

UNIVERSITY OF EDUCATION WINNEBA

**COMPLETE COLLECTION OF CLINICAL PRACTICE SPECIALIZATION
IN GUIDANCE AND COUNSELLING**



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IN GUIDANCE AND COUNSELLING**



**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

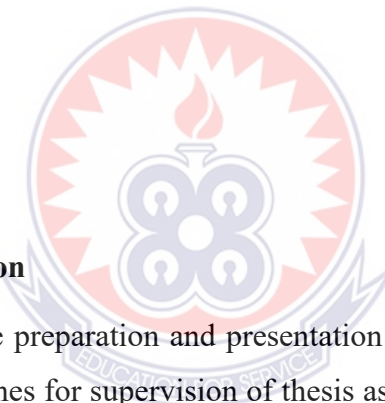
DECLARATION

Student's Declaration

I **Gifty Osei**, hereby declare that except for the references made to other people's work which have been duly cited, this project is the result of my own research, professional learning, and effort. It has neither in whole nor in part been presented to any institution for the award of a degree.

Signature:

Date:



Supervisor's Declaration

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

Supervisor's Name: Dr. Nyuimedi Agordzo Edoh-Torgah (PhD)

Signature:

Date:

DEDICATION

I dedicate this project to God Almighty, for life and his constant protection throughout this journey. I also dedicate this work to my husband (Pastor Daniel Danso) and my children. Thank you for your boldness in pushing me to higher heights, believing in me and for their endless support. Finally, to my clients and all participants I have come across throughout this journey, you all have been wonderful.



ACKNOWLEDGEMENT

First and foremost, gratitude and honor are due to God, the Almighty, for his favor and seeing me through this work. I'd want to convey my heartfelt gratitude to my supervisor, Dr. Nyuimedi Agordzo Edoh-Torgah (PhD), for allowing me the opportunity to work on this project and for providing me with vital assistance throughout the process. Special thanks also to Mrs. Charlotte Myers for being a great impact in my life.

A heart felt appreciation goes to Mrs. Rhoda Lartey who has also shown a great support. And finally, to my family, my solid rock. They have really done the most throughout my education and crowning it with being a great support system during this project. I will choose you over and over again as a family I can call my own.



ABSTRACT

Psychology is the study of the mind and behavior, encompassing various techniques and therapies to help individuals overcome psychological issues and improve their mental health. Psychotherapy is a crucial aspect of psychology, involving talking to a trained therapist to address and work through psychological issues. Common forms of psychotherapy include cognitive behavioral therapy, psychodynamic therapy, and humanistic therapy. Psychological presentations, such as anxiety, depression, mood swings, and disordered eating behaviors, can vary depending on the individual and their specific issues. We used a combination of techniques, such as cognitive restructuring, relaxation techniques, mindfulness exercises, and communication skills training, to help individuals understand and overcome their issues. This practicum included the exploration and use of various psychological techniques in psychotherapy. seminars were also organized to address diverse psychological issues tailored towards participants interests. a total of about 19 clients were given individual psychotherapy, 7 couples therapy and 5 major presentations were organized for over 300 participants during the period of practicum



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY
COUNSELING PRACTICUM

2022/2023

TRACKING PRACTICUM HOURS (GIFTY OSEI)

MONTH	DATE	ACTIVITY	SETTING	# OF HOURS COMPLETE D
Pre-Practicum Meetings				
October	29 th (2022)	Pre-Practicum	In class	2
	28 th (2022)	Pre- Practicum	In class	2
November	1 st (2022)	Pre- Practicum	In class	2
	5 th (2022)	Pre- Practicum	In class	2
	16 th (2023)	Pre- Practicum	In class	2
	10 th (2023)	Pre- Practicum	In class	2
	21 st (2023)	Pre-Practicum	In class	2
	25 th (2023)	Pre-Practicum	In class	2
December	6 th (2023)	Pre-Practicum	In class	2
	9 th (2023)	Pre-Practicum	In class	2
	13 th (2023)	Pre-Practicum	In class	2
Sub-total				22
Case Conceptualisation and Discussion Meetings				
June	14 th (2023)	Practicum progress	PSDC (Practicum site)	2
	14 th (2023)	Practicum progress	Practicum site	2
	15 th (2023)	Practicum progress	Practicum site	2
	16 th (2023)	Practicum progress	Practicum site	2
	16 th (2023)	Practicum progress	Practicum site	1
July	20 th (2023)	Practicum progress	LEKMA Hospital	2
	27 th (2023)	Practicum progress	Practicum site	2
	27 th (2023)	Practicum progress	Practicum site	3
	28 th (2023)	Practicum progress	Practicum site	1:30
	31 st (2023)	Practicum progress	Practicum site	2
August	3 rd (2023)	Practicum progress	Practicum site	2`

	10 th (2023)	Practicum progress	Practicum site	3
	14 th (2023)	Practicum progress	Practicum site	2
	22 nd (2023)	Practicum progress	Practicum site	2
	23 rd (2023)	Practicum progress	Practicum site	1
	24 th (2023)	Practicum progress	Practicum site	2
September	06 th (2023)	Practicum progress	Practicum site	2
	07 th (2023)	Practicum progress	Practicum site	2
	08 th (2023)	Practicum progress	Practicum site	2
	11 th (2023)	Practicum progress	Practicum site	2
	12 th (2023)	Practicum progress	Practicum site	2
	14 th (2023)	Practicum progress	Practicum site	2
December	28 th (2023)	Practicum progress	Practicum site	2
Sub-total				45:30
Lecture Hall presentations				
October	28 th (2022)	Lecture Hall Presentation	Counselling theories(Reality Theory)	1:30
	29 th (2022)	Lecture hall presentation	Counselling theory (Solution-focused brief Theory)	1:30
November	29 th (2022)	Lecture hall presentation	Techniques in counselling	1:30
October	16 th (2023)	Lecture hall presentation	Presentation on the Fore Brain	1:30
	21 st (2023)	Lecture hall presentation	Presentation on Memory and Amnesia	1:30
November	6 th (2023)	Lecture Hall	Presentation on Family Genogram	1:30
	13 th (2023)	Lecture hall presentation	Presentation on Adlarian Family Systems Theory	1:30
Sub-total				10:30

Professional Issues Seminars Attended				
January	7 th (2023)	Resilience to Endure	COP Haatso	2
April	27 th (2023)	Resolving Ethical issues in Counselling	Online	1
April	28 th (2023)	sex in Marriage, Managing stress, emotions and Monitoring	Online	2
July	20 th (2023)	Adjustment Disorder	Lekma Hospital	1
August	3 rd (2023)	Self- Care	Online	1
	28 th (2023)	Adolescent Mental Health and Counselling Course	Online	5
April	28 th (2024)	Communication cycle	online	2
June	29 th (2024)	How to mentally deal with infertility as a couple	Online	2
July	8 th (2024)	Building a Healthy Self-esteem	Online	1:30
		Emotional intelligence	Church of pentecost, Teshie-Nungua	6
Sub-total				23:30 Hours
Crisis Counselling				
August	10 th (2023)	Crisis Counselling	Out of class	2
Sub-total				2:00
Other Direct Services Activity				
14 th June to 14 th September (two hours, two times a week)	Group supervision			48 hours
Sub Total				48 hours
Outreach and Prevention Services (5 presentations)				
June	9 th (2023)	self-wealth	Pentecost Skills Development Centre, Nungua	1:30
Aug.	10 th (2023)	Depression	COP James McKeown	1:30

			Worship Centre, Nungua	
Aug.	22 nd (2023)	Postpartum Depression	COP James McKeown Worship Centre, Nungua	1:30
Aug.	27 th (2023)	Depression	COP James McKeown Worship Centre, Nungua	1:30
Oct.	10 th (2023)	Stressors	Lekma Hospital in Teshie	1:30
Sub-total				7:30 Hours
Other Training Activities (Indirect Hours)				
Process Meetings				3 hours
Preparation for Seminars, Other Activity				4 hours
Sub Total				7 hours
Individual/Couples counselling				
June 14, 2023 - June 21, 2023	10 hours, 30 minutes	Pentecost Skills Development Center		
June 14, 2023 - June 26, 2023	18 hours	Pentecost Skills Development Center		
June 14, 2023 - June 25, 2023	17 hours, 30 minutes	Pentecost Skills Development Center		
June 14, 2023 - July 4, 2023	30 hours	Pentecost Skills Development Center		
June 15, 2023 - June 30, 2023	22 hours, 30 minutes	Pentecost Skills Development Center		
July 27, 2023 - July 31, 2023	6 hours	Lekma Hospital		
July 27, 2023 - August 2, 2023	9 hours	Lekma Hospital		
August 3, 2023 - August 12, 2023	13 hours 30 minutes	Church of Pentecost, James Mckweon Worship		
August 6, 2023 - August 17, 2023	16 hours 30minnutes	Church of Pentecost, James Mckweon Worship		
August 10, 2023 - August 13, 2023	3 hours 30minutes	Lekma Hospital		
August 20, 2023 - September 3, 2023	19 hours 30 minutes	Church of Pentecost, James Mckweon Worship		
August 27, 2023	22 hours 30	Church of Pentecost, James		

– September 11, 2023	minutes	Mckweon Worship	
August 27, 2023 – September 6, 2023	15 hours	Church of Pentecost, James Mckweon Worship	
September 3, 2023 – 12 September, 2023	13 hours 30 minutes	Church of Pentecost, James Mckweon Worship	
September 3, 2023 – 12 September, 2023	13 hours 30 minutes	Church of Pentecost, James Mckweon Worship	
August 28, 2023 – September 1, 2023	6 hours	Lekma Hospital	
September 7, 2023 – November 1, 2023	36 hours	Lekma Hospital	
November 5, 2023 – November 14, 2023	12 hours	Church of Pentecost, James Mckweon Worship	
November 9, 2023 – November 15, 2023	9 hours	Lekma Hospital	
November 10, 2023 – November 22, 2023	18 hours	Lekma Hospital	
January 5, 2024 - January 18, 2024	19 hours 30 minutes	Church of Pentecost, James Mckweon Worship	
January 7, 2024 - January 24, 2024	27hours	Church of Pentecost, James Mckweon Worship	
April 10, 2023 – July 18, 2023	Pre-marital counselling (1 hour 30 mins per session)		
July 7, 2023 – September 22, 2023	Pre-marital counselling (1 hour 30 mins per session)		
July, 14 2023 – October 29, 2023	Pre-marital counselling (1 hour 30 mins per session) counselling		

	Post-marriage counselling		
October 20, 2023 – December 15, 2023	Pre-marital counselling (1 hour 30 mins per session) counselling		
	Post-marriage counselling		
December 30, 2023 – February 9, 2024	Pre-marital counselling (1 hour 30 mins per session) counselling		
December 30, 2023 – February 16, 2024	Post-marriage counselling (1 hour 30 mins per session) counselling		
Sub-total			447 hours, 30 mins
TOTAL PRACTICUM HOURS TRACKED			600 hours, 30 mins



INDIVIDUAL COUNSELLING



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY
CHAPTER ONE
INDIVIDUAL COUNSELLING

This chapter focuses on the various cases seen during the period of practicum. A total of 12 persons were seen during this period with a minimum of three (3) sessions and a maximum of twenty-four (24) sessions. Below are cases presented:

Case Presentation 1

Intake Assessment

demographic data

Name: Hannah Appiah

Age: 21

Marital status: single

Gender: female

Occupation: student

Major language: Akan

Date of 1st Visit: 14th June 2023

General Appearance:

Client is about 1.45m in height and weighs about 50kg of weight. She looks Well-groomed and neatly dressed. The client had an indifferent look

History of presenting problem

Hannah paid a visit to the Pentecost Skills Development Center's counselling unit on June 14, 2023. "Knowing Your Value" was the subject of the presentation I delivered



to the school prior to her arrival. She arrived there independently, without anyone referring her or introducing her.

Presenting Complaint

The client noted that her brother is a cannabis user who is passionate about the drug but is hesitant to receiving advice from his parents. The client mentioned that her brother is a heavy user of cannabis who does not appear to be receptive to advice from anyone, including their mother. During the time when the customer was a senior in high school, her father passed away. According to her, her father expresses his desire to see her and passes away with her name on his lips. Her brother, who had not even completed his junior high school education, had a strong relationship with their father when he was still living. It is now common for him to spend days away from home on occasion. It was reported by her that she need assistance from her brother. During the time when the client was a senior in high school, her father passed away. According to her, her father expresses his desire to see her and passes away with her name on his lips. Her brother, who had not even completed his junior high school education, had a strong relationship with their father when he was still living. It is now common for him to spend days away from home on occasion. It was reported by her that she need assistance from her brother.

Family History

Hannah presently resides with an aunt in Accra for academic purposes; however, prior to that, she shared a residence with her mother and father, where she resided until her father's demise. Her father died during her third year of secondary school. She is the firstborn of the three children that make up their family. She must complete her secondary education while working in a storefront in order to support her mother and

earn a living. Their only other sibling is seventeen (17) years old and a JHS dropout; he is the one who is closest to their father.

Education History

Hannah, who has concluded secondary school, is presently enrolled in the Fashion Design programme at the Pentecost Skills Development Centre in Accra. It will be finished by her in August.

Social History

Hannah noted that the father had a deep affection for her sibling and consistently harbored positive intentions for him in his comments. She stated that her father was always there for her and her siblings and was affectionate and considerate.

Case Formulation:

The information that is now available suggests that her sibling may be using cannabis as a means of coping with the death of their father as well as other challenges in their lives. In some cases, individuals may choose to self-medicate with cannabis in order to alleviate symptoms of anxiety, sadness, or emotional distress.

Case conceptualization

- *Predisposing factors:* Her brother has an issue with accepting their father's death and also the brother sees that he has no one to run to again since the father is no more. To get that kind of belonging pushed him to friends who introduced him to the use of cannabis.
- *Precipitating factor:* Hannah's brother's condition might have come as a result of their father's sudden death which was difficult for the brother to accept.

- *Perpetuating factors:* The client's brother's condition can be attributed to his coping mechanism for the loss of his father. Which has made him depressed and feel lonely.
- *Protective factors:* Hannah can help give change to the brother's cannabis abuse if the brother is ready to stop by himself.

Observations

- *Problematic Cannabis Use:* Consistent and excessive cannabis consumption by the sibling is suggestive of a problem with substance use that could be interfering with his daily life, interpersonal connections, and accountability.
- *Resistance to Advice:* Her brother's resistance to advice may indicate a lack of insight into the consequences of his actions or potentially an unwillingness to acknowledge the problem.
- *Complicated Grief and Loss:* The passing of her father, particularly with his last wishes involving her, might have left emotional scars on the brother. He may be struggling with unresolved grief and loss issues.
- *Educational Disruption:* Her brother's failure to complete junior high school suggests that he may have faced academic challenges or disengagement from the educational system.
- *Escapism Behavior:* Staying out for days can be indicative of escape or avoidance behavior, which may be related to underlying emotional or psychological difficulties.

Treatment plan:

The client and the counsellor will work in collaboration to empower her to help the brother come out of the cannabis addiction by going through some steps to help them with the situation.

- a) *Communication*: Initiate an open and non-confrontational dialogue with her brother to understand his perspective and feelings. She should express her concern and willingness to support him. Engagement and Motivation:
- b) *Build a supportive and empathetic relationship with her brother*: Encourage him to recognize the negative consequences of his cannabis use and motivate him to seek treatment
- c) *Grief and Loss Therapy (Grief Counseling)*: Hannah's brother should participate in grief counselling to address his unresolved grief and loss issues. This can help him work through his emotions and better cope with his father's passing.
- d) *Family Therapy*: Involve her mother and other family members in family therapy to promote a supportive and understanding environment. This can help address family dynamics and provide additional motivation for recovery.

Counselling Theories and techniques used

- Client-Centered Therapy (Person-Centered Therapy):

Client-centered therapy, also known as person-centered therapy, is a form of talk therapy developed by Carl Rogers. This therapy focuses on creating a supportive and nonjudgmental environment for individuals to explore their feelings, thoughts, and experiences. This therapy is considered to create an atmosphere of understanding and acceptance, in helping the client's brother feel comfortable enough to openly discuss their experiences and motivations related to use of the cannabis. Through this process, the client's brother may gain insights into his behaviors and feelings, which could potentially lead to changes in his relationship with cannabis if that's something he desires.

- Motivational Interviewing (MI):

This technique can be a powerful tool for someone looking to help a loved one, like a brother, stop using cannabis. The client might apply MI techniques in this problem by; expressing empathy, which can be done by encouraging the client to approach her brother with empathy and understanding. This will help her communicate a genuine concern for her brother's well-being without judgment. *Develop Discrepancy:* The client was encouraged to help her brother explore the discrepancies between his cannabis use and his personal values, goals, or aspirations.

Roll with Resistance: If the brother shows resistance or defensiveness about quitting cannabis, the client was advised not to engage in arguments but instead explore his reasons for resistance. Help the brother feel heard and understood. *Support Self-Efficacy:* The client was encouraged again to support her brother's belief in his ability to make changes. Also, she should highlight any past successes or strengths he has shown in making changes or overcoming challenges. *Reinforce Positive Steps:* The client was advised to acknowledge and reinforce any positive steps or efforts the brother makes towards reducing or quitting cannabis because positive reinforcement can be a great motivator.

- The Kübler -Ross Grief Cycle:

The Kübler-Ross model is known as the five stages of grief (denial, anger, bargaining, depression, acceptance). This theory was used by first letting the client understand grief this was done by encouraging the client to understand and acknowledge that her brother's cannabis use might be a coping mechanism for dealing with grief. Validate the possibility that the brother might be experiencing various stages of grief. This can mean the brother might be in denial or expressing anger about the father's death. The client was encouraged to gently explore these emotions by asking questions to

understand how the brother perceives and copes with his feelings. The client was advised that she can help the brother recognize any patterns of bargaining (e.g., using cannabis as a way to escape or cope) or signs of depression stemming from unresolved grief. The client can support the brother in finding healthier coping mechanisms that can help him stay away from the use of cannabis. The client was guided to assist her brother in moving towards acceptance and healthy adaptation to the loss of their father. The client was encouraged to open conversations about the impact of cannabis use on his grief process and overall well-being. The importance of patience and understanding throughout the process was emphasized.

- Family structural theory

Family structural theory was developed by Salvador Minuchin, the focus is on understanding the family dynamics, relationships, roles, and boundaries. With the use of this theory, the client was encouraged to examine the family dynamics surrounding the brother's cannabis use. This includes looking at communication patterns, and interactions within the family. The client was assisted in assessing and understanding the roles family members play in the brother's cannabis use. For instance, is there a caretaker enabling his use, or is someone inadvertently contributing to stress? Again, the client was helped to create structures within the family that support the brother's goal to quit cannabis. This could involve setting clear expectations, offering emotional support, and providing resources for alternative coping strategies. The client was advised to seek guidance from a family therapist or counsellor trained in family structural theory. The client was made aware that professional intervention can assist in reshaping family dynamics and fostering an environment conducive to change. Lastly, the client was encouraged to foster Collaboration and Flexibility among family members to support the brother in quitting cannabis. Flexibility in adapting to

changing family roles and dynamics is key to facilitating positive change. All these theories and techniques put together were used in assisting the client to help the brother quit the use of cannabis so that he can make something good out of his life and bring joy and peace to the family.

Treatment Course

The client will be taken through seven (7) sessions including:

- **First Session**

Trust and rapport are the connective tissue for gaining and maintaining healthy therapeutic relationships. It is very prudent for the counsellor to walk the client through rapport building, following administrative procedures. Confidentiality is assured to the client in this session. Other administrative assessments like intake form were filled to get personal details and a brief history of the client was also done. This is to help improve the relationship and trust between the counsellor and the client so that the subsequent session will be successful.

- **Second Session**

Goals for the sessions were established and confidentiality was assured again. The client was helped to give her own goals for the therapy. Hannah was given room to share her problem. She narrated the issue of her brother and that she needed help to bring the brother out of the addiction. Some of the goals that were set include;

- i. Educate the brother about the effects of cannabis on health and daily life.
- ii. Set clear boundaries regarding cannabis use by discussing and mutually agreeing upon these boundaries with the brother to create a supportive environment.

- iii. Recognize triggers that lead to cannabis use and develop alternative coping strategies.
 - iv. Encourage the brother to seek professional help or counselling for quitting cannabis.
- Third Session

During this session, we started to work on Hannah's communication with their brother by using client-centred therapy and the motivational interviewing technique was used. We used the non-directive approach where she understood that she has to have a good conversation with the brother in a non-judgmental way, expressing empathy in her conversation and also showing her supportive efficacy. Lovingly talk to him without a tone of condemnation. We practiced it using the "Empty chair" technique. Hannah was able to do it well with the practice she was taking through.

Assignment after session: Hannah was asked to call the brother and have a talk with him without talking about his act and ask about his well-being showing genuine concern through their conversation. The conversation should be based on him as a person and not his act.

This was to build a kind of empathetic relationship with the brother and also for the brother to trust her so she can offer him the help he needs to stop the use of cannabis.

- Fourth Session

In this session, Hannah came with her face full of smiles. She said the brother responded very well to the call she did and the brother was surprised initially. The brother was not responsive but when he realized she was not talking about the cannabis issue he opened up and they had a great conversation.

With her report from the assignment, we worked on how to build a supportive and empathetic relationship with the brother. We started by learning how Hannah can be an active listener to her brother whenever he calls or comes around to talk to her. We also worked on how she will allow him to express her feelings without looking at him in a judgmental way. This was modelled in the office where the client was asked to play the role of the brother and the counsellor played the role of the client and after that, the client was asked to be her and the counsellor played the role of the brother it went well though there was a little challenge, because when the counsellor mentioned something about substance abuse people which was likely the brother will bring up the face changes a little but we were able to make progress in it.

- Fifth Session

Hannah went through some grief counselling herself using the five stages of grieving of Kubler-Ross therapy. The five stages are denial, anger, bargaining, depression and acceptance.

The importance of grieving was explained to Hannah and she realized that they did not grieve their father's death. Hannah agreed that the brother indeed needs to go through the grieving counselling but since the brother was not close to us Hannah said they have to get someone close to help him go through it. Hannah was made aware of the termination of the session very soon.

Assignment for the session: Hannah was asked to call the brother and ask him if he sometimes misses the father and if yes how he copes with it when he feels that way.

- Sixth Session

Hannah was asked how the assignment went and she said that the first time she asked about their father, her brother said he was not ready to talk about that but when she persisted on the third day her brother broke down in tears on the phone telling how much he misses their father and wished he was still with and that if he was here, he knows he will not end up the way he was.

In this session, Hannah was made aware of the importance of their mother's and other family members' involvement in the whole issue to help the brother come out of addiction. Hannah was asked which family member he thinks can be very supportive in the process. She said the mother and the elder brother of their father so I asked to speak with them and explain the situation to them. After speaking to them they hesitated in the beginning saying that the boy is quite stubborn but after a proper explanation and letting them understand what the boy was going through, they were all ready to give their maximum support. Hannah was reminded again of the termination of the sessions in our next meeting

- Seventh Session

Hannah made a summary of all we had gone through and gave an update on how the family was now ready to give the brother all the necessary support he would need through the process of change. They were ready to take him to a rehabilitation centre if the need be.

Hannah is now confident enough to support her brother and build very good communication with him.

The session was terminated during the seventh session. But once in a while, Hannah calls to give an update on the brother. Hannah says the brother is picking up gradually although there have been a few relapses he is doing well.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case presentation 2

Intake assessment

Demographic data

Client name: Joyce Tetteh

Client Age: 20 years

Occupation: student

Gender: female

Marital status: Single (Cohabiting)

major languages: Ga, English and Twi

General Appearance of client:

she is 1.70m in height and weighs about 80kg. she looks well-groomed and neatly dressed. The client's mood was indifferent. She is a student of Pentecost Skills Development Center at Nungua -Accra but she stays at James town also in Accra.

History of Presenting Problem

Joyce visited the counselling unit set up at the Pentecost Skills Development Center school on the 14th June 2023. She came after a presentation to the school on the topic 'Knowing Your Value. She came to the unit on her own without anyone forcing or referring her.

Presenting Problem

The client expressed her unease regarding her relationship with the man who is likely to be the father of her child. It has been reported by the client that she and her companion are engaging in fraudulent activities on the internet and having

extramarital affairs. By reading his communications with the women with whom he had affairs, the client asserts that she was able to discover his perjury. There have been two miscarriages that have occurred as a direct result of the boyfriend's persistent physical abuse and occasional compulsion into engaging in sexual relationships. According to her, she is currently in need of aid with the growth of her self-esteem and independence in order to become a lady of significance outside the confines of her secondary school experiences.

Family History

According to Joyce, she hails from a family that is economically disadvantaged, and she and her six siblings all live in the same room in James Town. Her family consists of seven siblings, and she is the oldest of them all. She decided to move in with her lover in order to get some relief from the tight constraints, and she did so because of an emergency situation that occurred in her family. In addition to helping her father sell the fish that he captures while fishing, the mother also has a job as a modest trader. It is her father who is a fisherman.

Education History

Joyce has completed Senior High School and currently attending the Pentecost Skills Development Center in Nungua- Accra learning hairstyling, braiding and cosmetology. She is completing in August and will graduate in September.

Social History

Joyce disclosed that she began romantically involved with her current partner at the age of nineteen (19). She attributed this decision to both peer pressure and her parents' inability to provide financial support. She reported that she observed every one of her peers having a significant other, and that whenever they gathered, they would discuss the benefits of having one. Once more, the boyfriend initially supported her in the

relationship with the fraudulent funds, but he now uses them on other women instead of showing her the same concern he used to have.

Case Formulation

Joyce has disclosed that she is involved in an abusive relationship, which has had a detrimental psychological impact, ultimately leading to a diminished sense of self-worth. In addition to enduring physical violence, Joyce has been struck by emotional distress since learning of her partner's adultery. Furthermore, she has experienced two miscarriages as a result of coerced sexual activity; thus, she seeks assistance in establishing self-confidence and attaining economic autonomy following graduation.

Case Conceptualization

- *Predisposing Factor:* Joyce's family background, peer pressure, lack of support and dependency on her partner, collectively influenced Joyce's choices and circumstances, potentially making her more vulnerable to entering and remaining in an unhealthy and abusive relationship. Understanding these factors is crucial in helping her navigate toward a healthier and more empowered future.
- *Precipitating Factor:* The discovery of her boyfriend's infidelity, physical abuse, and forcing her for sex which led to two miscarriages and a change in her boyfriend's behavior are likely what intensified her distress and urgency, prompting her to seek assistance in building self-esteem, gaining independence, and breaking away from the abusive relationship.
- *Perpetuating Factors:* The circumstances that are worsening or maintaining the problematic situation are; continuous abuse and maltreatment which is making it challenging for her to break free from the cycle of abuse. Also, financial dependency and neglect from the boyfriend contribute to her feeling

powerless and dependent on the boyfriend. Isolation and lack of a support system that can offer her guidance or assistance are also contributing to her feelings of being trapped within the relationship and limiting her access to resources that could aid in breaking away from the abuse. The emotional toll of the abusive relationship impacts Joyce's self-worth and self-esteem creating a cycle where Joyce feels undeserving of better treatment or unable to envision a life beyond her current circumstances. Lastly, continuous traumatic experiences such as miscarriages due to forced sexual activity, are making it challenging for Joyce to heal and move forward.

- *Protective factors:* Among all the challenges that the client Joyce is facing several factors can offer potential avenues of support and empowerment for her. These factors include her education at the Pentecost Skills Development Center which will equip her with skills that can potentially lead to her financial independence and provide her with alternative career pathways. Also, her desire for change which led her to seek help in building her self-esteem, and strive for independence after graduation demonstrates her resilience and determination to create a better future for herself and her child. Lastly, her career prospects after completion of her skills training, she has the opportunity to establish herself in a career that provides financial stability and independence, which can serve as a support for her against reliance on her partner.

Observation

- a. *Cycle of Abuse:* Joyce is caught in a cycle of abuse, facing physical maltreatment, coercion, and emotional trauma within her relationship. The abuse escalates, contributing to a cycle of distress and trauma.

- b. *Vulnerability and Dependency*: Her initial dependence on her boyfriend for financial support led to a dependency that evolved negatively. His neglect and diversion of resources generated her vulnerability and financial instability.
- c. *Resilience and Determination*: Despite facing adversity, Joyce demonstrates resilience by seeking assistance to build self-esteem and achieve independence. Her pursuit of education and desire for change illustrate her determination for a better future.
- d. *Social Pressures and Lack of Support*: Social pressures, including peer influence and lack of parental financial support, influenced her decision-making, leading her into a relationship she thought would give her stability. The absence of a robust support network amplifies her challenges.
- e. *Educational Progress*: Joyce's educational pursuit offers hope for a potential pathway to financial independence through the skills she's acquiring in hairstyling and cosmetology.
- f. *Psychological Impact*: The trauma from physical abuse and forced sexual activity resulting in miscarriages has deeply affected Joyce's emotional well-being, contributing to low self-esteem and emotional distress.
- g. *Seeking Support*: Joyce's decision to seek counseling and assistance signifies her acknowledgement of the need for change and support in breaking away from the abusive relationship.

