clinical Health Psychologist

FRI. 24TH FEB. 2023

12PM GMT



Meeting ID:
836 5951 0225
Passcode: **819256**

 mhaghana.com
 info@mha.gov.gh

Old Ministry of Health
Premises - Accra
GA-110-3586

MENTAL HEALTH AUTHORITY   **MINISTRY OF HEALTH**

**TOPIC: THE REWARDS AND REGRETS OF SNOOPING ON YOUR
PARTNER'S PHONE**

ATTENDANCE: PRISCILLA DONKOR

SPEAKERS: DR. YAW AMANKWAA ARTHUR, DR. CECELIA TUTU

DANQUAH, DR. JONATHAN ODAME AND MRS. GLORIA AYEBEA AGUAZE

VENUE: ZOOM MEETING ID: 83653590225 PASSCODE: 819256

DATE: 24TH FEBRUARY, 2023.

SUMMARY OF THE CONFERENCE

Title: "The Rewards and Regrets of Snooping on Your Partner's Phone"

In this presentation, we delve into the complex realm of snooping on your partner's phone, exploring both the potential rewards and inevitable regrets associated with such actions.

Firstly, we examine the motivations behind snooping, which often stem from feelings of suspicion, insecurity, or a desire for reassurance. While uncovering information may provide a temporary sense of relief or confirmation, it can also lead to damaging consequences such as erosion of trust, invasion of privacy, and escalation of conflicts within the relationship.

Furthermore, we explore the psychological implications of snooping, highlighting how it can foster a cycle of paranoia and distrust, ultimately corroding the foundation of a healthy relationship.

On the flip side, we acknowledge that there are instances where snooping uncovers genuine concerns such as infidelity or breach of trust, leading to necessary confrontations and resolutions. However, even in these cases, the fallout from snooping often outweighs the benefits, leaving both parties grappling with the aftermath.

Ultimately, we advocate for open communication, trust-building, and respect for boundaries as essential pillars of any successful relationship. While curiosity may tempt us to peek into our partner's digital lives, it is crucial to recognize the potential harm and long-term consequences of such actions. By fostering transparency and mutual respect, we can cultivate healthier, more resilient partnerships devoid of the need for secretive investigations.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

As practitioners working in the realm of relationships and mental health, it is imperative to acknowledge the prevalence and impact of snooping behavior. By unpacking the rewards and regrets associated with such actions, professionals can offer valuable insights and support to clients navigating trust issues and breaches of privacy within their relationships. Ultimately, fostering understanding, communication, and empathy is key to fostering healthier, more resilient partnerships in the digital age.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR



The poster features the Mission Pediatrics logo at the top left, with the text 'mission PEDIATRICS' in blue and green. To the right, 'PARENTS ROUNDTABLE' is written in large, bold, black letters with a white outline. Below this, 'SEASON III' is centered. A blue rounded rectangle contains the word 'Discussing' in white. To its right, 'ANXIETY & MENTAL HEALTH IN CHILDREN' is written in bold black letters, with '(MDC CPD CREDIT AVAILABLE)' in smaller red text below it. Two circular portraits of women are shown: Dr. Kristine Marbell-Pierre on the left and Dr. Ethel Obeng-Treve on the right. Below the portraits, their names and titles are listed. At the bottom left, contact numbers are provided. In the center, Zoom meeting details are listed. At the bottom right, social media icons for Instagram, Facebook, and YouTube Live are shown next to the website 'missionpediatricsgh'.

mission PEDIATRICS **PARENTS ROUNDTABLE**
SEASON III

Discussing **ANXIETY & MENTAL HEALTH IN CHILDREN** (MDC CPD CREDIT AVAILABLE)

Speaker
DR. KRISTINE MARBELL-PIERRE
Head, Psychology - Mission Pediatrics
DATE: 15TH APRIL, 2023
TIME: 5:00PM

Speaker ETHEL OBENG - TREVE
Clinical Psychologist - Mission Pediatrics

0247241447
0203295292

zoom
Meeting ID: 82193249223
Passcode: 488271

missionpediatricsgh

TOPIC:

ANXIETY AND MENTAL HEALTH IN CHILDREN

ATTENDANCE: PRISCILLA DONKOR

SPEAKERS: DR. KRISTINE MARBELL PIERRE, DR. ETHEL OBENG TREVE

VENUE: ZOOM MEETING ID: 82193249223 PASSCODE: 488271

DATE: 15TH APRIL, 2023.

SUMMARY OF THE CONFERENCE

Presentation Title: Anxiety and Mental Health in Children''

Our presentation aimed to shed light on the prevalence, impact, and management of anxiety and mental health issues in children. We explored the complexities of childhood anxiety disorders, emphasizing the importance of early identification, intervention, and support.

Key points covered in the presentation included:

1. **Prevalence and Impact:** We discussed the prevalence of anxiety disorders in children and highlighted the significant impact these conditions can have on their overall well-being, academic performance, and social functioning. By raising awareness of the prevalence and consequences of childhood anxiety, we aimed to emphasize the urgency of addressing these issues.
2. **Understanding Childhood Anxiety:** We delved into the various forms of anxiety disorders that manifest in children, including generalized anxiety disorder, social anxiety disorder, separation anxiety disorder, and specific phobias. Through case studies and examples, we illustrated the diverse ways in which anxiety may present in children and adolescents.
3. **Risk Factors and Protective Factors:** We examined risk factors that may contribute to the development of anxiety disorders in children, such as genetics, environmental stressors, and family dynamics. Conversely, we

highlighted protective factors, such as supportive relationships, coping skills, and resilience, which can mitigate the impact of anxiety and promote mental well-being.

4. **Signs and Symptoms:** We discussed common signs and symptoms of anxiety in children, including excessive worry, avoidance behaviors, physical complaints (e.g., headaches, stomachaches), difficulty concentrating, and changes in sleep patterns or appetite. By familiarizing caregivers and educators with these indicators, we aimed to facilitate early recognition and intervention.
5. **Supportive Strategies:** We provided practical strategies and interventions for supporting children with anxiety and promoting their mental health. This included psychoeducation for caregivers and educators, cognitive-behavioral techniques, relaxation exercises, and gradual exposure therapy. By equipping stakeholders with evidence-based strategies, we aimed to empower them to effectively support children with anxiety in various settings.
6. **Role of Caregivers and Educators:** We emphasized the crucial role of caregivers and educators in fostering a supportive environment for children with anxiety. By promoting open communication, empathy, and collaboration between home and school settings, we can create a holistic support network that addresses the multifaceted needs of children with anxiety disorders.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

Attending the seminar on anxiety and mental health in children has significantly impacted my profession as a practitioner in several key ways:

Enhanced Understanding and Sensitivity: The seminar deepened my understanding of the complexities surrounding childhood anxiety and mental health issues. It sensitized me to the diverse manifestations of anxiety in children and underscored the importance of recognizing early signs and symptoms. This heightened awareness enables me to approach my practice with greater sensitivity and empathy towards children experiencing mental health challenges.

Improved Assessment and Intervention Skills: The seminar provided me with valuable insights into evidence-based assessment tools and intervention strategies for addressing childhood anxiety. I gained practical skills in identifying risk factors, assessing symptoms, and developing tailored treatment plans. By incorporating these techniques into my practice, I can more effectively assess and support children with anxiety disorders.

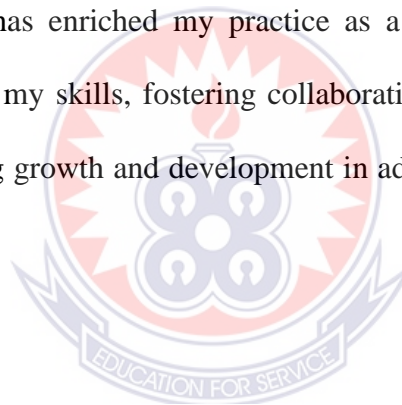
Collaborative Approach: Participation in the seminar emphasized the significance of collaboration among stakeholders involved in supporting children's mental health. It highlighted the role of caregivers, educators, and other professionals in creating a supportive environment for children with anxiety. This collaborative approach informs my practice, encouraging me to work closely with families, schools, and other healthcare providers to ensure holistic care for children experiencing anxiety.

Advocacy and Education: The seminar inspired me to advocate for greater awareness and resources for childhood mental health issues within my community. It equipped me with the knowledge and tools to educate caregivers, educators, and policymakers about the importance of early intervention and support for children with anxiety. By raising awareness and promoting non

stigmatization, I can contribute to creating a more supportive environment for children experiencing mental health challenges.

Personal and Professional Growth: Attending the seminar facilitated my ongoing personal and professional development as a practitioner. It challenged me to reflect on my own biases and assumptions about childhood anxiety and encouraged me to continually expand my knowledge and skills in this area. By embracing a growth mindset and staying abreast of emerging research and best practices, I can enhance the quality of care I provide to children and families in my practice

Overall, the seminar has enriched my practice as a practitioner by deepening my understanding, honing my skills, fostering collaboration, advocating for change, and supporting my ongoing growth and development in addressing childhood anxiety and mental health issues.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

The poster features a blue and white color scheme with a large silhouette of a man's head containing a brain. The Weinglo Family International logo is at the top center. The title 'DEALING WITH DEPRESSION AS A MAN' is prominently displayed. Below the title, the date and time are listed. Meeting details, including ID and passcode, are provided. The event is part of a Father's Day Webinar. Two speakers are featured: Gloria Boatemaa Andoh, a suicide prevention activist, and Dr. Isaac Newman Arthur, a clinical psychologist. The Weinglo Family International logo and social media handles are at the bottom left.

WEINGLO
FAMILY INTERNATIONAL
Agent of change

DEALING WITH
DEPRESSION
AS A MAN

DATE & TIME
11TH JUNE, 2023 @5:00 PM

MEETING DETAILS
MEETING ID: 628 353 3890
PASSCODE: 630814

FATHER'S DAY
WEBINAR

GLORIA BOATEMAA ANDOH
SUICIDE PREVENTION ACTIVIST

DR. ISAAC NEWMAN ARTHUR
CLINICAL PSYCHOLOGIST

WEINGLO
FAMILY INTERNATIONAL
Agent of change

WEINGLOFAMILY INTERNATIONAL
An NGO dedicated to Suicide Prevention

[f](#) [t](#) [@](#) weinglofamily_int

TOPIC:

DEALING WITH DEPRESSION AS A MAN

ATTENDANCE: PRISCILLA DONKOR

SPEAKER: DR. MRS.GLORIA BOATEMAA ANDOH, DR. ISAAC NEWMAN
ARTHUR

VENUE: ZOOM MEETING ID: 6283533890 PASSCODE: 630814

DATE: 11th JUNE, 2023.

SUMMARY OF THE CONFERENCE

The presentation addressed the unique challenges and stigma associated with men's experiences of depression. We explored societal expectations, cultural norms, and gender stereotypes that often hinder men from seeking help or openly discussing their mental health struggles. By creating a safe and supportive space, we aimed to empower men to recognize, acknowledge, and effectively cope with depression.

Key points covered in the presentation included:

Understanding Male Depression: We delved into the manifestations of depression in men, which may differ from traditional clinical presentations. This includes behaviors such as anger, irritability, substance abuse, and a tendency to withdraw socially. By recognizing these signs, men can better identify their own struggles and seek appropriate support.

Breaking the Stigma: We discussed the pervasive stigma surrounding mental health issues, particularly for men. Societal expectations of masculinity often discourage emotional vulnerability and seeking help, leading many men to suffer in silence. By challenging these stereotypes and promoting open dialogue, we aim to de stigmatize depression and encourage men to prioritize their mental well-being.

Coping Strategies: practical coping strategies was provided and self-care techniques tailored to the needs of men dealing with depression. This included strategies such as mindfulness practices, physical activity, journaling, and seeking professional support. By equipping men with these tools, we empower them to actively manage their mental health and build resilience.

Seeking Support: the importance of reaching out for support and seeking professional help when needed. This involved encouraging men to confide in trusted friends, family members, or mental health professionals, and to utilize available resources such as support groups or therapy sessions. By normalizing help-seeking behaviors, we aim to facilitate early intervention and recovery.

Promoting Holistic Well-being: Lastly, we underscored the significance of addressing mental health within the broader context of holistic well-being. This includes nurturing supportive relationships, maintaining a healthy lifestyle, and engaging in activities that bring joy and fulfillment. By adopting a holistic approach to self-care, men can cultivate resilience and thrive despite their challenges.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

Attending the seminar on dealing with depression as a man has significantly impacted my profession as a counselor in several key ways:

Increased Sensitivity and Understanding: The seminar has deepened my understanding of the unique challenges men face when dealing with depression. It has provided insights into societal expectations, cultural norms, and gender stereotypes that may influence how men experience and express their mental

health struggles. This heightened sensitivity allows me to approach counseling sessions with greater empathy and tailored support for male clients.

Enhanced Counseling Strategies: The seminar has equipped me with a broader repertoire of counseling strategies specifically tailored to address the needs of men dealing with depression. I have learned effective techniques for building rapport, facilitating open dialogue, and challenging harmful stereotypes that may hinder men from seeking help. By incorporating these strategies into my counseling practice, I can better support male clients in navigating their mental health challenges.

Promotion of Gender-Inclusive Practices: Attending the seminar has prompted me to adopt a more gender-inclusive approach to counseling. I now recognize the importance of creating a safe and supportive space where men feel comfortable discussing their emotions and seeking help without fear of judgment or stigma. This shift towards gender-inclusive practices enables me to better meet the diverse needs of all clients, regardless of gender identity.

Collaborative Networking: Participation in the seminar has facilitated networking opportunities with other mental health professionals and experts in the field. By connecting with colleagues who share a similar interest in supporting men's mental health, I can exchange knowledge, resources, and best practices. This collaborative networking enhances my ability to provide comprehensive care and referrals for male clients seeking support for depression.

Personal and Professional Growth: The seminar has contributed to my ongoing personal and professional development as a counselor. It has challenged my assumptions, expanded my awareness, and deepened my commitment to

promoting mental health equity for all individuals. By continuously learning and evolving in response to new insights and perspectives, I can better serve my clients and contribute to positive social change within my profession.

Overall, the seminar has empowered me to become a more effective and inclusive counselor, equipped to support men in navigating their journey towards mental wellness and resilience amidst the challenges of depression.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

JESUSCINA FOUNDATION PRESENTS

MENTAL HEALTH EXPERIENCES:
IDENTIFYING EARLY SIGNS OF MENTAL HEALTH EXPERIENCES.

DATE:
2ND JULY, 2023

TIME:
8:00 PM

DR. MRS. SANDRA THOMPSON-ASSAN
LICENSED COUNSELING PSYCHOLOGIST/ RESEARCHER

ID: 722 746 9567
PASSCODE: 296 047

☎ 07459 049021

TITLE OF CONFERENCE:

IDENTIFYING EARLY SIGNS OF MENTAL HEALTH EXPERIENCES

ATTENDANCE: PRISCILLA DONKOR

SPEAKER: DR. MRS.SANDRA THOMPSON ASSAN

VENUE: ZOOM MEETING ID: 7227469567 PASSCODE: 296047

DATE: 2ND JULY, 2023.

SUMMARY OF THE CONFERENCE

In our presentation, we delved into the critical importance of identifying early signs of mental health challenges. We explored how early detection can lead to timely intervention and support, significantly impacting individuals' well-being and quality of life. By raising awareness and providing practical tools, we aimed to empower our audience to recognize and respond to these signs effectively.

Key points covered in the presentation included:

Understanding Early Signs: We discussed common early indicators of mental health challenges across various age groups and demographics. This encompassed changes in behavior, mood, and cognition, as well as physical symptoms that may signal underlying mental health issues.

Risk Factors and Protective Factors: We highlighted risk factors that may increase susceptibility to mental health challenges, such as genetics, trauma, and environmental stressors. Conversely, we also emphasized protective factors, such as social support, resilience, and access to mental health resources, which can mitigate these risks.

Barriers to Recognition: We addressed barriers that may impede the recognition of early signs, including stigma, lack of awareness, and cultural factors.

Recognizing and overcoming these barriers are crucial steps in promoting early intervention and support.

Tools for Identification: We provided practical tools and strategies for identifying early signs of mental health challenges, including observation techniques, screening tools, and communication strategies. These resources empower individuals to initiate conversations and seek appropriate help when needed.

Importance of Early Intervention: We underscored the significance of early intervention in preventing the escalation of mental health challenges and promoting recovery. Timely access to support services, such as counseling, therapy, and peer support groups, can make a profound difference in individuals' lives.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

Attending the seminar on identifying early signs of mental health challenges has profoundly impacted my profession as a counselor in several key ways:

Enhanced Awareness and Recognition: The seminar provided me with a deeper understanding of the early signs and symptoms of various mental health challenges. This heightened awareness enables me to recognize subtle indicators in my clients more effectively during counseling sessions.

Early Intervention: Armed with knowledge from the seminar, I can intervene earlier in the progression of mental health issues. By identifying signs at an early stage, I can initiate timely interventions and support strategies to address my clients' needs proactively, potentially preventing the escalation of their challenges.

Client-Centered Approach: The insights gained from the seminar allow me to adopt a more client-centered approach in my counseling practice. By recognizing early signs of mental health challenges, I can tailor my interventions to meet the specific needs and circumstances of each client, fostering a more personalized and effective therapeutic relationship.

Collaborative Care: Participation in the seminar promotes collaboration with other professionals and stakeholders involved in mental health care. By sharing knowledge and resources with colleagues from diverse backgrounds, I can enhance interdisciplinary collaboration and ensure comprehensive support for my clients throughout their treatment journey.

Continuing Education and Professional Development: The seminar contributes to my ongoing professional development as a counselor. By staying informed about the latest research, tools, and best practices in identifying early signs of mental health challenges, I can continuously refine my skills and expand my knowledge base to better serve my clients.

Overall, the seminar enriches my practice as a counselor by deepening my understanding of early signs of mental health challenges, empowering me to intervene effectively, and fostering a collaborative approach to client care.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

The poster is for a seminar titled "DEALING WITH FAILURE & DISAPPOINTMENT IN LIFE". It is organized by "THE CHURCH OF PENTECOST BRIGADE DISTRICT-CENTRAL ASSEMBLY". The speaker is "ELD ELVIS NANA BOATENG". The venue is "BRIGADE CENTRAL", the date is "WEDNESDAY 8TH NOV. 2023", and the time is "6:30PM". The background features a man in a suit (the speaker) in a circular inset and a man in a grey shirt sitting on the floor with his hands covering his face, suggesting distress or failure. A Pentecostal cross logo is also visible in the background.

THE CHURCH OF PENTECOST
BRIGADE DISTRICT-CENTRAL ASSEMBLY

DEALING WITH FAILURE & DISAPPOINTMENT IN LIFE

SPEAKER :
ELD ELVIS NANA BOATENG

VENUE:
BRIGADE CENTRAL

DATE :
WEDNESDAY 8TH NOV. 2023

TIME:
6:30PM

TITLE OF SEMINAR:

DEALING WITH DISAPPOINTMENT AND FAILURE IN LIFE

ATTENDANCE: PRISCILLA DONKOR SPEAKER: ELDER. ELVIS NANA
BOATENG

VENUE: BRIGADE CENTRAL PENTECOST CHURCH, ACCRA

DATE: 8TH NOVEMBER, 2023

SUMMARY OF THE CONFERENCE

The presentation explores from psychological research and real-life which examines the emotional impact of disappointment and failure, including feelings of frustration, sadness, and self-doubt. It offers insights into reframing setbacks as opportunities for learning and personal growth, emphasizing the importance of resilience in overcoming adversity. Through a combination of cognitive-behavioral techniques, mindfulness practices, and positive psychology principles, attendees will learn how to build resilience, cultivate self-compassion, and develop a mindset of perseverance in the face of setbacks. Additionally, the presentation explores the role of social support, goal-setting, and adaptive coping strategies in effectively managing disappointment and bouncing back from failure. By empowering individuals to embrace setbacks as stepping stones to success, this presentation aims to inspire hope and resilience in the face of life's inevitable challenges.

Keys points covered in dealing with disappointments and failure in life

Here are some strategies to help one navigate your way through disappointment and failure in life;

Acknowledge your Feelings: Allow yourself to feel and process the emotions that come with disappointment and failure, such as sadness, frustration, or anger.

Recognizing and accepting your emotions is the first step toward healing.

Practice Self-Compassion: Be kind and understanding toward yourself during difficult times. Treat yourself with the same compassion and empathy you would offer to a friend facing similar challenges.

Reframe Negative Thoughts: Challenge negative thoughts and beliefs about yourself and your abilities. Instead of dwelling on what went wrong, focus on what you can learn from the experience and how it can help you grow.

Seek Perspective: Gain perspective by talking to friends, family members, or mentors who can offer support and guidance. They may provide insights or alternative viewpoints that can help you see the situation more clearly.

Set Realistic Expectations: Reflect on whether your expectations were realistic and adjust them if necessary. Understanding that setbacks are a natural part of life can help you approach challenges with greater resilience.

Focus on What You Can Control: Identify aspects of the situation that are within your control and take proactive steps to address them. Let go of things you cannot change and redirect your energy toward constructive actions.

Learn from the Experience: View failure as an opportunity for growth and learning. Identify lessons you can take away from the experience and apply them to future endeavors. Embrace a growth mindset that sees setbacks as stepping stones to success.

Practice Gratitude: Cultivate a sense of gratitude by focusing on the positive aspects of your life, even in the midst of disappointment. Reflect on your strengths, accomplishments, and the support you receive from others.

Seek Support: Reach out to supportive friends, family members, or mental health professionals if you're struggling to cope with disappointment or failure. Talking to someone who cares can provide comfort and perspective during challenging times.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

Attending the seminar on dealing with disappointment and failure in life can significantly impact my profession as a counselor in several ways:

Client Empowerment: The seminar equips me with a deeper understanding of the experiences of disappointment and failure, enabling me to better support clients who are struggling with similar challenges. By incorporating insights and strategies from the seminar into my counseling sessions, I can empower clients to navigate setbacks and cultivate resilience.

Enhanced Counseling Skills: Attending the seminar enhances my counseling skills by providing me with a broader repertoire of therapeutic techniques and interventions for addressing disappointment and failure. I can integrate new approaches, such as cognitive restructuring and paraphrasing, into my counseling sessions, thereby offering more comprehensive support to my clients.

Personal Growth: the seminar also facilitated my personal growth and self-awareness by encouraging me to reflect on my own experiences of disappointment and failure. By examining my own responses to setbacks and identifying areas for growth, I can enhance my empathy, authenticity, and effectiveness in working with clients facing similar challenges.

Professional Development: also it contributed to my ongoing professional development by keeping me informed about the latest research, theories, and best

practices in the field of counseling. By staying abreast of developments in the field, I can continuously refine my skills and expand my knowledge base to better meet the evolving needs of my clients.

Overall, the seminar on dealing with disappointment and failure in life can enriched my professional practice, enhance client outcomes, and contribute to the ongoing growth and development of my counseling profession as a whole.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

The poster features a central image of two individuals, a woman and a man, against a dark red background. The woman is on the left, wearing a grey blazer, and the man is on the right, wearing a grey suit jacket over a white shirt. A large, semi-transparent watermark of the University of Education logo is overlaid on the image. The text is arranged around the image and in a dark red banner at the bottom.

**GHANA PSYCHOLOGICAL ASSOCIATION
PARA/LAY DIVISION**

SPEAKER
Mrs. Esther Tamakloe
Clinical Psychologist
Ho Municipal Hospital

Host
Mr. Jones Kwesi Tagbor
National Representative
Para/Lay Division of GPA

You are
WELCOME
To Join Us

Zoom
WEBINAR
MANAGING
STRESS & BURNOUT
AMONG PRACTITIONERS

Meeting On Zoom THURSDAY, 29TH JUNE, 2023 🕒 4:30PM - 7:00PM	MEETING ID 609 041 5365 PASSCODE 513553	REQUEST FOR CERTIFICATE AT A FEE CALL FOR ENQUIRIES +233 54 190 1877
--	--	---

TOPIC:

MANAGING STRESS AND BURN OUT AMONG PRACTITONERS

ATTENDANCE: PRISCILLA DONKOR MODERATOR: MR. JONES KWESI
TAGBOR

SPEAKER: MRS ESTHER TAMAKLOE VENUE: ZOOM

MEETING ID: 6090415365 PASSCODE: 513553

DATE: 29TH JUNE 2023

SUMMARY OF THE CONFERENCE

The presentation delved into the often overlooked issue of stress and burnout among counselors. It explores the unique stressors inherent in the counseling profession, including emotional exhaustion, compassion fatigue, and vicarious trauma. Drawing from recent research and real-world experiences, the presentation examines the detrimental effects of unchecked stress and burnout on counselors' well-being and the quality of care they provide to clients.

Additionally, the webinar offered practical strategies and interventions for both individuals and organizations to mitigate and prevent stress and burnout, promoting counselor resilience and long-term sustainability in the field. Through increased awareness and proactive support, this presentation aims to foster a culture of self-care and wellness within the counseling community.

WAYS OF PREVENTING STRESS AND BURN OUT

The seminar also mentioned some ways of preventing compassion fatigue and burnout. Some of the steps included;

Self-Awareness: Recognize signs of stress, burnout, and compassion fatigue in yourself. Awareness is the first step towards prevention.

Setting Boundaries: Establish clear boundaries between work and personal life, schedule regular breaks and downtime to recharge yourself.

Practice Self-Care: Prioritize activities that promote physical, emotional, and mental well-being, such as exercise, hobbies, meditation, or spending time with loved ones.

Seek Supervision: Regular supervision provides a safe space to process challenging cases, gain perspective, and receive support from experienced colleagues or supervisors.

Develop Coping Strategies: Identify healthy coping mechanisms to manage stress, such as deep breathing exercises, journaling, or seeking professional counseling for yourself if needed.

Practice Mindfulness: Cultivate present-moment awareness to reduce stress and increase resilience. Mindfulness techniques, such as mindfulness meditation or yoga, can be beneficial.

Maintain Social Support: Build and nurture relationships with friends, family, and colleagues who understand the demands of your work and can provide emotional support.

Engage in Professional Development: Stay informed about the latest research, trends, and best practices in counseling. Continuous learning can enhance skills, confidence, and job satisfaction.

Monitor Workload: Assess your caseload regularly and communicate with supervisors or colleagues if you feel overwhelmed. Delegate tasks when possible and prioritize self-care.

HOW SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

The seminar offered me with practical strategies and interventions to prevent stress and burnout, which promotes resilience and long-term sustainability in the field of counseling.