Treatment Plan

The client and the counsellor will work collaboratively by going through set goals and interventions that will help to improve her self-esteem and have an independent life from her abusive relationship. Things that will be addressed during the counselling include the following;

Treatment goals which include

Safety and Immediate Support: Ensure Joyce's safety by connecting her with local organizations specializing in domestic abuse for safety planning and emergency support. (DOVVSU)

Trauma Recovery and Emotional Healing: Weekly counseling sessions focusing on trauma-informed therapy to address emotional distress, build coping mechanisms, and facilitate healing from past traumas.

Self-Esteem Building and Empowerment: Implementation of empowerment-focused counselling techniques to boost her self-esteem, promote self-worth, and help her envision a future where she feels empowered and confident.

Career Planning and Financial Independence: Assist Joyce in career planning and job readiness by leveraging her skills in hairstyling and cosmetology. Help her explore opportunities for financial independence after graduation from the school. Like financial institutions that give help to upcoming artisans and even the district assembly.

Also, intervention plans which include

Therapeutic Approach: The use of trauma-focused therapy, cognitive-behavioural techniques, and empowerment-focused counseling sessions will be used to address emotional trauma, build resilience, and develop healthy coping strategies.

Goal Setting and Action Plans: The counsellor will collaborate with Joyce to set achievable short-term and long-term goals focusing on personal growth, career development, financial stability, and healing from the abusive relationship.

Skill Development and Career Guidance: The client will be given support in leveraging her skills from the cosmetology training to explore job opportunities, internships, or entrepreneurial ventures that align with her career aspirations.

Community Engagement and Support Networks: Encourage active participation in workshops, and community activities tailored to victims of abuse or women's empowerment to provide ongoing guidance and a supportive network. Monitoring and follow-ups will continue periodically even after the termination of counseling sessions.

Counselling Theories and Techniques Used

- *Traumatic Focus-Cognitive Behavioral Therapy (TF-CBT)*

TF-CBT is a conjoint treatment developed by Cohen, Mannarino, and Deblinger that uses cognitive-behavioral principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioral problems. Since this approach integrates cognitive-behavioral techniques with trauma-focused interventions, it will help Joyce process traumatic experiences, manage distressing emotions, and challenge negative thought patterns associated with the abuse. The techniques that will be used here are relaxation and grounding exercises to help her manage distress and develop a sense of stability when discussing traumatic experiences. Also, cognitive restructuring is done to help her reframe negative thoughts.

- *Solution Focus Brief Theory (SFBT)*

SFBT emphasizes identifying solutions and strengths rather than focusing on problems. In this case, this theory was applied by identifying goals and preferred future, highlighting exceptions and strengths, scaling questions and progress monitoring, setting small achievable goals, resource-oriented questions, miracle

questions and future-oriented imagery, scaling progress and acknowledging achievements, and developing action steps.

- *Mindfulness-Based Stress Reduction (MBSR)*

MBSR can be highly beneficial in managing stress, regulating emotions, and fostering a sense of empowerment. Encouraging regular practice of mindfulness techniques can equip the client with effective stress management tools, promote emotional regulation, and enhance the person's sense of control and empowerment in dealing with challenging situations. Integrating mindfulness into the client's daily routine can contribute positively to the person's overall well-being and resilience.

- *Psychoeducation and Safety Planning*

Psychoeducation and safety planning are essential components to empower the client with knowledge and resources to ensure the person's immediate safety and well-being. By providing psychoeducation on domestic abuse, collaborating on safety planning, and offering information on support services, the client can become more informed, empowered, and better equipped to navigate her situation safely. Regularly revisiting and updating the safety plan ensures that it remains relevant and effective in addressing the person's needs and concerns.

Treatment Course

The client will be taken through twelve (12) sessions due to the combination of events contributing to her problematic situation. Every session lasted for forty-five minutes to an hour

Activities for each session.

First Session (filling of intake form)

Trust and rapport are the connective tissues of gaining and maintaining a healthy therapeutic relationship. It is prudent for the counsellor to walk the client through

rapport building. During this session, the intake form was filled together with the client to get the bio-data of the client as well as some background information which will help in the therapeutic session. Confidentiality was also assured as well as the limitations to which confidentiality can be broken. This session is very important because it can determine the success of the subsequent sessions.

Second Session (Exploration of client's case)

During this session, the client was allowed to share the problem that brought her to the counselling unit. Questioning was used to explore more into her issues. Also, reflections were made on both her feelings and the content of her presentation. Again, clarification was sought on some of the things she said to be able to get the impulse of her information to know what was her problem. Paraphrasing was also employed to be able to understand her well in the submission of her problem.

Third Session (Setting of Goals)

In this session, various goals were set for the entire counselling session. This will give the guide and direction for the subsequent sessions. The client was guided to give her goals for the therapy. The client mentioned that her goal is to be able to come out of the abusive relationship and also, she was to be independent financially after school. With her goal, goals for the therapy were set together with the counsellor.

Fourth Session (Intervention)

This is the session where the goals and interventions discussed under the treatment plan together with the goals set in the previous session together with the theories and techniques were implemented. The first intervention that was addressed was to guide her to assess safety supports that can help ensure Joyce's safety by connecting her with local organizations specializing in domestic abuse for safety planning and emergency support. The client was introduced to the domestic violence wing of the

Ghana Police Service, DOVVSU. She was directed to her community Police Station to make a complaint so that the Boyfriend could be brought to order. This was to give her support against the boyfriend. Again, a suggestion was made for her to inform the family about the abuse she was going through in her relationship. A summary of the session was made by both the counsellor and the client.

The client was asked to bring feedback after contacting DOVVSU and the family so that the way forward could be decided in the next session.

Fifth session (intervention continued)

Feedback from the assignment of the previous session was discussed. From what the client said DOVVSU invited the boyfriend and was given a warning that if she comes to complain again, he will be arrested. Also, the family was ready to accept her back home so that the abuse could be avoided totally because according to her they believed that he was abusing her. After all, she was staying with him and was depending solely on him. This was impressive feedback.

The second intervention that was handled was going through a traumatic recovery and emotional healing process by using the Trauma focus-cognitive Behavioral theory. This was to address emotional distress, build coping mechanisms, and facilitate healing from her past traumas. A comprehensive assessment was done of Joyce's traumatic history which helped in identifying triggers, symptoms of distress, and her current coping mechanisms. A safe space was created where she could gradually recount her traumatic experiences. She was asked to write and verbally express her experience. She was encouraged to process these experiences, validating her emotions and helping her reframe distorted thoughts associated with the trauma.

Assignment: Joyce was asked to write down her traumatic experiences and verbally express them as well.

Sixth Session (intervention continued)

Joyce presented the assignment but she had negative thoughts about the whole thing. Cognitive Restructuring was done to Identify and challenge the negative thoughts or beliefs that she has developed due to the trauma. Joyce was helped to recognize and reframe these thoughts to reduce their impact on her self-worth and future relationships. Joyce was taught some coping skills such as relaxation techniques, mindfulness exercises, and emotional regulation strategies to manage distressing emotions and triggers. Work was done on building Joyce's sense of safety and self-esteem by reinforcing positive affirmations, self-care practices, and assertiveness training.

Gradually, the trauma narrative and sessions were closed by reviewing the progress made, emphasizing Joyce's strengths and resilience. Joyce was equipped with some tools to handle potential triggers and stressors in the future.

Seventh Session (intervention continued)

Self-esteem building and empowerment-focused counselling techniques were implemented to boost self-esteem, promote self-worth, and help Joyce envision a future where she feels empowered and confident. This was implemented by the use of solution-based therapy. Scaling questions were used to engage Joyce's feelings regarding her self-esteem, independence, or safety. For example, she was asked on a scale of 1 to 10, where do you see yourself in terms of feeling confident in your abilities to build a better future?

The counsellor collaborated with Joyce to set small, achievable goals that align with her aspirations. These were related to improving her self-esteem and exploring her career opportunities. The conversation was directed towards resources Joyce possesses or can access that might help her achieve her goals. This involved questions

like, "What strengths or resources do you have that could help you in achieving your aspirations?". It came up that she could start her hair styling business in their home by first doing the hair-free for friends for the first time and start charging when they come again.

Eighth Session (intervention continued)

Career planning was the next intervention that was discussed. In this session, SFBT was implemented. Joyce was engaged in a conversation about her preferred future, exploring what she envisions for herself after graduation and beyond. This included questions like, "What are your hopes for yourself after completing your skills training?". Resources were explored as to how to get herself established after school and gradually build on it to get a better future. The counsellor collaborated with Joyce to set small and achievable goals that align with her aspirations, based on her answer to the question asked earlier. Regularly, the scale questions were revisited to assess progress. Minor achievements and strengths that Joyce demonstrated during the sessions or in her life were celebrated. Joyce was encouraged to identify specific actions she could take towards her goals and she was assisted in breaking down these actions into manageable steps that will help her execute her plans.

Ninth Session

During this session, there was a review of her progress so far from the beginning of the entire therapy session. The termination of the session was made known to the client that the therapy session would be ending formally by the end of the next three sessions. There was an assessment of the achievement of therapy goals this was done to identify any remaining goals or areas where further work on it might be beneficial. A relapse prevention plan was done by outlining strategies to manage potential triggers or setbacks she might encounter after therapy ends. Coping skills for ongoing

support were taught and reinforced. Also, she was encouraged to call the counsellor when it becomes difficult to cope.

Tenth Session

Discussion on future plans and goals was done for Joyce by exploring opportunities or resources available after the therapy. She was encouraged to continue to be connected with the NGO that sponsored her training for continued assistance if needed. An opportunity was offered to Joyce to provide feedback on her therapy experience. Discussion was done on any unfinished topics or concerns, ensuring a sense of closure.

Eleventh Session

During this session the final summary of key things learnt was done, as well as reinforcing strengths, and appreciation was expressed for her efforts and commitment to the therapy sessions. Again, the client was informed that the therapy session would be terminated in our last session.

Last Session

Information was provided on how Joyce can reach out if she feels the need for additional support. With this, the therapy session was terminated formally by appreciating her again for her effort and commitment. Joyce still calls once in a while to give me feedback on her progress.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case presentation 3

Intake assessment

Demographic data

Client name: Zenith Nertey

Client Age: 33

Gender: Female

Marital status: Cohabiting

Location: Dansoman and James Town

languages spoken: Ga, Twi and English

occupation: student (Pentecost Skills Development Center at Nungua -Accra)

General Appearance of client:

She is about 1.4m in height and 76kg in weight. She appeared well-groomed but she looked sad.

History of Presenting Problem

Zenith came to the counselling unit at the Pentecost Skills Development Center on 14th June 2023. She came there on her own without anyone referring or bringing her there.

Presenting Problem

Zenith began by saying she has two children ages fourteen (14) and three (3) years both are girls. According to her, the fourteen-year-old girl's father died about three years ago and currently living with the three-year-old's father. The problem is that the man he is living with who is her child's father is not accepting her older daughter as his own and because of that he is not ready to take care of her. Her reason for saying that is when the elder daughter comes to where they are staying, he does not make her

feel comfortable and she can't even enter their room when the man is around. He makes my daughter always feel like a visitor. She wants her children to be together since she is a mother, she does not want the children to be separated. Zenith said any time she asks for money for the children's upkeep it becomes a problem between them. According to her, the man is very controlling. Asking for financial support makes him angry and insults me but when I don't ask and give them money on my own, he becomes friendly towards me. Denying him of sex will also make him angry and he will leave the house for days to his other wives. The reason for denying the sex is that he likes sex too much and he wants to do it every day which I cannot give him. She says if she gets well-established, she will leave the man she is living with. Again, she is very angry with her mother for the way she is treating her and her mother is very irresponsible.

Family History

Zenith has lost her father who was very caring and was providing almost all their basic needs for them. Her mother is alive but from her statement, she does not care about them and is not bothered about how she is being treated. To her, she thinks if the father was still alive all the things, she is going through wouldn't have happened.

Education History

Zenith has completed Junior High School. She is currently pursuing fashion design at the Pentecost Skills Development Center at Nungua. In addition to that she is into petty trading.

Social History

Zenith is always with friends and other family members since the mother has not had time for her since childhood. For now, her life is also built around her children and

wants to spend maximum time with them since they are her source of joy. Her guy that not have time for her because when he is at home he is always with his phone.

Case Formulation

From the information given, Zenith is a mother of two girls, facing complex challenges. Her partner rejects her older daughter and treats her as a visitor when she visits, which creates tension. Financial dependency and the controlling attitude of her partner strain their relationship with her partner becoming controlling, angry, and insulting when asked for financial assistance. Sexual issues also arise, as her partner's demands for frequent sex cause conflict when Zenith is unable to meet them. Zenith feels a sense of anger towards her mother, who she perceives as irresponsible and uncaring. Her mother's neglect adds to her emotional burden. She finds solace in her children, education, and social support. Zenith seeks counselling to explore coping strategies, enhance communication skills, and develop a plan for her future. To improve her life, interventions should prioritize her children's well-being, her financial independence, setting relationship boundaries, and addressing past emotional trauma.

Case Conceptualization

Predisposing Factors: The factors that are contributing to Zenith's current condition include; loss and grief which is the sudden loss of her eldest daughter's father may have created emotional distress and instability within the family, impacting the dynamics between Zenith and her current partner. Also, Lack of parental support when growing up from a mother who has not been involved or caring. Financial dependency is also another factor, because she relies on her partner for financial support may leave her feeling vulnerable and powerless, as well as affecting the power dynamics within the relationship. Cultural norms and expectations can also be

a contributing factor if Zenith's partner comes from a culture or community where traditional gender roles and expectations are prevalent, it may contribute to his refusal to accept responsibility for Zenith's older daughter and his controlling behaviour towards her. Lastly, Communication and relationship skills between Zenith and her partner can further exacerbate their difficulties in addressing and resolving their issues.

Precipitating factor: The precipitating factor appears to be the rejection and discomfort her current partner exhibits toward her older daughter. This particular behavior is the immediate trigger or catalyst for the intensified strain in their relationship and Zenith's overall predicament. Her partner's refusal to support Zenith financially unless it's done on his terms further creates additional stress and power imbalances, making Zenith more susceptible to control and manipulation. Also, her partner's insistence on unwanted sexual activity and emotional manipulation when denied creates further strain in their relationship, adding to Zenith's emotional distress.

Perpetuating factors: Zenith's lack of a strong support system, can make it difficult for her to seek help or find guidance when facing challenges. If Zenith has low self-esteem or does not recognize her value, she may struggle to assert herself, make necessary changes, or set boundaries within her relationship or personal life. Persistent negative thoughts and self-talk can contribute to maintaining feelings of depression and anxiety, making it harder for her to break free from the cycle of distress. Her partner's emotional manipulation and insistence on sex as a tool for control perpetuate the strain in their relationship. This cycle of pressure, followed by conflict or isolation when denied, maintains a toxic dynamic. Being in a codependent relationship where she feels overly dependent on her partner, it can be challenging for

her to break free from the toxic dynamics that perpetuate her distress. Financial difficulties or dependency on her partner for financial support can become a significant perpetuating factor, making it harder for Zenith to leave an unhealthy relationship or seek professional help.

Protective Factors: Zenith's deep love and commitment to her children serve as a powerful protective factor. Her dedication to providing a better life for them motivates her to seek positive changes and stability. Finding solace and support in her friends and extended family offers emotional support, advice, and a sense of belonging, providing a supportive environment for her and her children. Involvement in pursuing education at the Pentecost Skills Development Center and engaging in petty trading showcases her determination to improve her circumstances. These endeavours offer avenues for skill development and potential financial independence. Despite facing adversity, Zenith demonstrates resilience and determination. Her willingness to seek help and pursue opportunities for a better life highlights her strength in overcoming challenges. Her recognition of the unhealthy aspects of her relationship, such as manipulation and control, can serve as a protective factor. This awareness may empower her to seek interventions or support to address these issues.

Observations

- *Interpersonal Dynamics:* There's visible tension and discomfort in the relationship between Zenith's partner and her older daughter. This tension creates a palpable atmosphere of rejection and exclusion when the daughter is around.
- *Financial Control and Dependency:* She faces significant financial dependency on her partner, leading to power imbalances and control issues.

Discussions about money lead to tension and conflict, affecting the stability of the relationship.

- *Emotional Manipulation and Pressures:* Zenith experiences emotional manipulation from her partner, especially concerning intimacy. There's a clear pattern of conflict arising when Zenith denies her partner's sexual advances.
- *Limited Maternal Support:* Zenith feels unsupported and neglected by her mother, adding to her emotional burden. This lack of maternal support contributes to her sense of isolation and emotional distress.
- *Resilience and Determination:* Despite the challenges, Zenith remains dedicated to her children, education, and entrepreneurial pursuits. Her commitment to improving her circumstances showcases her resilience and determination.
- *Social Support and Coping Mechanisms:* Zenith finds solace and support within her social circle and extended family. This network serves as a crucial source of emotional support and guidance for her.

Treatment Plan

The client and the counsellor will work collaboratively by going through set goals and interventions that aim to help address Zenith's emotional well-being, financial independence, relationship dynamics, and support systems. The goal is to empower her to create positive changes in her life and provide her and her children with a safe, nurturing environment. The treatment plan includes;

- *Counseling and Emotional Support:* Individual Therapy will offer regular counseling sessions to address her emotional distress, and trauma from past experiences, and to build coping mechanisms. Also, she will be taken through trauma therapy which focuses on processing

her grief over the loss of her older daughter's father and any emotional scars from her upbringing.

- *Financial Empowerment:* Financial Counseling will be given to provide guidance on budgeting, financial planning, and saving strategies to reduce dependency on her partner. Skills development programs will be encouraged to offer courses or workshops to enhance her entrepreneurial skills, aiding in building a sustainable income source.
- *Educational and Career Advancement:* Advice will be given on resources or scholarships for further education or vocational training to expand her career opportunities like COVET and TVET.
- *Social Support Network Strengthening:* Zenith will be encouraged to build a support system by continued engagement with friends and supportive family members to enhance her emotional support network.
- *Monitoring and Review:* Regular Follow-ups will be Scheduled for periodic check-ins to monitor progress, address any emerging issues, and modify the treatment plan as needed.

Counselling Theories and Techniques Used

1. *Cognitive Behavioral Therapy (CBT):* Addressing her negative thought patterns regarding her relationship, finances, and self-worth. Changing these beliefs and behaviors can positively impact her decision-making and coping strategies. CBT techniques can also be used to address financial stress, guiding Zenith to reframe thoughts about money, dependency, and building financial independence

2. *Trauma-Focused Therapy*: As Zenith has experienced grief from the loss of her older daughter's father, trauma-focused therapy, such as narrative exposure therapy or trauma-focused CBT, can help her process and heal from this loss.

3. *Solution-Focused Therapy*: This therapy will be used in identifying and building upon Zenith's strengths, emphasizing her dedication to her children and her commitment to education and entrepreneurship.

4. *Supportive Counseling and Mindfulness Techniques*: This technique will be used in providing a supportive space for Zenith to express her emotions and concerns while integrating mindfulness-based stress reduction techniques to manage stress and anxiety.

5. *Motivational Interviewing*: this technique builds empathy and creates an open-ended conversation between the client and the therapist; therefore, this will be used in helping Zenith explore her motivation for change, particularly regarding pursuing education, skill-building, and seeking financial independence. With this, open-ended questions, reflective listening, use of affirmations, eliciting motivational statements and reframing are some of the underlining techniques that will be used during the counselling session.

Integrating these theories and techniques based on Zenith's needs and preferences is crucial, ensuring a personalized and empathetic therapeutic approach.

Treatment Course

The client will be taken through ten (10) sessions based on the complexity of her issues. Every session lasted for forty-five minutes to an hour

Activities for each session

- *First Session (filling of intake form)*

Trust and rapport are the connective tissues of gaining and maintaining a healthy therapeutic relationship. It is prudent for the counsellor to walk the client through rapport building. This was done by creating a welcoming environment for the client to feel comfortable in sharing her problem with the therapist. During this session, the intake form was filled together with the client to get the bio-data of the client as well as some background information which will help in the therapeutic session. Also, during this session, the structure of the whole counselling procedure was made known to the client, by letting her know the number of sessions as well as the duration for each session. Confidentiality was also assured as well as the limitations to which confidentiality can be broken. This session is very important because it can determine the success of the subsequent sessions.

- *Second Session (Exploration)*

Zenith was allowed to share the problem that brought her to the counselling unit. A conducive environment was created for her to feel free to share all that was a worry to her. This was done by assuring her that whatever she would not be judged or condemned based on what she was about to share. Open-ended questions were used to help her talk more to bring most of the issues out which helped in accessing her situation. Zenith was allowed to express her emotions as she was sharing her problem. Clarification was used to get more understanding of the things she was telling the counsellor. Reflections were also used to help reflect the content as well as her feelings. These helped in the exploration of her problem very well. During this session, Zenith made it clear how stressed she was with the treatment given to her elder daughter when she came around and how the death of her father has also

affected her in so many ways. Exploration was done on how her past experiences might be influencing her current thoughts and actions. Reflection on her thoughts, emotions, and behaviors in different situations, helped in fostering self-awareness.

- *Third Session (setting of Goals)*

Goals were set in collaboration with her. These goals aim to address various aspects of Zenith's life, empowering her to navigate her challenges, improve her circumstances, and foster growth and resilience for herself and her children. The goals that were set include;

- Developing a healthy coping mechanism to manage stress, anxiety, and emotional distress related to her relationship dynamics and financial strain.
- Increasing self-worth and assertiveness which will enable Zenith to establish boundaries and advocate for herself and her children in her relationship
- Work on financial planning, budgeting skills, and exploring avenues for increased financial independence, reducing reliance on her partner.
- Address unresolved grief from the loss of the older daughter's father and any past traumas, facilitating healing and closure.
- Foster effective parenting techniques, ensuring a nurturing and supportive environment for both children.
- Enhance self-awareness, identifying triggers and building resilience to navigate challenges effectively.
- *Fourth Session (Intervention)*

During this session, a collaborative and supportive atmosphere was maintained to ensure that Zenith felt empowered and engaged in her progress. This session was aimed at implementing strategies that will facilitate progress towards Zenith's

counselling goals. The treatment plan together with the goals set with the theories and techniques were implemented. The first intervention that was discussed was to help her develop a healthy coping mechanism to manage stress, anxiety and depression. With this, we employed the use of Supportive Counseling and Mindfulness Techniques. In this session what we did was to first offer her support and guidance as well as suggestions and practical advice within a supportive framework, which was aimed to assist her in navigating her challenges. This was done by offering encouragement, positive feedback, and affirmations regarding her strengths and efforts that can boost her self-confidence and motivation by picking from her submission the thing she did well and how she has been able to cope and fought for her children to date. Also, her enrolling into a vocational school to train herself was a good and encouraging step she took. With this, she was also encouraged to also continue to engage in daily activities like eating and washing without distraction. A summary of the session was done by both Zenith and the counsellor and the session was ended to be continued the following week.

- *Fifth Session (intervention con't)*

A short recap of the previous session was done. The next intervention we worked on was to increase self-worth and assertiveness which will enable Zenith to establish boundaries and advocate for herself and her children in her relationship. The theory used for this session was cognitive behavioral therapy. This was used to help address her negative thought patterns regarding her relationship, finances, and self-worth. During the session some negative beliefs Zenith holds about herself, her abilities and the relationship were identified and challenged. This was done by encouraging her to reframe those negative thoughts into more positive and self-affirming beliefs. She was taken through some assertiveness techniques such as "I" statements, clear

communication, and boundary setting. A role-play exercise was done to practice assertive communication in various situations she encounters in her relationship. The role-playing allowed Zenith to rehearse assertive communication with the use of the 'I' statement and knowing how to remain calm when addressing issues. Zenith was encouraged to develop self-compassion and self-acceptance, acknowledging her strengths and vulnerabilities without self-criticism. Also, she was encouraged to integrate mindfulness to increase awareness and acceptance of her thoughts and emotions without judgment.

Assignment: Zenith was asked to allocate 10-15 minutes each day for reflection and affirmation as well as write down at least three positive affirmations about herself, her abilities, or her worth. This was to be presented in the next session.

- *Sixth Session (Intervention con't)*

The assignment from the previous session was presented by Zenith. She was asked how she felt by doing that exercise and she answered that it was good because it made her feel that she has something good in her that she can fight for and also help her stand up for children anytime.

The next thing that was discussed was to work on her financial planning, and budgeting skills, and explore avenues for increased financial independence to help reduce reliance on her partner. At this point, her trading business was explored to know how much profit she made from it and how the business was funded. With this, it was known that much was not made from it because she sold them in front of someone's shop and even with that when she is not around and in school, she cannot sell, which was rather bringing loss than profit. Zenith's beliefs about money, financial stability, and her perceived limitations in managing finances were explored these beliefs were challenged by encouraging her to challenge any negative or limiting

beliefs that hinder her financial independence. Zenith was helped to define clear and attainable financial goals (e.g., saving a specific amount, reducing expenses). These goals were further broken down into smaller, manageable steps for budgeting, saving, and also exploring income-generating opportunities. One thing that was discussed was that she can start pasting the things she sells on her social media platforms and also get a delivery person who will help her deliver the items if someone requests to buy them. But the customer will pay for the delivery fare. Also, another opportunity that was explored was for her to start her cosmetology work at home gradually and build it from there. Zenith was encouraged to track her expenses regularly to understand spending patterns and identify areas for improvement. She was also guided in creating a simple realistic budget that aligns with her financial goals, income, and expenses. A suggestion was made to her to always start with small financial decisions and gradually increase complexity to build confidence. She was encouraged to celebrate her achievements in her financial planning and budgeting and review her progress periodically, making adjustments to the financial plan as needed. With this Zenith was able to develop a more positive and effective approach toward managing her finances, ultimately reducing her reliance on her partner.

- *Seventh Session (Intervention con't)*

During this session a discussion was made on how to address unresolved grief from the loss of the older daughter's father and any past traumas, facilitating healing and closure. During this session, Trauma-Focused therapy was used. This theory was used to help her explore her healing and loss. Through this therapy, Zenith was able to gradually process her unresolved grief, gain closure, and develop coping strategies to manage the impact of past trauma, promoting healing and resilience in her journey towards recovery. Some of the things done were to help her integrate her past

situation into her present life in a controlled and supportive manner by letting her tell the story about her loss and allowing for integration into her life story. After that, she was encouraged to reflect on progress and changes in perceptions about the traumatic event or loss over time. She was helped to explore ways to find meaning from her experiences, fostering a sense of resilience and growth despite past trauma. She was encouraged to explore positive aspects of her life or ways she has coped effectively. She said that over the years her past has made her strong and able to stand when her father died, if not for that it would have been very difficult for her to cope with her father's demise. Relaxation techniques were used here to help her relax when she was made to recall the death of her daughter's father and her past traumatic experiences.

- *Eighth Session (Intervention con't)*

During this session the intervention that was addressed was to look at how to foster effective parenting techniques, ensuring a nurturing and supportive environment for both children. Zenith's past positive parenting experiences that have contributed to a nurturing environment were explored. Then there was a discussion of her aspirations and goals for creating a supportive environment for her children. Again, specific achievable goals related to parenting, such as improving communication with her children, establishing routines, or fostering emotional support are also set to help improve her parenting techniques. Times when Zenith felt her parenting was effective or when her children displayed positive behaviors were explored. She was encouraged to replicate these successful moments and identify exceptions to the issues she faces.

Assignment: Zenith was asked to imagine waking up one morning, and miraculously, all her parenting challenges are resolved. What would be different? She was asked to describe in detail what the ideal, improved parenting situation would look like for us to discuss in our next session.

- *Ninth Session (Intervention con't)*

The assignment from the previous session was inspected and discussed. Zenith said if she is faced with the ideal situation, she would be the happiest person on earth, so she was encouraged again to implement the things that were discussed in the previous session. The intervention for the session was discussed which was to enhance self-awareness, identify triggers and build resilience to navigate challenges effectively. This can be done by helping Zenith to go through a cognitive restructuring process by constantly practicing challenging negative thought patterns related to her self-worth, relationships, or past experiences and replacing the negative thoughts with more balanced or positive perspectives. Also, she was encouraged to embrace a growth mindset, acknowledging that self-awareness and resilience are ongoing processes that require continuous effort and learning to be open to feedback, learning from experiences, and adapting strategies accordingly. Again, she was encouraged to keep a journal to jot down her thoughts, feelings, and experiences, especially during challenging or triggering moments.

This will help reflect on patterns or recurring themes in her emotions or reactions to certain situations. In this session, Zenith was informed that the counselling sessions would be ending in our last two sessions. This was to prepare her for termination.

- *Tenth Session (summary of the whole session)*

Zenith was allowed to give a summary of the things she has learnt from the session and come out with challenges she was still struggling with. She was allowed to recall her aim of seeking counselling and how she would cope after termination. From observation, her confidence has gone up and she has a strong support of the family now. Zenith was ready to use the skills she had acquired to make a living to take care of her children to give them a better future.

- *Eleventh Session (Termination stage)*

During this session, zenith was informed that this session was the last time we would be having a session. She was commended for the consistency and seriousness she attached to the whole process. She was encouraged to call back anytime she is facing difficulties and about giving up so that can be a time for talking which will help her keep up the course of improving her life and that of her children.