It also increased my awareness by providing me with new insights, strategies, and resources to prevent stress and burnout and compassion fatigue.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY OF CONFERENCE/ SEMINAR

THE CHURCH OF PENTECOST
HAATSO AREA COUNSELLING MINISTRY

COUNSELLING HOUR

TOPIC
BENEFITTING FROM GODLY COUNSELLING

SPEAKER
DR. MICHAEL A. TETTEH

SAT. 3rd JUNE 2023 8:00 PM

Zoom ID: 8742854252 PASWD: 082220 **cophaatsoarea**

TOPIC: BENEFITTING FROM GODLY COUNSELING

ATTENDANCE: PRISCILLA DONKOR

SPEAKER: DR. MICHEAL TETTEH

MEETING ID: 874228542552 PASSCODE: 082220

VENUE: ZOOM DATE: 3RD JUNE 2023

SUMMARY OF THE CONFERENCE

This presentation explores the transformative power of incorporating spiritual principles into counseling practices. By integrating faith-based approaches with evidence-based therapeutic techniques, counselors can provide holistic support that addresses both the spiritual and emotional dimensions of their clients' lives. Drawing from Scripture and psychological research, the presentation highlights the profound impact of faith on mental health and well-being. It discusses how Godly counseling can foster inner healing, resilience, and personal growth, offering hope and restoration to individuals facing life's challenges.

HOW THE SEMINAR IMPACTED MY PROFESSION AS A PRACTITIONER

The seminar's practical insight helped me to gain a deeper understanding of the synergistic relationship between faith and counseling, and how to effectively integrate spiritual principles into their therapeutic work. It also empowers counselors to utilize their faith as a powerful resource in helping clients achieve wholeness and fulfillment in life.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

SUMMARY ON CONFERENCE/ SEMINAR

VIRTUAL SEMINAR

SPEAKERS

 **Dr Yaw Amankwa Arthur**
Deputy Director, Health Promotion, Moderator

 **Mrs Ethel Obeng-Treve**
Child Psychologist

 **Dr (Mrs) Peggy Asiedu Ekremet**
Specialist Psychiatrist

 **George Ekem Ferguson**
Clinical Psychologist

MENTAL HEALTH AUTHORITY

Topic:
RESILIENCE AND EMOTIONAL INTELLIGENCE IN CHILDREN. SUPPORTING THEIR DEVELOPMENT.

FRIDAY 22 MARCH 2024 **12 PM. GMT**

 **zoom**

Meeting ID : 883 2795 9268
Passcode: 417253

 mhaghana.com
 info@mha.gov.gh

Old Ministry of Health
Premises - Accra
GA-110-3586



TITLE OF SEMINAR:

**RESILIENCE AND EMOTIONAL INTELLIGENCE IN CHILDREN AND
SUPPORTING THEIR DEVELOPMENT**

ATTENDANCE: PRISCILLA DONKOR

MODERATOR: DR. YAW AMANKWA ARTHUR

PRESENTERS: MRS. ETHEL TREVE (MAIN SPEAKER, DR. MRS. PEGGY
ASIEDU, MR. GEORGE E. FERGUSON

VENUE: ZOOM

MEETING ID: 88327959268

PASS

CODE: 417253

SUMMARY OF THE SEMINAR:

The conference focused on exploring the crucial roles of resilience and emotional intelligence in fostering the development of children. Mrs. Ethel Treve, serving as the main speaker, elaborated on various strategies and techniques to support children in building resilience and enhancing emotional intelligence. Dr. Mrs. Peggy Asiedu and Mr. George E. Ferguson provided additional insights and practical approaches in their presentations.

Key themes discussed included:

1. **Understanding Resilience:** The importance of resilience in children's development was emphasized, highlighting its role in helping children navigate challenges and adversities effectively.

2. **Enhancing Emotional Intelligence:** Strategies for promoting emotional intelligence in children were discussed, including the cultivation of self-awareness, self-regulation, social skills, empathy, and motivation.

3. **Supportive Environments:** The significance of creating supportive environments at home, school, and community settings to foster resilience and emotional intelligence was underscored.

4. **Practical Interventions:** Various interventions and activities were suggested to nurture resilience and emotional intelligence in children, such as mindfulness practices, social-emotional learning programs, and strength-based approaches.

The conference provided valuable insights and resources for educators, counselors, and parents to better support children in developing resilience and emotional intelligence, ultimately promoting their overall well-being and success.

HOW SEMINAR IMPACTED MY PROFESSION AS PRACTONER

Attending the seminar on "Resilience and Emotional Intelligence in Children: Supporting Their Development" informed my practice as a guidance and counseling practitioner in several ways:

1. **Enhanced Understanding:** The seminar deepened my understanding of the concepts of resilience and emotional intelligence in children. This understanding helps me better assess and support the needs of the children I work with.

2. **New Strategies and Techniques:** I gained insight into various strategies and techniques for supporting children's development of resilience and emotional

intelligence. These strategies include specific counseling techniques, classroom interventions, or community-based programs.

3. **Practical Application:** The seminar provided practical tips and suggestions that I can directly apply in my counseling sessions or guidance programs. For example, I learned about specific activities or exercises to help children build resilience or improve their emotional regulation skills.

4. **Awareness of Resources:** I was introduced to new resources, such as books, websites, or assessment tools that can further support my work with children. These resources supplement my existing toolkit and provide additional support to the children I serve.

5. **Networking Opportunities:** Seminars provide opportunities to network with other professionals in my field. Connecting with fellow guidance counselors, psychologists, or educators is invaluable for sharing ideas, collaborating on projects, and seeking support when faced with challenges in my practice.



INDIVIDUAL COUNSELLING



INDIVIDUAL COUNSELLING



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

COUNSELLOR'S NAME: PRISCILLA DONKOR

CLIENT'S NAME: GA

AGE: 19 Years

GENDER: Female

SESSION: ONE (1)

MARITAL STATUS: Single

DATE: 9/03/2023



MAJOR LANGUAGE: Twi and English.

IDENTIFYING DATA: Client lives in a chamber and hall apartment with his dad and step mother. Client is a student of Christian Methodist Senior High School

GENERAL APPEARANCE: Client is fair, has an average height and appeared neatly dressed but seems quite worried and nervous.

PRESENTING PROBLEMS: Client presents that she has lost interest in coming to school and can't understand anything taught in class. She stated "I can't concentrate anymore in class, am not a happy person" she added. Client said there has been an

ongoing misunderstanding and sometimes fight that goes on between her mother and the stepmother at home. Client narrates that the problem begun when she started the senior high school few months after the father brought in another woman the house. The fight and argument come very often most especially market days. The thoughts, feelings and observable behaviour that comes with it were making her feel ashamed and loss of respect for the family as people including some classmates who stays close to their house, stand by to watch and talk about her parents. The problem is now interfering with the clients daily functioning especially in her academics as it disturbs her. Client has not had any professional counselling so decided to come for counselling.

PAST COUNSELLING HISTORY:

Client has no past counselling history records.

EDUCATIONAL/JOB HISTORY;

The client attended school at Jospec International School at Upper Weija, Accra. She was an average student during her early grade school through to the Junior High School (JHS). Hers strength were English language, BDT and Social Studies. Client performed excellently well during her JHS days. She successfully completed her BECE and currently in the senior high school at the Christian Methodist Senior High School in Accra.

HEALTH/MEDICAL HISTORY:

Her childhood experiences were mostly a frequent diagnose of fever, she has appetite for food and her sleeping pattern is normal.

SOCIAL/DEVELOPEMENTAL HISTORY:

The client been a Christian believes in the Holy Bible. Her hobbies are listening to music and reading. She's sociable and spends her leisure periods with friends. At her developmental stages in life she stayed with her mum and dad and her siblings in the same house.

FAMILY, MARITAL, SEXUAL HISTORY:

The client stays with both parents and step family on the same compound at Red top, near West Hill Mall. Client's mother by name Mrs Gladys Ansah is a 47-year market woman who sells different types of cereals and the father by name Edward Arthur also a 55-year-old carpenter.

Her mother uses corporal punishment to punish her and sometimes rewards her by the use praises to motivates her, though she was not physically abused she was been abused emotionally. Client relates with her mother well unlike the father who is a strict disciplinarian and also strict with his way of punishing and rewarding her.

Clients' family is made up twelve (8) members with nine (6) siblings, she is the first born out of her siblings. The last out of nine (6) siblings was the most loved among all who belongs to her step mother. Client gets her monthly menstruation with no abnormalities during and after the menstruation period.

WORKING CONCEPTUALIZATION

Client is depressed and has lost concentration in class due to frequent fights and misunderstanding between her mother and step mother and wishes she can stop the frequent fights and misunderstanding.

DIAGNOSTIC SUMMARY (IF APPLICABLE):

Axis I.

Axis II.

Axis III.

Axis IV.

Axis V.

RECOMMENDATION FOR TREATMENT:

OQ-45 test was administered to check the level of functioning, and her depression level was high treatment started using the short-term goal where the client decided to stop calling her mother for issues arising at home.

The long term, counsellor used gestalt therapeutic technique to help client better understand the relationship between herself and her environment. Counsellor will psycho educate client on assertive communication skills to be able communicate with her dad properly about the issue.

COUNSELLOR'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE.....DATE.....

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

Counselor's Name: Priscilla Donkor

Client's Name: FG

Age: 14

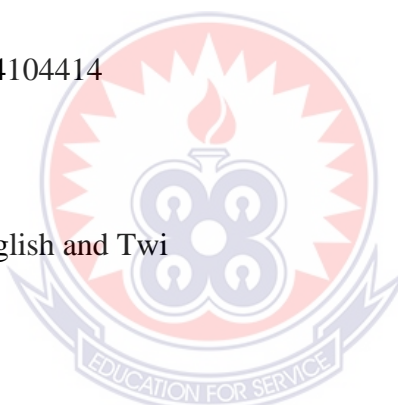
Gender: Female

Contact person: 02444104414

Marital Status: Single

Language spoken: English and Twi

Date: 9/08/2023



IDENTIFYING DATA: Client is a student is a form 1 student of Aplaku M/A 2 Basic School, and lives with her aunty at Isreal in the Aplaku community.

SOCIAL/DEVELOPMENTAL HISTORY: the client is not employed and has lived with her aunty since she was 5 years old due separation of her dad and mum. Client is closed up and don't have many friends both in school and at home.

FAMILY, MARITAL, SEXUAL HISTORY: The client has no close relationship with the aunty and sisters in the house. She is not married but has active sexual relationship with his cousin.

GENERAL APPEARANCE: The client appeared in the session neatly dressed in her school uniform with a cardigan, with a pair of black shoes with white socks and a neat hair-cut. She is about 4.2ft tall and weighs about 60kg and looked worried. The client sounded sad and disturbed with low energy to work.

PRESENTING PROBLEMS:

Client reported that she is staying with her auntie and her auntie's son who is 22 years old is defiling of which the auntie is not doing anything about after the incident was reported to her. The client said 'am not happy staying in that house again, I want to move to another place if possible. She also added but is afraid I will get pregnant and I want to complete my J.H.S. too'. The client believes the auntie dislikes her that why she is not doing anything after the issue. The client also said the culprit has threatened to kill her if she tells anyone about the issue. The client said she tried resisting him and he hit her with a bottle which wounded her arms. Client said she can't concentrate in school again and also added am not happy in this life'.

PAST COUNSELLING HISTORY: No counseling history, has not attended any counseling before.

EDUCATIONAL/JOB HISTORY: The client is a J.H.S student of Aplaku M/A 2 Basic, Accra.

HEALTH/MEDICAL HISTORY: the client has frequent rashes on her skin which she is receiving treatment.

WORKING CONCEPTUALIZATION:

The client is depressed with low self esteem and panics attack coupled with learning difficulties and suicidal ideations. The counselor and the client agreed that.

DIAGNOSTIC SUMMARY (IF APPLICABLE):

Axis I. No Diagnoses

Axis II. No Diagnoses

Axis III. No Diagnoses

Axis IV. No Diagnoses

Axis V. No Diagnoses

RECOMMENDATION FOR TREATMENT: Client's challenges are as a result of severe panic attacks at the sight of his cousin, low self-esteem and her inability to understand the whys behind her aunty not doing anything about the issue coupled with low performance in class. Counselor used Cognitive Behavioral Therapy, cognitive restructuring and desensitization to help the client start up a relationship with her auntie and elderly sisters in the home and also overcome her low self esteem and panic attacks, build her self-esteem and develop the necessary study skills, to enable her function well mentally, academically and socially the client and the counsellor agreed to meet every Wednesday and Friday at 6:30am prompt at the school premises.

Counselor's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

COUNSELLOR'S NAME: Priscilla Donkor

CLIENT'S NAME: B K

AGE: 16 years

GENDER: Male

MARITAL STATUS: single

CONTACT PERSON: 0240057381.

DATE: 2/06/2023

MAJOR LANGUAGE: Twi and English

IDENTIFYING DATA: Client is a S.H.S.1 student at the Christian Methodist Senior High School in Accra, Ghana. He lives at Mile 11, Block Casting, Hse no MB 54/21.

GENERAL APPEARANCE: The client walked into the session neatly dressed in his school uniform with a pair of white socks on a bluish pair of canvases and with a nice hair shape. He is about 4.0ft tall and weighs about 55kg and looked cheerful.



PRESENTING PROBLEMS:

The client indicated at the session that, his mother does not believe him and scolds him for every little mistake he does and also accuses him for stealing. He added, “no matter the explanation I gave, she won't take it”. Most of the times, it's my younger brother who does what my mother accuses me of doing and shouts at me on top of her voice. She finds faults with everything that I do and calls me names I don't like.

So, it got to I wanted to jump and kill myself from pawpaw tree in our house. If I die, she will not accuse me again and when something happens then she will know that I'm innocent of all the bad things she has been accusing me of. Client added I told my younger brother I wanted to die so mom won't accuse me again. He got scared and run told my mother. He got angry initially but later used Bible Verses to advise me. Since then she believes and trust me and I no longer think about taking my own life again. Client added that in class some of his friends teasing him when he does something wrong which is disturbing him and doesn't know how to handle that.

PAST COUNSELLING HISTORY: No previous counselling history

EDUCATIONAL / JOB HISTORY: The client is a minor and a student at Christian Methodist Senior High School hence, does not have any history with regards to employment. His academic performance is good. He has few friends and does not normally go out with them.

HEALTH/ MEDICAL HISTORY: The client once had a stone threw to his head that got his head injured and he was treated at the emergency ward at the hospital and discharged. That is the only time he ever went to the hospital. He is not aware of any health condition in his family

SOCIAL / DEVELOPMENTAL HISTORY: The client is a teenager and lives with both parents and two (2) other siblings. He is the first born. He is in a Senior High School. He has good relationship with teachers and school mates. He attends school during week days and at the weekend, assists with the household chores. He also goes out with the parents to do evangelism at times. He likes football and he play for his school football team.

FAMILY, MARITAL, SEXUAL HISTORY: The client's father is an engineer and works with a certain company in Accra while the mother is a business woman. He is the first born and has two other siblings: a boy and a girl. The mother used to abuse him physically and verbally and he disliked her but now everything is all right. He likes all his family but the father doesn't come home early.

WORKING CONCEPTUALIZATION:

The client had issues with the way his mum was treating him and hence the suicidal ideation. The counsellor agrees with the client but thinks the personality of the client could be a factor. He looks more an introvert and has low self- esteem in his social engagement. As a result, he gets depress when scolded and shouted at, leading to the suicidal ideation tendencies. The counsellor assisted the client to set the following goals for counselling sessions

1. The need to build self-esteem and confidence
2. Identify his personality

DIAGNOSTIC SUMMARY (F APPLICABLE)

Axis I: No diagnosis

Axis II: No diagnosis

Axis III: No diagnosis

Axis IV: personality and social issues

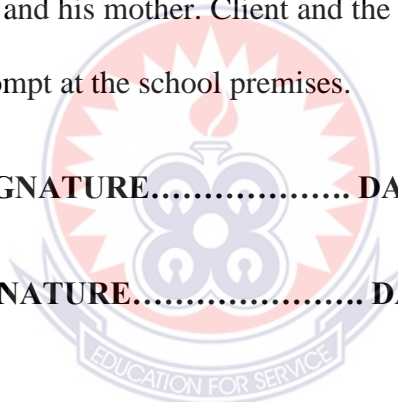
Axis V:

RECOMMENDATION FOR TREATMENT:

The client's challenge is as a result of the personality and social issues. The counsellor intends to use the techniques of Bandura's Theory of Self-efficacy to assist the client to build his self-esteem and confidence and also to enable him function well mentally and socially. Cognitive restructuring was also used to help the client change his negative thoughts about himself and his mother. The client and the counsellor agreed to meet every Friday at 10:00am prompt at the school premises.

COUNSELLOR'S SIGNATURE..... DATE.....

SUPERVISOR'S SIGNATURE..... DATE.....



Session 2 (9/06/2023)

The client walked into the session with some timidity in his eyes. He was warmly welcomed and once again assured of the readiness of the counsellor to assist him to overcome his challenges. After some brief moment of norming and a discussion on confidentiality issues, the client was asked to recall the objectives set at the intake session. The client was introduced to Bandura's Theory on Self-efficacy. After the importance of the theory to help him resolve his issue was discussed, he was exposed to the techniques of Mastery of Experience and Vicarious Experiences. Through questioning, the client came out with activities he does extremely well. He related the fact that he is the best in mathematics in his class and had received every award in the

subject. He also mentioned his school mates who are going through similar situations ne is experiencing but are living 'normal' lives. He was encouraged to use such experiences to boost his self-esteem and confidence. The session was brought to an end with assignment on Vicarious Experiences. The session was brought to a closed.

Session 3 (9/06/2023)

The client came earlier than expected and also looked a bit cheerful as compared to the previous session. After a brief discussion on the client's main lessons from the previous session, the counsellor continued with Bandura's Theory of Self- efficacy. The client was exposed to the techniques of Social Persuasion and Emotional Status. After few minutes of discussion, the client indicated how most of his teachers call him Prof and encourage him to pursue Mathematics and Science due to his performance in the two subjects. He also revealed how he now understood the effect of his negative emotions on his self- esteem and confidence and consequently, his social interactions. The counsellor encouraged him to use these experiences to boost his self-esteem and confidence. After this the session was brought to an end, the client was encouraged to come on time at same venue the following week to deliberate on progress and also for the last session. The client was also informed of the termination of sessions in our next meeting.

Session 4 (23/06/2023)

The client came to the session livelier and was warmly welcomed.

The counsellor praised the client on his progress so far after a discussion and encouraged him to continue practice all the new things learnt during the meetings to enable him stay functional the counsellor informed the client of other resources

available in the community like the common library, clinical psychologist's office at the Aplaku community hospital where he can visit the client was also assured of the availability of the counsellor for assistance when necessary the client also thanked the counsellor for his efforts and promised to put everything learnt in the sessions into practice. The session was then terminated.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

COUNSELOR'S NAME: PRISCILLA DONKOR

CLIENTS NAME: BAETRICE

AGE: 15

GENNDER: Female

MARITAL STATUS: Single

DATE: 1/09/2023

MAJOR LANGUAGE: English and Twi

SESSION NO: 1

General Appearance: Client is a little bit tall, fair in complexion. Client looks shabbily dressed in school uniform, hair not well kept, shoes and socks very dirty. Client seems very confused and sad.

Identifying data: Client is a form 2 student of Aplaku MA Basic School. .



Presenting Problem/Diagnosis:

Client is staying with the guardian at the age of 8 years till date because the parents could not afford in taking care of her. Client can't get access to parents from the day she was brought to the guardian till date. Client started crying so much that she finds it's so difficult to present her case. She narrated that the guardian feels reluctant to take care of her. Client said, unless she goes out to sell before she eats. (She sells detergents). To the extent that she fails to buy her sanitary pad when menstruating and sometimes goes to school with empty stomach. Client feels that she being maltreated by guardian. Client narrates that even though she goes to sell the detergents, the children of the guardian benefit from her hard work and she is left to her fate. The children of the guardian appear neatly dressed but she goes to school unkempt right from hair to toe. Client wants to seek help because she feels helpless and feel inferior among friends.

Past Counselling History: Client hasn't gone through any counseling process before. This is her first time seeing a counsellor

Educational/Job History: A JHS student and has interest in the co-curricular activities like sports much more and has slight weakness in her academic performance.

Health/Medical History: No medical history

Working Conceptualization: Client feel abandoned. Client's needs are not met and feel less off. Client cannot study well because she needs to go and sell before her needs will be attended to. Client feels tattered. Counsellor used solution focus theory on her case and gave psycho education.

Diagnostic Summary (If Applicable):

Axis I.

Axis II.

Axis III.

Axis IV.

Axis V.

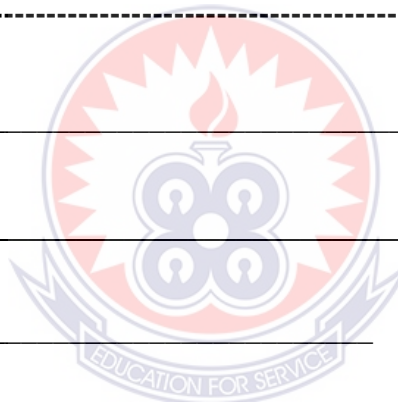
Recommendation for Treatment: Counselor gave assignment to client to call on the guardian for further interactions.

Counselor's Name: -----

Signature: _____ **Date:** _____

Supervisor's Name: _____

Signature: _____ **Date:** _____



SESSION 2 DATE: 13/09/2023 TIME SPENT: 1 HOUR

Client present case of guardian not allowing her to visits her Biological Parents after 8 years. Client who is minor presents that she is been maltreated by going to sell before eating and attending to school. Client's guardian was invited to come over which she honored the invitation and came in last session and was given an assignment.

Guardian also narrated her side of the story and how things have changed. Guardian narrates that after the psycho education given, the client feels happy. Guardian

narrates that she called parents of client to talk to them and that showed that client needed it. Guardian talked about how things have changed. She treats everybody fairly and there seems to be peace and client feels happy.

SESSION 3 DATE: 15/09/2023 TIME SPENT: 1 HOUR

Client came in that day very happy and looks very cheerful

Client admitted that guardian treats her well now. She feels free to ask whatever she wants without fear unlike first.

There have been great changes between guardian and client.

TERMINATION: Guardian opted for termination.

SUPERVISOR'S SIGNATURE _____ DATE _____



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

Client's Name: BB

Date: 6/07/2023

Age: 19 years

Marital Status:

Contact Person: 0554990765

Sex: Female

Level of Education: JHS

Language(s) spoken: Twi

General Appearance:

Becky appeared nicely dressed, but somehow nervous as she kept fidgeting her hands, and not maintaining eye-contact (head down and looking side-ways). The client was shy. Becky could be 5 feet tall, and could weigh 45kg, with brown hair.

Identifying data:

Becky is a 19-year-old girl who has been at the junior high for five years instead of the normal three years, due to poor academic performance. Naturally, Becky is not good academically, so she wanted to quit school some years ago. However, her parents want her to at least complete the junior high to obtain a certificate. Becky is the second of six children living with both biological parents, together with some of her siblings.

Becky is not willing to further her education after completing the junior high, but rather learn a craft.

Presenting Problem/Diagnosis:

Becky, being a final year basic school student, came to me after a psycho-education regarding career program I organized for them, being concerned about pursuing her future career endeavors. She wanted to know what craft she may engage in after completing the junior high level to bring personal satisfaction to her, and what it takes to be what she may become in the future. She therefore decided to take a Career Inventory Test.

Past Counseling History:

Client has never been in a therapeutic relationship before. This happens to be his first time.

Educational/Job History:

Client is currently schooling at Aplaku M/A 1 JHS, a town in Accra. Client happens to be a final-year basic school student who is to partake in the B.E.C.E. to prepare to enter the senior high.

Health/Medical History:

Not applicable.



Social/Development History:

Client is a Christian, and a member of the Seventh Day Adventist Church at Bortianor. She has never experienced child abuse in his lifespan. Client is very sociable on campus; with many friends.

Family, Marital, Sexual History:

Client is the second of three children, living with the biological parents, and siblings in a rented apartment. The father is a teacher, and the mother, a trader. Client's parents are happily married.

Working Conceptualization:

Client came for guidance and counseling regarding her career and study interests. "Sir, it is not that I know the thing and just do not want to do it," Becky clarified. "Reading is even a difficult task for me, not to talk about understanding it," she added. According to the client, she would have been a master on the field by now, if her parents agreed with her decision of quitting school. She continued by saying that, she does not find any happiness in schooling, of which her colleagues can attest to it.

"Now I have no other option than to sit for the Basic Education Certificate Examination as a candidate, but I cannot continue afterwards," Becky said. "I want to do something different Sir, that is why I am here today," she concluded.

Becky will be assisted to realize her personality type and career interest code with the administration of the RIASEC test. Afterwards, she will be informed and guided concerning the outcome of the test, and then assisted to make a decision by choosing her career pathway using the Solution-Focused Brief Therapy.

Diagnostic Summary (If Applicable):

Axis I.

Axis II.

Axis III.

Axis IV.

Axis V.

Recommendation for Treatment:

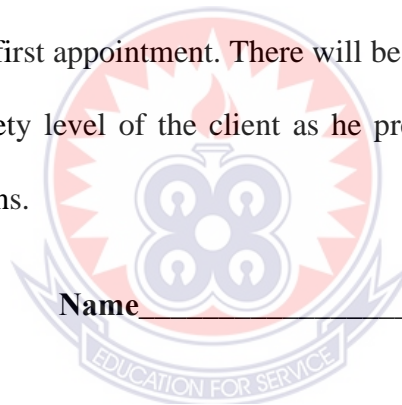
The RIASEC test will be administered to identify the client's career code, and then the Solution-Focused Brief Therapy will be deployed in treatment, meeting three sessions including the first appointment. There will be a pre-test and post-test (DASS-21) to assess the anxiety level of the client as he prepares for her Basic Education Certificate Examinations.