She has been followed up and there is progress because she has started her cosmetology business and he is doing very well. She has left her partner and now she is living with her family which according to her is good for her and the children.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY

Case Presentation 4

Intake assessment

Demographic data

Client name: Agnes Dabo

Client Age: 25 years

Gender: female

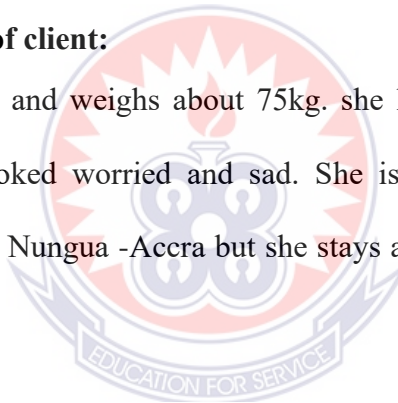
Occupation: student

Marital status of client: Single

languages spoken: Ewe, English and Twi

General Appearance of client:

she is 1.75m in height and weighs about 75kg. she looks well-groomed and neatly dressed. The client looked worried and sad. She is a student of Pentecost Skills Development Center at Nungua -Accra but she stays at Greda Estates in Nungua also in Accra.



History of Presenting Problem

Agnes came to the counselling unit at the Pentecost Skills Development Center on 15th June 2023. She came there on her own without anyone referring or bringing her there.

Presenting Problem

“I am bothered with the relationship between me and my mother”, Agnes began her story. “There is nothing like a mother-daughter relationship. My mother has been angry with me since my childhood and does not show any love towards me.” According to Agnes, her parents have been divorced since she was a child, and she was informed that the parents' union deteriorated shortly after her birth. Agnes

disclosed that she had once been assaulted and conceived as a consequence; however, she terminated the pregnancy due to the unknown identity of the father. She became pregnant again with her partner and delivered a child seven years prior to her arrival at the counselling facility. Although the child's father was located in Qatar, they had ended their relationship due to her mother's disapproval of their relationship and the physical separation that was further hindering their progress. When the time came for her to begin her vocational education, her mother did not provide the financial assistance she had requested.

As a result, she obtained employment with Vodafone and commenced accumulating funds in preparation for her enrollment in the vocational school. Drawing from her personal narrative, she successfully enrolled in a vocational school without the assistance or awareness of her mother. This resulted in a profound misunderstanding between them when her mother discovered it. As a result, her mother ceased all her training apparatus, which compelled her to withdraw from the vocational school. She stated that her mother evicted her, forcing her to move in with her father. However, her father is currently unemployed and ill, so he is unable to provide for him financially.

She must now relocate to Accra in order to reside with her stepbrother and wife. Agnes claims that the stepbrother's adoptive father is engaging in sexual advances towards her as well, causing her discomfort in the shared residence where the entire family resides.

According to Agnes, her perpetual melancholy and sadness occasionally prevent her from resting. Her visit to the counselling facility was prompted by her challenges in establishing trust with others and commencing new relationships. Due to that, she is increasingly spending time outside, such as loitering near the school after classes have

ended until late hours, before returning home. Agnes lamented that she experiences feelings of isolation and occasionally entertains suicidal ideation, a plan she has previously attempted but failed to execute. Once more, she is apprehensive about returning to her mother because, as she claims, her mother threatened to poison her, which compelled her to abandon their hometown of Ho with nothing but her purse in order to travel to Accra. According to her account, her child is currently residing with her mother; however, her mother denies her access to her child, which further frustrates her.

Family History

Agnes is currently staying with her stepbrother and wife at Greda Estate in Nungua Accra but when she goes to Ho she lives with her father. Her mother owns provisions shop in Ho, but her father is sick and currently not working although he is a carpenter.

Educational History

Agnes has completed SHS and currently attending Pentecost Skills Development Center in Nungua Accra learning catering. She will be completed in August.

Social History

Agnes mentioned that she spends most of her time in school and church. Due to that, she comes to school earlier than the normal time and leaves late for church before returning home.

Case Formation-

Agnes displays profound sadness for her troubled relationship with her mother. Her mother's seeming lack of affection and constant anger towards her has caused emotional turmoil since she was a young child. The divorce of Agnes' parents during her childhood seems to have negatively impacted the dynamics of her home life. She

thinks her birth might have damaged her parents' relationship. Agnes had experienced severe traumatic incidents, such as sexual assault, leading to a pregnancy that she ended due to uncertainty about the father's identity. Subsequently, she bore a child with her significant other, although their relationship suffered by geographical separation and disapproval from her mother. Maternal help is lacking. Agnes lacked financial aid or support when she needed to pursue learning a skill, despite her mother's desire. Agnes secured a job at Vodafone and saved sufficient funds to independently pursue technical education, despite her mother's lack of support. Her commitment demonstrates her perseverance and aspiration for personal growth.

Agnes and her mother argued about vocational school; therefore, her mother hindered her studies by taking away her training equipment. Agnes was compelled to go from her mother's residence and move to her ailing father's house due to financial constraints. Agnes' relocation to Accra to reside with her stepbrother and his family has placed her in a perilous scenario. She feels uncomfortable due to alleged sexual advances from her stepbrother's foster father, intensifying her distress and feelings of vulnerability.

Agnes had experienced suicidal ideation and attempted suicide previously. Her thoughts and attempts indicate significant emotional distress and the necessity for mental health intervention.

Agnes experiences persistent sadness and struggles with insomnia due to her frequent negative thoughts. Her previous traumas, challenging relationships, and sense of isolation significantly influenced her mental well-being. Agnes struggles to trust others and form new relationships due to her traumatic past experiences. Her struggle to establish trust has led to her isolation, staying out late near the school, and feeling

anxious about forming relationships. Agnes' psychological distress regarding her relationship with her mother and past traumatic experiences has led her to pursue therapy. The significance of resolving her profound emotional distress and unresolved feelings is emphasized. Agnes needs emotional healing, support in processing unpleasant events, guidance in navigating challenging relationships, and help in overcoming the obstacles she encounters as a single mother. Agnes' case illustrates the severe impact of trauma, strained relationships, and absence of support systems in her life. It is crucial to address these emotional burdens and help her overcome these difficulties in order to facilitate her recovery and the process of reconstructing her life.

Case conceptualization

- *Predisposing Factors:* client is facing a complex and difficult circumstance that is greatly affecting her mental health and well-being due to factors such family relationships, traumatic events, lack of support networks, financial instability, and exposure to risky places. Considering all these variables comprehensively is crucial to assisting her in her journey towards recovery and stability.
- *Precipitating Factor:* Client's pursuit of vocational education seems to have been hindered by the struggle with her mother, which appears to be the main cause of the situation. Agnes had to leave her mother's house due to escalating tension and relocate to her sick father's apartment, worsening her financial instability and emotional suffering. Agnes left home because her mother confiscated her training equipment and interfered with her schooling. This decision triggered a chain of events, including financial constraints, living in unsafe conditions, and receiving claimed sexual approaches from a family member. This crucial event set off a series of difficulties that greatly affected Agnes's mental health and overall well-

being, intensifying her preexisting distress and resulting in a sequence of future challenges and traumatic events.

- *Perpetuating Factor:* Client's condition may persist due to a lack of emotional support stemming from the continued absence of maternal assistance and disrupted family ties. Staying in places where she doesn't feel safe, like her step-brother's house, makes her more vulnerable and worsens her emotional pain. Agnes's struggle to establish new connections and cultivate trust is exacerbating her sense of seclusion, intensifying her emotions of loneliness, and adversely affecting her mental well-being. The persistent financial constraints are exacerbating stress and hindering her capacity to obtain stable housing or access essential services for herself and her child. Agnes's mental health is negatively impacted by the absence of professional assistance in dealing with her prior traumas. Unresolved trauma frequently results in persistent emotional challenges and might hinder the ability to operate well and establish positive relationships.
- *Protective Factors:* The client's tenacity and determination were evident in her pursuit of a position at Vodafone and her commitment to vocational education despite facing hurdles, serving as intrinsic protective factors. These characteristics demonstrate her capacity to persist in challenging situations. Agnes's choice to pursue counselling shows a proactive approach to dealing with her mental health issues. Agnes's maternal role is a source of strength, and her dedication to her child's welfare can act as a driving force, offering a feeling of purpose and resilience in challenging circumstances.

Observation

- *Impact of Trauma:* Agnes's experiences with sexual assault, pregnancy, and subsequent termination have profoundly impacted her mental health. Trauma can

have far-reaching consequences and may lead to various challenges without proper support and intervention.

- *Family Dynamics' Influence:* Strained family relationships, especially with her mother, significantly affect Agnes. Family dynamics, especially during childhood and adolescence, can shape one's emotional well-being and coping mechanisms in adulthood.
- *Barriers to Education and Independence:* Agnes's struggle to pursue vocational education independently due to familial interference showcases the barriers she faces in gaining independence and accessing opportunities for personal growth.
- *Vulnerability in Unstable Environments:* Moving to unsafe living environments has heightened Agnes's vulnerability, leading to discomfort and alleged sexual advances. Safe and stable living conditions are crucial for one's well-being.
- *Mental Health and Suicidal Ideation:* Agnes's suicidal ideation and attempts to underscore the urgency of mental health support. Trauma and strained relationships can significantly impact mental health and require professional intervention.
- *Challenges in Building Trust:* Trust issues stemming from past traumas inhibit Agnes's ability to form new relationships. This difficulty in trusting others can contribute to social isolation and emotional distress.
- *Resilience and Determination:* Despite adversity, Agnes's determination to seek education and employment independently demonstrates resilience and a strong will to improve her circumstances.

Treatment Plan

Agnes and counsellor worked in collaboration to improve her mental wellbeing by going through the following treatment plan which is much personalized for Agnes' case

- **Mental Health Assessment:** the treatment Began with a comprehensive mental health assessment to understand the extent of Agnes's emotional distress, suicidal ideation, and any underlying conditions like depression. Agnes was taking through DAS 21 and SBQ-R (Suicide Behaviors Questionnaire-Revised), this helped to know her level of depression as an outcome of the problems she was going through.
- **Trauma-Informed Therapy:** Engage Agnes in trauma-focused therapy, such as Cognitive Behavioral Therapy (CBT) or Eye Movement Desensitization and Reprocessing (EMDR). These therapies can help her process trauma, manage distressing thoughts, and develop coping mechanisms.
- **Crisis Intervention:** A crisis plan was developed to manage Agnes's suicidal ideation. This plan included emergency contacts, coping strategies, and steps to take during a crisis.
- **Skill-Building:** Agnes was encouraged to pay attention to her skill-building in her vocational training opportunities to enhance her employability and self-sufficiency.
- **Continued Monitoring and Follow-Up:** The counsellor ensured regular check-ins and follow-up appointments to monitor Agnes's progress, reassess treatment effectiveness, and adjust the plan as needed.

- Psychoeducation: Agnes was provided with education on trauma, coping mechanisms, and self-care strategies. Agnes was equipped with tools to manage her emotions and stress which is essential for her long-term well-being.

Counselling Theories and Techniques Used

These counseling theories and techniques used were integrated and tailored to meet Agnes's unique needs and preferences. It was a collaborative and client-centered approach that was essential in fostering a trusting therapeutic relationship and supporting her journey toward healing and recovery. The theories and techniques used are;

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a structured therapy approach specifically designed for individuals who have experienced trauma. It integrates elements of cognitive-behavioral therapy with trauma-focused interventions to help individuals process traumatic memories, manage distressing emotions, and develop coping skills.
- Strengths-Based Approach: Emphasizing Agnes's strengths, resilience, and past successes can boost her confidence and motivation for change. Encouraging her to identify and build on her strengths can enhance her sense of self-efficacy and hope for the future.
- Problem-solving therapy (PST): This is a therapeutic technique that helps individuals cope with life stressors that negatively impact their mental health. It is very practical in its approach and is only concerned with the present, rather than delving into your past.

Treatment course

Client was taken through eighteen-weeks (18) therapeutic sessions to facilitate emotional stability and healing.

- 1st session: rapport building

This session was dedicated to building a trusted relationship with client for smooth running of subsequent sessions. Client was somewhat an easy client as she was willing to be helped hence embraced the cordial relationship. Client was also briefed about the principles of psychotherapy and was told the pros and cons of confidentiality. Due to client's history of suicidal ideations from the brutality of life, client was made to sign a bond to protect her from her own thoughts. This session was also dedication to educated client on her feelings and patterns of thoughts. The main aim was getting client to understand and appreciate what she was going through as that was a good way to achieving effective therapeutic goal.

- 2nd session: Mental Health Assessment:

Client was taken though a comprehensive mental health assessment to understand the extent of her emotional distress, suicidal ideation, and any underlying conditions such as depression. The following assessment tools were used to assess client:

DAS 21

The DASS 21 is a 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety. In completing the DASS, the individual is required to indicate the presence of a symptom over the previous week. Client scored 20 on depression, 14 on anxiety and 16 on stress.

SBQ-R (Suicide Behaviors Questionnaire-Revised)

The SBQ-R (Osman et al., 2001) is a brief self-report measure for screening suicidal behaviors and suicide risk. The total score of SBQ-R ranges from 3 to 18, with higher scores indicating a higher risk of suicide. Client scored 10 which indicated client being suicidal.

Becks Depression Inventory

The Beck Depression Inventory (BDI) is one of the most popular scales not only as one of the most widely used self-report instruments for evaluating the severity of depression. BDI-II scores are classified as minimal (0-13), mild (14-19), moderate (20-28), and severe (29-63). Client had a total score of 32 which indicated severe depression.

- 3rd week: Psychoeducation:

This session continued with the psychoeducation on trauma, coping mechanisms, and self-care strategies for client. Client was equipped with skills to manage her emotions and stress which is essential for her long-term well-being. She was taken through mindfulness skills including deep breathing exercise and progressive muscle relaxation techniques.

- 4th to 8th weeks: Trauma-Informed Therapy:

Client was engaged in trauma-focused therapy for 6 weeks, the first three weeks focused on cognitive restructuring using Cognitive Behavioral Therapy (CBT). Client was taken through some of the distorted thoughts and ideations she has had and was helped to restructure them for the positive to getting better ways to solving them. The therapist termed as seeing the glass half full instead of half empty. The Eye Movement Desensitization and Reprocessing (EMDR) was also another technique

used for the last 3 weeks of the trauma-focused therapy. MDR therapy is a structured approach to help individuals who have experienced distressing traumatic events. It aims to break down unprocessed memories in the brain, leading to emotional and psychological difficulties. Traumatized patients often experience disturbances and recurrent thoughts of past events, which can result in anxiety, depression, and PTSD. EMDR addresses these issues by utilizing the brain's natural capacity to heal and process traumatic experiences. The therapists guided client through standardized procedures to stimulate bilateral brain activity, such as eye movements or alternating sounds or taps. The therapist also adopted guided imagery- a relaxation technique during this session as client need some form of relaxation related to the present therapy.

9th to 13th weeks: Crisis Intervention:

A method based on a crisis intervention model with six steps was utilized in order to assist the client in regaining control and stabilizing her PTSD symptoms. It is made up of three phases that are focused on hearing, and three steps that are focused on taking action. Listening actively, putting an emphasis on acceptance, and eliminating biases were the primary focuses of the first three phases. A sense of hope and peace was provided to the client as a result of the therapist's consistent use of the skills of empathy and authenticity, which were crucial for comprehending the client's perspective without allowing feelings to intrude. Controlling access to potentially hazardous objects, completing risk assessments, and assuring the client's safety were the three actions that comprised the second set of requirements. In order to protect the client from potential dangers, the therapist aided the client in recognizing potential hazards and developing safety recommendations. Not only did the therapist provide the client with help, but she also demonstrated to her that she was accepted and cared

for by discussing the issue and providing support for her fundamental requirements. In order to deal with Agnes's suicidal thoughts, a crisis preparation plan was devised. During a crisis, this plan includes a list of emergency contacts, strategies for coping with stressful situations, and steps to take.

14th to 16th session: Skill-Building:

PTSD coping skills were used to manage and reduce distressing symptoms associated with the client's condition. These include intrusive memories, avoidance of trauma reminders, negative thoughts and mood changes, and alterations in physical and emotional reactions. Key PTSD coping skills used included self-care, relaxation techniques, cognitive strategies, and interpersonal skills.

Self-care involved prioritizing physical health through exercise, a balanced diet, and adequate sleep. Relaxation techniques like deep breathing, progressive muscle relaxation, and mindfulness meditation can reduce anxiety and hyperarousal symptoms. Cognitive strategies like cognitive restructuring was used to help identify and challenge distressing thoughts related to the traumatic event, reducing emotional distress and improving mood. These were revisited as a way of reminding client on what has been done in previous sessions.

Interpersonal skills involved building social connections and seeking support from others. Client was made to identify people she felt safe with as well as places. This was to give her options to dwell on when confronted with dangers.

Grounding techniques were used to help client reconnect with the present moment when faced with flashbacks or dissociation.

Exposure therapy techniques were also used to help client with confronting reminders of the trauma, reducing avoidance behaviors, and helping client to process traumatic memories, all under the guidance of the therapist.

- 17th and 18th sessions: brief interpersonal psychotherapy

Client was taken through a brief Interpersonal Psychotherapy that focused on addressing interpersonal issues and enhancing interpersonal functioning to achieve symptomatic recovery. It focuses on present challenges and connections client had encountered over a while. The aim was to address that psychological symptoms that can be seen as a reaction to present challenges in interpersonal relationships.

- 19th week: termination of session

Client was prepared for end of therapy. During this session, she was reassured to see if therapeutic goals had been achieved. Client's scores on the various assessments showed that therapy had been effective. Client was also reminded of everything thought in therapy and was assured of continuous support even after therapy.

- 20th week: final session

This was the final day of therapy. Client was once again taken through the various techniques learnt in therapy and was made to develop flashcard on safety tips to serve as a constant reminder on client's self-care.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case presentation 5

intake assessment

demographic data

Client Name: Dorcas Ehuren

Age: 25years

Gender: Female

Marital status: Single

Major Languages: Twi

Occupation: student of the Pentecost Skills Development Center at Nungua Accra.

General Appearance:

she is about 1.5m in height and weighs about 79kg. she was well groomed but had a sad mood and was easily moved to tears by the story she presented.

History of presentation of Problem

Dorcas visited the counselling unit of the Pentecost development center on the 15th June 2023. She came there on her own without anyone referring or bringing her in.

Presenting Problem.

As a child, Dorcas was unaware of her father. Consequently, she has been vacillating between residences owned by various members of her family. At present, she is residing in the care of one of her aunts. She is repulsed by the Auntie's treatment. Dorcas stated that she ceased her search for her as soon as she observed her father enter the town where they resided. Auntie has received a phone call from her spouse, who has now requested to see her. Due to the fact that her father abandoned her, Dorcas asserts that she has no desire to interact with him. She will find it exceedingly difficult to extend forgiveness to her father. Her primary objective in seeking

assistance from the counsellor was for her to be able to embrace her father as a father, as the support of her entire family, including her mother, was urging her to relinquish her grudge.

Family History

Dorcas is the firstborn of both parents. She is currently living with one of her aunties from her mother's side. Her mother remarried and because of the treatment from her stepfather, she had to be staying with different family members. She doesn't know her father. her father is now trying to reconnect with her.

Educational History

Dorcas has completed SHS and is currently attending Pentecost Skills Development Center in Accra to learn Catering. She is completing it in August.

Social History

Dorcas mentioned that she is always at the shop with her Auntie when she is not in school to help sell items also, she is more excited when she comes to school and meets her friends as well as engages in the learning activities which engages her mind a lot.

Case Formulation

Based on the history that was obtained, it is obvious that the client has a disagreement with her father that has not been resolved. As a result of her lack of security and paternal care, his absence from her life has caused her a tremendous deal of physical and emotional distress and suffering. This has resulted in her developing some kind of tension over the course of the years, which has led to her experiencing uneasiness whenever the topic of her father comes up. Due to the severe treatment, she has received from various members of her family, she has experienced a conflict with her

sense of security while she has been living with different family members. This has caused her to feel generally insecure.

Case Conceptualization

Predisposing factors: The circumstance in which the client's parents neglected to provide for her and instead abandoned her with other family members. Her endeavours established the fact that she has been estranged from her father since her childhood. During her childhood, she held the perception that her mother failed to adequately safeguard her due to her preoccupation with her new family rather than her own, and her failure to intervene when her new husband subjected her to abusive treatment.

Constraint on the client's access to affection and a typical childhood upbringing: The client additionally perceives a deprivation of the affection and attention that are universally expected of children during their formative years. "Instead of pearls, her childhood was spent on rocks," she remarked, describing her upbringing.

Precipitating factors: The client has been subjected to demeaning treatment at the hands of her stepfather and her present aunt, with whom she currently stays. Throughout her life, she has been subjected to cruelty at the hands of individuals with whom she has shared her accommodations, most notably her stepfather and her aunt, whom she had anticipated would provide her with a more favorable life due to their strong relationship with her mother.

Perpetuating factors: The fact that her aunt's family does not wish to reside with her is another factor that has contributed to her preexisting state of unable to forgive. Because her own father has rejected her, she has the impression that everyone else is also rejecting her.

protective factors: It is to her satisfaction that she has decided to join in school in order to acquire a talent. It seems that this is her principal ambition, as well as the most significant accomplishment that she hopes to achieve or achieve. The fact that she is able to be self-sufficient and advocate for herself, without the assistance of her family members, is made possible by her vocational skill. Feelings of affection and belonging are provided to her by her classmates at school. As she explained, she has three close friends who have had situations that are similar to her own. She has relied on them as a source of inspiration and support throughout the difficult times that she has been going through.

Observation

Hurtful past: At the time that she was recounting her experience, Dorcas displayed both wrath and disdain. She is also capable of expressing other feelings, such as crying, roaring in rage, snapping her fingers, and alternating between low and high pitches when she is speaking. She appeared to be in a great deal of distress and agony, and she was unable to keep those feelings under control.

Anxiety: The symptoms of palpitations, panic attacks, and shivering have been present for more than two weeks, according to Dorcas. Not only that, but whenever she thinks of her father and the things that she has been forced to go through during her entire life, her heart beats extremely quickly.

Self-esteem issues: It seems that Dorcas was struggling with low self-esteem and was feeling it. This was evident in the fact that she had evidence of self-doubts in her stream of thinking about herself, such as the fact that she was not good enough, that she was the worst of people without worth, and that she was unable to carry out any positive actions for herself or others.

Treatment plan:

The client and the counsellor will work collaboratively by going through set goals and interventions that will help facilitate client's healing and foster forgiveness

Counseling and Emotional Support: Regular counselling sessions will be provided by Individual Therapy in order to address her emotional anguish and trauma stemming from previous experiences, as well as to assist her in developing coping skills.

Trauma Recovery and Emotional Healing: treatment sessions held on a weekly basis that are centred on trauma-informed treatment in order to address emotional suffering, develop coping skills, and support healing from previous traumatic experiences.

Self-Esteem Building and Empowerment: In order to improve her self-esteem, enhance her sense of self-worth, and assist her in visualising a future in which she is empowered and confident, the implementation of counselling strategies that are centred on empowerment is being considered.

Mindfulness: Through the practice of mindfulness, the client is able to be present in the instant. Also, pay attention to the regions in which she is feeling a great deal of pain. The purpose of this is to help the client relax and settle down, which will ultimately result in a higher zest for life and an improvement in the client's internal self-esteem.

Reach forgiveness intervention: REACH is an acronym that specifies five steps that victims can take in order to develop towards forgiveness. These steps are as follows: This intervention includes the following steps: (R) Recall the hurt; (E) Empathise with the offender; (A) Give an Altruistic Gift of Forgiveness; (C) Commit to Change; and (H) Hold on to forgiveness. The goal of this intervention is to assist the client to go through the process of forgiveness in a methodical manner.

Counselling Theories and Techniques Used

❖ *Traumatic Focus-Cognitive Behavioral Therapy (TF-CBT)*

TF-CBT is a collaborative therapy created by Cohen, Mannarino, and Deblinger. It incorporates cognitive-behavioral strategies with exposure methods to address and manage posttraumatic stress, depression, and behavioural issues. This approach combines cognitive-behavioral strategies with trauma-focused interventions to assist Dorcas in addressing traumatic memories, regulating uncomfortable emotions, and confronting negative thought patterns related to past injury and mistreatment. Relaxation and meditation techniques will be utilised to assist her in coping with distress and cultivating a sense of stability while addressing traumatic experiences. Cognitive restructuring is utilized to assist her in reinterpreting unfavorable beliefs.

❖ *Solution Focus Brief Theory (SFBT)*

SFBT has more of an emphasis on discovering strengths and solutions than it does on concentrating on issues. The application of this theory was demonstrated in this instance by identifying goals and a preferred future, highlighting exceptions and strengths, scaling questions and monitoring progress, setting small goals that are attainable, resource-oriented questions, miracle questions, and future-oriented imagery, scaling progress and acknowledging achievements, and developing action steps.

❖ *Mindfulness-Based Stress Reduction (MBSR)*

MBSR has the potential to be extremely helpful in the management of stress, the regulation of emotions, and the development of a sense of empowerment. Encouragement of regular practice of mindfulness techniques can provide the client

with useful tools for stress management, increase emotional regulation, and enhance the person's sense of control and empowerment when it comes to dealing with tough situations. When included into the client's daily routine, mindfulness has the potential to make a positive contribution to the individual's general well-being as well as their resilience.

❖ *Interpersonal psychotherapy*

Interpersonal Psychotherapy is a short-term psychotherapy that focuses on addressing interpersonal issues and enhancing interpersonal functioning to achieve symptomatic recovery. It focuses on present challenges and connections instead of childhood or growth-related matters. IPT posits that psychological symptoms can be seen as a reaction to present challenges in interpersonal relationships.

Treatment Course

The client was taken through fourteen (14) sessions based on the complexity of her issues. Every session lasted between forty-five minutes to an hour.

- 1st session: initial assessment and rapport building.

This session focused on familiarization between client and therapist, to enable client build some confidence in therapist. It focused on building rapport between client and therapist to establish trust. Client was also taken through the ethics and principles of confidentiality, anonymity, benevolence and issues of confidentiality. History taken was also done during this session. Client's background story together with social, educational, psychiatric and family history was taken during this session. A brief motivational interviewing was done to enable client focus on her strength as a person and applaud her effort of resilience throughout her struggles. Also, during this session, the structure of the whole counselling procedure was made known to the client, by

giving her details on the number of sessions as well as the duration for each session. This session is very important because it can determine the success of the subsequent sessions.

- 2nd session (continuation of history taking and psychological assessments)

This session continued with client's history taking and psychological assessment. History of presenting problem and diving deep into client's developmental history was the focus of this session. This was to enable therapist get a good sense of understanding of client's problem and also help on which areas to focus on during therapy. This session also focused on psychological assessments to help identify and diagnose client's problem. The following assessment tools were used.

DASS 21

The DASS-21 is the short form of the DASS-42, a self-report scale designed to measure the negative emotional states of depression, anxiety and stress. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Client scored 8 on depression, 16 on anxiety and 22 on stress. These mean that client is normal on depression, has severe anxiety and has a severe level of stress as well. This could be as a result of the impact of the current happenings in client's life.

Beck's Anxiety Inventory

The Beck Anxiety Inventory (BAI) is a self-report tool designed to measure the severity of anxiety in adolescents and adults aged 17 and older. It consists of 21 questions, each scoring on a scale from 0 (not at all) to 3 (severely). The tool is designed for individuals and takes 5 to 10 minutes to complete. Studies have found the BAI to be an accurate measure of anxiety symptoms in both children and adults.

Client scored 30 which indicated severe anxiety. This confirms the scores on the DASS 21.

Rosenberg Self Esteem Scale

The Rosenberg Self-Esteem Scale, a widely used self-report instrument for evaluating individual self-esteem, was investigated using item response theory. The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem. Client scored 18 which indicated low self-esteem as interpreted by the scores.

- 3rd and 4th session (goals setting and practicing mindfulness):

This session focused on setting therapeutic goals by therapist and client, as well as practicing mindfulness through relaxation and meditation. Client will be taken through mindfulness throughout the therapeutic process. The therapeutic goals were outlined and discussed for a mutual agreement by client and therapist. Therapist then took client through some psychoeducation on mindfulness, its importance and the techniques used:

Relaxation technique (deep breathing exercise): Deep breathing is a relaxation technique that may help reduce stress and anxiety. Breath-focused meditation can be an entry point of bringing a person to a mindful place, accepting the present moment for what it is. Breathing is the one true thing that is present in the moment and this helps one focus on present happenings they can control.

Progressive muscle relaxation technique: PMR is a relaxation technique that involves tensing and relaxing specific muscles in turn. Usually, a person begins with the feet and works their way up the body, taking deep, slow breaths throughout the exercise.

By focusing on tensing and relaxing muscles individually, a person becomes focused on the present moment.

Assignment: Client was given an assignment to identify other ways of relaxation as well as identify which parts of the body feels tensed during relaxation.

- 5th, 6th, 7th and 8th sessions (interpersonal Psychotherapy):

During these sessions, the emphasis was placed on developing relationships with other people. Before moving on to the IPT, these sessions began with meditation and other practices that promote calm. Interpersonal psychotherapy, often known as IPT, is a method of psychotherapy that was developed with the goal of enhancing interpersonal functioning in order to reduce symptoms. It is not concerned with themes pertaining to childhood or development; rather, it concerns contemporary challenges and relationships. Conflict in relationships, changes in life, bereavement, and challenges in beginning or maintaining relationships are the four primary issues that are the subject of this book. The client's current relationship problem with her parents was the primary focus of therapy, as was the client's goal to figure out how she will deal with the possibility of being damaged by her parents. The objective was to make improvements in these areas by coming up with solutions and putting them into action in between sessions. This consisted of playing a role. First, the client was asked to describe the problematic situation, and then the therapist asked the client to play themselves while the therapist played the significant other. This was done in order to accomplish the goal.