Counselor's

Name _____

Date: _____

Signature: _____ **Date:** _____



COUNSELLING PROGRESS NOTES USING ‘SOAP’

S	<p>The client demonstrated some level of understanding regarding his career pathway. “Working with people?” Becky then stated that she will be looking into a trade (business). “My uncle is a businessman who buys and sells stuff from Togo, I will talk with him”, she added. Becky now has a plan</p>
O	<p>Client generally appeared neatly dressed, very relaxed this time in her seat, but kept fidgeting her fingers.</p>
A	<p>Client was provided with current information about her interest and encouraged to learn about effective career behavior by models and mentors after discussing the homework given previously. The client, being a final year student preparing for her examinations, the DASS-21 test was administered to check the anxiety level of the client after most of the information concerning her career pathway was provided. She recorded 12, 16, and 10 for Depression, Anxiety, and Stress respectively.</p>
P	<p>Using the Solution-Focused Brief Therapy, client will be assisted to develop Supportive networks to help her achieve her career goals. Typed and sealed RIASEC Test results will be given to the client. Termination was pronounced.</p>

CLIENT’S NAME: Becky **SESSION NO.:**2 **DATE:** 12/07/2023

NAME OF COUNSELOR: PRISCILLA DONKOR

CLIENT’S NAME: Becky **SESSION NO.:**3 **TIME SPENT:** 1 Hour

<ul style="list-style-type: none"> Indecisive career pathway. 	
<p>GOAL(S)</p>	
<ul style="list-style-type: none"> To help client discover careers and fields of study that are likely to satisfy her. 	
S	<p>Client exhibited some level of satisfaction, and was ready for the termination.</p> <p>“My mother has agreed, though unwillingly”, client stated. She added that the mother suggested catering and decoration services. “My mother wants to link me to her friend to train me after my B.E.C.E.” Becky said.</p> <p>The client expressed her gratitude.</p>
O	<p>Client generally appeared neatly dressed today and an obvious excitement all over her face. The client nodded her head together with verbal affirmation in accordance with the summary of what transpired in the therapeutic relationship as I read.</p>
A	<p>Client was assisted on how to develop supportive networks outside the therapeutic relationship, to help her achieve her career goals. Client was also motivated and taught some learning skills to cope with examination anxieties. A typed and sealed RIASEC Test result was given to the client. Termination form was given to the client to fill and sign, to end the counselling relationship.</p>
P	<p>A follow-up will be done in assisting the client develop a supportive network outside the therapeutic relationship as the mother as already started, to achieve her career goals.</p>

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

Counsellor's Name: Priscilla Donkor **Client's Name:** SS

Age: 16years **Gender:** Female **Session:** One (1) **Marital Status:** single

Date: 23/03/2023 **Major Language:** English **Contact Person:** 0555327952

General Appearance:

SS appeared nicely dressed, but somehow nervous as she kept fidgeting her hands, and not maintaining eye-contact. It took her several seconds to respond to questions I asked her during the session. Client could be 4 feet tall, and could weigh 35kg. She entered my class with a black school bag at her back.

Identifying data:

SS is a sixteen-year-old girl who schools at Aplaku M/A 2 Basic School and a final year student. She lives with her biological father and a step-mother, together with her siblings. She is the second of the six siblings. SS only sees her biological mother during vacations or when the mother visits them occasionally, because of divorce. SS therefore wants to move to where the mother lives and school there after completing Junior High, but she has not yet decided on what direction to take after Junior High.

Presenting Problem/Diagnosis:

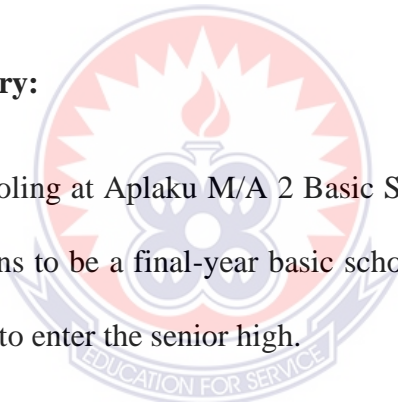
SS being a final year basic school student, came to me after a psycho-education regarding career program I organized for them, being concerned about continuing her education in the Senior High. She wanted to know if she has the ability to enter a school that she liked. She also wanted to be sure on which path to take when she enters Senior High school; on which program she should pursue. She therefore decided to take a Career Inventory Test.

Past Counselling History:

Client has never been to counseling before. This happens to be his first time.

Educational/Job History:

Client is currently schooling at Aplaku M/A 2 Basic School in Greater Accra Region of Ghana. Client happens to be a final-year basic school student who is to partake in the B.E.C.E. to prepare to enter the senior high.



Health/Medical History:

Client is healthy and has no medical history

Social/Development History:

Client is a Christian, and a member of the Paradise Assemblies Of God Church at Aplaku, Accra. She has never experienced child abuse in his lifespan. Client is very sociable in school but has few friends.

Family, Marital, Sexual History:

Client lives with her biological father and a step-mother, together with her siblings in their own built apartment. She is the second of the six siblings.

Working Conceptualization:

Client came for guidance and counseling regarding her career and study interests. According to the client, she has only on one occasion discussed her career matter with the biological mother on phone. “My mother told me to explore my interest in order not to make a choice against my interest,” client said. According to the client, that is why she is seeing me; to check where her interest may lead her in the near future.

Serina will be assisted to realize her personality type and career interest code with the administration of the RIASEC test. Afterwards, she will be informed and guided concerning the outcome of the test, and then assisted to make a decision by choosing her career pathway using the Solution-Focused Brief Therapy.

Diagnostic Summary (If Applicable):

Axis I.

Axis II.

Axis III.

Axis IV.

Axis V.

Recommendation for Treatment:

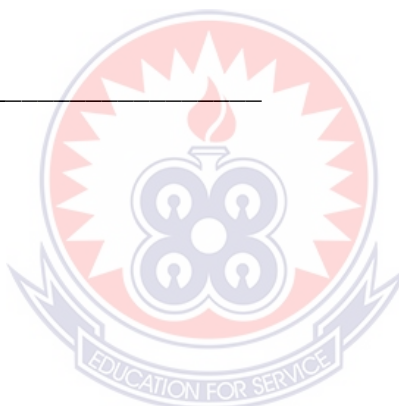
The RIASEC test will be administered to identify the client's career code, and then the Solution-Focused Brief Therapy will be deployed in treatment, meeting three sessions including the first appointment. There will be a pre-test and post-test (DASS-21) to assess the anxiety level of the client as he prepares for her Basic Education Certificate Examinations.

Counselor's Name: **Date:**

Supervisor's Name: **Signature:**

.....

Date: _____



COUNSELLING PROGRESS NOTES USING ‘SOAP’

NAME OF STUDENT-COUNSELOR: Priscilla Donkor

CURRENT CONDITION	
<ul style="list-style-type: none"> Indecisive career pathway. 	
GOAL(S)	
<ul style="list-style-type: none"> To help client discover careers and fields of study that are likely to satisfy her. 	
S	<p>Client exhibited some level of satisfaction, and was ready for the termination.</p> <p>“Thank you very much for such opportunity given to me. I now know my stand”, Serina stated. “I hope you will aid me in my school and courses selection when it is due”, she added.</p>
O	<p>Client generally appeared neatly dressed today and an obvious excitement all over her face. The client nodded her head together with oral affirmation in accordance with the summary of what transpired in the therapeutic relationship as I read.</p>
A	<p>Client was assisted on how to develop supportive networks outside the therapeutic relationship, to help her achieve her career goals. Client was also motivated and taught some learning skills to cope with examination anxieties.</p> <p>The RIASEC Test result was given to the client.</p> <p>Termination form was given to the client to fill and sign, to end the counselling relationship.</p>
P	<p>A follow-up will be done in assisting the client develop a supportive network outside the therapeutic relationship, to achieve her career goals.</p>

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

Counsellor's Name: Priscilla Donkor **Client's Name:** FS

Age: 25years **Gender:** Female **Session:** One (1)

Marital Status: Married **Date:** 12/03/2023 **Major Language:** English, Ibo, and Yoruba

Identifying Data: Precious Chapel International Church

General Appearance: Client is a little bit tall with a ring on her left-hand side finger. She looks very fair in completion with a premed hair rapped nicely. Client has a good body shape with nice hips with a pointed nose with round eyes. Client neatly dressed in a silk dress. Client looked worried and laid-back.

Identifying data: Client is a church member of Precious chapel International and a lead singer in the choir.

Presenting Problem/ Diagnosis: Client presents her case as moving all the way from Nigeria to Ghana for greener pastures because things were not going well with her and her husband in Nigeria. Client stated and I the counselor paraphrased "Coming to Ghana to seek greener pastures has stressed you. Clients narrates that when they got to Ghana and then she realized she was pregnant after few months, searching for job combining with pregnancy was not easy especially health and financial wise. She said

because, her husband did not get job immediately things became very tough and turned to neighbors' for help. Client tears up and said that she remembers the day she was rushed to the hospital and her husband was not having money. Client continues to tear up and said all their stay in Ghana has been friends who have been a tremendous help to her.

Past Counseling History: No Counseling History

Educational/Job History: Client schooled in Nigeria, had her education from Crèche to the Tertiary. Client was an entrepreneur and ever worked in as a hair dresser. Client worked for three (5) years before coming to Ghana.

Health/Medical History: No medical history.

Social/Development History:

Client narrates that she had cordial relationship with her class mates both males and teachers as well and was among the beat in her class in her junior high school. she added she a good interpersonal relationship with friends and family.

Family, Marital, Sexual History: Client Father was away in the states and so client stayed with mother alone. Mother took care of children whiles dad away. Father ensures that everything was catered for client even though he has gone to look for greener pasture. Parents make sure that client was reprimanded when wrong and rewarded when right. Client got along with parents. Client was attached to mother than father

Working Conceptualization: The counselor employed Solution Focused Therapy on client to help client focused on solution to how best she can get a job to support her husband.

Diagnostic Summary (If Applicable):

Axis I.

Axis II.

Axis III.

Axis IV.

Axis V.

Recommendation for Treatment: Client and counselor schedule times to meet once a week. Client needs to take an assignment by exploring more of other options that could help her find a job in a hairdressing salon or a different work to do.



Counselor's Name: Priscilla Donkor **Signature:**

Supervisor's Name: **Signature:**

Date:

SESSION NO: 2

DATE: 19/03/2023

TIME SPENT: 1 HOUR CLIENT'S NAME: FAVOUR

CURRENT CONDITION	
Staying in a foreign land with its challenges	
GOALS	
1. Client will have the ability to stay in Ghana successfully with a good work	
S	Client seems so calm though, but just worried about how she left Nigeria to Ghana for greener pastures and alongside got pregnant and gave birth.
O	Counselor listened with rapt attention to client and used reflection of feelings and reflection of content to assure client that the counselor really understands the client.
A	Counselor used the technique miracle question on client by asking her how she will feel if today she gets a job of her dreams. Client shouted and said she will be very happy and glad. Counselor continues by using verbal and open-ended questions.
P	Client and counselor exploring the best option but client feel she will have patience and look for job to help her support her husband.

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

NAME: I B

GENDER: Female

MARITAL

STATUS: Single

DATE: 9/08/2023

Major Language:

Twi and English

GENERAL APPEARANCE: Client is well dressed, body is well nourished with body cream, she was a bit cheerful and could speak fluently with correct responses. Client thinks she is good and doesn't deserve to be repeated.

PRESENTING PROBLEM

Client was referred to me by the her class teacher. She has in her possession a drug she claims she bought on the basis that if she repeats her class (basic 6 to form one) she will kill herself. Parents claim client is not academically good and has been a great worry to the girl. Anytime there is an examination in the school, client becomes very moody and sad because she has accepted her fate that she can never pass any exams and truly too most exams report comes with failures and repetition in class.

EDUCATIONAL HISTORY: Client is in Basic 6 going to JHS 1. Client has repeated almost every class she has been which has made her older than her current class.

MEDICAL HISTORY: Physical observation of client shows that client is healthy and confirms she has no medical history.

SOCIAL HISTORY: Socially, client is sociable and active but becomes very worried when there is going to be exams in any form.

FAMILY HISTORY: client has both parents alive. She is the first among four siblings.

WORKING CONCEPTUALIZATION

The client thinks her teachers, colleague students and anybody who scolds her does not like her the counsellor thinks otherwise. Client thinks she is a failure academically and that the the highest academic ladder she can achieve is to gain the BECE. Her dream of becoming a Nurse in future can never materialize.

The counsellor thinks the client has irrational thoughts, lack self- confidence in her social engagement and the needed study skills to succeed in her academic work and social interaction. This leads to depression and the resultant suicidal ideation the counsellor assisted the client to set following goals for counselling to be able to modify or change her irrational thoughts

1. The need to build self-confidence
2. How to study effectively

DIAGNOSTIC SUMMARY (IF APPLICABLE)

Axis I: No diagnosis

Axis II: No diagnosis

Axis III: No diagnosis

Axis IV:

Axis V:

TREATMENT COURSE

- There would be four (4) sessions depending on the progress of client.
- There would be one session per week
- Each session would be an hour.
- **ASSESSMENT**
- Client has condemned herself academically which has made her develop low self-esteem for herself.

SESSION 1

Date: 12/08/ 2023.

Client was reminded of our meeting the previous day. She came to me around 12:56 pm. She was a bit nervous from her looks and I calmed her down with some jokes and asked her how are you girl to release her tension. I once again calmed her and assured her again Counsellor's readiness to help her overcome her challenges. I asked her to give me a brief of our previous discussion during the intake which she did. Trying to restructure client's low self-esteem, client was introduced to the Cognitive Behavioural theory which made her to understand that everyone has a unique in born talent that makes one important so she knows that she is also special in a way no one does. She accepted and agreed with me by telling me that from Primary School no one has ever beaten her in a 100-meter race. The session was brought to a close and gave

her an assignment to go and identify 3 of her daily activities that she thinks has been a hindrance to her studies.

SESSION3

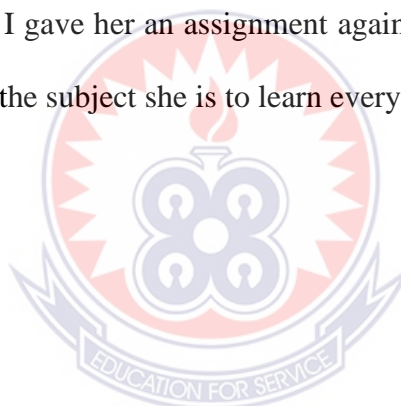
Date: 16/08/ 2023.

Though it wasn't the schedule time for our meeting, client came for it because she thinks she has done the assignment. Meeting started around 1:16 pm. She gave me the time table and I realized she has allocated too much time for a subject. I helped her to redesign the time table to suit her level of learning. I also explained to her the need to follow the time table keenly so that it can help her achieve her academic aim. The session was ended and I gave her an assignment again for her to follow the timetable and read just a page of the subject she is to learn every evening and tell me in our next meeting.

Session (4)

Date: 18/08/ 2023.

'I B' came to me in the morning around 9:40 am that her mother is not feeling well so she wants us to have our next session early for her to go home. She was able to tell me some of what she read after the preparation of the timetable. I realized here that 'I B' has a short memory span and as such need to learn in bit. We again re-adjust the timetable to make it one subject a day and the time allocated was also adjusted to 30 minutes instead of one hour. The session was brought to a close since she wanted to go care for her sick mother.



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

INDIVIDUAL COUNSELLING REPORT

INTAKE FORM

COUNSELOR'S NAME: Priscilla Donkor

CLIENTS NAME: Evelyn AGE: 23 GENNDER: Female

MARITAL STATUS: Single DATE: 1/09/2023

MAJOR LANGUAGE: English and Twi

GENERAL APPEARANCE: Client came in neatly dressed with a braided cornrows but looks worried. She is fair in complexion and about 65kg and 1.2ft tall. Very beautiful and looks attractive.

IDENTIFYING DATA:

Client lives in a single room self contain at Weija - Old Barrier, Accra. She is doing her internship at Aplaku M/A 2 Basic School as a teacher.

PRESENTING PROBLEMS:

Client said she is being pressured by her fiancée to have pre-marital sex with him. This has made her confused because she has said to herself that she wouldn't ever sleep with any man until she is married to him but she is also afraid to lose him. Client has already lost a guy she loved so much because of the same situation.

PAST COUNSELLING HISTORY: Client said she has never been in a counseling section before.

EDUCATIONAL / JOB HISTORY: client is a teacher trainee of Accra College of Education and as interest in the co-curricular activities like sports and volley ball.

HEALTH / MEDICAL HISTORY: Client experience Ulcer when she doesn't eat early at the right time.

Family, Marital, Sexual History: client is single not married yet and is a virgin, not active sexually.

SOCIAL /DEVELOPMENTAL HISTORY: client lived with his parents from childhood through to her SHS education with her three siblings she being the first born. She said she has had a good relationships with her class mates and teachers.

FAMILY, MARITAL, SEXAUL HISTORY: Don't normally mingle with friends so her social life isn't encouraging, always reserved.

WORKING CONCEPTUALIZATION: client thinks men are leaving her because she is not having sexual intimacy with them. Counselor thinks the client has a problem with dealing with interpersonal relationships.

DIAGNOSTIC SUMMARY (IF APPLICABLE):

Axis I . NO DIADNSIS

Axis II. NO DIAGNOSIS

Axis III.

Axis IV.

Axis V.

RECOMMENDATION FOR TREATMENT: Counselor intends to use Client centered Theory and techniques like active listening, probing question and cognitive restructuring. Counselor will psycho educate client on interpersonal relationship.

Client wants to achieve the following goals

1. Find a nice way of turning him down on his demand
2. Letting him know what you stand for in
3. Try to assist him get prepared to marry you early to avoid these

COUNSELLOR'S SIGNATURE: DATE:

.....

SUPERVISOR'S SIGNATURE: DATE:

.....



CRISIS COUNSELLING REPORT



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

REPORT ON GRIEVE/CRISES COUNSELLING 2023/2024

CRISIS COUNSELLING REPORT

BACKGROUND OF CLIENT:

NAME: B G.

GENDER: Female.

AGE: 35years.

DATE: 5/05/2023

IDENTIFYING DATA:

PHONE NUMBER: 0246954341

EMERGENCY CONTACT: JOE (0242183442)

RELATIONSHIP: Husband

Counselling history: The client has received pre-marital counselling service in the past.

TYPE/SOURCE OF CRISIS:

Nature of alert: The client received a call from her younger brother on 5th May, 2023 around 1:30pm, saying I ‘m sorry to inform you that Paapa is no more. He died around 12:55am at the Hospital.

Type of crisis: The client suffered shock at the sad news of the sudden death of her father on 5/05/2023.

Effect of crisis: Client was disorganized, could not sleep nor eat for two days and kept crying for all these days.

Source of crisis: The client is the second born and the first daughter of the father. As a child, she had close attachment with her late father. She was the only child who travelled with the father to Nigeria in search of greener pastures. Though she has an elderly brother, the father consulted her before taking major decision for the family the only time she stayed away from the father for more than months was when she completed training college and had to start work. She communicates with the father almost every day though I 'm a lady. I have a closer relationship with my father than my mum Paapa was not sick! He is just 65 years old! There was an arrangement for Paapa to celebrate this year's Easter festivities with us here. Oh Papa!" She was taken aback at the sudden death of the father.

INTERVENTION:

Short term: Counsellor allowed client to cry her heart out. She was offered a pack of tissues. She took not less than 45 minutes, with intermittent sobbing to narrate the incident leading to the death of her father and her fond memories of him. Counsellor used relaxation technique of visualizing her happier days without the dad and also her finding a perfect social and spiritual father who can play the roles of a father in her life. After about 16 minutes of taking this mental trip, the client looked better

Long term: Although the client did not show any clear signs of suicidal ideation, she was asked to enter a verbal contract with the counsellor not to harm herself in any way and to return to counselling next day.

Second session (15/05/2023)

The client returned with encouraging and cheerful looks. She said that she decided not to over mourn her late father and deny herself happiness, "Yes! Everybody will die at a point in their life, but my dad should have lived to attain at least 80 years. There are things I wanted to do for my dad for the sacrifices he made to give me formal education oo!. The client and counsellor went through how to let go. The technique of "Adjusting to Life without the Deceased" was used to help the client to let go. This was done by providing a paper with a circle at the middle and the client was encouraged to write the names of those who can be helpful around her. She was encouraged to let go of any guilt and rather live a life that will honor her deceased father the client was also encouraged to be in touch constantly with her siblings. And as the only child who has regular source of income, she was also encouraged to play an active role in planning a moderate but befitting final funeral rite for her late father.

RECOMMENDATION:

The client was encouraged to call and visit the counsellor anytime the need arises as a follow up.

COUNSELLOR'S NAME: PRISCILLA DONKOR

COUNSELLOR'S SIGNATURE:DATE.....

SUPERVISOR' SIGNATURE.....DATE.....

UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

REPORT ON GRIEVE/CRISES COUNSELLING 2023/2024

CRISIS COUNSELLING REPORT

BACKGROUND OF CLIENT

NAME: MB

GENDER: Female

AGE: 34years

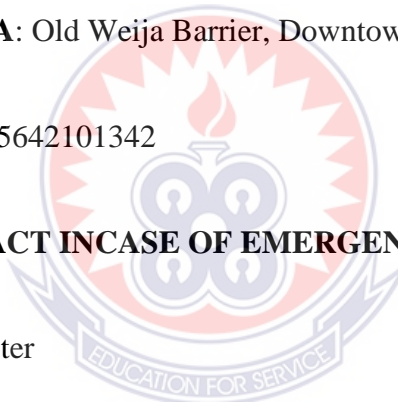
DATE: 18 /07/2023

IDENTIFYING DATA: Old Weija Barrier, Downtown

PHONE NUMBER :05642101342

PERSON TO CONTACT INCASE OF EMERGENCY: Esi 0249809943

RELATIONSHIP: Sister



Counseling History: This is a client who has never gone through counselling though she had issues with her husband in the past.

TYPES/ SOURCES OF CRISIS

Nature alert: Phone call; client placed a phone call at around 10:15am on 18th July, 2023 and said " I am so mad and cannot keep calm anymore. Please I need to speak to you."

Types of Crisis: Shocked at husband cheating on her again and this time, with her child's school teacher.

Effect of crisis: Cried, restless and could not eat or sleep.

Sources of crisis: Client had been married to husband for nine (9) years and made a lot of sacrifices for her husband, supported him as much as she could and even picked a loan to help husband buy a car. Along the way in their marriage, husband cheated on her and this caused a lot of tension in the marriage and so she decided to take transfer and move from their former place of residence to the current place but husband apologized, pleaded and promised it would not happen again.

To prove that to her, he also took transfer so they both leave for the current place of residence to start afresh and so she did not expect him to cheat on her again especially within a short period of time and with her child's school teacher who is divorced with two children.

INTERVENTION:

Short term; Client was allowed to cry her heart out, she was offered some tissue and made to do some breath ins and outs. Counsellor also used relaxation technique of visualizing her happier days with husband as well as without husband and after about 12 minutes of taking client through this mental trip, client looked better.

Long term; The SBQ-R and DASS-21 test were both conducted on client and after analyzing both tests, it was realized that client did not show any sight of suicidal attempt and has no such intentions but was severely depressed, anxious and stressed. Client was then counseled using the choice theory and taken through her husband's phone. She was also encouraged to speak to husband when calm and to return to counselling the next day. She was then given a home work of deleting husband's girlfriend number from her phone. The next day, which is 18th July, 2023, client did

not show up for the counselling session and upon a follow up, it was realized that client had left the house to an unknown destination and could not be reached since her phone was switched off.

Session 2 (20th July, 2023)

On the 20th of July, 2023, when client returned for the next session, she looked better and had bathed. She told counselor she was with her elder sister. The DASS-21 was administered on her again and this time, after analyzing it, she was moderately depressed, anxious and stressed. Client also said she has blocked and deleted husband's girlfriend number from her phone but had decided to move out of the house for sake of her piece of mind.

Counselor used the solution focused family system therapy to counsel client. Client was encouraged again to speak to husband on the matter and return to counseling.

Session 3 (27th July, 2023)

On the 27th July, 2023, she was giving homework of thinking through her decision and speaking to an elder and respected member of husband's family on the matter.

When client returned for the next session, she looked cheerful and relaxed as compared to the previous session. The previous session homework was discussed and client said "I have decided to stay but let him marry if he wants to".

Client was encouraged to draw her "life plan" and state all that she would want to achieve in the next two years. She was to assume doing all these bit by bit to make her focus on her own life. She was also encouraged to do the things she enjoys doing each day to keep her happy.

RECOMMENDATIONS: Client is to visit counselor once for follow up.

COUNSELLOR'S NAME: PRISCILLA DONKOR

COUNSELLOR'S SIGNATURE.....DATE.....

SUPERVISOR'S SIGNATURE..... DATE.....



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

REPORT ON GRIEVE/CRISES COUNSELLING 2023/2024

CRISIS COUNSELLING REPORT

BACKGROUND OF CLIENT

NAME: WB

GENDER: Male

AGE: 38years

DATE: 24 /06/2023

MARITAL STATUS: widowed

IDENTIFYING DATA: New Bortianor, Lane 2, Taxi Rank

PHONE NUMBER: 0593562314

PERSON TO CONTACT IN CASE OF EMERGENCY: COUDJOE:

0545770412

RELATIONSHIP: Friend

Counseling history: This client has not gone through any professional counseling.

SOURCE OF CRISIS

Nature of alert: Counselor lives in the same community with the client. Client narrated the problem to the counselor even though they are in the same community.

Type of crisis: Client loss his wife.

Effects of crisis; Client could not sleep the whole night due to the serious damage and pains he is going through as a result his wife demise.

Source of the crisis; Client was a very stable person until his wife passed on that fateful Friday. Client lives with two of his children and his wife their step mother. Client says that, his wife was fine in the morning but noticed she was vomiting but said she was fine. He said, his wife went to visit her parents in the same time that Friday morning and around 1 Pm he was called to the hospital that his wife had collapsed and died at the hospital.

INTERVENTIONS

Short term; Counselor patiently listened to the whole issue the client had to say and asked him to relax. Counselor used the relaxation technique where the client was asked to visualize his good moments of finding his beautiful wife in a better place. The client looks better after this mental trip.

Long term; Client showed a lot of signs indicating the stress that unfortunate issue had caused him so he was asked to consistently practice the breathing in exercise whenever he feels nervous or tensed.

The counselor visited the client the next day to check up on how he was coping with the situation. He however told the counsellor positive statements such as; hmmm! It is not easy but, in life everything happens for a reason. The counsellor used cognitive behaviour therapy (CBT). This therapy helps improve the mental health by changing the unhelpful cognitive distortions and behaviors thereby developing personal coping strategies that will help solve his problems. The counsellor also use thought stop technique to help the client to stopping any triggers and other negative thoughts that

comes to his mind immediately. The counsellor again encouraged him to always mingle with people who cherish and love him and will help him think positively.

RECOMMENDATION: Client should visit counselor as a follow up.

COUNSELLORS NAME: PRISCILLA DONKOR

COUNSELLORS SIGNATURE..... DATE.....

SUPERVISORS SIGNATURE.....DATE.....