Assignments: client was given a list of tasks to perform which included

- i. Writing a letter to her father expressing how she felt

- ii. Practicing relaxation
- iii. Mirror roleplay which involved she talking to her image through the mirror on how she would confront her father
 - 9th, 10th, 11th 12th and 13th sessions -REACH Forgiveness Intervention

Using the reach forgiveness intervention, the 9th through 13th sessions were centered on the concept of forgiveness. Every week, we concentrated on a different aspect of the intervention, as was indicated in the beginning by briefly discussing each of the truncated letters.

- R- It is vital to acknowledge the fact that one have been harmed and to make the decision to forgive without seeking revenge in order to complete the healing process from the hurt. In client's case, she was made to recount and voice out ow she has felt over the years dealing with her trauma. This made her appreciate her inner feelings of hurt as she took a retrospective look at how she has been treated.
- E- When it comes to healing, empathy with one's partner is another essential component. Assuming that you are sitting in their chair and having a conversation with them might help you develop empathy and experience feelings of love, compassion, or pity. Client was made to analyses her situation by turning the tables round to find the possible reasons why people might have behaved the way they did towards her. This made her notice that, there could be both fair and unfair reactions from them due to circumstances. Client begun to see things from a different perspective.
- A - One of the most selfless and selfless gifts that you can give is forgiveness since it enables you to give the same gift to someone who has wronged you.

Going through client's personality, morals and values; we identified that she is naturally giving and easy going. Her reaction was as a result of prolonged hurt and pain hence, it was justified. However, client realized it was unlikely of her to hold grudges for long to the extent of executing vengeance hence was ready to let go.

- C - Committing to your forgiveness is crucial, as writing a note to yourself after forgiving someone helps it last. This stage included steps client could take to commit to forgiveness. It included practicing continuous mindfulness, roleplays on client's relationship with her father and imaginative fulfillments of forgiveness.
- Hold onto your forgiveness, as you may be tempted to doubt it, but by re-reading your notes, you can confirm that you did forgive. Client was made to find reasons to hold on to forgiveness instead of grudges. This she did by identifying the pros and cons of both forgiveness and resentment. Client arrived at a self-decision of forgiveness.

By following these steps, client was able to create a healing environment and feel free to forgive her father.

- Termination session

Client was prepared for the termination of therapy as she was ready to forgive her father. We revised the therapeutic goals to ensure we had achieved our goals. Client then agreed to meet her father in the final therapy session which she found as a safe space for their first meet of reconciliation.

- Final session

As part of this session, the client and her father participated in a brief group counselling session. Additionally, it was a session for conflict resolution because the client was prepared to overcome the disagreement that had arisen between her and her father and to establish a relationship with him.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY

Case Presentation 6

Initial assessment

Demographic data

Client Name: Emanuella Torwodzor

Age: 15years

Gender: Female

Marital status: Single

Occupation: student

Major languages: Ga, Twi and English

Site seen: LEKMA Hospital

General Appearance:

she is about 0.7m in height and weighs about 40kg. she was not well groomed but looked afraid to talk in the presence of her parents

History of Presentation of Problem

The client was referred to the psychology unit of the hospital after she was discharged from the hospital after the chemical she drank was flushed out of the system on 27th July 2023. She walked into the office with her parent.

Presenting Problem.

Emmanuella reportedly took pesticide the evening before she was admitted to the hospital; however, this information did not reach them until the next morning, when she arrived with stomach distress. Her parents have stated that she consumed pesticide. There was a request made to the parents to have a private conversation with Emanuella during the call, and they agreed to have the conversation. On the other hand, Emmanuella asserted that she had ingested the poison in order to exact revenge

on her mother, whom she holds responsible for failing to provide her with the essential care. It has been brought to the client's attention that her mother has been distracted with an adulterous connection, which has resulted in her mother decreasing the amount of attention she pays to her children. Due to the fact that her mother is primarily focused on planning events for the family and making phone calls, her chances of communicating with her father are substantially reduced as a result of this circumstance. Additionally, the client asserts that her mother consistently engages in discriminatory behavior towards her and her brothers, all of whom are under various paternal guardianships. Emanuella asserted that she was unaware of the potentially lethal nature of the insecticide, despite the fact that she had already taken it as a form of retaliation. As an additional point of interest, her story indicated that she often expressed her belief that her mother does not care for her and that she is not ready to live with a stepfather. She made the proclamation that she would be delighted to be present during the reunion of her parents.

Family History

The parents of Emanuella are separated. She is currently living with her mother and grandparents at Teshie in Accra. According to client, separation of her parents has had a great impact on her, especially when Conflict between parents is not hidden from her but rather, she is exposed to all the conflict and exchange of words between the parents. From Emanuella her grandparents are the only relatives who show her love and concern.

Educational History

She is a JHS 1 student at Teshie Cluster of School.

Social History

Emanuella said she always gets sad when she hears her friends talking about how their parents show them love and interest in their education which does not get the same from her mother. According to her grandparents always give her positive support which has kept her going till now.

Case formation:

From the history taken, client seems to have challenges with her parents not being together and their constant arguments negatively affects her. She wishes her parents could make peace and reunite in order to get the kind of attention she needs from her parents. However, the impossibility of her wishes has led her into a lone and depressive state.

Case conceptualization:

- *Predisposing factors:* Emmanuella's mother's separation from her father has resulted in a deficiency of affection and care from her. She is unable to communicate effectively with her mother and her mother has refused to acknowledge her little attempts to communicate with her.
- *Perpetuating factors:* her mother's constant shift of attention onto her new partner and her discriminating between her children. Her mother pays more attention to her other siblings which makes her feel isolated and not wanted.
- *Precipitating factors:* the constant good talks of Emmanuella's friends at school about their parents being together makes her feel bad about herself and the fact that she is coming from a broken home.
- *Protective factors:* the love Emmanuella receives from her father and grandparents. According to her, they are not discriminatory and give listening

ears to whatever she tries to communicate, providing her with all the attention and assistance she needs.

Observation:

Conflicting ideas: conversation with Emmanuella's parents showed they had conflicting ideas about their child. While Emmanuella's mother feels her daughter is given all the love and attention a mother like her could give, Emmanuella's father thinks otherwise. To him, their daughter lacks the kind of parenting she needs to be a better person.

Disagreements: Emmanuella's parents seem to disagree on everything. They both seem to be on two different ends and cannot come to a mutual agreement when it comes to their daughter.

Depressive mood: Emmanuella exhibited signs of depression through her narratives and during the intake assessment.

Treatment Plan:

- *Psychoeducation:* Psychoeducation involves educating persons receiving mental health care and their families. It seeks to assist individuals in comprehending and managing mental health disorders, rendering it a crucial component of therapy programmes. Emmanuella's parents were given psychoeducation on the dangers of their open-conflicts on the psychological wellbeing of their daughter.
- *Conflict resolution:* Conflict resolution is the process of ending disputes and reaching an agreement that satisfies all parties involved. It is not designed to avoid disagreements but to facilitate discussions, increase understanding, and

control emotional responses. This was to help resolve the conflict between Emmanuella's parents.

- *Brief counselling*: a brief counselling done for Emmanuella; her mother and father separately to ensure their mental wellbeing is beneficial for building their interpersonal relationships.
- *Family Therapy*: Emmanuella and her parents were involved in a family therapy to promote a supportive and understanding environment. This can help address family dynamics and provide additional motivation for recovery.

Counselling Theories and techniques used

- *Solution-focused brief therapy*:

SFBT is a solution-focused approach to treating depression, focusing on competence rather than pathology and finding unique solutions for each client. It emphasizes the use of exceptions to the problem to foster optimism, past successes to support confidence, and the view of the client as the expert. Goal setting is used in charting a path to change, and a shared responsibility for change between client and therapist is maintained. SFBT is an evidence-based practice (EBP) with proven effectiveness, with large payers and employee assistance programs favoring its use for faster change in shorter treatment episodes.

- **Conflict Resolution Therapy**

Conflict resolution therapy is a problem-solving approach that focuses on addressing emotional distress, whether internal, interpersonal, or situation-based. It addresses core concerns that often lead to conflict and emotional distress. This approach reduces tension, improves well-being, and helps find solutions. It has been proven to improve mental health issues like anger, depression, and anxiety.

Treatment Course

The client was taken through four (4) sessions based on the presented issue. Every session lasted between forty-five minutes to an hour.

1st session: initial assessment and rapport building.

This session concentrated on establishing a rapport between the client and the therapist in order for the client to gain confidence in her. It focused on developing rapport between the client and the therapist in order to establish trust. The client was also instructed on the ethics and concepts of confidentiality, anonymity, benevolence, and confidentiality difficulties. This session also included the taking of history. This session included gathering the client's past story as well as their social, educational, mental, and familial histories. Client and therapist reached an agreement, and both parties signed a contract stating that the client would not harm himself. Also, at this session, the client was informed about the framework of the entire counselling method, including the number of sessions and their time. This session is critical since it will affect the success of future sessions.

2nd session: Solution focused brief therapy

Solution focused brief therapy is a psychotherapeutic technique which focuses on solutions rather than the causes of the problems. The therapy mainly progresses on the basis of optimistic approach and is based on the premise that individuals are equipped with skills to solve their problems. Client was taken thorough steps to building a cordial relationship with her mother and her mother was also taken through the same process.

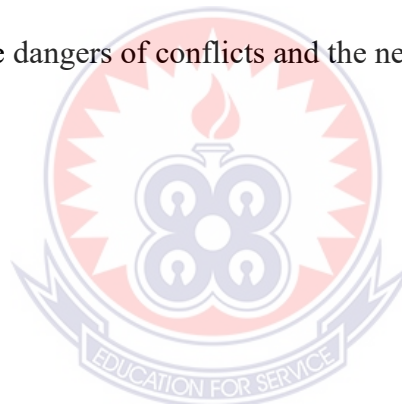
Assignment: client and mother were asked to come up with activities to foster their relationship with each other

3rd session: conflict resolution

This session was mainly focused on client's mother and father. They were both taken through conflict resolution. They both were allowed to voice out each other's grievances in a healthier way for reconciliation and mutual understanding.

Last session: termination and psychoeducation

The whole therapeutic process ended with a family therapy between client and her parents. Therapist ensured tensions had been resolved for a meaningful conversation on the way forward for client's psychological wellbeing. Client and her parents left feeling less tensed and content with the outcome of therapy. They were also given a psychoeducation on the dangers of conflicts and the negative outcome of depression.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case Presentation 7

Intake assessment

Demographic data

Client Name: Joel Boateng

Age: 10

Gender: Male

Occupation: Grade 7 pupil

Major Languages: Twi and English

Location: Nungua Estate

Marital Status: N/A

General Appearance:

she is about 0.7m in height and weighs about 35kg. He was well dressed. He looked moody. He walked into the counselling of the unit of the Church of Pentecost, James Mckweon Worship Center with his mother.

History of Presentation of Problem

Joel walked into the unit with her mother on 5th November 2023

Presenting complaint

Joel has been experiencing some fear for a while now. From Joel, he gets scared when his parents leave him and his siblings alone in the house. He said the reason is that she has been watching horror videos with his friends in school which he doesn't like. He said this causes him to imagine scary scenes whenever he is alone and he thinks it can happen to him in real life. He said he has tried severally to stop watching but any time they are with him he ends up watching it because it does not normally start as a horror video. Joel continued to say that it makes him very emotional whenever his parents

are leaving them alone in the house with the fear that some bad will happen to him and the siblings. He said the teachers even sometimes make their phones available to the children to watch which is not helping because he can't complain to them.

Family History

Joel is the firstborn of three children. He stays together with his parents. The parents are quite busy and normally leave them behind for programs. He normally takes responsibility for taking care of the younger ones when their parents are not in the house.

Educational History

He is in grade 7 and a pupil of Excel Community School located at Lashibi in Accra

Social History

He is mostly in the house or school but sometimes they do follow their parent for some of the programs they do attend.

Case formation

Joel has been experiencing anxiety for a while due to horror events from movies he has been exposed to. It is certain that, Joel imagines the horrors from the movies he has watched and visualizes them when there is no authority around.

Case conceptualization

- *Predisposing factor*- fear of being alone. Joel is afraid to be alone with the imagination that, the horrors from the movies he has watched would haunt him.
- *Perpetuating factors*- his parents leaving him and his siblings alone at home is something that puts him in great distress with the fear that he is not much equipped to protect or defend his siblings should anything happen.

- *Precipitating factor*- his teachers making their phones available for him and his colleagues to watch movies have also contributed to his anxiety since it is too much exposure on his side.
- *Protective factors*– his siblings being available to keep him company despite the unavailability of any authority for protection and he being the first child of his parents also gives him the sense of control.

Observation

Trembling: this was a visible sign of anxiety as client recounted his story. Confronted with dangerous events, the body prepares to deal with the stressor, interpreting the anxiousness as a signal that one would need to stand their ground or escape from danger. The muscles become primed to act, leading to a trembling sensation, twitching, or shaking. This is what Joel experienced as a result of the horrible scenes he had constantly been exposed to.

Panics: When feeling anxious or scared, the body releases stress hormones, such as adrenaline and cortisol. This can be helpful in some situations, but it might also cause physical symptoms such as an increased heart rate and increased sweating. In some people, it might cause a panic attack. Joel experienced these panics as a result of what he was experiencing.

Treatment plan

Cognitive restructuring: Cognitive restructuring comprises therapy methods that assist individuals in identifying and altering harmful thought patterns. Cognitive restructuring can assist in identifying and altering damaging and self-defeating thought processes.

Flooding: flooding involves exposing individuals to their greatest fear for a prolonged period until your brain and body eventually calm down.

Psychoeducation: psychoeducation was adopted to educate Joel and his parents on his present state.

Counselling Theories and techniques used

Cognitive-behavioral therapy: Cognitive behavioral therapy (CBT) is a form of talk therapy that changes the way in which you think and act in order to assist you in problem management. Although it is frequently employed in the treatment of anxiety and depression, its utility extends to various other mental and physical health conditions as well. Due to Joel's distorted thoughts about being harmed by the movies he had watched over a period of time; CBT is best to help restructure his thought pattern.

Exposure therapy: this is a form of therapy in which the individual is exposed progressively to the stimuli, situations, and activities that elicit fear. This therapy can be approached from various perspectives. Several conditions, including phobias, post-traumatic stress disorder (PTSD), and panic disorder, may be amenable to its treatment. The flooding technique was used on client to help him confront his fears of being alone

Learning theory: Certain anxiety disorders, particularly specific phobias, may develop via a variety of learning mechanisms, according to learning theories. Classical and operant conditioning, modelling, and vicarious learning are examples of such mechanisms. In Joel's case, he has learnt to associate being alone to being harmed. This, he will have to unlearn the association being formed in his mind. This will help manage his thought pattern and make him relaxed.

Treatment Course

The client was taken through nine (9) sessions based on his presenting issue. Every session lasted between forty-five minutes to an hour.

1st session: initial assessment and rapport building.

The primary objective of this session was to establish a rapport between the therapist and the client in order to aid the client in developing confidence in the therapist, particularly with regard to his worries. To put him at ease and make him feel at ease was the purpose of this. Furthermore, the client was educated on the ethics of the situation, as well as the principles of confidentiality, anonymity, benevolence, and obstacles associated with confidentiality. Both the client and his parents were asked for their consent before proceeding with the counselling session with the client alone, and they gave their approval. Additionally, the taking of history was a part of this presentation. In order to accomplish this, it was necessary to collect the client's historical tale in addition to their social, educational, mental, and familial history. During this session, the client was also provided with information regarding the framework of the complete counselling approach, which included the number of sessions and the amount of time each session would take. This session is extremely important since it will have an impact on the success of subsequent sessions.

2nd, 3rd and 4th sessions: Cognitive-behavioral therapy

Cognitive Behavioral Therapy (CBT) A technique that aims to bring about a disruption in negative cycles by removing the aspects that bring about negative sensations such as dread, worry, or despair, which is better known by its acronym, CBT. CBT is a form of therapy that successfully assists in the change of negative thought patterns and the promotion of emotional well-being. This is accomplished

through the process of breaking down issues into components that are more manageable. This was utilized in order to modify the negative pattern of thoughts that the client was experiencing through the utilization of cognitive restructuring.

As part of Cognitive Behavioral Therapy (CBT), the client was given an introduction to the thought diary and instructed on how to utilize it. It was vital to urge the client to keep track of his thoughts and the frequency with which he had those thoughts. This observation was necessary since it provided a guidance for which aspects of therapy should be emphasized.

5th, 6th and 7th session: exposure psychotherapy

Guided imagery is a sort of meditation that helps people concentrate on the here and now. The client was gradually prepared to face his problems, and he was exposed to his fears through the use of guided imagery. Following the realization that the client was eager to tackle his fears, the therapist continued to expose him to the Flooding approach. This technique required the client to be exposed to his most major phobias, one of which being the fear of being alone. For the duration of the guided imagery session, the client was left in the treatment room, and the therapist made sure to supply him with a monitor in close proximity so that they could see his reaction. In the aftermath of the client's final guided imagery session, this was done to them without their knowledge or consent. Over the course of each of the three sessions, this approach was carried out until the client demonstrated signs of tranquilly when they were left to their own devices. Assignments were provided to the client's parents, instructing them to implement this method in their own homes and to report their findings and provide comments during subsequent sessions. In addition, there were tasks that needed to be finished.

8th session: termination session

Client was prepared for session termination during the 8th session. During this time, client seemed more relaxed and psychological assessment conducted showed that, client's anxiety level was normal as compared to the previous assessment conducted during the 1st session.

Final session

This session marked the end of psychotherapy for Joel. During this session, client and parents were taken through psychoeducation on the dangers of exposing children without limits. Parental guidance during film shows was advised and client was also admonished to control his being on the screen all the time.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case presentation 8

Intake assessment

Demographic data

Client Name: Comfort Mensah

Age: 58

Gender: Female

Occupation: Trader

Major Languages: Ga and Twi

Location: Teshie Tsui Beloo

Marital Status: Divorced

General Appearance:

she is about 1.8m in height and weighs about 120kg. She was well dressed. She looked indifferent

History of Presentation of Problem

Comfort walked into the psychology unit of The LEKMA Hospital when she was referred there by the doctor she came to see for a check-up on 9th November 2023

Presenting Problem.

Comfort stated that she has been taking alcohol for the past twenty-three (23) years. She said she normally takes Akpeteshie or 2 bottles of beer any time she is about to eat. She said about 2years ago she was admitted to the hospital for the same alcohol abuse. She tried to stop but went back to it after 3 months. According to the client, her ex-husband introduced her to it and now she is addicted. From the doctor is has developed a liver problem and she needs to stop drinking otherwise it can send her to an early grave. Comfort said her husband travelled abroad when they had married for

3 years and came to divorce her because of that she has no children of her own. Now she has been battling with BP for the past twenty years. Now she needs help to stop taking the alcohol.

Family History

Comfort is now in a cohabiting relationship with a man who drinks. She is a market woman so most of her time is spent in the market. When she is at home, she is seen in the drinking bar close to her house.

Educational History

According to her, she has never been to school before.

Social History

She gets her joy from attending funerals and spending time in the drinking bar close to their house.

Case formulation:

From client's history she seems to have been on alcohol for over 20 years which can be deduced that, client is suffering from alcohol addiction.

Case conceptualization

Predisposing factor- client has been exposed to alcohol and encouraged to drink by her ex-husband for a very long time hence, she cultivated the habit of alcoholism.

Perpetuating factor- Client drinking as a coping mechanism for her many emotional feelings including grief of relationship separation from her ex-husband.

Precipitating factor- her invitation to functions where there is excess alcohol and alcohol serving as her appetite booster for food.

Protective factors- client's health seems to be the reason for she considering quitting alcoholism

Observation

Palpitations: Heart palpitations are feelings of having a fast-beating, fluttering or pounding heart. Client is experiencing this symptom due to prolonged intake of alcohol.

Trembling: Observable trembling and swaying resulted from the client's cessation of alcohol consumption following hospitalization. Thus, excessive alcohol consumption acclimates the brain to a diminished state of stimulation. A heavy drinker's brain is inundated with increased activity as alcohol exits the body; the nervous system becomes hyperactive; and alcohol tremors or shivers may occur.

Treatment plan

Psychoeducation: Psychoeducation is a therapy approach that provides information, awareness, and support for individuals struggling with addiction, compulsive behaviors, and mental health conditions like depression or anxiety. It involves engaging the left hemisphere of the brain to process information and regulate strong feelings associated with addiction. This approach empowers patients to take control of their lives, demonstrating the power of knowledge in overcoming addiction.

Cognitive restructuring: Individuals diagnosed with drug problems often have a wrong brain wiring, leading to a pattern of thinking that leads to substance use or drinking. To address this, a cognitive restructuring is necessary, requiring a new way of thinking that addresses the underlying issues.

Counselling Theories and techniques used

- *Cognitive Behavior Therapy*

Cognitive-behavioral therapy (CBT) is a clinical approach used to manage mood disorders and addictions like alcohol use disorder (AUD). It focuses on the theory that

negative thoughts and emotions contribute to maladaptive behaviors, such as substance use. CBT helps individuals remove self-sabotaging thoughts that fuel drug or alcohol abuse and replace them with healthier thoughts or cognitive restructuring. Recognizing thought patterns and their impact on feelings and behaviors improves well-being and sobriety. Thoughts and feelings can significantly impact one's life and health, especially during recovery. Positive thoughts, feelings, and habits can enhance well-being and sober living skills, while negative thoughts can harm one's life, health, and recovery.

- *Dialectical Behavioral Therapy*

Dialectical behavioral therapy (DBT) was initially developed to treat long-term suicidal behaviors but has since been applied to treating borderline personality disorder, a mental health issue often linked to substance abuse. DBT aims to help patients improve their lives by balancing the desire to avoid painful experiences with the need for acceptance, promoting change and acceptance.

- *Contingency Management*

Contingency management (CM) employs rewards to encourage behavioral changes, offering small prizes or vouchers for positive behaviors like abstinence. Reward values can remain constant or increase with abstinence, while stopping in the event of negative behavior like relapse.

Treatment course

1st session: Rapport building and initial assessment

The therapist focused on building a cordial relationship with client through open health conversations which led to client expressing her vulnerability through the sharing of her sad past story. This made her feel relaxed and comfortable. The client

was then taken through the ethics and concepts of confidentiality and its breaches, anonymity, among others. Client sharing her story made it easy to proceed with history taking by gathering the client's past story as well as their social, educational, mental, and familial histories. Also, just like all other sessions, the client was informed about the framework of the entire counselling method, including the number of sessions and their time. This session is critical since it will affect the success of future sessions

2nd and 3rd sessions: Psychoeducation and Motivational interviewing

Client was taken through psychoeducation on the dangers of alcoholism and was made to explore how she has felt over the period of time. This was to practicalize the psychoeducation to give client a better understanding on the dangers associated with alcohol addiction. Client's strengths were also highlighted using motivational interviewing to enable client identify her capabilities and willpower as a person. It was also to enable client achieve and identify her strengths to the full potential.

4th, 5th, and 6th sessions: Cognitive Behavior Therapy

Cognitive behavioral therapy (CBT) is a mental health counseling method which aims to help individuals overcome addiction by addressing problematic thoughts and feelings. This was used as a technique for client to identify connections between her thoughts, feelings, and actions, thereby increasing her awareness of how these factors impact her recovery. this was also to get client well prepared for referral to the addiction centre

Referral and termination

Client's session was terminated after the 6th session and was prepared adequately for Rahab as suggested by client and her relatives.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY

Case presentation 9

Intake assessment

Demographic data

Client Name: Mavis Asiadi

Age: 35

Gender: Female

Spouse's Name: Frances Aklikokou

Occupation: seamstress

Major Languages: Twi and English

Location: Teshie Camp 2

Patient of the LEKMA Hospital

General Appearance:

she is about 1.8m in height and weighs about 90kg. she was well dressed. She was not looking worried about her situation. She walked into the unit by herself.

History of Presentation of Problem

Mavis was referred to the psychology unit of the LEKMA Hospital from the maternity unit on the 10th August 2023 after she came for review at the unit.

Presenting Problem.

The client had a stillbirth on the 26th August after undergoing an induced labour. The pregnancy was 28 weeks old when the baby died which she got to know when she came for normal antenatal on that day. According to her, everything was going well in the first and second trimesters. Said she could feel the baby's movement even the Sunday before the Monday she came for the antenatal. Mavis said it was that day's scan she took that revealed that the baby was not moving and it had already happened

even before the scan was taken. She said she had no gestational health issues like diabetes or hypertension. Again, she said from the doctor's viewpoint her body may be rejecting the baby or the baby would have been disabled. Mavis said that she has been crying and it hurts her a lot. She is finding it difficult to accept the whole situation. She said although she had two other children, she still can't come to terms with the fact that she lost this particular one. That was the reason why the Doctor referred her to the psychology unit.

Family History

Mavis said the husband has been very supportive since it happened and that is keeping her and it is making her strong.

Educational History

No educational information was given

Social History

Her life is centered around her work and family (husband and children). Also, she said she gets involved in church programs from time to time. Together it has been of great help which is helping her to cope very well.

Case formation

Client is experiencing grief due to the loss of her child. According to her, the pain of going through many months of pregnancy is unbearable talk less of loosing the child in the process. This has put her in a very low mood and is unable to pull herself together.

Case conceptualization

Predisposing factors: the loss of her child during pregnancy her put her in a very bad state especially when everything seemed to be going on normal until the sudden changes which came as a flash of light.

Precipitating factors: the gender of the child is a factor for her great hurt and loss. According to client, she has 2 girls and wished to have a son to end her tenure of pregnancy. She cannot come to terms that she's lost the possible son she hoped for.

Perpetuating factors: client seeing new mothers with their babies in the ward serves as a constant reminder of her great loss of the bliss of motherhood.

Protective factors: client's source of encouragement is the fact that her husband is supportive and she has other children who look up to her.

Observation

Sadness: client feels and looks sad and somewhat disappointed due to the sudden loss of her child. This has put her into the state of depression.

Sense of hopelessness: just as she explained, client seems to have lost hope since this is her third attempt to get a baby boy only to lose it. This has put her in a devastated mood and is unable to snap out easily.

Confusion: client doesn't know which step to take next- as to whether to give up or try again. She is in the state of confusion due to the fear of the unknown.

Treatment plan

Counseling and emotional Support: this is to encourage client that she has strength and people who are readily available to support her in this time of crisis. Client identified support systems like her husband, children and mother.

Trauma Recovery and Emotional Healing: Weekly counseling sessions focusing on trauma-informed therapy to address emotional distress, build coping mechanisms, and facilitate healing from past traumas.

Theories

- *John Bowlby's attachment theory*

Bowlby's Attachment Theory identifies four key characteristics of attachment: proximity maintenance, safe Haven, secure base, and separation distress. It suggests a cause-effect relationship between early attachment and subsequent reactions to bereavement. Bowlby's theory suggests that grief is an instinctive universal response to separation. When attachments are broken or lost, individuals experience distress and emotional disturbances like anxiety, crying, and anger. Client's feeling of loss and grieving is in line with what this theory says due to the bond formed between mother and child.

- *Kubler-Ross Five stages of grief*

Kubler-Ross (1969) outlines the four tasks of mourning: accepting the loss, working through pain and grief, adjusting to the deceased's environment, and emotionally relocating the deceased. He warns that grief is not a rigid process and that bereaved individuals may move between tasks. The five stages of grief are denial, anger, bargaining, depression, and acceptance, providing a framework for learning to live with the deceased. Client going through these stages of grief will enable her come out of her low moods and be hopeful again

Treatment Course

treatment course lasted only three sessions due to client's timely discharge. Treatment was also somewhat challenging since client was on admission and in an uncomfortable space which served as a constant reminder. The three sessions are outlined below:

1st session: Rapport building and consolation

Much could not be done since client was in a fresh state of grief. Therapist however managed to provide that healthy state of comfort, building rapport and trust with client. Client also was able to recount her story amidst her grief hence, history taking was achieved.

2nd and 3rd sessions: brief grief counseling

Grief counseling involves using various techniques to help clients cope with grief, emphasizing its role in mental health issues. using Kubler-Ross Five stages of grief, client was taken through grief counseling to help her grief healthily over her loss. These stages included denial, anger, bargaining, depression and acceptance. Acceptance and commitment therapy (ACT therapy), a type of mindful psychotherapy was also used to help helps client focused on the present moment and accept thoughts and feelings without judgment. This aimed to enable her move forward through difficult emotions and channel her energy into healing instead of dwelling on the negative.

Unfortunately, client was discharged and did not return for therapy after the 3rd session. However, the 3rd session ended with client feeling at ease and energized.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY

Case Presentation 10

Initial Assessment

Client Name: Doris Blankson

Age: 69

Gender: Female

Occupation: Pension

Major Languages: Ga, little Twi and English

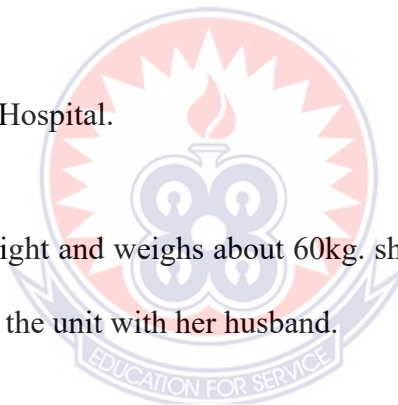
Location: Teshie

Marital Status: Married

Patient of the LEKMA Hospital.