UNIVERSITY OF EDUCATION, WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

REPORT ON GRIEVE/CRISES COUNSELLING 2023/2024

CRISIS COUNSELLING REPORT

BACKGROUND OF CLIENT:

NAME: C. A

GENDER: Male

AGE: 38years

DATE: 03/02/2024

IDENTIFYING DATA:

PHONE NUMBER: 0242058321

EMERGENCY CONTACT: Dorra (02-435729824)

RELATIONSHIP: Sister



COUNSELLING HISTORY: This client never received any form of professional counseling

TYPE/SOURCE OF CRISIS: The client sent a WhatsApp message to the counselor around 12:00 mid-day on 3RD February, 2024, saying: "I will have to end it all for both of us! Even If I survive this, don't think I will ever marry. I have had enough! am fed-up!"

SOURCE OF CRISIS: The client was shocked and confused when he was told by a friend that fiancée had reported him at the station the previous day for beating and throwing out her things.

EFFECT OF CRISIS: Client could not sleep the whole of the previous night, refused to report at work, remained indoors and will not talk to anybody.

SOURCE OF CRISIS: The client had been in a relationship with the lady for about two years. About a year ago, he went to see the lady's family and informed them of his intention to marry their daughter and he was given a list (a list of items required for customary marriage). And he had even bought most of the items on the list. The lady was/is a senior hair dresser apprentice working at a hair dressing salon for a fee before they met. She also lives on her own in a kiosk. When C A introduced himself to the family, the lady now moved in to stay with him. She also brought with her a younger sister who she sent to an expensive private school and C A is responsible for her fees. Initially, she goes to work, does every household chore and things were moving on well. C A also provided all the money for those-keeping and most of the times, does the cooking since the lady closes from work late. About six months thereafter, the lady stopped going to work. she will not do any household chore, let alone cook. She will watch television the whole day and any time C A complains, then she picked fight with him. Things became worst when the lady could leave the house from morning and come back sometimes after mid-night. This went on for sometimes so C. A complained to the lady's parents about the attitude of their daughter and the fact that if it continues, he can't go ahead with the marriage plans. When the lady's parent informed her about C A complaints, she then decided to vandalize C A properties- television, laptop, etc. and now tuned around to report C A at the Sunyani Police Station that C A had beaten her. The police saw no truth in what the lady said so they advised C A to go home and settle the issues. When C A came home and called the parents of the lady to inform them of the incident, the lady had already called them and lied to them. They then asked C A to bring their daughter to

them in the village. When he went, he was told that the lady said he had thrown her things out because he was no more interested in the relationship. According to the parents, he (C A) had wasted the lady's time so she must be compensated. At the end of the day, he spent over GHC5000.00 as Compensation to the lady. When they came back from the village, the lady was to pack the rest of her 'so called things and leave but three days passed and the lady was still in the house insulting him anytime he was at home. Prior to the relationship, two previous relationships went bad in a similar manner. So, thinking about this entire thing, he decided to kill the lady and kill himself. And even if he survives it, he will never marry.

INTERVENTION:

Short term: The counselor first called the younger sister of the client and the husband, who live nearby, to quickly go to the house and engage C.A in a conversation before he arrives. When they got there, C.A was in the chamber and would not allow them in. upon further persuasion from the counselor the client allowed his sister and the husband into the chamber. When the counsellor got there, he detailed C A sister and the husband to Sunyani Police Station to arrange with them to get the lady out since they were aware of the case and that was done in a very professional way. After that the counsellor looked round for any offensive weapon that C A could use to harm himself and a knife and a rope were retrieved from under his pillow. When the lady was taken away the counsellor then engaged the client in a full session. Counsellor allowed the client to cry his heart out as he narrated his story. He was offered a box of tissues, in fact, he took more than two hours with intermittent sobbing to narrate what had happened. including the other two previous relationships. Counsellor used relaxation technique of visualizing his happier days without the lady.

and also finding a 'perfect' lady and his wedding day. After about 30 minutes of taking this mental trip the client looked better the client was encouraged to spend the night with his sister and the husband

Long term: Although the client now looked calm and did not show any clear signs of suicidal ideation, he was asked to sign a contract not to harm herself in anyway and to return to counselling next day.

second session (10/02/2024)

the following day, when the client met with the counsellor, there was smiles all over his face. He indicated that he had decided not to let his previous relationships take his happiness away. He said "You have saved my life! In fact, I didn't know how I managed to send that message to you I can assure you that you will be my pre-marital counsellor and also be at my wedding" C A. The client and counsellor went through how to let go. The technique of writing the former girlfriend's name on a piece of paper, shredding it and throwing it away was used to let go. Client was encouraged to draw his life plan' and state all he would want to achieve in the next two years. He was encouraged to assume doing all these things without support from any significant other. This was meant to help him live his life without codependency.

RECOMMENDATION:

Client was encouraged to call and visit the counselor when the need arises for follow up.

COUNSELLOR'S NAME: PRISCILLA DONKOR

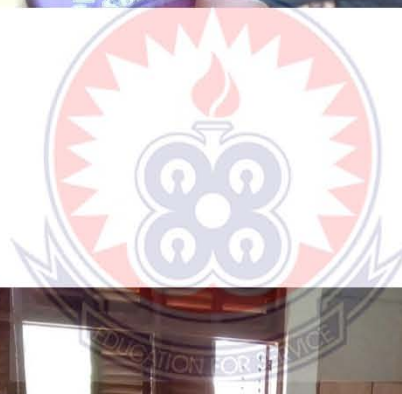
COUNSELLOR'S SIGNATURE..... DATE.....

SUPERVISOR'S SIGNATURE.....DATE.....

GROUP COUNSELLING SECTION



GROUP COUNSELLING SECTION



UNIVERSITY OF EDUCATION WINNEBA

DEPARTMENT OF COUNSELLING PSYCHOLOGY

GROUP COUNSELLING REPORT

TOPIC: CHILDREN WITH LEARNING DIFFICULTIES

The group counseling program is designed to empower children with learning difficulties with the tools, skills, and social support necessary to overcome obstacles and thrive in both their educational and personal journeys at the end of 8 weeks.

Assessment will be done during and after each session. Rules and regulations are to be set.

RULES

1. No lateness to meetings
2. No interruption when someone is on floor
3. Punctuality and regularities should observe

Participation in this group will be based on screening process. The group life is meant to cater for 5-8 members and a short-term period. Its covers eight sessions and the group and will meet every 2 weeks in a semester and for 45 minutes.

SESSION ONE (14/07/2023).

In the first session, the group facilitator exchanged pleasantries with group members by introducing herself first and allowed members to also do same.

Establishing trust and explaining the purpose of the counseling sessions in simple terms.

Building of rapport and establishing trust was done through icebreaker activities.

I encourage open communication and reassure confidentiality again since it is the core rule in counseling and it's can be broken on the part of the counselor due to:

Harm to self

Court Subpoena

When a minor is involved

Harm to other.

The group facilitator reminded them of the rules set during the screening. Group members agreed to meet on Fridays at 2:00pm.

SESSION TWO (21/07/2023)

On the second session, the group members came on time thus adhering to the rules set.

The facilitator welcomed them and appointed Apeti Daniel to pray to commence the session.

After the prayer, the facilitator asked everybody to give a stand on how they learn in school and after school.

Members were able to come out with a lot of contributions, comments and inputs. Every detailed was taken in good faith by the facilitator. The second session came to a close by humbly asking Emmanuella to pray to end the session.

An assignment was given out to members individually to write how they learn in and after school.

The session came to an end at 3:00pm with the members happily saying they would meet the next time on Wednesday.

SESSION THREE (28/07/2023)

It was the third session; as usual the facilitator welcomed them. Facilitator asked members to submit their assignments on how they study in school and out of school. All members were present. Blessing started sharing on how she learns before she comes to school by underlining the important points and words in her notes. Also, there was a psycho education on how feelings and emotions affects how one learns.

Coping strategies such as deep breathing, mindfulness, and journaling was also taught to explore healthy ways to express and manage feelings.

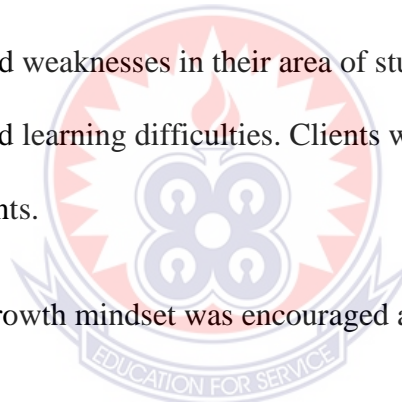
It's got to each of them their turn and every one came out with brilliant ideas. The facilitator did a psycho education on different ways of studying especially in the home. The meeting came to an end as Hannah prayed for the adjournment of the meeting.

SESSION FOUR (11/08/2023)

In the fourth session clients came in on time as usual, pleasantries were exchanged and the meeting started by asking clients to share their progress so far. The session continued by

discussing strengths and weaknesses in their area of study, where they struggle in learning and normalized learning difficulties. Clients were also guided to recognize their strengths and talents.

Self compassion and growth mindset was encouraged and the meeting came to an end at 3:00pm.



SESSION FIVE (18/08/2023)

The meeting started at 2:00 pm as I welcomed clients having a chit chat conversation with them.

Rahaman was asked to pray and he did it in Hausa. Members were very excited after hearing Rahaman praying in his local dialect. The members again were given a chance in turns to disclose how the coping strategies, managing their emotions and journaling was helping them in their learning. Clients were guided in setting realistic and achievable goals related to their learning. Break down larger goals into smaller,

manageable steps and emphasize the importance of perseverance and celebrating progress. The meeting came to a close at 3:00pm with members sharing what they have learnt during the session.

SESSION SIX (25/08/23)

On the sixth session, the facilitator welcomes the group members in a warmth reception. The facilitator asked members to share how they set realistic goals in their learning and the progress they have done so far. Each member spoke since everybody was present that day and explained how setting realistic goals has improved their learning.

Facilitator psycho educated clients on how active listening skills and assertive communication techniques will help them achieve their goals in learning. Role-play scenarios practiced to show how needs and concerns can be expressed. Social and peer-related challenges were also addressed.

SESSION SEVEN (1/09/23)

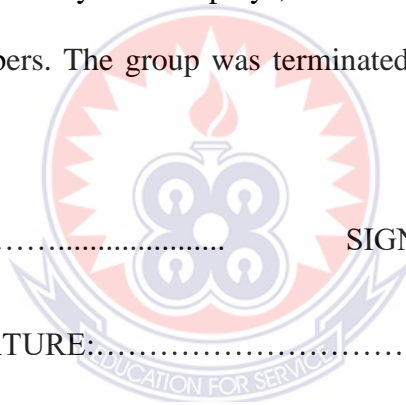
Members were warmly welcomed and talked about the last session and how they able to apply all the techniques taught. Group members confirmed that the techniques and strategies will go a long way to help them learn new ways of studying in school and at home. Facilitator reminded them of the last meeting with them on their next session. Every member was encouraged not to be absent since it. Discussion on the concept of resilience and its importance in overcoming learning difficulties was highlighted, strategies for bouncing back from setbacks and failures were also taught. Alice opted to pray to bring the meeting to a closure.

SESSION EIGHT (8/09/23)

This session was the last session and that day was the termination stage since all members agreed to the termination stage of the group. Members were welcomed by the facilitator and had a chit chat with members. Congratulatory messages were exchanged from members, after which members were asked to share what they gained in the processes. Members talked about how they have been able to stay together, how they have been able to learn new strategies and techniques for combating learning difficulties. The member were very excited, party was thrown for the members. Members shared gifts to each other as a sign of togetherness. The final prayer was said by Rahaman because any time he prays, she always prays in his dialect and that was exciting for members. The group was terminated and the members departed as well as the facilitator.

COUNSELLOR: SIGNATURE:.....

SUPERVISOR SIGNATURE:.....



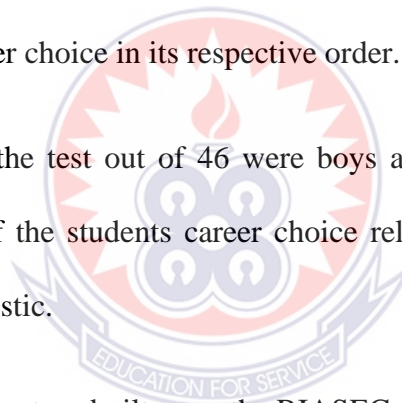
ADMINISTRATION OF TEST

RIASEC TEST

Interpretation of RIASEC test to Aplaku M/A2 Basic School JHS 2 and 3 students on 8th March and the2024 respectively.

The RIASEC test asks questions about your aspirations, activities, skills and interest in different jobs to help you discover careers and fields of study that are likely to satisfy to you. The RIASEC career test is calculated based on the number of ticks assigned to each sentence which is use to determine an individual career choice. After the calculation the highest score in three areas are selected. The three highest letters show each person career choice in its respective order.

100 participants took the test out of 46 were boys and 54 were girls. The analysis shows that majority of the students career choice related to Social and enterprising and the least is in Realistic.



The Strong Interest Inventory built upon the RIASEC career codes (also known as the Holland Codes), which stands for Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E), and Conventional (C).

Realistic (R)

Realistic career ideas:

Carpenter

Construction Worker

Robotics Engineer

Landscaper

Chef / Baker

Delivery Driver

Medical Technician

Investigative (I)

Investigative career ideas:

Scientist

Researcher

Private Investigator

Data Analyst

Software Developer

Forensic Scientist

Journalist

Artistic (A)

Artistic career ideas:

Creative Writer

Visual Artist

Digital Designer

Songwriter

Data Visualizer

Video Producer

Actor



Social (S)

Social career ideas:

Teacher

Counsellor

Marketing Specialist

Public Relations (PR) Specialist

Communications Coordinator

Brand Ambassador

Dancer / Performer

Sales Manager

Enterprising (E)

Enterprising career ideas:

Entrepreneur

Market Researcher

Small Business Owner

Managing Editor

Real Estate Agent

Travel Agent

Consultant

Conventional (C)

Conventional career ideas:

Accountant

Land Surveyor

Medical Coder

Court Reporter

Receptionist

Claims Adjuster

Pharmacist"





Administration of RIASEC text

ANALYSIS OF TEST RESULTS AT APLAKU M/A 2 BASIC SCHOOL

NO	NAME	AGE	GENDER	RIASEC RESULT CODE	
1	Joseph Duvor	18	Male	S.R.I(Health services and human and public services, arts and communication and health services, health services and human and public services)	2
2	Roselyn Gyimah	17	Male	S.R.C(Health services and human and public services, arts and communication and health services, health services and businesses)	2
3	Farida Abubakar	14	Female	A.S.C(arts and communication and public and human services, health services and public and human service, health services and businesses)	2
4	Agyemang A. Amoako	15	female	A.S.E(arts and communication and public and human services, health services and public and human services, business and art and communication)	2
5	Romeo Tetteh	16	Male	R.S.C (, arts and communication and health services Health services and human and public services, health services, Health services and businesses)	2
6	Amponsah Afriyie	14	Male	I.E.C(health services and human and public services, business and art and communication, Health services and businesses)	2
7	Daniel Quaico	21	Male	S.C.R(Health services and human and public services, Health services and businesses arts and communication and health services)	2
8	Abigail koomson	16	Female	R.S.E(arts and communication and health services Health services and human and public services, business and art and communication)	2
9	Albert Yeboah	16	Male	S.C.E (Health services and human and public services, Health services and businesses, business and art and	2

				communication)	
10	Habiba Massawudu	15	female	S.E.R(health services and public and human services, business and art and communication arts and communication and health services)	
11	Josephine Aryee	15	female	E.A.R(health services and public and human services, arts and communication and public and human services, business and art and communication	2
12	Noah Addy	16	Male	R.I.C(business and art and communication, health services and human and public services ,Health services and human and public services)	2
13	Baah K. Asamoah Jnr.	15	Male	R.S.I(business and art and communication, health services and public and human services health services and human and public services)	2
14	Monica Dekpey	15	Female	R.A.S(business and art and communication, business and art and communication, health services and public and human services health services and public and human services)	2
15	Rosemond Sackey	17	Female	R.C.E(arts and communication and health services, Health services and businesses, health services and public and human services)	2
16	Prince Ehurom	15	Male	I.S.C(health services and human and public services , Health services and human and public services, Health services and human and public services)	2
17	Gerald Bentil	16	Male	C.R.I(Health services and businesses, health services and human and public services, arts and communication and health services)	2
18	Daniel Takyie	15	Male	I.R.S(health services and human and public services , health services and human and public services, Health	2

				services and human and public services,	
19	Jessica Badasu	14	Female	A.S.C(business and art and communication, health services and public and human services health services and public and human services, Health services and human and public services)	2
20	Akua Okyerewaa Atiemo	16	Female	A.I.R(business and art and communication ,health services and human and public services , health services and human and public services)	2
21	Beatrice Baubeng	14	Female	I.S.C(health services and human and public services , Health services and human and public services, Health services and human and public services)	2
22	Jacqueline Appiah	17	Female	I.S.C(health services and human and public services , Health services and human and public services, Health services and human and public services)	2
23	Ernestina Acquah	17	Female	A.S.E(business and art and communication, health services and public and human services, , health services and public and human services	2
24	Sadias Bashiru	15	Male	I.A.S(health services and human and public services ,business and art and communication, health services and public and human services)	2
25	Bernice Darko	14	Female	S.E.C(health services and public and human services, , health services and public and human services Health services and human and public services)	2
26	Suma Abubakar	15	Female	S.R.C(Health services and human and public services, arts and communication and health services, ,Health services and businesses	2

27	Faustina Agyapong	15	Female	A.R.S(business and art and communication ,arts and communication and public and human services, business and art and communication)	2
28	Hamdiya Urmar	14	Male	C.I.A (Health services and businesses health services and human and public services ,business and art and communication)	2
29	Oliver Amponsah	15	Male	S.C.R(, Health services and human and public services, Health services and human and public services arts and communication and public and human services)	2
30	Daniel Darko	14	Male	S.C.R(, Health services and human and public services, Health services and human and public services arts and communication and public and human services)	2
31	Janet Nkansah	14	Female	S.E.A(Health services and human and public services health services and public and human services, arts and communication and public and human services)	2
32	Nana Yaa A. Yiadom	16	Female	C.A.E(Health services and human and public services ,arts and communication and public and human service health services and public and human services)	2
33	Godfred Acquah	15	Male	C.R.I(Health services and human and public services, health services and human and public services, health services and human and public services)	2
34	Bernice Arthur	16	Female	I.S.R(health services and human and public services Health services and human and public services, health services and human and public services)	2
35	Janet Nkansah	21	Female	C.S.E(, health services and business, health services and human and public services, health services and public	2

				and human services	
36	Prince Nkrumah	22	Male	A.R.E(arts and communication and public and human services, business and art and communication health services and public and human services)	2
37	Ofusua Pascaline	14	Female	A.S.E(arts and communication and public and human services, health services and human and public services, health services and public and human services)	2
38	Ananjongya Alberta	16	Female	A.S.I(arts and communication and public and human services, health services and human and public services, health services and human and public services)	2
39	Serina Shiabu	15	Female	R.I.S(health services and human and public services health services and human and public services Health services and human and public services,)	2
40	Francis Appiah	16	Male	S.I.A(health services and human and public services, health services and human and public services, arts and communication and public and human)	2
41	Rebecca Dzamson	17	Female	S.E.C((arts and communication and public and human services, health services and human and public services, health services and business)	2
42	Isaac Okyere	15	Male	A.R.S(business and art and communication, arts and communication and public and human services, business and art and communication)	2
43	Joel Gyamfi	17	Male	E.R.C, (health services and human and public services arts and communication and health services, health services and businesses)	2
44	Samuel Quainoo Ampem	14	Male	E.C.I(health services and human and public services, health services and business, health services and human	2

				and public services)	
45	Opuku Agyekum	15	Male	E.A.S(Health services and human and public services health services and public and human services, arts and communication and public and human services health services and human and public services)	2
46	Kelvin Bentil	15	Male	C.I.E(health services and business, health services and human and public services ,health services and human and public services)	2
47	Maria Lamptey	15	Female	I.A.R(health services and human and public services, business and art and communication, health services and human and public services)	2
48		16	Female	R.E(business and art and communication health services and public and human services)	2
49	Felicity Oppong	13	Female	I.C.S((health services and human and public services , Health services and human and public services ,Health services and human and public services)	2
50	Ampem Emmanuel	16	Female	S.R.A(business and art and communication, health services and public and human services health services and public and human services business and art and communication)	2
51	Priscilla Quansah	15	Female	R.A.S(business and art and communication, business and art and communication, health services and public and human services health services and public and human services)	2
51	Priscilla Quansah	15	Female	R.A.S(business and art and communication, business and art and communication, health services and public and human services health services and public and human	2

				services)	
52	Alhassan Arimeyawu	16	Female	A.S.E(arts and communication and public and human services Health services and human and public services health services and public and human services)	2
53	Frimpomaa Jessica	15	Female	S.C.E (Health services and human and public services, Health services and human and public services, health services and public and human services)	2
54	Nasir Mardiya	13	Female	C.I.S(Health services and businesses health services and human and public services Health services and human and public services)	2
55	Assani Matthew	13	Male	A.I.S(arts and communication and public and human services, health services and human and public services, health services and human and public services)	2
56	Mustapha	14	Male	I.S.C(health services and human and public services , Health services and human and public services, Health services and human and public services)	2
57	Akonu Daniel	14	Male	A.S.E(arts and communication and public and human services Health services and human and public services health services and public and human services)	2
58	Yahaya Lawurato	17	Female	A.S.I(arts and communication and public and human services, health services and human and public services health services and human and public services)	2
59	Tawiah Naomi	15	Female	A.S.I(arts and communication and public and human services, health services and human and public services health services and human and public services)	2
60	Amoah	16	Male	A.R.S(, health services and public and human services, business and art	2

	Samuel			and communication, health services and public and human services)	
61	Opoku Samuel	14	Male	A.R.S(health services and public and human services, business and art and communication, health services and public and human services)	2
62	Suzah Alvin	17	Male	R.S.E(health services and public and human services, business and art and communication ,health services and public and human services)	2
63	Radija Eliasu	16	Male	I.S.E(health services and human and public services, Health services and human and public services, health services and public and human services)	2
64	Abdallah Fati	16	Female	A.R.S(health services and public and human services, business and art and communication, health services and public and human services)	2
65	Sumaiya Yussif	15	Female	S.R.I(business and art and communication, health services and public and human services ,health services and human and public services)	2
66	Mohammed Hajara	13	Male	S.E.I(Health services and human and public services, health services and public and human service, health services and human and public services)	2
67	Ismail Jamal	14	Male	I.S.C(health services and human and public services , Health services and human and public services, Health services and human and public services)	2
68	Alhassan Ramziatu	16	Male	R.A.S(business and art and communication, business and art and communication, health services and public and human services health services and public and human services)	2
69	Suleman	16	Male	A.S.C(business and art and communication, health services and	2

	Ibrahim			public and human services, ,health services and human and public services)	
70	Abubakar Ibrahim	15	Male	I.E.R,(health services and human and public services , health services and public and human service, health services and human and public services)	2
71	Elisha k Ampong	19	Female	R.S.E (health services and public and human services, business and art and communication ,health services and public and human services)	2
72	Alfred Yesulolo	17	Male	R.S.E (health services and public and human services, business and art and communication ,health services and public and human services)	2
73	Yaweh Samuel	16	Male	C.E.R(business and art and communication, health services and public and human service, health services and human and public services)	2
74	Ali Mohammed	15	Male	I.S.A((health services and human and public services , Health services and human and public services business and art and communication)	2
75	Bamba Frank	18	Male	S.C.I(health services and public and human services, business and art and communication, health services and human and public services)	2
76	Seidu Mustapha	13	Male	R.A.C(,(health services and human and public services business and art and communication, health services and public and human services	2
77	Yamoah Isaac	15	Male	R.I.A (health services and human and public services health services and human and public services, business and art and communication,)	2
78	Alhassan Basit	13	Male	R.A.S(business and art and communication, business and art and communication, health services and public and human services health	2

				services and public and human services)	
79	Adam Okrah	17	Male	R.I.E(health services and human and public services health services and human and public services, health services and public and human services)	2
80	Shakir Haruna	14	Female	R.S.E (health services and public and human services, business and art and communication ,health services and public and human services)	2
81	Ampah Micheal	17	Male	A.S.R(business and art and communication, health services and public and human services, health services and public and human services)	2
82	Abubakar Abdul rashid	16	Male	C.R.I(Health services and businesses, health services and human and public services, arts and communication and health services)	2
83	Wasila sumaila	15	Female	S.C.E(business and art and communication health services and human and public services, health services and public and human services)	2
84	Mohammed Awal	14	Male	R.S.C(health services and public and human services, business and art and communication , health services and human and public services)	2
85	Abdul M.A Sadat	14	Male	I.R.S(, health services and public and human services ,health services and human and public services business and art and communication)	2
86	Abubakar Awudu	17	Male	R.A.E((health services and human and public services business and art and communication, , health services and public and human service)	2
87	Sumaiya Abdul-	15	Female	I.E.S(, health services and public and human service, health services and	2

	Axix			human and public services Health services and human and public services)	
88	Nafisa Iddriss	15	Female	E.R.S(health services and human and public services arts and communication and health services, , health services and public and human service)	2
89	Marufa seidu	16	Female	I.C.S (health services and public and human services, health services and public and human services business and art and communication)	2
90	Abdul Latif Elias	16	Male	R.E.C(arts and communication and health services, health services and human and public services, health services and human and public service)	2
91	Sumida Kalimu	17	Female	R.S.E(health services and public and human services, business and art and communication ,health services and public and human services)	2
92	Hamza Abdallah	17	Male	S.I.C(health services and public and human services, health services and public and human services business and art and communication)	2
93	Ampiah-Burah Magnus	14	Male	R.I.C(industrial and engineering technology, industrial and engineering technology, industrial and engineering technology)	2
93	Agnes Antwi	14	Female	S.C.A(health services and public and human services, business and health service, arts and communication and public and human health)	2
94	Adu-Nhyira Martin	14	Male	A.E.C(arts and communication and public and human services, health services and public and human services, business and health service)	2
95	Emmanuel Antwi	16	Male	R.S.E(health services and public and human services, business and art and communication ,health services and public and human	2

				services)	
96	Rabinatu Alhassan	14	Female	S.C.E(business and art and communication health services and human and public services, health services and public and human services)	2
97	Agnes Abakah	15	Female	R.A.C(,(health services and human and public services business and art and communication, health services and public and human services	2
98	Ruby Mensah	14	Female	I.C.S((health services and human and public services , Health services and human and public services ,Health services and human and public services)	2
99	Priscilla Cudjoe	16	Female	A.S.R(business and art and communication, health services and public and human services, health services and public and human services)	2
100	Anita Gyan	13	Female	R.A.C(,(health services and human and public services business and art and communication, health services and public and human services	2

ADMINISTRATION OF STUDY HABIT INVENTORY