General Appearance:

she is about 1.4m in height and weighs about 60kg. she was well dressed. She looked happy. She walked into the unit with her husband.



History of Presentation of Problem

Doris walked into the psychology unit of the LEKMA Hospital with her after being referred by the doctor they visited on the 7th of September 2023.

Presenting Problem.

The diagnostic provided by the physician indicated that it was a possible instance of Alzheimer's R/O Dementia. She also mentioned that she had a tendency to forget things. She is so influenced by her husband that she is even capable of forgetting the meal that she consumed the day before, to the point where she forgets where she dwells. The spouse claims that it began roughly two years ago, and it has continued ever since. Through more investigation, the counsellor came to the conclusion that she

had lost a kid, which was a very difficult experience for her because the daughter in question was her friend. Almost immediately after that, the forgetting began to set in. Doris stated that she continues to experience anguish whenever the death of her daughter is brought up, and even the counsellor witnessed her breaking down and beginning to cry when the death of her daughter was brought up, which surprised her husband.

Family History

Doris lives with her husband and grandchildren at Teshie. The husband is her coping system so they go everywhere together.

Educational History

She completed Middle School.

Social History

Doris said she spends most of her time at home with her husband and she cannot go out alone because of her current situation.

Case formation

Client is experiencing memory retardation due to old age. This can be said according to client's age associated with research on dementia. Dementia is a mental function decline that significantly affects daily living, affecting memory, reasoning, language, coordination, mood, and behavior. It develops when brain parts involved in learning, memory, decision-making, or language are affected by infections or diseases, affecting the ability to function at a previously higher level. However, it is obvious client's health has also deteriorated because of the demise of her first child and daughter whom she saw to be her best friend and confident as described by client and her husband. This has put client in the situation of focusing her attention on the memories of her late daughter hence, heightening the memory loss, client is in grief as

she is unable to come to terms with the demise of her daughter and friend; and this seems to have complicated her health issue.

Case conceptualization

Predisposing factors: Madam Doris is currently experiencing cognitive impairment due to her age.

Contributing Factors: Other health conditions such as depression, anxiety, and stress have exacerbated the impairment of her cognition.

Perpetuating factors: The abrupt death of her supportive daughter led to a complete emotional shutdown as she struggled to cope with the rapid events, exacerbating her condition.

The client benefits from strong family support, particularly from her husband, who is understanding of her situation and eager to offer essential assistance. The client appears to be attempting to substitute her own achievements with those of her grandkids, who are the progeny of her daughter. She has found comfort in them and now has a family of her own. She has also admitted to utilizing her daughter's items to feel closer to her and lessen the impact of her absence.

Observation

- *Grief:* The client appears to be in a state of profound grief as she attempts to come to terms with the loss of her daughter and her closest friend. It is clear that she has devoted a considerable amount of her life to cultivating deep relationships with her daughter, and it is also clear that their connection goes beyond the traditional mother-daughter relationship. She appears to have kept memories of her daughter, which are obviously happy ones, despite the fact

that she is undergoing memory loss. This is the case since she appears to have retained these memories. Her body is now fractured and broken as a direct consequence of this issue.

- *Aging*: It would appear that the customer has reached an advanced age. According to research, one of the potential risk factors for Alzheimer's disease is getting older. It has been determined by the client's demographic data that she is 69 years old, which is an age that is regarded to be at risk for dementia. An understanding of the client's experience with cognitive retardation is achieved as a result.
- *Depressed moods*: the client's life has been filled with unforeseen events that have caused her to feel sad and have caused her to be in a state of depression. One possible explanation for the depth extent of the client's current situation is that this is a factor.
- *Anxious moods*: The client looked to be experiencing a significant level of anxiety for the entirety of the first therapy session, and the evaluation results provided evidence to confirm this perception. The fact that she is unable to comprehend the sudden shifts in her life that have caused her to feel worried is the root cause of her anxious feelings.

Treatment plan

- *Brief grief therapy*: Grieving is usually recognized as both a process and a state. Those in the midst of it typically pass from a period of life-altering loss to one of relative stability. Taking the client through grief therapy thus will serve as a premise for healthy grieving which is of importance to client's health especially at this stage of her life.

- *Psychoeducation*: The behavioral and psychological symptoms of dementia can be managed by the application of psychoeducational and psychosocial therapies, which have been proven to minimize the emotional strain on family members when these interventions are implemented in home-based settings.
- *Social skills and activities*: Maintaining social connections is beneficial for mental wellbeing and confidence. Engaging in activities like dance, swimming, or walking can help maintain social interaction. Arts-based activities like drawing, painting, drama, and book clubs can also be beneficial. Client was taken through some repeated social activities to enhance memory recall.
- *Memory enhancement activities*: People with dementia may not be able to engage in activities due to their reliance on the senses. Activities may need to be simplified and focus on the senses like sight, hearing, touch, taste, and smell. Activities may include playing music, interacting with objects, and hand massage can help. Playlist for Life promotes music with personal meaning for dementia patients, while Active Minds develops activities for dementia-affected individuals. Client was taken through a playlist of activities she used to perform during her prime days and was made to draw an activity schedule as part of therapeutic interventions.
- *Mindfulness practice*: The practice of mindfulness meditation frequently involves concentrating on one's breathing. Simply said, you are paying attention to how you are feeling at that same time without passing judgement on any thoughts or emotions that may come up. One method of relaxation and introspection that might be useful to those living with dementia and those who care for them is mindfulness.

Counselling Theories and Techniques Used

- *Psychology and aging*

For the most part, contemporary biological theories of ageing in humans can be divided into two primary categories: damage or error theories and programmed theories. Those who subscribe to the programmed theories believe that the process of ageing is governed by a biological schedule, which may be a continuation of the schedule that governs the growth and development of children. Alterations in gene expression that have an effect on the systems that are responsible for maintenance, repair, and defense responses would be necessary for this regulation to take place. The environmental assaults on living organisms that generate cumulative harm at various levels are the focus of the damage or error theories, which are the ideas that explain the process of ageing. This clearly explains the client's condition being associated with aging and the loss of her daughter which can be termed as environmental assault, generating more harm than good in client's life.

- *Attachment theory*

studies suggest age-related changes with regard to the number and type of attachment figures, with older adults, compared to younger adults, having less attachment relations. Moreover, so-called symbolic attachments (e.g., to God or a deceased loved one) become more prominent in old age. This explains why client is greatly affected by the demise of her child. It is with no doubt that client has formed a great relationship with her daughter hence the attachment being broken by her sudden demise has been daunting on client's health and wellbeing, Second, the quality of attachment changes with increasing age, with significant decreases in attachment anxiety, but not in attachment avoidance. This also explains client's experiencing anxiety due to the circumstances she finds herself in. There is some evidence

suggesting that attachment-based interventions show positive effects in treating problem behaviors associated with dementia.

- **The five stages of grief**

The five phases of grief model, which was established by Elisabeth Kubler-Ross, is a method for comprehending grief in its broadest sense. In addition to being non-linear and having the potential to be experienced at various periods, the model is frequently described in order. Denial, anger, bargaining, sadness, and acceptance are the stages that are followed by acceptance. The initial sensation of numbness and the presence of someone who has passed away is how denial manifests itself. Anger is a natural emotion that is experienced following the death of a loved one, and it is frequently brought on by thoughts of unfairness or the inability to carry out plans. When someone engages in bargaining, they are attempting to improve their condition by making deals with themselves or with God. Depression is a severe condition that strikes in waves over the course of months or years and can be frightening. Acceptance is the process of gradually coming to terms with the suffering and the loss of a loved one, while simultaneously maintaining a close relationship with the memories of people who have passed away. In client's situation, she was in the state of depression and could barely navigate through the stages of grief as she mourned her great loss.

Treatment course

Client was taken through a 24 weeks of treatment bases on her progress rate associated to her aging. Below are details of client's sessions:

- *1st and 2nd sessions: Rapport building*

Establishing a rapport and trust with the client, who was experiencing a great deal of anxiety owing to the strange surroundings and the absence of familiar faces, was the primary focus of these two weeks activities. During this session, the client was extremely disturbed and upset because she got the sense that she was going to be wounded when she was actually going to be hurt. Through consistent conversations about the client's children and other topics that she was already familiar with, we were able to assist the development of a favorable rapport with the client.

- *3^{rs} and 4th sessions: Psychological Assessments*

Following Doris' presenting complaint as well as medical history, these sessions the therapist conducted series of psychological assessments on client. Several assessment tools were used to test her attention and concentration, memory, calculation, conceptual thinking and orientation as well as other psychological challenges. Client was calm and receptive hence assessment Measures were successful. Client's husband also aided in the assessment of client's issues since client was unable to cooperate fully despite her receptiveness.

MOCA (Montreal Cognitive Assessment)

The Montreal Cognitive Assessment (MoCA) is a brief screening instrument for dementia that is sensitive to executive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuospatial skills, conceptual thinking, calculations, and orientation. Time to administer the MoCA is approximately 10 minutes. The total possible score is 30 points; a score of 26 or above is considered normal. The MoCA has been shown to be useful in identifying cognitive dysfunction in several illnesses. Client used 1 hour 17

minutes to complete the MOCA and had a total score of 6 out of the total score of 30. This indicated an impairment in client's cognitive functioning.

DASS 21

The DASS-21 is the short form of the DASS-42, a self-report scale designed to measure the negative emotional states of depression, anxiety and stress. including difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Client scored 34 on depression, 14 on anxiety and 26 on stress. The assessment was done with the assistance of the therapist and client's husband, since client had an impaired cognition. The scores on the Sass-21 indicated that client was extremely depressed, had a seemingly high anxiety level due to her current circumstance and was extremely stressed also.

Symptoms checklist

The Symptom Checklist-90-R (SCL-90-R) is a relatively brief self-report psychometric instrument (questionnaire) published by the Clinical Assessment division of the Pearson Assessment & Information group. It is designed to evaluate a broad range of psychological problems and symptoms of psychopathology. It assesses somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. client had a high score on depression followed by anxiety, then psychoticism.

- ***4th sessions: psychoeducation***

The term "psychoeducation" refers to an all-encompassing method that integrates educational components with counselling and supportive treatments. It is possible to provide it either one-on-one or in groups, and it can be customized or standardized. It included offering the client and her husband with information on treatments,

symptoms, resources, and services, as well as training to provide care and skills for problem-solving in order to cope with cancer. The intervention was interactive and adopted a face-to-face approach. For the purpose of educating the client and her spouse on the client's condition, this was accomplished through the use of brief films, articles, and other materials.

- *5th to 10th sessions: grief therapy*

Grief counseling is a crucial process that involves using various techniques to help clients cope with various forms of grief. Grief can be divided into instrumental grieving, which involves controlling grief and surroundings, and intuitive grieving, which involves intense emotional swings and moods after a loss. The five stages of grief are denial, anger, bargaining, depression, and acceptance. Client was guided through the various stages of grief as client had spent quite some time in the depression stage of grief. Since client was already experiencing depression, she was helped to navigate this stage. Depression is when the great loss begins to deeply affect one's life, and it can be triggered by various factors. Factors leading to client's depression were explored and addressed. Client naturally moved from the depressed stage to the denial stage. The Denial allows us to fully register the pain, shock, and disbelief over our loved one's death. During this stage, client was made to explore her feelings and thought with regards to the demise of her daughter. Anger is another natural reaction, allowing us to be angry in healthy ways and know it's not bad. Since client was already expression anger tantrums, therapist assisted client to have healthy reasons for expressing anger. Client wished she had rather exchanged her life with that of her daughter's. this is the bargaining stage. Bargaining after a loss typically involves "if only" statements focused on regrets about what she could have done or didn't do before her daughter died. Client found a healthy reason for accepting her

daughter's demise by coming to terms that it was God's will and that her daughter had suffered from her illness and needed rest. Client's acceptance meant accepting the new reality of her life, and the goal of grief work was to remember her with more love than pain. Client was then able to embrace Acceptance and commitment therapy.

- *11th session: reassessment and ACT*

Client was reassessed to ensure she was no more in that deep state of depression. The therapist then went ahead to introduce the Acceptance and commitment therapy. Acceptance and commitment therapy, also known as ACT, is a form of psychotherapy that is based on mindfulness and aims to assist individuals in concentrating on the here and now while accepting their thoughts and emotions without passing judgement on them. Its purpose is to assist individuals in overcoming challenging feelings, concentrating on the process of healing, and committing to a constructive attitude. Building rapport, gaining a profound awareness, investigating fundamental principles, committing to the therapy, and making adjustments were all components of the structure of the therapy session. By cultivating a nonjudgmental acceptance of one's thoughts and feelings, mindfulness exercises and techniques were utilized to provide support for acceptance and commitment therapy (ACT). ACT therapy is a valuable technique for improving mental health because it can bring about feelings of serenity, purpose, and a revitalized sense of happiness. Mindfulness practice can bring about these benefits.

- *12th and 13th sessions: practicing mindfulness*

During these sessions, therapist and client continued to explore mindfulness techniques as it was essential for client's condition. Meditation is a technique that entails being aware of one's feelings and sensations without passing judgement on

them. Mindfulness is a meditation practice. Utilizing techniques including as breathing, guided imagery, and other practices, it helps to relax both the body and the mind, which in turn helps to alleviate stress. Anxiety, despair, and stress are among symptoms that can be brought on by excessive thinking. By engaging in mindfulness activities, we are able to redirect our focus away from negative thinking and towards the world that actually exists.

It has been demonstrated that meditation is useful in treating a variety of illnesses, including stress, anxiety, pain, and dementia, amongst others. Participating in activities such as paying attention, living in the present now, accepting oneself, and concentrating on one's breathing are all examples of mindfulness exercises.

The body scan meditation, sitting meditation, and walking meditation were some of the structured mindfulness exercises that were investigated. The practice of body scan meditation requires concentrating on each individual area of the body, whereas seated meditation entails concentrating on the breath and paying attention to any thoughts or feelings that arise in the body. In the practice of walking meditation, one walks gently in a calm environment while concentrating on the feelings and subtle motions that help one to maintain balance.

- *14th to 18th enhancing recall*

In particular for patients suffering from Alzheimer's disease, vascular dementia, and other types of dementia, memory exercises have been shown to be an effective way for improving people's ability to remember and carry out daily activities. These exercises present a challenge to the brain, encourage maintaining an active social life, and provide a sense of control, all of which can be beneficial in situations involving anxiety and depression. Memory exercises should be kept tough and fascinating in

order for them to be effective. You should begin with basic levels and progressively increase the difficulty as you see improvements in your memory.

A total of seven memory tasks were performed on the client, and they were broken down into three categories: recall, sequence, and matching. Recall activities required participants to recall a list of things, numbers, or facts, whereas sequence exercises required participants to repeat a sentence that was between three and four words long in the opposite order over and over again. For the memory match activities, the client was instructed to locate pairs of items that were either identical or related. Games such as scrabble and word puzzles were encouraged to be played at home as homework assignments.

Assignment: client was given assignments such as going for regular walks, completing word problems, sketching route maps to and from known areas, and learning the names of significant people and things in her life.

- *19th to 20th sessions: social skills*

During these sessions, client was taking through some social skills like effective ways of communicating with others, embracing teamwork at home and managing anger and tantrums in public. These were challenging tasks for client as her condition didn't put her in a better place for these practices. Client was also encouraged to go for walks using road mappings, practice cycling with her grandchildren and going for vacations for relaxation.

- *21st session: diet planning*

A dietician was invited to this session to assist client and her husband draw a healthy diet plan for them since they were old. Nutrition is crucial for overall health, with

fruits, vegetables, whole grains, and lean protein being key components. Antioxidants, particularly in brightly colored fruits and vegetables, are essential for maintaining healthy cells. Leafy greens like asparagus, turnip, collard greens, broccoli, and spinach are rich in beta carotene, beneficial for brain health. Fish, particularly fatty, cold-water fish like salmon or trout, are rich in omega-3 fatty acids, EPA, and DHA, which are being studied for their potential against dementia. Berries are high in fiber, low sugar, and antioxidants, beneficial for brain health. Whole grains are linked to a lower risk of dementia. Client and her husband were encouraged to embrace these food options to help manage client's condition.

- *22nd and 23rd sessions: termination of therapy*

These sessions were dedicated to terminating therapy as client found it quite challenging since she saw therapist as her daughter. Although that transference made therapy successful, winning client off became quite challenging. Therapist and client therefore came to an agreement of keeping contacts for periodic checkups to help client cope well.

- *24th sessions: final therapy*

The final session was used to refresh client and her husband's memory on what has been done so far during the period of psychotherapy. Therapist focused on the skills taught and encouraged client and her husband to practice them religiously.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case Presentation 11

Initial assessment

Demographic information

Client Name: Pascaline Akakpovi-Amuzu

Age: 44

Gender: Female

Occupation: seamstress

Major Languages: Ewe, Twi and English

Location: Nungua Estates close to the Catholic Church

Patient of the LEKMA Hospital.

General Appearance:

she is about 1.7m in height and weighs about 70kg. she was not well dressed. She was in a good mood. She walked into the unit by herself.

History of Presentation of Problem

Pascaline was referred to the psychology unit of the LEKMA Hospital from the ENT Division of the hospital on the 28th August 2023 after she came to check her ear and throat which were giving her problems.

Presenting Problem.

The client said she came to the ENT for a checkup, and that was when she was asked to go for a malaria test. She said she complained that she was angry because her BP was high and when they inquired, they realized she had an anger issue which was why she was referred to the psychology unit. When the counsellor started talking with the client, she said everyone was against her in the husband's house and they were against her because they were all envious of her. From the client, they accuse her of so many

things like stealing and prostitution. The client said she could see that the BP drug was affecting her. She kept on saying the husband's family didn't like her. She also said she has been taken to psychiatry before and she was given some medications.

Family History

Pascaline is now separated from her husband due to her behavior which resulted in the husband abusing her. She has four children who are all in school but come home when on vacation. According to her they are all following their father and fighting her.

Educational History

She has completed senior High School and learnt how to sew which she is currently doing.

Social History

Her contact with people is limited since she sees that everyone is making fun of her and they are all against her.

Case formation

Client has negative thoughts about herself due to her anger issues. Client's constant blame on everyone for being against her even including her medication not working for her is an indication that client is experiencing negative thoughts about life. It is certain that, client is hallucinating also.

Case conceptualization

- *Predisposing factors:* One of the predisposing elements is the client's temperament, which may be the underlying cause of the condition that she is experiencing. It is quite clear that the client struggles with anger and is unable to have control over her rage. In spite of the fact that they are in therapy, the client appears to become furious at virtually anything and reacts to even the smallest of things.

- *Precipitating factors:* Factors that precipitated the illness include the client's current state of health, which is another element to take into consideration. It is likely that the client would have discomfort as a result of the medicine because they have high blood pressure. It's possible that this will make the client's incapacity to control her feelings even worse.
- *Perpetuating factors:* Factors that perpetuate the problem include the fact that the client's husband and children appear to provide little to no support for the client's condition. This has led to an increase in the client's angry tantrums and has also prevented the client's high blood pressure from being effectively managed.
- *Protective factors:* There is a protective component in that the client did not say anything that she is looking forward to or admires. On the contrary, she views herself as someone who will be better off if she is in good health and if everyone understands her. Client is however dependent on her spirituality and is comforted by God in her situation.

observation

- *hallucination:* client seems to be hallucinating. She suffers a hallucination in which she believes that she is being attacked by pictures, which the hallucination causes her to feel frightening. Additionally, she feels that her in-laws are the ones who are responsible for the stench of other people's armpits all throughout her possessions, and she believes that they are the ones who are doing it.
- *Sadness:* client expressed profound sadness throughout the first session and found nothing amusing to smile about even at cracked jokes. She however

would giggle smiles at the corner of her lips in exchange for profound laughter. Client seemed to be lost in her own world of thoughts.

- *Spiritualization*: client spiritualized almost everything in therapy. To her, that is her topmost priority and that was the centre for our existence. Client would pray at the beginning and end of every session and would refer to bible scriptures from the internet to back whatever is said during therapy. She also emphasized on seeing God seated beside her in therapy and confirmed things she was hearing contrary to whatever the therapist said.
- *Self-doubt*: client also doubted herself so much that, she sees herself as not too beautiful. She doesn't see any good in herself and refers to herself as hopeless.

Counselling Theories and Techniques Used

- *Recalibration Theory of Anger*

The recalibration hypothesis of rage proposes that it is an emotion that has developed throughout time as a result of natural selection in order to reach more favorable agreements. The theory proposes that anger is a behavior-regulating programme that has been built into the cerebral architecture of the human race over the course of time. It also suggests that anger originates from the craving for power. Anger is a natural and uncontrollable emotion that manifests itself in children and is an essential component of human biology. A neurocognitive programme that was built by natural selection is said to be responsible for the production of anger. This programme employs negotiating strategies in order to settle conflicts of interest in favour of the individual who is furious.

- *Anger induced hallucinations*

Intense negative emotions such as stress and anger can make people particularly vulnerable to hallucinations, as can conditions such as hearing or vision loss, and drugs or alcohol. It is believed that the mental processes which operate during hallucinations include memories and images which the brain has difficulty controlling. The way that individuals react to their hallucinations also impacts on how they feel about them. From this, we can deduce that client's bout of anger and inability to control her emotions could have led to her hallucinations

Treatment course

- *1st week: Rapport building*

This week's primary focus was on establishing trust and rapport with clients, as well as making them feel at ease. In the course of this session, the client had a great deal of mistrust built up in her because she believed that everyone was working against her. The process of establishing rapport was pretty difficult. The therapist, on the other hand, utilized countertransference by narrating stories in order to alleviate the client's anxiety as she became aware that she was not alone.

- *2nd week: anger management (psychoeducation)*

Anger management is a cognitive behavioral therapy that helps individuals handle angry situations. It can be one-on-one or group counseling, and may involve taking anger management classes. In client's case, it was a one-on-one therapy as client had build a good rapport with therapist and was willing to cooperate. Client was giving a brief psychoeducation on anger management and why it was needed with reference to her high blood pressure.

- *3rd week: cognitive restructuring:*

Addressing problems from a different perspective can help overcome barriers caused by our inbuilt survival instinct to focus on threats. By actively changing our thought process, we can focus on goals and steps to achieve them, rather than solely on the problem. Client was taken through steps of overcoming automatic thought patterns and ways to rethink situations before action. Overcoming automatic thinking involves several steps: first, becoming aware of her thoughts, which can lead to negative outcomes, through inventorying thoughts by paying attention to the negative details and filtering them out. Second, evaluating and generating more rational thoughts, reflecting on the reasons behind them, was crucial for identifying the truth and focusing on the best performance. Finally, replacing distortion with rational thoughts is essential, requiring reflection and self-awareness,

- *4th session: anger management (problem-solving skills)*

Problem-solving is an important ability that can lead to the resolution of conflicts and differences without the use of anger and frustration for the parties involved. Although anger is an appropriate response to challenges, it does not fix the problems that are being faced. Emotional reactions have the potential to turn our actions into a contributor to the problem rather than a component of the solution. When issues are not handled, they have the potential to make rage and irritation even more intense. The therapist adopted a five-step strategy for issue-solving, which was developed as part of the Alternatives to Anger programme published in 2013. Each of the five steps consists of:

- ❖ The first step is to recognize the issue at hand without allowing oneself to become preoccupied with it. Client was taught to put her attention on the

"answer" rather than the question of "what went wrong?" Rather than "whose fault it is."

- ❖ Remain calm: Emotions are more powerful than logic, and anger can make problems even more difficult to solve.
- ❖ Don't take it from a personal standpoint: client was encouraged to take charge of her own words and responses to events. To ensure that this statement is fully ingrained in her mind, client was given the assignment to repeat it as many times as necessary.
- ❖ The fourth step was to pay attention to the person who is furious. Pay attention to the sentiments that lie behind the words, as anger frequently conceals feelings of dread and grief.
- ❖ Collaboratively consider potential solutions: client was made to jot down potential opportunities that could be beneficial to all parties concerned.
- *4th week Anger Management (communication skills)*

The ability to communicate effectively is essential to effective problem solving, particularly when the issue at hand is a social or relational issue that involves other people. Because anger causes the focus to move from finding a solution to the problem to either criticizing the other person or defending yourself against criticism, it is a disruptive force that prevents the free flow of ideas. In order to prevent confrontation with another individual, the client was instructed on skills such as how to first think about what she wants to say and how she wants to express it. This is an effective technique to avoid conflict. The client was made aware of the fact that if she is able to articulate her emotions in a clear and understanding manner, she will be less likely to experience feelings of frustration and anger, and the other person will also be less likely to react with rage.

Client was then referred to the psychiatrist for further assessment and treatment for the hallucinations. At this point, client was prepared and fully ready for treatment.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case presentation 12

Initial assessment

Demographic information

Client Name: Faustina Korley Padikie

Age: 37

Gender: Female

Occupation: Nutrition Officer

Major Languages: Twi and English

Location: Tema Community 22

Marital Status: Married

General Appearance:

she is about 1.5m in height and weighs about 60kg. She was well dressed. She looked very disturbed and had dark circles around her eyes

History of Presentation of Problem

Comfort walked into the psychology unit of The LEKMA Hospital when she was referred there by the doctor she came to see for a check-up on 10th November 2023

Presenting Problem.

Faustina said she is a newly posted officer to the Tema General Hospital. She said since she was posted there, she has not been herself and finds it difficult to even sleep. According to Faustina, she feels stressed and tired to the extent of sleeping with the help of medications. She said she realized she was in the wrong field as a rotational nurse so she diverted to nutrition thinking that would solve the problem but the problem was still there. She was contemplating quitting the job when she visited. Probing further by the counsellor, it was found that Faustina is afraid of death and

dead bodies. It happened that the nutrition office of the hospital is the way they used to mostly send dead bodies to the mortuary and the sound of the stretcher scares her to death. It was diagnosed that she was suffering from thanatophobia. To her, she prays a lot and that is what is keeping her. He needs therapy to help her overcome the fear so she can concentrate on her work anytime she is at the hospital. Again, she is struggling with the fear of her mother dying.

Family History

The husband understands her situation and he is her source of encouragement. They have no children yet.

Educational History

She holds a diploma in General Nursing and a Diploma in nutrition nurse.

Social History

Faustina spends most of her time in the house and makes excuses often to avoid the scenes and sounds at the hospital. She also spends more time praying.

Case formulation

Based on the data that has been gathered, it would appear that Faustina is experiencing anxiety as a consequence of some unresolved sadness that she has had in the past. This sadness keeps reoccurring without her conscious awareness, and it appears that she is unconsciously experiencing it.

Case conceptualization

- *Predisposing factors* – One of the experiences that a client has had is loss of loved ones in the past. According to the client, the most major consequences of grief that she encountered in her life were the loss of her grandmother and a friend. She experienced these effects in the most severe way.

- *Precipitating Factors*- her mother's sudden illness due to old age. Client says her mother has been frequently ill Which has been another source of fear to her.
- *Perpetuating Factors*- seeing hospital trollies. This has been a constant fear and discomfort on the side of the client. To her, she changed profession from nursing to nutrition with the notion of avoid seeing trollies. However, this unavoidable item at the hospital has been another source of constant fear and reminder, adding onto her stress.
- *Protective Factors*- her husband has been her major source of strength. To her, her husband has been understanding and supportive throughout this phase of her life.

Observation

Faustina is experiencing anxiety due to unresolved sadness from past experiences which spurs from the demise of significant people in her life. These has instilled some form of fear in client hence causing the discomforts at work due to trolley sounds. This has gone further to causing client's unwillingness to go to work with the fear of coming into contact with the trollies hence seeing corpse.

Treatment plan

- *Psychoeducation*: Psychoeducation combines the elements of cognitive-behavior therapy and education. The basic aim is to provide the client knowledge about various facets of her condition. client will receive psychoeducation in order to demonstrate how the sensations linked with trollies manifest themselves and to assist the client in normalizing her situation. This will be done in order to improve the client's overall experience.

As part of psychotherapy, psychoeducation is to aid in bringing her circumstances back to normal.

- *Cognitive restructuring*: CBT coping skills such as cognitive restructuring can help change thought patterns that lead to anxiety.
- *Motivational interviewing*: When it comes to therapy, motivational interviewing is a technique that involves improving a patient's drive to change by utilizing four guiding principles, which are symbolized by the acronym RULE. These principles are as follows: resist the righting reflex; understand the patient's own motives; listen with empathy; and empower the patient.
- *Relaxation*: Relaxation involves more than mere mental tranquilly or engaging in a pastime. It is a process that reduces the mental and physical effects of stress. Strategies for relaxation can assist in managing routine tension. And these alternatives can assist with chronic stress or tension associated with a variety of health conditions, including anxiety.

Counselling Theories and Techniques Used

- *Cognitive Behavior Therapy*

Cognitive behavioral therapy (CBT) is a psychological treatment that has been proven effective for various issues such as depression, anxiety, alcohol and drug use, marital problems, eating disorders, and severe mental illness. CBT is based on core principles that psychological problems are rooted in faulty thinking and learned patterns of unhelpful behavior. It involves changing thinking patterns, recognizing distortions in thinking, understanding others' behavior, using problem-solving skills, and developing confidence in one's abilities. It also involves changing behavioral patterns, such as facing fears, using role playing, and calming the mind and body. CBT approach to death anxiety centers on developing more helpful and balanced ways of thinking

about death, and changing your behavior so that you start to face the fear of mortality rather than running away from it.

- *Anxiety Learning theory*

According to learning behavior theories, the development of some anxiety disorders, particularly specific phobia, is assumed to be caused by a number of learning mechanisms. Specific phobia is one of the most prominent examples of this. There are a few techniques that can be classified under this category. These techniques include classical and operant conditioning, modelling, and vicarious learning.

Treatment course

Client was taken through a treatment course of 8 sessions with the breakdown of session activities below.

- *1st session: Rapport building and history taking*

Trust and rapport are fundamental elements that are critical for the formation and maintenance of a constructive therapeutic alliance. It is the role of the counsellor to assist the customer in developing a rapport. A conducive environment was created to foster the client's willingness to openly discuss her issue with the therapist. The induction form was jointly completed with the client during this session in order to collect pertinent background information and biographical data for the therapy session. The counsellor provided the client with an overview of the counselling process's structure, encompassing the number and duration of sessions, during the course of the session. In addition to guaranteeing confidentiality, specific conditions existed under which it might be compromised. The effectiveness of subsequent sessions may be determined by the outcome of this critical session.

- *2nd session: Psychological Assessment and relaxation techniques*

Client was assessed on a range of psychological tests to narrow client's symptoms for specific diagnosis.

DASS-21

The DASS-21, which is a modified form of the DASS-42, is a self-report scale that evaluates the negative affective states that are associated with stress, anxiety, and depression. Difficulties with relaxing, increased anxiousness, irritability, overactivity, and impatience are all included in this category. The client scored 28 on anxiety, a score of 10 for depression, and a score of 24 for stress respectively. According to the findings of the DASS-21, the client was experiencing a significant amount of stress due to her anxious state. This was evident from the scores on anxiety which appeared to be high level of anxiety as per her current circumstances. Depression was however normal.

Symptoms checklist

The Symptom Checklist-90-R, often known as the SCL-90-R, is a self-report psychometric instrument (questionnaire) that was released by the Clinical Assessment division of the Pearson Assessment & Information company. The purpose of this instrument is to assess a wide variety of psychological issues and symptoms that are associated with psychopathology. Somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism are characteristics that are evaluated by this instrument. Client had high scores on anxiety especially specific phobia. This indicated client's specific fear for trolls.

- *3rd and 4th sessions: Motivational interviewing*

Motivational Interviewing (MI) is a behavior change approach grounded in empirical evidence. It empowers individuals to effect change by facilitating an exploration of their motivations for change in a supportive and empathetic environment. MI is a goal-oriented, collaborative communication style that lies between direction and followership. It enables individuals to effect change by eliciting their own significance, meaning, and capacity for transformation. Fostering a natural process of change while respecting client autonomy, it is founded upon a conscientious and respectful approach to interpersonal interaction. MI is especially beneficial when individuals are ambivalent about change, lack confidence in their ability to effect change, have little desire for it, or consider it unimportant. Compassion, partnership, evocation, and acceptance are fundamental components of MI.

In therapy, the four essential components of MI were implemented: engaging, concentrating, eliciting, and planning. While engaging entailed the establishment of a fruitful professional rapport via attentive hearing, focusing entailed the facilitation of a discussion regarding change and the negotiation of an agenda. The process of evoking entailed tactfully investigating and assisting the individual in formulating their own "why" for change by soliciting their thoughts and motivations. In the planning phase, which investigated the "how" of change, the therapist supported the client in strengthening her resolve to change and creating a strategy grounded in her knowledge and understanding.

- *5th and 6th session: Brief grief counselling*

Grief counselling emphasizes the impact of grief on mental health issues and employs a variety of coping mechanisms to assist clients in managing their grief. By

implementing Kubler-Ross By guiding the client through the five stages of grief, grief counselling assisted her in grieving her loss in a healthy manner. Denial, rage, bargaining, depression, and acceptance comprised these phases. A form of mindful psychotherapy known as acceptance and commitment therapy (ACT) was also implemented to assist the client in directing their attention to the present moment and embracing their thoughts and emotions without passing judgement. The objective was to facilitate her progress through challenging emotions and redirect her energy towards the process of healing, rather than fixating on the negative of death associated to trolleys at work.

- *7th to 10th sessions: Cognitive restructuring*

The 5 Steps of Cognitive Restructuring (CR) is a technique for examining one's thinking when feeling upset or distressed. It helps address any situation where negative feelings are present. Client was taken through the 5 steps to help restructure her negative thoughts about trolleys.

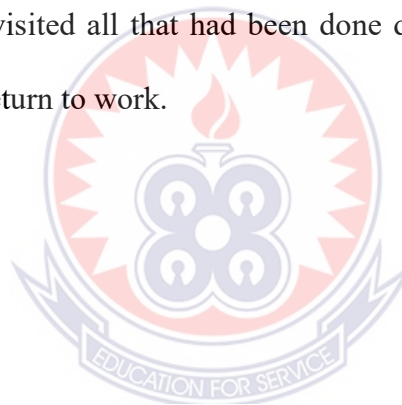
- ❖ Step 1 involved writing down the upsetting situation, identifying the most upsetting feeling, and identifying the thoughts underlying the feelings.
- ❖ Step 2 focuses on identifying the most upsetting feeling, which can be categorized into four broad feelings: fear, anxiety, sadness, depression, guilt, and anger.
- ❖ Step 3 involves identifying the thoughts underlying the upsetting feelings. questions were asked about the expected danger, loss of hope, missing aspects of life, guilt, or anger. this helped client identify multiple upsetting thoughts which led to the identification of the root cause of the situation from her childhood.

- ❖ Step 4 involved evaluating the accuracy of the thought objectively, identifying evidence that supports or makes the thought accurate.
- ❖ Step 5 involved making a decision based on the evidence listed in Step 4 and taking action based on client's decisions.
- *11th session: termination*

This session was the preparation for termination of therapy sessions. Client was reassessed to be sure therapeutic goals had been attained. Results showed that, client was less anxious and prepared to return to work.

- *12th session: final session*

client and therapist revisited all that had been done during therapy to be sure client was well prepared to return to work.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case Presentation 13

Initial Assessment

Demographic Data

Client Name: Emanuela Tetteh

Age: 25

Gender: Female

Occupation: Banker

Major Languages: Twi, Ga and English

Location: Spintex

Marital Status: Single

General Appearance:

she is about 1.7m in height and weighs about 65kg. She was well dressed and well groomed.

History of Presentation of Problem

Emmanuel came to the church's office which double as a counselling unit by herself after a presentation on Depression, anxiety and stress on 3rd August 2023.

Presenting Problem

Emmanuel reported that the pressure at the workplace makes her feel nervous every time she goes to work. According to her the demands of the work and target given are overwhelming for her which is affecting her negatively. Again, these demands at the workplace make her feel restless sometimes which results in her feeling tired and weak. She complains that it is even affecting her sleep now. This is making her think always about the work demands without concentrating on other things in her life.

Family History

She belongs to a four-member family and she is the eldest of two children. She stays with her parents in an estate house. She is from a very supportive family and her father is her close friend.

Educational History

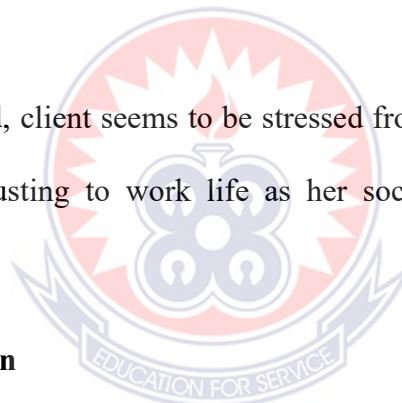
She holds a bachelor's degree in Financing from the University of Ghana

Social History

Emmanuela likes attending the wedding of her friend. She also likes going to church and plays an active role in the church but during the weekdays, most of her time is spent at the workplace. She leaves home early morning and comes late like 10 pm.

Case formulation

From the data gathered, client seems to be stressed from work demands and seems to have a hard time adjusting to work life as her social life seems to be going on smoothly for her.



Case conceptualization

- *Predisposing factors* – workload from client's workplace seems
- *Precipitating Factors*- her not having enough time for other activities like she expected is also adding up to her stress.
- *Perpetuating Factors*- the work environment and waking up on weekdays with the idea of going to work adds on to her stress.
- *Protective Factors*- work activities and programs of her friends are her source of motivation and was of she destressing.

Observation

Faustina is experiencing anxiety due to unresolved sadness from past experiences which spurs from the demise of significant people in her life. These has instilled some

form of fear in client hence causing the discomforts at work due to trolley sounds. This has gone further to causing client's unwillingness to go to work with the fear of coming into contact with the trollies hence seeing corpse.

Treatment plan

- *Psychoeducation*: Psychoeducation took the form of education. The basic aim is to provide the client knowledge about various facets of her condition. client will receive psychoeducation in order to bring her to the conscious awareness of her stressors and ways to cope with stress.
- *Stress Management*: Stress management is a process that helps individuals deal with adversity and lead a healthier life. It involves learning skills like problem-solving, prioritizing tasks, and managing time. It also involves improving emotional awareness, control, and finding meaning in life. Positive stress can lead to growth and change, while negative stress can reduce quality of life. By implementing stress management strategies, client can lead a more balanced and healthier life.
- *Relaxation*: Relaxation involves more than mere mental tranquilly or engaging in a pastime. It is a process that reduces the mental and physical effects of stress. Strategies for relaxation can assist in managing routine tension. And these alternatives can assist with chronic stress or tension associated with a variety of health conditions, including anxiety.

Counselling Theories and Techniques Used

- *Psychological Stress: The Lazarus Theory*

Psychological stress theory focuses on two concepts: appraisal and coping. Appraisal is the evaluation of the significance of something for an individual's well-being, while coping involves individuals' efforts to manage specific demands. The Lazarus stress

theory has undergone several revisions, with the latest version viewing stress as a relational concept rather than a specific external stimulus or pattern of reactions.

Psychological stress refers to a relationship with the environment that a person perceives as significant for their well-being, where the demands exceed available coping resources. Cognitive appraisal and coping are central mediators within this transaction.

The concept of appraisal is crucial for understanding stress-relevant transactions, as it is dependent on actual expectancies that individuals manifest regarding the significance and outcome of a specific encounter. Personal and situational factors, such as motivational dispositions, goals, values, and generalized expectancies, determine the resulting state.

Lazarus (1991) developed a comprehensive emotion theory that includes a stress theory, distinguishing two basic forms of appraisal: primary and secondary appraisal. Primary appraisal concerns whether something relevant to an individual's well-being occurs, while secondary appraisal concerns coping options.

Stress types are distinguished into harm, threat, and challenge, each embedded in specific types of emotional reactions. Coping is closely related to cognitive appraisal and stress-relevant person-environment transactions. Coping actions are classified according to characteristics of the coping process, including behavioral and cognitive reactions.

- *Resource Theories of Stress: A Bridge between Systemic and Cognitive Viewpoints*

Resource theories of stress focus on resources that preserve well-being in the face of stressful encounters. These theories include social support, sense of coherence,

hardiness, self-efficacy, and optimism. The conservation of resources (COR) theory suggests that stress occurs in three contexts: loss of resources, threat of resources, or investment without subsequent gain. Loss of resources is the primary source of stress, contradicting the assumption that stress occurs when individuals are forced to readjust themselves to situational circumstances. Resources act to preserve and protect other resources, such as self-esteem, which can be beneficial for other resources. Following stressful circumstances, individuals have an increasingly depleted resource pool to combat further stress, impairing their ability to cope with further stress.

Treatment course

Client was taken through a treatment course of 9 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

The initial session focused on building rapport with the client to improve her stressful work life. Trust and rapport are crucial for forming a constructive therapeutic alliance. The counselor assisted in building rapport and creating a conducive environment for open discussion. The client completed an induction form to gather background information and biographical data for the therapy session. The counselor provided the client with an overview of the counseling process, including session duration and confidentiality conditions. The effectiveness of subsequent sessions will be determined by the outcome of this critical session

- ***2nd session: Motivational Interviewing***

Motivational interviewing is a counseling method that helps individuals resolve ambivalent feelings and insecurities to find internal motivation to change their behavior. It is a practical, empathetic, and short-term process that considers the difficulty of making life changes. The approach involves coming alongside the person

and helping them understand why and how they might change for themselves. This method was used to enhance client's strength and alienate all doubts.

- *3rd and 4th sessions Relaxation techniques*

During these sessions, client was taken through MBCT. Mindfulness-based cognitive therapy (MBCT) is a modified form of cognitive therapy that incorporates mindfulness practices such as present moment awareness, meditation, and breathing exercises to address difficult situations. It was developed to help individuals fight off difficult frames of mind before they take hold.

- *5th, 6th and 7th sessions: Stress Management and problem-solving skills*

Problem-solving is a crucial tool for overcoming complex stressful events. It involves identifying all aspects of the event, such as behavior, thoughts, and feelings. For instance, client was asked to consider your actions, thoughts, and feelings related to her work demands. Coping strategies included Brainstorming solutions, even though they seem difficult. We also Combined solutions and evaluated them as crucial, considering factors like likelihood of success, cost, and impact on others. The best option was chosen, and the steps needed to take was taken by client to help balance work life with social life

- *8th session: Preparation for termination*

Client was prepared for session termination during the 8th session. During this time, client seemed more relaxed and ready to work heard. She embraced a positive energy to work and was able to meet deadlines which previously seemed difficult. Client was also able to balance work life and social life effectively

Final session

This session marked the end of psychotherapy for client. During this session, had achieved her aim and therapeutic goals ad been achieved successfully.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case Presentation 14

Initial Assessment

Demographic Data

Client Name: Dennis Baffour

Age: 28

Gender: Male

Occupation: Engineer

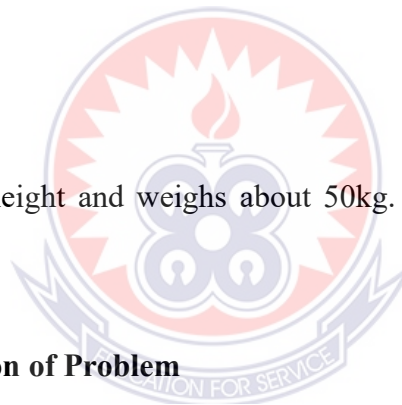
Major Languages: Twi, and English

Location: Nungua

Marital Status: Single

General Appearance:

He is about 1.5m in height and weighs about 50kg. He was well dressed and well groomed.



History of Presentation of Problem

Dennis came to the church's office which double as a counselling unit by himself after church service on 6th August 2023. He was not referred by anyone he came of his own will.

Presenting Problem

Dennis reported that he is having issues with a lady he is interested in and wants to be in a relationship with. He said when he approached the lady initially, the lady said she was not ready which hurt him in a way but he could not force her. Now the lady came back showing interest when he was about to get over her. He said he is confused now because he does not know whether she is serious or she wants to play with his feelings. He said although he is happy, he is dating her now but because of the

confused state of his mind, he is not able to give his all to the relationship which is affecting them.

Family History

Dennis is in a family of four. His biological father is late but he grew up with his stepfather, mother and his stepbrother. Now he is living alone in a rented place in Nungua but is in regular contact with her parents.

Educational History

He holds a bachelor's degree in Aerospace engineering from the Kwame Nkrumah University of Science and Technology.

Social History

He holds a bachelor's degree in Aerospace engineering from the Kwame Nkrumah University of Science and Technology.

Case formulation

Dennis spends most of his time at the workplace. According to him, he works even on weekends. Aside from work, he spends the rest of his time indoors and at church where he plays an active role in the church. Dennis is experiencing doubts in his present relationship. This could be as a result of his struggle to win his partner over to himself for so long. Enough though things have worked in his favor, he still seems not to believe in the new change and is unable to accept the present reality in his relationship.

Case conceptualization

- *Predisposing factors* – Dennis' unsuccessful attempts to win his partner over to himself for a romantic relationship put him in a bad state of uncertainty
- *Precipitating Factors*- the unwillingness and attitude of the lady made Dennis assume he could never have his admiree to himself

- *Perpetuating Factors*- -. the sudden change in attitude of the lady, now expressing so much interest I'm Dennis has increased his confusion, putting him in fear and doubt
- *Protective Factors*- Dennis somewhat is thankful to finally have the woman of his dreams. This is something he has longed for over the years.

Observation

Fear and Doubt: Dennis seemed so afraid and expressed so much doubt about his present relationship. He didn't believe he was finally living his dreams as he almost gave up. Hence his state of confusion, doubt and fear were visible while he recounted his story.

Admiration: even in his state of fear and doubt, Dennis couldn't stop singing praises of his partner. It was obvious how deeply he loved and wanted her. This seemed to be what has kept him going for a while now.

Readiness: Dennis seemed so ready to do anything in his capacity to fight against his fears and doubt; focusing on the positive outcome of his relationship. Even though it was quite at its early stages, Dennis plans to settle down with his partner shortly after a year or 2 hence he needed assistance to erase all the doubts and fears.

Treatment plan

- *Psychoeducation:* Psychoeducation is a sort of education in which the client is taught about many aspects of her illness. The goal of psychoeducation is to bring the client to a conscious understanding of her stresses and how to cope with stress.
- *ACT:* Acceptance and commitment therapy (ACT) is a psychotherapy technique that blends classical behavior therapy with cognitive behavioral

therapy. It teaches clients to cease ignoring and denying their inner emotions, and instead accept them as appropriate reactions to specific events. This awareness enables clients to embrace their difficulties and resolve to making the necessary behavioral changes, regardless of their current circumstances or emotions.

Counselling Theories and Techniques Used

Social Learning Theory

Social learning theory emphasizes the importance of behavior in relationships, as partners learn from their interactions. Positive behaviors foster trust and positive views, while negative behaviors question trust and negatively impact the relationship. These memories and beliefs are incorporated into future interactions. Coercion theory, a subset of social learning theory, explains cycles of behavior, where individuals continue engaging in certain behaviors after receiving a response from their partner. Escape conditioning, another subset, suggests that if a behavior ends an uncomfortable situation, it is repeated, resulting in a cycle of behavior. For example, if storming out ends an argument, people will repeat that behavior the next time. Both theories contribute to understanding the dynamics of relationships and the role of behavior in shaping relationships.

Acceptance and commitment therapy

Acceptance and commitment therapy (ACT) is a mindful psychotherapy method that helps people focus on the present moment and accept their thoughts and feelings without judgement. Its goal is to assist people move ahead through tough emotions by focusing on healing rather than dwelling on the negative. ACT therapy includes developing a new, loving relationship with painful experiences in order to release people from excessive negative thinking. The process entails acknowledging emotions

and feelings that appear out of control, committing to a constructive approach, and taking control of the selected positive direction.

Treatment course

Client was taken through a treatment course of 11 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

The initial session aimed to improve the client's fear and doubt in his relationship by building rapport and trust. The counselor helped create a conducive environment for open discussion. The client completed an induction form to gather background information and biographical data. The counselor provided an overview of the counseling process, session duration, and confidentiality conditions. The effectiveness of subsequent sessions will be determined by this critical session.

- ***2nd to 5th session: psychoeducation and Problem-solving skills***

This session focused on educating client to give him insight into his problem and also teach him techniques to solving problems. Relationship anxiety is a common issue in intimate relationships, causing feelings of insecurity, jealousy, and worry about the stability of the relationship. It can be overwhelming and hinder the maintenance of a healthy and fulfilling connection. To address this, psychoeducation and problem-solving skills can be employed. Psychoeducation aimed at educating client about the nature of his anxiety and provided him with tools and techniques to manage it. By understanding the root causes of his anxiety and learning strategies to address it, client gained more control over his emotions and improved his overall relationship satisfaction.

Developing problem-solving skills helped client navigate challenging situations in his relationship and prevented anxiety from escalating. By identifying and addressing

relationship issues constructively, it helped client reduce misunderstandings, conflicts, and feelings of anxiety.

- *6th to 9th sessions: acceptance and commitment psychotherapy*

Acceptance and Commitment Therapy (ACT) was an approach that focused on acceptance, mindfulness, and values-based action to help individuals overcome difficulties and foster healthier relationships. ACT is based on the idea that we cannot control our thoughts or emotions, but we can control our actions and respond to them. By accepting our thoughts and feelings without judgment, we can live in the present moment and make choices that align with our values. This helped emphasize on client's values-based action, clarifying what is truly important to him and aligning his actions with those values. Mindfulness was also essential, as it helped client understand the needs in his relationship, leading to more empathetic and responsive communication.

- *10th session: Preparation for termination*

Client was taken through everything that had been discussed over the previous sessions and was left to make a concrete decision on what he really wanted in his relationship. This made client see things clearly from a different perspective and gave him a deeper insight into his situation and ways of handling it. Client was then informed about the end of therapy.

- *11th session: Termination*

This session aimed at assessing client's preparedness towards his own decision made and the implications attached to the decision. Client was fully prepared as he had made a conscious decision to navigate through his situation with an in-depth thought on what he really wanted.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Case Presentation 15

Initial Assessment

Demographic Data

Client Name: Prosper Mwuena

Age: 24

Gender: Male

Occupation: Auditor

Major Languages: Ewe and English

Location: Sakumuno

Marital Status: Single

General Appearance:

He is about 1.5m in height and weighs about 55kg. He was well dressed and well groomed.

History of Presentation of Problem

Prosper came to the church's office which double as a counselling unit by himself after church service on 20th August 2023. He was not referred by anyone he came of his own will.

Presenting Problem

Prosper reported that he is having issues with his fiancée. The problem is that the lady seems not to be committed to the relationship. He said the lady is currently schooling in the USA. Initially, they were doing very well and even started making plans to get married. He said the lady seems to look down on him sometimes. He currently has a scholarship to travel to the USA to also go and study and according to him since then the lady is showing care and is now more committed to the relationship. He thinks she

is acting like an opportunist and is making her confused. He said he wants to come out of the relationship because he is afraid of what the future is like for them.

Family History

Prosper is the fourth born of six children. His father is deceased. He currently lives alone at Sakumono.

Educational History

He holds a bachelor's degree in Banking and finance from the University of Cape Coast.

Social History

Prosper spends most of his time at work. Also, he is an introvert hence, he spends majority of his free time indoors and at church where he plays an active role. He also loves music and loves to attend music concerts when he has the opportunity.

Case formulation

From the data gathered, client feels insecure in his relationship due to the previous fallback of his partner. This has put him in the state of doubt and uncertainty due to the recent development of her sudden change in attitude and warm reception after she learnt about his traveling development.

Case conceptualization

- *Predisposing factors* – his partner's change in attitude when she relocated to the United States which made their relationship shaky.
- *Precipitating Factors*- the distance between them became a barrier hindering him from working things out effectively in his relationship
- *Perpetuating Factors*- suddenly, his partner begins to show affection after she's learnt about his opportunity to study in the states. This has raised concerns and tension even more; since her behavior is suspicious.

- *Protective Factors*- his goals and aims in life has kept him going amidst the challenges he's encountered in his relationship. Also, his family have been very supportive and understanding throughout his life journey.

Observation

Client seemed disturbed and confused about his current situation. This has made him have thoughts of reconsidering his decision to study in the states since he has already fed his partner with enough information for her to even locate him. At the same time, he still wants to keep his relationship even though he has great doubts and is unable to trust his partner any longer due to the recent changes in attitudes.

Treatment plan

- *Psychoeducation*: Psychoeducation took the form of education. The basic aim is to provide the client knowledge about various facets of her condition. client will receive psychoeducation in order to bring her to the conscious awareness of her stressors and ways to cope with stress.
- *Problem solving*:
- *Relaxation*: Relaxation involves more than mere mental tranquilly or engaging in a pastime. It is a process that reduces the mental and physical effects of stress. Strategies for relaxation can assist in managing routine tension. And these alternatives can assist with chronic stress or tension associated with a variety of health conditions, including anxiety.
- *ACT*: Acceptance and commitment therapy (ACT) is a psychotherapy approach that combines classical behaviour therapy and cognitive behavioural therapy. It enables clients to accept their inner feelings as appropriate responses to certain situations, allowing them to face their challenges and make the necessary behavioural changes..

Counselling Theories and Techniques Used

- *Psychological Stress: The Lazarus Theory*

Psychological stress theory focuses on two concepts: appraisal and coping. Appraisal is the evaluation of the significance of something for an individual's well-being, while coping involves individuals' efforts to manage specific demands. The Lazarus stress theory has undergone several revisions, with the latest version viewing stress as a relational concept rather than a specific external stimulus or pattern of reactions.

Psychological stress refers to a relationship with the environment that a person perceives as significant for their well-being, where the demands exceed available coping resources. Cognitive appraisal and coping are central mediators within this transaction.

The concept of appraisal is crucial for understanding stress-relevant transactions, as it is dependent on actual expectancies that individuals manifest regarding the significance and outcome of a specific encounter. Personal and situational factors, such as motivational dispositions, goals, values, and generalized expectancies, determine the resulting state.

Lazarus (1991) developed a comprehensive emotion theory that includes a stress theory, distinguishing two basic forms of appraisal: primary and secondary appraisal. Primary appraisal concerns whether something relevant to an individual's well-being occurs, while secondary appraisal concerns coping options.

Stress types are distinguished into harm, threat, and challenge, each embedded in specific types of emotional reactions. Coping is closely related to cognitive appraisal and stress-relevant person-environment transactions. Coping actions are classified according to characteristics of the coping process, including behavioral and cognitive reactions.

- *ACT*: Acceptance and commitment therapy (ACT) is a psychotherapy technique that combines classical behavior therapy and cognitive behavioral therapy. It teaches clients to accept their inner emotions as appropriate reactions to specific events, enabling them to embrace their difficulties and make necessary behavioral changes. ACT is also a mindful method that helps people focus on the present moment and accept their thoughts and feelings without judgement. Its goal is to help people move through tough emotions by focusing on healing rather than dwelling on the negative. The process involves acknowledging emotions and feelings that seem out of control, committing to a constructive approach, and taking control of the positive direction.
- ***Social Learning Theory***

Social learning theory emphasizes the importance of behavior in relationships, as partners learn from their interactions. Positive behaviors foster trust and positive views, while negative behaviors question trust and negatively impact the relationship. These memories and beliefs are incorporated into future interactions. Coercion theory, a subset of social learning theory, explains cycles of behavior, where individuals continue engaging in certain behaviors after receiving a response from their partner. Escape conditioning, another subset, suggests that if a behavior ends an uncomfortable situation, it is repeated, resulting in a cycle of behavior. For example, if storming out ends an argument, people will repeat that behavior the next time. Both theories contribute to understanding the dynamics of relationships and the role of behavior in shaping relationships.

Treatment course

Client was taken through a treatment course of 13 sessions with the breakdown of session activities below.

- *1st session: Rapport building and history taking*

The initial session aimed to improve the client's fear and doubt by building rapport and trust. This is a crucial aspect of the therapeutic process, fostering effective communication, trust, and openness between the therapist and client. Strategies included active listening, empathy, genuine interest, consistency, non-judgmental stance, transparency, cultural competence, self-disclosure, adaptability, feedback, and humor. The counselor helped create a conducive environment for open discussion. The client completed an induction form to gather background information and biographical data. The counselor provided an overview of the counseling process, session duration, and confidentiality conditions. The effectiveness of subsequent sessions will be determined by this critical session.

- *2nd session: psychoeducation*

Psychoeducation aimed to educate client about his relationship issues and enhance his understanding of individual and relational behavior patterns. Key areas included communication styles, emotional intelligence, conflict resolution, attachment styles, and stress management. Finally, stress management strategies are provided to manage external stressors.

- *3rd to 7th sessions: Problem-solving skills*

client was equipped with problem-solving skills enables him to address issues constructively and collaboratively. Key skills include identifying the problem, brainstorming solutions, evaluating alternatives, agreeing on a plan, implementing the solution, and reviewing and adjusting the plan. This process ensured that client felt heard by his partner for a mutual decision. The goal was to generate a wide range of options without criticism or judgment, considering his feasibility and potential impact

on the relationship. The process also involved assessing the effectiveness of the solution and being willing to adjust it or try alternative solutions if necessary.

- *6th to 11th sessions: acceptance and commitment psychotherapy*

ACT focused on four key principles: acceptance, cognitive diffusion, being present, self as context, and values. Acceptance involved accepting the partner's and one's own emotional responses without judgment, understanding his partner's emotions as natural, and recognizing their validity. Cognitive diffusion involved separating client's thoughts from actions, questioning narratives, and being present, embracing Non-judgmental awareness which involved open communication. Self as context explored the idea that individuals are not their thoughts or emotions, and the relationship is not defined by temporary states of conflict or harmony. client's Values were also identified and clarified, to help him define what is truly important in his relationship.

- *10th session: Preparation for termination*

This session featured a review of all that had been discussed in prior sessions, and he was left to make a firm decision on what he truly desired in his relationship. This let the client view things clearly from a fresh perspective, giving him a better understanding of his position and how to deal with it. The client was then notified of the conclusion of therapy.

- *11th session: Termination*

This session sought to examine the client's preparedness for his own decision and the repercussions thereof. Client was totally prepared because he had made a conscious decision to navigate through his position with an in-depth thought of what he truly wanted.

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Case Presentation 16

Initial Assessment

Demographic Data

Client Name: Sarah Boatemaa

Age: 54

Gender: Female

Occupation: Businesswoman

Major Languages: Twi and English

Location: Spintex

Marital Status: Single

General Appearance:

He is about 1.65m in height and weighs about 80kg. He was well dressed and well groomed.

History of Presentation of Problem

Sarah came to the church's office which double as a counselling unit by himself after church service on 27th August 2023. She was not referred by anyone she came of his own will.

Presenting Problem

Sarah came to the unit with a complaint about her workers who were stealing from her. She said there were CCTV cameras in the shop so she decided to look at the footage and heard them talk bad about her. According to her, she heard them wishing her dead and this has affected her badly. She said because of what she heard; she is now extra careful with them which is affecting her relationship with her workers. She was even thinking of sacking all of them and employing a new set of workers. She

said what hurt her most was that one of her trusted staff was leading the bad-mouthing against her. She said she was confused and did not know what to do

Family History

Sarah is a happily married woman with three children; two girls and one boy. She is living together with her husband and children.

Educational History

She holds a bachelor's degree in social work from the University of Cape Coast and a master's degree in Marketing from a university in the USA

Social History

Sarah spends most of her time attending to her business but makes quality time for her family as well. She enjoys going out and travelling around with her family.

Case formulation

Sarah is experiencing some form of fear and panics due to her employees' pretense and dislike for her. This has made her unable to trust her environment since she is unable to tell what they have plotted against her. This has put her into so much fear that she experiences panic attacks whenever she gets to the entrance of her shop.

Case conceptualization

- *Predisposing factors* – Sarah learning about the theft cases ongoing at her workplace put her into the state of insecurity and mistrust, leading her to be extra vigilant
- *Precipitating Factors*- Her being extra vigilant made her check the CCTV footage which struck her differently when she heard from the mouths of her employees how much they disclosed and wished for her death.

- *Perpetuating Factors*- the fact that her most loved and trusted employee was the initiator of the badmouthing even increased her fears the most since according to her ‘ she is the closest animal in her closet.
- *Protective Factors*- her business has been her source of motivation.

Observation

- *Anxiety*- Sarah kept fidgeting and rubbing her fingers against each other as she narrated her story. She also showed cold sweats even under the Air condition. These were obvious signs of anxiety
- *Unpreparedness*: Sarah seemed not prepared to take the drastic action of confronting her employees neither was she ready to employ new set of staffs even though these had crossed her mind severally. It was obvious she was being oblivious about it due to her fear of everyone else not liking her.
- *Generalization*- Sarah had generalized her fears to almost everyone around her. To her, she is now being extra careful because she doesn't know who else holds something against her. This was beginning to affect her badly to the extent of she appealing for the office door to be opened during our 1st 2 sessions.

Treatment plan

- *Psychoeducation*: Psychoeducation is a vital component of therapy, especially in the context of treating trauma. It involved educating client about trauma and its effects on both the mind and body, helping her understand her own reactions and the process of recovery. The goal was to empower client's with knowledge, reduce symptoms of distress, and provide her with coping strategies to manage her condition effectively.

- *Trama Informed therapy*: Trauma-informed therapy is a therapeutic approach that recognizes and responds to the effects of all types of traumas. It emphasizes physical, psychological, and emotional safety for both providers and survivors and helps survivors rebuild a sense of control and empowerment.
- *Relaxation*: Relaxation techniques are crucial in treating trauma, as they help mitigate the body's fight, flight, or freeze responses by promoting calmness and regulating physiological stress mechanisms. These techniques are not just mental tranquility or pastime, but also reduce the mental and physical effects of stress. They can help manage routine tension and manage chronic stress associated with various health conditions, including anxiety. Therefore, relaxation techniques are essential in various therapeutic modalities.

Counselling Theories and Techniques Used

- Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a widely used treatment for individuals who have experienced traumatic events, such as accidents, natural disasters, abuse, or violence. Trauma can lead to symptoms such as anxiety, depression, flashbacks, and difficulty trusting others. CBT helps individuals process and cope with these experiences by addressing negative thoughts and behaviors that perpetuate distress. One key component of CBT for trauma is cognitive restructuring, which involves identifying and challenging negative thoughts and beliefs about oneself, others, and the world. This helps individuals develop more balanced and realistic thinking patterns. CBT also involves teaching coping skills to manage symptoms, such as relaxation techniques, mindfulness exercises, and grounding techniques. Exposure therapy gradually exposes individuals to the memories, thoughts, and feelings

associated with their traumatic experience in a safe and controlled manner. This helps individuals process and integrate their traumatic memories, reducing the intensity of their emotional reactions over time.

CBT for trauma is highly effective, reducing symptoms of PTSD, depression, and anxiety in individuals who have experienced traumatic events. By addressing negative thoughts and behaviors, teaching coping skills, and providing exposure therapy, individuals can learn to process and cope with their traumatic experiences in a healthy and adaptive way.

- Mindfulness Theory

Mindfulness theory is a psychological framework that emphasizes being present in the moment, noticing thoughts and feelings without judgment, and cultivating an attitude of curiosity and acceptance towards experiences. It has been increasingly applied to the treatment of traumatic experiences, as it offers a unique approach to coping with the lasting effects of trauma and building resiliency. Traditional therapeutic approaches often focus on processing and revisiting the traumatic event, which can be re-traumatizing for some individuals. Mindfulness theory offers a unique approach by focusing on building a person's ability to be present and cultivate self-compassion in the face of overwhelming experiences.

Non-judgmental awareness, which involves observing thoughts and emotions without labeling them as good or bad, can help reduce feelings of shame and self-blame associated with traumatic experiences. Grounding techniques, such as focusing on breath, body sensations, or surroundings, can help anchor oneself in the present moment and regain stability. Self-care and self-compassion are also crucial in the face

of trauma, as they help rebuild a sense of trust and connection with oneself, leading to healing and resilience.

Treatment course

Client was taken through a treatment course of 15 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

The initial session focused on building rapport with the client to improve her stressful work life. Trust and rapport are crucial for forming a constructive therapeutic alliance. The counselor assisted in building rapport and creating a conducive environment for open discussion. The client completed an induction form to gather background information and biographical data for the therapy session. The counselor provided the client with an overview of the counseling process, including session duration and confidentiality conditions. The effectiveness of subsequent sessions will be determined by the outcome of this critical session.

- ***2nd session: psychoeducation***

The key elements of psychoeducation included understanding trauma, discussing symptoms and disorders associated with trauma, understanding the brain's role in emotional regulation and memory processing, teaching coping strategies, discussing the healing and recovery process, preventing re-traumatization, and providing resources and support systems. This approach enhanced client's understanding and helped client feel more in control of her healing journey, reducing feelings of helplessness and isolation. Overall, psychoeducation empowered client, making the therapeutic process more transparent and collaborative.

- *3rd to 8th sessions:* trauma-informed CBT

Trauma-Informed Cognitive Behavioral Therapy (Trauma-Informed CBT) is a specialized form of cognitive-behavioral therapy that combines traditional CBT techniques with a deep understanding of trauma dynamics. It focuses on safety, empowerment, and recovery, ensuring clients feel safe and stable before addressing trauma narratives or challenging maladaptive thoughts. The therapy aimed to build trust, foster a collaborative atmosphere, and involve client in her recovery process.

Techniques used included cognitive restructuring, exposure therapy, relaxation and stress reduction techniques, and narrative and memory work to help client identify and challenge unhelpful thoughts related to the trauma. The therapeutic environment was designed to be predictable, controlled, and non-threatening, with continuous consent and feedback from client.

- *9th to 13th sessions:* Relaxation and mindfulness

Relaxation techniques are essential in trauma therapy to manage physiological stress responses and promote calmness. Common techniques include deep breathing exercises, progressive muscle relaxation (PMR), guided imagery, and mindfulness meditation. Deep breathing exercise aimed at activating the body's relaxation response, reducing muscle tension and lowering heart rate and blood pressure. PMR helped client become more aware of physical sensations and the difference between tension and relaxation. Guided imagery aimed at distracting client from distressing thoughts, while mindfulness meditation helped client tolerate uncomfortable emotions.

- *14th and 15th session:* Termination

These sessions aimed at preparing g client for termination as well as termination of therapy sessions. During the 14th session, client was emotionally stable and was able

to face her traumatic incident that happened at work. She was also able to critically make her decision as to confronting her staffs or laying them off for her safety. The session came to an end on the 15th session with client ready to face her challenges.



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Case Presentation 17

Initial Assessment

Demographic Data

Client Name: Monica Aforley

Age: 50

Gender: Female

Occupation: Teacher

Major Languages: Twi, Ga and English

Location: Baatsoona

Marital Status: widow

General Appearance:

He is about 1.8m in height and weighs about 90kg. She was well dressed and well groomed. She had a sad look on her face. She easily tears up when talking.

History of Presentation of Problem

Sarah came to the church's office which double as a counselling unit by himself after church service on 27th August 2023. She was not referred by anyone she came of his own will.

Presenting Problem

Monica reported that it gets difficult each day since her husband passed on almost three years ago. Taking care of her five children is not easy since three are in the tertiary level and their fees and hostel fees sometimes overwhelm her. According to her, she was enjoying her marriage when the sudden death of her husband came to an end. She said she is finding it very difficult to get over it and it is affecting every

aspect of her life even her career. She said she feels like going mad sometimes. She has to cry herself to sleep most nights which is gradually affecting her health.

Family History

She belongs to a four-member family and she is the eldest of two children. She stays with her parents in an estate house. She is from a very supportive family and her father is her close friend.

Educational History

She holds a bachelor's degree in Basic Education from the University of Education, Winneba and a Master's Degree in Education from Valley View University

Social History

Monica said most of her time is spent in the house with her family and at work. She said she does not find joy in mingling with people again. Aside from that attends church when she feels like attending.

Case formulation

From the data gathered, Monica is still grieving over the demise of her late husband and is unable to move on without him. It seems they both lived their lives together so much so that, she is unable to stand alone without him. This has affected her since she cannot move past her new normal.

Case conceptualization

- *Predisposing factors* – the sudden demise of her husband, leaving her with 5 children has been overwhelming to her.
- *Precipitating Factors*- Monica taking all the responsibilities of her husband coupled with her motherly responsibilities have added on the overwhelming nature of her grief and this has made her even unable to accept the challenge.

- *Perpetuating Factors*- her children's bills from school have also been one of the major sources of her grief as she is struggling to cater for all 5 of them including other bills and responsibilities.
- *Protective Factors*- her children have been her source of strength and motivation so far. They remind her so much of her husband.

Observation

Grief- Monica could not hold back her tears as she recounted her story. She explained that she had missed her late husband so much and how he made life easy for them. She doesn't know if she can ever fill his vacuum because of how selfless her was to everyone.

stress: Monica seemed stressed and overwhelmed from how fast things have changed for her. She hoped things had gone back to how they used to be and is unable to accept the sudden changes.

Treatment plan

Grief and Loss Therapy (Grief Counseling): Hannah's brother should participate in grief counselling to address his unresolved grief and loss issues. This can help him work through his emotions and better cope with his father's passing.

Stress management: Monica was taken through ways of managing her stressful situation to help her have a sound mind to finding better solution to her problem.

Counselling Theories and techniques used

- Client-Centered Therapy (Person-Centered Therapy):

Carl Rogers invented client-centered therapy (also known as person-centered therapy), a type of talk therapy. This treatment focuses on providing a helpful and nonjudgmental environment in which people can examine their emotions, thoughts,

and experiences. This therapy is thought to foster an environment of understanding and acceptance, allowing the client's brother to openly communicate their cannabis-related experiences and reasons. This method may provide the client's brother with insights into his behaviors and feelings, which could lead to adjustments in his relationship with cannabis if he so wishes.

- The Kübler -Ross Grief Cycle:

The Kübler-Ross Grief Cycle, introduced by psychiatrist Elisabeth Kübler-Ross in 1969, is a series of emotional stages experienced by people undergoing grief and loss, particularly in the context of terminal illness. The model identifies five stages of grief: denial, anger, bargaining, depression, and acceptance. Denial serves as a defense mechanism, while anger re-emerges as the masking effects wear off. Bargaining involves the hope of gaining control or postponing the inevitable, often accompanied by guilt. Depression is a normal response to the depth of the grieving process, resulting in feelings of sadness, regret, fear, and uncertainty. Acceptance is the final stage, where individuals accept the reality of the loss and its permanency, looking forward and planning for the future. Although the model has been criticized for its simplicity and expectations, it remains a useful tool for understanding the complex process of grief. The Grief Cycle is now more broadly applicable to people experiencing any significant life change or loss that causes grief.

Treatment Course

The client was taken through ten (10) sessions including:

- 1st session: Rapport Building

Trust and rapport are the connective tissue for gaining and maintaining healthy therapeutic relationships. Building rapport with clients is crucial in grief therapy, as it

establishes a strong foundation for a successful therapeutic relationship. Empathy, active listening, openness, respect, and non-judgment are key components of building rapport. Confidentiality was also assured to the client in this session. Other administrative assessments like intake form were filled to get personal details and a brief history of the client was also done. This is to help improve the relationship and trust between the counsellor and the client so that the subsequent session will be successful.

- 2nd to 5th sessions: Grief Therapy

Grief therapy, also known as bereavement counseling, is a form of therapy that helps individuals cope with the loss of a loved one. It aimed to help client understand and accept her feelings of loss, such as sadness, anger, guilt, and confusion, and develop coping strategies to manage emotions. Using Kuder's steps to grief, client was taken through the 5 stages of grief to enable her grief properly over the loss of her husband.

- 6th to 8th sessions: stress management

Grief is a complex and challenging experience that can involve a range of emotions, from sadness to guilt. To manage stress during grief, its client was thought to practice self-care and exercise, which included; Mindfulness and meditation to help maintain a sense of calm and inner peace, while exercise releases endorphins, which can improve mental and emotional well-being. Client was also encouraged to have an honest and open discussion with her children who were to serve as social support to her. Lastly, client was thought healthy ways to express her emotions, such as journaling or creative expression, to help release emotional energy and promote healing. By practicing stress management techniques, client was able to navigate the grieving process with resilience and strength, leading to healing, acceptance, and growth.

- 9th and 10th sessions: termination

During the process of counseling, client had the opportunity to be invited to the states for a nanny job by her childhood friend, this made our therapy session brief yet fruitful since client left feeling fulfilled.



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Case Presentation 18

Initial Assessment

Demographic Data

Client Name: Jerry Anim Boateng

Age: 27

Gender: Male

Occupation: Computer scientist

Major Languages: Twi, and English

Location: Lashibi

Marital Status: single.

General Appearance:

He is about 1.7m in height and weighs about 55kg. He was well dressed and well groomed.

History of Presentation of Problem

Jerry came to the church's office which double as a counselling unit by himself after church service on 3rd September 2023. He was not referred by anyone he came of his own will.

Presenting Problem

Jerry came with the complaint that he saw a lady in the church that he likes and wants to propose marriage to. He said his reason for coming to see the counsellor was that he lacked the courage to approach her and propose. He said he needs help to be able to propose to her for he is afraid that the lady may reject him. He said that it was the first time he had ever felt that towards a lady and he is having the fear of rejection.

Family History

Jerry is living with his parents now. He belongs to a family of 8 and he is the second to last born of the family.

Educational History

He holds a bachelor's degree in computer science from the Kwame Nkrumah University of Science and Technology

Social History

Jerry spends most of his time at the workplace. His weekends are spent in the house resting and attending church.

Case formulation

Client has reached a crossroad of his life where he wishes to be in a romantic relationship but lacks the courage to do so due to his lack of confidence. He therefore needs coaching to be able to confront his fears and explore new areas of his life.

Case conceptualization

- *Predisposing factors* – Jerry all his life has never felt that kind of affection for the opposite sex. He always kept friendship platonic and has not imagined any romantic relationship with the opposite sex
- *Precipitating Factors*- His sudden development of feelings for a particular lady has put him in the state of fear due to lack of confidence and fear of rejection.
- *Perpetuating Factors*- Jerry's reservations all his life now beginning to come to an end and shift towards attachment has made this difficult for him.
- *Protective Factors*- he has supportive mentors he looks up to and goes to for counsel and advise; and that has kept him going for a while now.
-

Observation

Excitement – Jerry seemed excited about his sudden development of romantic feelings towards the opposite sex. This is something he dreams to explore in life.

Mixed feelings – despite his excitement he is somewhat afraid of being rejected due to stories he has heard about rejection hence this is holding him back from achieving his dreams.

Treatment plan

- *Motivational interviewing*

Motivational Interviewing (MI) is a powerful and evidence-based method of communication that can greatly benefit individuals in preparing for a relationship. It is a collaborative, goal-oriented form of communication that can help individuals resolve ambivalence about making changes in their lives and can help them develop the motivation to take action towards achieving their relationship goals.

- *Building on self-esteem.*

Building self-esteem is crucial in any relationship as it forms the foundation upon which interactions between individuals are built. Self-esteem refers to an individual's overall sense of self-worth and confidence in their abilities and qualities. When an individual has a strong sense of self-esteem, they are more likely to have healthier and more fulfilling relationships with others. One of the key reasons why self-esteem is important in relationships is that it determines how people perceive and value themselves. If a person has low self-esteem, they may feel unworthy of love and affection, leading them to settle for less in their relationships. On the other hand, individuals with high self-esteem are more likely to seek out partners who treat them with respect and admiration because they believe they deserve nothing less.

Counselling Theories and Techniques Used

- *Emotion Focused Therapy.*

Emotion-Focused Therapy (EFT) is a therapeutic approach that emphasizes the importance of emotions in identity and decision-making. Developed in the 1980s by psychologists Leslie Greenberg and Robert Elliott, EFT integrates elements of experiential therapy, systemic therapy, and Gestalt therapy. It is particularly effective for couples and individuals, helping clients identify, experience, understand, and manage their emotions. EFT is based on core principles such as emotions being fundamental, awareness and expression of emotions, emotional transformation, and attachment and relationships. Techniques used in EFT include empathy and validation, vocative questioning, chair work, empty chair technique, and two-chair dialogue. EFT has been applied to various psychological issues, including depression, anxiety, trauma, eating disorders, and marital and relationship problems. Research shows EFT is particularly effective in improving emotional regulation, self-awareness, and fostering healthier relationships. In couples therapy, EFT has shown significant success in improving relationship satisfaction and emotional connection.

- *Dialectical Behavior Therapy (DBT)*

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment developed by Marsha M. Linehan in the late 1980s to help individuals with borderline personality disorder (BPD) and chronic suicidality. It has been adapted to treat various psychological conditions, including eating disorders, substance use disorders, and post-traumatic stress disorder (PTSD). DBT focuses on teaching patients' skills to cope with stress, regulate emotions, improve relationships, and live mindfully. It has four primary modes of treatment delivery: individual therapy, group skills training, phone coaching, and a consultation team. The four skill modules include mindfulness,

distress tolerance, emotion regulation, and interpersonal effectiveness. DBT is based on a dialectical worldview, focusing on the synthesis of opposites. It has been proven effective in reducing suicidal behavior, non-suicidal self-injury, rates of hospitalization, and treatment dropout among individuals with BPD.

Treatment course

Client was taken through a treatment course of 9 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

Rapport building is a crucial aspect of the therapeutic process, as it forms the foundation for client-therapist relationships. It involved creating a safe, nonjudgmental environment where clients feel heard, validated, and respected. This was achieved through active listening, empathy, and genuine interest in the client's experiences. Rapport building also fostered collaboration and partnership between client and therapist, involving clients in decision-making and empowering him to take an active role in therapy. This approach led to increased self-awareness, self-acceptance, and ultimately, improved self-esteem.

- ***2nd to 5th session: Motivational Interviewing***

Motivational Interviewing (MI) approach focused on five principles: expressing empathy through reflective listening, developing discrepancies between client's current behavior and personal goals, avoiding argumentation, rolling with resistance, and supporting self-efficacy. It involved open-ended questions, affirmations, reflective listening, and summarizing to encourage client to express themselves and explore his feelings about change.

- ***6th to 8th sessions Relaxation techniques***

Client was taken through deep breathing exercise and progressive muscle relaxation techniques. Relaxation techniques are essential in trauma therapy to help individuals manage stress and reduce anxiety. Deep breathing and progressive muscle relaxation (PMR) are two effective stress-reduction techniques that can help mitigate anxiety, improve focus, and promote overall well-being. Deep breathing encourages full oxygen exchange, slows the heartbeat, and stabilizes blood pressure. PMR involves tensing each muscle group in the body tightly but not to the point of strain, then slowly relaxing them to release stress and achieve a state of deep relaxation. Practicing these techniques increased client's awareness of the body and the presence of tension, making it easier to maintain a relaxed state throughout his daily activity

- *9th to 12th sessions: building on self esteem*

Self-esteem is crucial for personal development and establishing a healthy foundation for relationships. It reflected how client perceived and valued himself, by the influence of his thoughts, experiences, and interactions. To build self-esteem, client was given insight in what self-esteem was. client was also taught to cultivate self-compassion, embrace self-acceptance, practice self-care, set personal goals, celebrate successes, engage in positive self-talk, foster meaningful connections, establish boundaries, seek constructive feedback, continue learning and growing, be patient and persistent.

- *13th and 14th sessions: Preparation for termination and Termination*

Seeing client's progress to change, relaxed state and willingness to embrace change, client was prepared for the termination of therapy and therapy was terminated on the 14th session. Client was able to embrace his fears and life's challenge and was willing to accept change without fear.

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Case Presentation 19

Initial Assessment

Demographic Data

Client Name: Emmanuel Duah Manu

Age: 23

Gender: Male

Occupation: Tailor

Major Languages: Twi, and English

Location: Teshie

Marital Status: single

General Appearance:

He is about 1.5m in height and weighs about 70kg. He was well dressed and well groomed.

History of Presentation of Problem

Emma came to the church's office which double as a counselling unit by himself after church service on 3rd September 2023. He was not referred by anyone he came of his own will.

Presenting Problem

Emma came with the issue that he has completed his apprenticeship and vocational training in fashion design and does not know how to start up his own business in fashion design. He said he is not leaving with his parents now. He came to Accra to live with a couple who helped with his training to become a tailor. He said they want him to start something on his own before they come in to help because of that he is confused as to how to start and needs counsel on how to start a business.

Family History

Emmanuel is from a family of 6 and he is the only boy among the six children. Currently, he is living with a couple in Teshie as their help.

Educational History

He completed Junior High School and continues to Acquire an NVTI certificate in fashion design. After that, he went to polish up with Topstitch a fashion designer in his neighborhood.

Social History

Since he completed his training most of his time is spent in the house doing chores, since he is a help to the couple he is staying with. On Sundays, he attends church with them which seems to be his only social activity for him.

Case formulation

Emmanuel is having a hard time starting a business on his own despite the fact that he has a trained skill to enable him start his business. It is obvious he doesn't have enough resources to start on his own hence he needs assistance from his present family who also want to see an initiative before they commit to supporting him.

Case conceptualization

- *Predisposing factors* – Emmanuel's difficulty in starting up a business on his own due to financial challenges on his side
- *Precipitating Factors*- his present family's demand of him taking an initiative is adding on to his stress and causing his intense worries.
- *Perpetuating Factors*- Emmanuel is struggling to be independent since this is a major step in his life and he still feels he needs to be coached and assisted.
- *Protective Factors*- his vocational skills are so far his greatest achievement. To him, he never gave up even when things got tough.

Observation

- *Confusion*: Emmanuel seemed confused and unable to get his head around what to do to startup a business since it was new to him
- *Fear*: Emmanuel seemed afraid to start up an initiative which was supposed to be a major step of his career life.

Treatment plan

- *Psychoeducation*: Starting a business is a complex and demanding endeavor that requires dedication, hard work, and knowledge. Psychoeducation, a form of therapy, can help entrepreneurs understand and manage their emotional and psychological challenges. It helps entrepreneurs recognize and address their emotions, develop coping strategies, and build resilience. Psychoeducation also helps manage stress and anxiety through techniques like mindfulness, deep breathing, and positive self-talk.
- *Building self-confidence*: Starting a business requires self-confidence and resilience, which are crucial for navigating the ups and downs of entrepreneurship. To build self-confidence and resilience, one should educate themselves, set realistic goals, learn from failures, cultivate a positive mindset, build a support network, take care of oneself, embrace risk, practice resilience daily, focus on solutions, and reflect and reassess.

Counselling Theories and Techniques Used

- *Psychological Stress: The Lazarus Theory*

Psychological stress theory is a psychological concept that focuses on appraisal and coping. Appraisal evaluates the significance of something for an individual's well-being, while coping involves managing specific demands. The Lazarus stress theory has been revised to view stress as a relational concept rather than a specific external

stimulus. Psychological stress refers to a relationship with the environment that a person perceives as significant for their well-being, where demands exceed available coping resources. Cognitive appraisal and coping are central mediators in this transaction. Appraisal is crucial for understanding stress-relevant transactions, as it depends on individual expectancies and personal and situational factors. Lazarus developed a comprehensive emotion theory that includes a stress theory, distinguishing primary and secondary appraisal. Stress types are harm, threat, and challenge, each embedded in specific emotional reactions. Coping actions are classified based on characteristics of the coping process, including behavioral and cognitive reactions.

- *Risk taking propensity*

Risk-taking propensity is the tendency of an individual to engage in activities involving uncertainty and potential danger. It varies among individuals and can be influenced by factors such as personality, genetics, upbringing, and past experiences. High risk-taking individuals are often thrill-seekers or daredevils, drawn to activities that offer excitement, adrenaline rush, and high rewards. They often engage in extreme sports, gambling, and high-risk ventures. Conversely, low risk-taking individuals prefer safe and predictable activities.

Personality traits, such as sensation seeking, impulsivity, and openness to experience, are associated with higher risk-taking propensity. Genetics may also play a role in risk-taking behavior, with some individuals being more predisposed to taking risks than others. Upbringing and past experiences can also shape an individual's risk-taking propensity. Children raised in environments where risk-taking is encouraged or rewarded may develop a high risk-taking propensity.

Risk-taking propensity can have both positive and negative consequences, such as putting oneself in dangerous situations, damaging relationships, or suffering financial losses. It is crucial for individuals to carefully consider the potential consequences of their actions and strike a balance between taking risks and ensuring their safety and well-being.

Treatment course

Client was taken through a treatment course of 9 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

The initial session focused on building rapport with the client to improve her stressful work life. Trust and rapport are crucial for forming a constructive therapeutic alliance. The counselor assisted in building rapport and creating a conducive environment for open discussion. The client completed an induction form to gather background information and biographical data for the therapy session. The counselor provided the client with an overview of the counseling process, including session duration and confidentiality conditions. The effectiveness of subsequent sessions will be determined by the outcome of this critical session

- ***2nd and 3rd session: Motivational Interviewing***

Motivational Interviewing (MI) was used to help client find motivation to make positive changes, especially in situations of resistance, particularly helping him overcome doubts, fears, and procrastination when starting a business. client was engaged in focusing on specific changes, evoking their motivations, and planning practical steps.

- *4th to 8th sessions: Building Self- Confidence*

Client was helped to build upon his self-confidence and resilience by addressing the psychological barriers and his key personal skills. Client was also helped to identify and challenge negative beliefs, develop a growth mindset, enhance problem-solving skills, build emotional resilience, improve social skills, set realistic goals, foster self-compassion, encourage self-care, explore past successes and failures, and create a personalized action plan. The aim was to help client overcome challenges, maintain motivation, and build a strong foundation for his business.

A brief cognitive-behavioral technique (CBT) was used to challenge limiting beliefs of client, develop a growth mindset, enhance problem-solving skills, and teach coping strategies. Client was also taught to build upon his social skills, such as communication and empathy, which are essential for pitching ideas, negotiating, and leading a team. These techniques helped client build upon his self-confidence.

- *9th session: preparation towards Termination*

Client was prepared toward termination of therapy with a brief session on financial management. Client was taken through steps to manage his finances as well as his time. setting up an account savings to save some money, paying himself from monies made from work, and also separating work money from other expenses. Client was also taught to keep a to-do list to stick to schedule and manage his time effectively.

- *10th session: Termination of therapy*

Therapy came to an end on the 10th session with client prepared to start-up a business.

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Case Presentation 20

Initial Assessment

Demographic Data

Client Name: Elizabeth

Age: 50years

Gender: Female

Marital status: married

Major Languages: Ewe and Some English

Occupation: seamstress

Patient of the LEKMA Hospital.

General Appearance:

she is about 1.5m in height and weighs about 79kg. she looked sick, and weak and had a wound that was bandaged on the right leg.

History of Presentation of Problem

The client was referred to the psychology unit of the hospital by the doctor in charge of Elizabeth's case on 27th July 2023. The Counsellor visited her in the ward.

Presenting Problem

Elizabeth was diagnosed with diabetes for the past five (5) years. As she was narrating her story, she had an unhealed wound on the leg which happened as a result of one of her toes being amputated which was not healing. She was always saying that the wound was not healing because it was not properly treated by the hospital. Elizabeth kept on saying that she trusts God to perform a miracle that the amputation will not be

done. The reason for her referral was that she was denying to go through the amputation process which will take one off her feet away. She was using her faith in God as a coping mechanism. Again, she said there was financial challenge on her part to pay for the process. The doctor wanted the counsellor to help her accept her situation and how risky it was to her life, so that she will accept to go through the process.

Family History

From Elizabeth's narration her family has been supporting her with the hospital bills and they were even gathering money for the surgery Her younger brother was present when she was presenting the case to counsellor. The family has a lot of influence on her decisions because they are paying her bills. But generally, they are very supportive. She has no husband and children.

Educational History

No information was given on educational background.

Social History

Elizabeth said she is always in church if she is not working at her shop sewing.

Case formulation

Elizabeth is having a hard time accepting the fact that she is going to be amputated for life. Even though she has a strong faith and believes its God's will concerning her life, we can say this is just her way of coping with what is at stake for her and lessening her pain through her faith. To Elizabeth, this is one of the numerous major steps in her life as she has faced a lot of harsh treatments from what life has to offer.

Case conceptualization

- *Predisposing factors* – the sudden amputation of Elizabeth's leg has caused mixed feelings due to the difficulty she is facing in accepting this loss.

- *Precipitating Factors*- Elizabeth is diabetic and has had a lot of complications in life due to her health issue. This has made life challenging for her.
- *Perpetuating Factors*- the unfair treatment of life Elizabeth has faced has also added on to her feeling of misery and uncertainty. To her, not having a husband and children, coupled with she having to be dependent on her siblings makes things difficult for her especially at the point of her life.
- *Protective Factors*- her family has been very supportive throughout this period of her illness. Also, her faith has kept her going. Her faith in God has made her accept her condition even though it has been quite challenging.

Observation

- *Sadness*: Elizabeth seemed so sad to be going through all those challenges in her life. She questioned what she really has done to merit this condition of hers.
- *Faith*: it was obvious how Elizabeth's situation has increased her religious faith and how she has made peace with her creator on her condition. To her, she is ever willing to keep the faith to the end regardless of whatever happens.
- *Regrets*: from Elizabeth's comments, it was obvious she regrets certain actions and behaviors she had lived before. And she feels she is reaping the consequences of her actions hence kept talking about God and his forgiveness.

Treatment plan

- *Psychoeducation*: Psychoeducation is a vital tool in diabetes management, educating individuals about the condition and its impact on their health. It provided client with knowledge, skills, and support to help take an active role in her diabetic care. It also provided client with knowledge on self-management skills, such as blood sugar monitoring, medication management,

healthy eating, physical activity, and stress management techniques as well as teaching coping strategies to manage the emotional impact of diabetes, raises awareness about potential complications, and enhances the overall quality of life for client.

- *Preparation for the new normal:* In the current uncertain times, it is crucial to prepare for potential health-related challenges, such as diabetes-related limb amputation surgery. This involves managing blood sugar levels, addressing other health conditions, and having a strong support system. Client was taken through Mental and emotional readiness through providing emotional support
- *Living the new normal:* Diabetes-related amputation surgery can be a life-altering experience, causing fear, sadness, and uncertainty. However, with the right support and resources, many people can lead fulfilling lives. Accepting the "new normal" involved relearning daily activities and seeking guidance from healthcare professionals such as psychologist, dietician and nutritionist. The aim was to help maintain overall health and well-being by making lifestyle changes, maintaining a healthy diet, managing blood sugar levels, and staying active. Maintaining a positive mindset and staying connected to loved ones was also encouraged.

Counselling Theories and Techniques Used

13.0. Risk taking propensity

Risk-taking propensity theory suggests that individuals vary in their willingness to take risks in various situations. Factors influencing this propensity include personality traits, past experiences, and cognitive processes. Personality traits, such as sensation seeking, extraversion, and openness to experience, are more likely to engage in risky behaviors. Past experiences can also influence an individual's willingness to take

risks, with positive experiences being more inclined to take risks in the future. Cognitive processes, such as accurate assessment of potential risks and benefits, can also influence risk-taking propensity. Risk-taking propensity is not necessarily stable and can vary depending on the situation. For example, an individual may be willing to take risks in their personal life but may be more risk-averse in their professional life. Cultural factors can also influence risk-taking propensity. In the context of diabetes, this theory can help understand why some individuals may engage in behaviors that increase their risk of developing the disease. High risk-taking propensity individuals are more likely to engage in unhealthy behaviors such as smoking, excessive drinking, and poor dietary choices, which contribute to weight gain, high blood pressure, and other health issues. Additionally, they may be less likely to engage in preventive health behaviors, such as regular exercise and routine medical check-ups, which can further increase their risk of diabetes. Understanding the role of risk-taking propensity in diabetes helps healthcare providers develop more effective prevention and intervention strategies. By identifying individuals who may be more prone to engaging in risky behaviors, healthcare providers can tailor their advice and support to help them make healthier choices and reduce their risk of developing diabetes. Overall, the risk-taking propensity theory offers valuable insights into the factors influencing an individual's risk of developing diabetes and the role of personality traits in shaping health behaviors.

- *Psychological Stress: The Lazarus Theory*

Psychological stress, a common yet often overlooked factor in health, is defined as an imbalance between an individual's perceived demands and resources to cope with those demands. According to the Lazarus Theory of Stress, stress can significantly impact both physical and mental well-being, leading to health issues like

cardiovascular disease, immune system dysfunction, and mental health disorders like anxiety and depression. The theory suggests that cognitive appraisal of stressful situations plays a crucial role in determining the level of stress experienced. Perceiving a situation as threatening or challenging influences an individual's emotional and physiological response to stress. If an individual perceives a stressful situation as threatening and believes they have limited resources to cope, they are more likely to experience anxiety and helplessness, which can negatively impact their health. Conversely, if they perceive a stressful situation as a challenge that can be overcome, they are more likely to experience motivation and determination, which can positively impact their health. Lazarus Theory of Stress offers valuable insights into the role of psychological factors in health and well-being. Healthcare professionals should consider the psychological aspect of stress when assessing and treating patients, as addressing psychological stress can significantly improve overall health and quality of life.

Treatment course

Client was taken through a treatment course of 6 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

Building rapport with diabetes patients is crucial for effective care and support, as it improves health outcomes. Rapport building involved building trust by listening to client's concerns, providing clear information, and demonstrating empathy. Client's history was also taken and a brief psychosocial support was given to client through psycho education.

- ***2nd and 3rd session: Motivational Interviewing and psychoeducation***

During these sessions, client was being prepared for surgery. Client's strengths were heightened through motivational interviewing. Client was also made to weigh the pros and cons of being amputated as well as keeping the sore ulcer. These sessions ended with client being in full support of the amputation and her willingness to use crutches if that would make her free from her sores spreading all over her body and eating into her bones.

- ***4th and 5th sessions: ACT***

Acceptance and Commitment Therapy (ACT) is a cognitive-behavioral therapy that aims to help individuals cope with chronic illnesses like diabetes. ACT encourages acceptance of feelings and thoughts without judgment, allowing individuals to live a meaningful life. Its key components include mindfulness, values clarification, and committed action. Mindfulness was used to help client become more aware of her thoughts and feelings about her condition, connecting behaviors to her values using while values clarification. Client was also admonished to Commit to action through setting goals and taking steps to achieve them, such as developing a personalized care plan.

- ***6th session: Dietary plan***

Client was also referred to the nutritionist and the dietician who worked together to draw a healthy lifestyle for client's dietary. A brief education was given to client on the importance of eating healthy and eating right which were the core of managing and preventing client's condition from escalation.

Unfortunately, psychotherapy for client discontinued after the 6th session because client was discharged and didn't return for further sessions.

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Case Presentation 21

Initial Assessment

Demographic Data

Client Name: Lydia Asante

Age: 28

Gender: Female

Occupation: Nurse

Major Languages: Twi and English

Location: Spintex

Marital Status: Married

General Appearance:

She is about 1.6m in height and weighs about 87kg. She was well dressed and well groomed.



History of Presentation of Problem

She is about 1.6m in height and weighs about 87kg. She was well dressed and well groomed.

Presenting Problem

Lydia said that she met one Eric on TikTok and they started talking. Along the line, she went to visit the guy and they had sex and as a result, she became pregnant. Informing the guy about it the family was involved and they told them to get married. She said because she did not want to give birth out of wedlock she also agreed to the decision of the family. According to her from the time they met and got married was

less than a year. According to Lydia, her husband has anger issues and abuses her whenever he is angry. Her husband now wants a divorce and does not even want to have any connections with his wife any longer. Her problem is that, they have a hence the divorce is going to pose a lot of expenses on her than usual. Also, she thinks the marriage is too young for divorce. She therefore needs counsel to help manage her situation since her mental health has been compromised.

Family History

Lydia was brought up in a broken home. She is the last born of three siblings.

Educational History

She holds a diploma in Nursing from Komfo Anokye Nursing Training College.

Social History

She said apart from her work most of her time is spent on social media.

Case formulation

Client is suffering from emotional stress her husband has put her through as a result of he always wanting to have his way with everything in their relationship. This is having a great toll on her mental health making it difficult for her to cope with her current situation and work.

Case conceptualization

- *Predisposing factors* – Lydia is seriously troubled due to the sudden demand for divorce by her husband especially in the early stages of their marriage
- *Precipitating Factors*- Lydia's husband's anger issues which makes his abusive has been a great challenge to her since she is unable to cope with his excesses.
- *Perpetuating Factors*- Lydia is living with regrets of having accepted to marry her husband shortly after they met. What even hurts her most is the fact that

they met on social media. This made her not know much about him in person to know about his temperament.

- *Protective Factors*- her child with her husband has been her source of motivation which gives Lydia hope that she can save her marriage and make it work.

Observation

- *Troubled*: Lydia looked troubled as she recounted her story. Her troubled face was as a result of she not knowing what to do, despite her desperately wanting to save her marriage.
- *Fear*: Lydia is afraid of what might become of her should her marriage fail. She dreads the consequences of this outcome.

Treatment plan

- *Psychoeducation*: Psychoeducation focused on helping client understand and heal from relationship issues. It helps individuals understand the underlying factors contributing to conflicts and difficulties in their relationships. The aim was to help client gain insight into behaviors, thoughts, and emotions, individuals can develop a better understanding of oneself and partner, leading to improved communication and healthier relationships.
- *Person-Centered psychotherapy*: Person-centered psychotherapy is a therapy approach that focuses on an individual's unique experiences and perspectives to foster self-awareness, self-acceptance, and personal growth. It is particularly effective in addressing relationship abuse, as it allows individuals to explore their feelings and experiences in a safe and supportive environment.

Counselling Theories and Techniques Used

- *Person-centered psychotherapy*

Person-centered psychotherapy, developed by psychologist Carl Rogers in the 1940s, is a humanistic approach to counseling and psychotherapy that emphasizes the individual's subjective experiences and feelings over external influences or societal expectations. The goal is to help individuals develop self-awareness, self-acceptance, and personal growth. Key principles include unconditional positive regard, empathy, and the therapist's ability to understand and communicate the client's thoughts and feelings.

Empathy helps the client feel heard, validated, and understood, leading to greater insight and self-awareness. The therapist acts as a facilitator, guiding the client's journey of self-discovery and personal development. This approach empowers individuals to explore and address their unique experiences, challenges, and goals, fostering deep self-reflection, self-acceptance, and personal growth.

- *Kohlberg's Theory of Moral Development*

Moral development is a crucial aspect of socialization, guiding individuals to understand what is considered "good" and "bad" for a functioning society. Lawrence Kohlberg, an American psychologist, developed a theory of moral development that includes three levels: preconventional, conventional, and postconventional. The preconventional stage occurs in young children, where they experience the world through their senses. The conventional stage develops in teenagers, when they become aware of others' feelings and consider them when determining what is "good" and "bad." The postconventional stage, on the other hand, involves abstract thinking of morality, such as the right to life, liberty, and happiness. Kohlberg's theory is based on the work of Swiss psychologist Jean Piaget and outlines six stages of moral

development. The preconventional stage involves individuals making moral decisions based on obedience and punishment, while the conventional stage involves adherence to social norms, seeking approval, respecting authority, and upholding societal rules. The postconventional stage is marked by adherence to universal ethical principles, individual rights, and justice. Kohlberg's theory continues to be studied and debated by psychologists and researchers worldwide.

Personality traits, such as sensation seeking, impulsivity, and openness to experience, are associated with higher risk-taking propensity. Genetics may also play a role in risk-taking behavior, with some individuals being more predisposed to taking risks than others. Upbringing and past experiences can also shape an individual's risk-taking propensity. Children raised in environments where risk-taking is encouraged or rewarded may develop a high risk-taking propensity. Risk-taking propensity can have both positive and negative consequences, such as putting oneself in dangerous situations, damaging relationships, or suffering financial losses. It is crucial for individuals to carefully consider the potential consequences of their actions and strike a balance between taking risks and ensuring their safety and well-being.

Treatment course

Client was taken through a treatment course of 16 sessions with the breakdown of session activities below.

- ***1st session: Rapport building and history taking***

The first session was about developing a better rapport with the client so that she could feel more comfortable confiding in her and sharing her distress. Building a positive therapeutic relationship requires having a good rapport and foundation of trust. The therapist helped establish a connection and foster an atmosphere that encouraged candid conversation. In order to obtain background information and

biographical details for the therapy session, the client filled out an induction form. The client received an outline of the counselling procedure from the counsellor, along with information on session length and confidentiality policies. The outcome of this crucial session will dictate how beneficial the next sessions are.

- ***2nd to 10th session: person-centered psychotherapy***

The therapist collaborated with the client to create a safe and trusting environment, allowing her to express her thoughts and feelings openly. This process helped her gain insight into the underlying dynamics of the abusive relationship, identify patterns of behavior contributing to the abuse, and develop coping strategies. The therapist provided nonjudgmental support, fostering a safe space for the client to explore her inner experiences without fear of criticism or rejection. The therapist's unconditional positive regard and empathy were key principles, helping the client rebuild their sense of self-worth and develop a greater sense of agency. This approach empowered client to heal, reclaim her self-worth, and build more satisfying relationships. Client was allowed to set the pace and direction of the therapeutic process through encouragement of the client to focus on her present experiences rather than dwelling on the past or worrying about the future.

They actively listen to the client's words, ensuring mutual understanding and facilitating self-awareness.

- ***10th to 14th sessions: Building Self- Confidence***

Building and maintaining self-confidence after abuse can be challenging but achievable. The aim of this therapy was to help client process her experiences, heal from trauma, and learn healthy coping mechanisms. Self-care, such as engaging in activities that bring joy and fulfillment, was encouraged to help client build her boost self-esteem. Setting boundaries was also a useful tool to help client reclaim agency

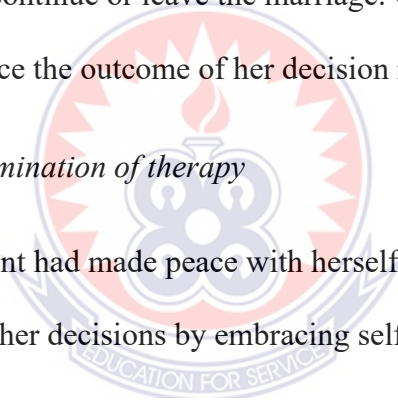
and control, while surrounding herself with supportive people can make it easier. Client was also admonished to prioritize Self-compassion, which involved treating herself with kindness, understanding, and acceptance, to help challenge her ‘self-critical thoughts’ and cultivate a sense of ‘self-worth and resilience’. Despite the time and effort required, with dedication and determination, healing and growth were client’s goals which she strived to achieve.

- *15th session: preparation for Termination of therapy*

Client was prepared for the termination of therapy. During this session, client had gained full awareness of what was happening in her marriage and was ready to make her own decision as to continue or leave the marriage. Client had built some resilience and was ready to embrace the outcome of her decision regardless.

- *16th session: termination of therapy*

During this session, client had made peace with herself for the decisions she made and was ready to own up to her decisions by embracing self-compassion and self-love.



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Client #22

Client Name: Maame Adwoa

Age: 40

Gender: Female

Occupation: Police Officer

Major Languages: Twi and English

Location: Lashibi

Marital Status: Single

General Appearance: She is about 1.6m in height and weighs about 75kg. She was well dressed and well groomed.

History of Presentation of Problem

Maame Adwoa walked into the churches office which serve as a counselling room on 5th January 2024 by herself. she was not refereed by anyone.

Presenting Problem

Maame said she is getting frustrared because she thinks she is advancing in age and she is not married yet. According to her she is getting old and thinks if she does not marry anytime soon giving birth will be difficult for her. She fills a bit disappointed because she has been praying over her situation or sometime now and she is not getting any answer. She said men do come her way but she seem not to click with them. This is even causing her to spend more time alone than going out to mingle

with her friends because people keep asking when they would attend her wedding her and these questions are stressing her.

Family History

Maame is the last born of four siblings, which one is already deceased. Her parents are all late. Currently she lives alone in a rented apartment.

Educational History

She holds a first degree and Master's degree in communication studies. Both degrees were obtained from University of Ghana, Legon.

Social History

According to Maame she used to join a lot of clubs but now apart from work which sometimes she finds it difficult even going she loves to spend most of her time by herself.

Case Formation

Client is feeling frustrated due to delayed marriage which is leading to concerns of difficulty in child birth if the delay persists for long. It is further letting the client feel disappointed, lonely and stressed. This is having a negative impact on her emotions. Constantly being asked about marriage plans by friends and acquaintances is forcing her to socially withdraw which is increasing her stress level.

Case Conceptualization

Predisposing Factors - Maame is seriously troubled due to her single status that she seems not to be ending anytime soon. Also, she is feeling the pressure from societal and cultural norms that prioritize marriage, leading to feelings of inadequacy or

judgment if she remains single. Concerns about advancing age and declining fertility is also amplifying her anxiety of difficulties in conceiving or having children in the future.

Perpetuating factor- Maame's difficulty in clicking with potential partners and persistent social inquiries perpetuate her feelings of loneliness and inadequacy, leading her to withdraw from social interactions. This ongoing struggle reinforces her belief that finding a suitable partner is challenging.

Protective Factors- Maame demonstrates resilience by seeking counseling and acknowledging her feelings. She has a supportive social network and relies on her spiritual beliefs for comfort. Additionally, her self-awareness and existing coping skills provide a foundation for growth and adaptation in therapy, fostering hope for positive change.

Observation

Intersection of Age and Fertility Concerns: The intersection of age-related concerns and worries about declining fertility can amplify anxiety and distress, especially for the client who perceives herself as running out of time to start a family.

Coping Strategies and Withdrawal: Coping mechanisms such as social withdrawal may provide temporary relief but can exacerbate feelings of isolation and hinder opportunities for social support and connection.

Treatment Plan

Psychoeducation on Societal Pressures: Maame will be provided with information about societal expectations surrounding marriage and fertility, helping her understand that her feelings are common and not indicative of personal failure.

Cognitive Behavioral Therapy (CBT): Help will be given to Maame to recognize and challenge irrational beliefs about marriage and age-related fertility concerns. Also she will be taught how to develop some adaptive coping strategies to manage stress, such as relaxation techniques and cognitive restructuring.

Exploration of Relationship Patterns: Assistance will be given to Maame in identifying and understanding patterns in her past relationships that may contribute to her difficulty in forming connections with potential partners. Work will be done on building her self-esteem and assertiveness skills to navigate future relationships more effectively.

Counseling Theories and Techniques used

Cognitive Behavioral Therapy (CBT): This is a widely used therapeutic approach aimed at addressing and modifying unhelpful thoughts, emotions, and behaviors. It's based on the premise that our thoughts, feelings, and behaviors are interconnected, and by changing one aspect, we can influence the others. This theory was used to help Maame in challenging and changing her irrational beliefs and negative thought patterns related to marriage, age, and fertility, to promote more adaptive coping strategies and behaviors. The technique used was Cognitive restructuring. This technique was used to help the client to replace the negative thoughts with more constructive ones.

Solution-Focused Brief Therapy (SFBT): This theory is a strengths-based therapeutic approach that focuses on identifying and building solutions rather than dwelling on problems. It is grounded in the belief that clients have the capacity to enact change and already possess the resources necessary to achieve their goals. SFBT

is typically brief and future-focused, aiming to help clients find practical solutions to their current difficulties in a relatively short period of time.

This theory was to focus on identifying and amplifying Maame's strengths and resources, exploring exceptions to her problems, and collaboratively developing achievable goals and solutions. The techniques used under this theory includes; miracle questions and scaling questions.

Integration of Spiritual and Religious Perspectives: Integration of spiritual and religious perspectives honors Maame's faith and provides a framework for finding meaning, comfort, and strength in her spiritual beliefs, contributing to her overall resilience and well-being. Techniques used are prayer and meditation.

Treatment Course

Client was taken through a treatment course of 13 sessions with the breakdown of session activities below.

1st session - : Rapport building and history taking

The first session was about developing a better rapport with the client so that she could feel more comfortable confiding in the counsellor and sharing her distress. Creating a safe and non-judgemental relationship requires having a good rapport and foundation of trust. The therapist helped establish a connection and foster an atmosphere that encouraged candid conversation. In order to obtain background information and biographical details for the therapy session, the client filled out an intake form. The client received an outline of the counselling procedure from the counsellor, along with information on session length and confidentiality policies. The outcome of this crucial session will dictate how beneficial the next sessions are.

2nd session- Goal setting

In collaboration with the counsellor client was helped to come out with some goals to guide the session. The goals are as follows;

- Challenge and modify negative beliefs and thought patterns related to marriage, age, and fertility. This is to help increase Maame's self-esteem and confidence by reframing her perception of self-worth and fulfillment.
- Develop effective coping strategies to manage stress and anxiety related to societal pressures and concerns about marriage and fertility. This will help equip Maame with relaxation techniques to reduce distress and enhance emotional resilience
- Integrate Maame's spiritual beliefs and practices into therapy to provide comfort, strength, and a sense of connection. This will foster the exploration of Maame's spiritual framework, incorporating prayer and meditation to promote resilience and well-being.
- Amplify Maame's strengths and resources to enhance her resilience and ability to navigate societal pressures related to marriage and fertility. This will encourage Maame to focus on solutions and exceptions to her problems rather than dwelling on perceived limitations or challenges.

3rd to 5th session- Psychoeducation on Societal Pressures

Psychoeducation on societal pressures surrounding marriage involves providing Maame with insights into cultural norms, media influences, and age-related fertility myths. This education encourages her to challenge traditional gender roles and explore alternative life paths while fostering self-compassion and acceptance. Ultimately, this knowledge empowered Maame to navigate societal expectations with a more realistic perspective and make choices

aligned with her values and preferences. This provided her with knowledge and understanding about societal pressures related to marriage, helping her develop a more realistic perspective and navigate these pressures in a healthier and more adaptive way.

6th to 8th session- Exploration of Relationship Patterns

The client was assisted in identifying and understanding patterns in her past relationships that may contribute to her difficulty in forming connections with potential partners. As well as help her work on building self-esteem and assertiveness skills to navigate future relationships more effectively. In this session much was focused on the exploration of relationship patterns, the client was allowed to reflect on past romantic experiences, attachment styles, and family influences. Discussions were centered on communication skills, conflict resolution strategies, and identifying personal values and priorities in relationships. The goal was to empower the client with insights into her relationship dynamics, enabling her to make informed decisions and cultivate healthier connections in the future. In this session scale questioning was mostly used.

9th to 10th session - Cognitive Behavioral Therapy (CBT)

During this session the counselling was focused on helping the client to recognize and identify negative thoughts and beliefs she holds about marriage, age, and fertility, such as "*I'm running out of time*" or "*I'm not good enough if I'm not married.*" She was then encouraged to challenge these negative thoughts by examining evidence that supports or contradicts them. For instance, exploring successful examples of later marriages or considering her own accomplishments outside of marital status. Client was then assisted to

restructure her thoughts in developing more balanced and realistic thoughts about her situation. For example, replacing "*I must be married by a certain age*" with "*There is no timeline for finding love, and my worth is not defined by my marital status.*" She was also taught a relaxation exercise to cope with the anxiety that comes with societal pressure.

11th Session - Solution-Focused Brief Therapy (SFBT)

In collaboration with client there was an exploration into times when client felt content or fulfilled in her life, despite not being married. She was encouraged to reflect on her strengths, accomplishments, and moments of resilience. Scaling questions were used to assess the client's current level of satisfaction with different aspects of her life, such as her relationships, career, and personal growth. What would need to happen for her to move one step closer to her desired future was also explored. Counsellor collaborated with the client to establish specific, achievable goals related to her well-being and personal fulfillment. These goals were focused on building on her existing strengths and resources rather than solely on changing her marital status. Miracle questions were posed to the client, asking her to imagine waking up one day and finding that her concerns about marriage and age have been resolved. She was encouraged to describe what her life would look like in that scenario and explore the steps she could take to move towards that vision. Client was further made to remember past successes and times when she was able to overcome challenges or achieved her goals. These examples were used to boost her confidence and reinforce her belief in her ability to create positive change in her life.

12th session- Preparation for termination

The client's progress and achievements are reviewed, reflecting on challenges she has been able to overcome and her personal growth experience. A relapse prevention plan was also developed, unresolved issues addressed, and continued support options explored.

13th session – Termination of Therapeutic Session

The therapeutic relationship was formally concluded with celebration of achievements, validation of autonomy, and readiness to move forward independently.



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Client #23

Client Name: Esther Antwi

Age: 32

Gender: Female

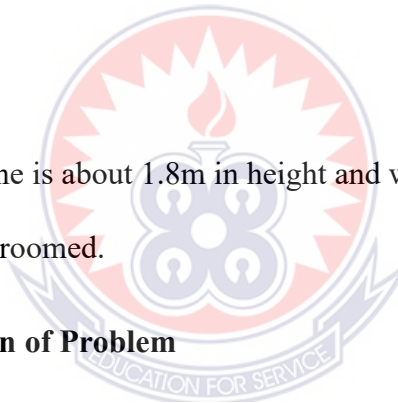
Occupation: Administrative Secretary

Major Languages: Twi and English

Location: Spintex

Marital Status: Single

General Appearance: She is about 1.8m in height and weighs about 90kg. She was well dressed and well groomed.



History of Presentation of Problem

Esther walked into the churches office which serve as a counselling room on 7th January 2024 by herself. she was not refereed by anyone.

Presenting Problem

Esther is a woman in her mid-30s who is experiencing significant distress due to her relationship with the father of her daughter. She expresses feeling trapped and isolated in her current situation, as the father of her child, who is considerably older than her, exerts control over her life. Despite being in a relationship with him for six years, Esther describes feeling lonely and depressed during this time, as the father of her child restricts her freedom, preventing her from socializing with friends or going out

alone. Esther's relationship with the father of her daughter began six years ago, during which time she gave birth to their child. However, the relationship has been marked by emotional manipulation and control, leading to Esther's deteriorating mental health. She describes feeling trapped and isolated, with her attempts to leave the relationship thwarted by threats from the father of her child to take their daughter away from her. Esther is also hesitant to marry him due to his existing marital status, as she does not wish to become his second wife. Esther is now faced with a dilemma as another man has expressed interest in marrying her. However, her unresolved issues with the father of her daughter continue to haunt her, making it difficult for her to make a decision about her future. She feels torn between her desire for a healthy, fulfilling relationship and her fear of losing custody of her daughter.

Family History

Esther is the last born of four siblings, her father is deceased but her mother is still alive who is currently staying with her in a rented apartment in Spintex together with her daughter.

Educational History

She holds a diploma in secretariat

Social History

Esther said most of her time is spent with her mother and daughter apart from her going to work and church

Case Formation

Esther has endured a six years of emotional control and isolation in a relationship with the father of her daughter, who is significantly older. This led to feelings of depression

and loneliness. Now, despite wanting to remarry, the father of her daughter threatens to take custody of their child if she does, complicating Esther's decision-making. She refuses to become his second wife, further adding to her confusion. Esther seeks support to heal emotionally, assert her autonomy, and navigate the legal complexities surrounding custody rights as she strives to find happiness for herself and her daughter.

Case Conceptualization

Predisposing factor- The predisposing factor appears to be her vulnerability due to her age and possibly her lack of experience in relationships. Being significantly younger than the father of her daughter, Esther may have been more susceptible to manipulation and control. This power dynamic, coupled with her desire for companionship and possibly her limited support network, predisposed her to entering and remaining in a relationship that ultimately became emotionally harmful and isolating.

Perpetuating Factor- The perpetuating factor is the ongoing threats and control exerted by the father of her daughter. His refusal to let her move on and his threats to take custody of their child if she remarries perpetuate Esther's feelings of fear, insecurity, and entrapment. This control is creating a cycle where Esther feels unable to break free from the relationship and move forward with her life, contributing to her ongoing distress and confusion.

Protective factor- The protective factor is her resilience and desire for a better future for herself and her daughter. Despite the years of emotional distress, Esther is open to the possibility of finding happiness through remarriage. Additionally, seeking support and guidance from counseling services and her support network can serve as

protective factors. These resources can empower Esther to assert her autonomy, address her emotional trauma and helping her to break free from the cycle of control and move towards a brighter future.

Observation

Fear of Loss: Esther's fear of losing custody of her daughter demonstrates the power dynamics at play in her relationship with the daughter's father. His threats to take their daughter away serve as a form of manipulation, instilling fear and preventing Esther from pursuing her own happiness.

Impact of Control: Esther's experience highlights the detrimental effects of controlling behavior in relationships. Her depression and loneliness stemmed from her ex-partner's restrictions on her freedom, indicating the damaging consequences of such dynamics.

Emotional Turmoil: Esther's emotional turmoil, evident in her confusion and indecision, highlights the psychological toll of her past experiences and current predicament. Her struggle to reconcile her own desires with external pressures underscores the challenges of navigating personal happiness amidst societal expectations.

Need for Support: Esther's situation emphasizes the importance of support networks in times of distress. She may benefit from seeking guidance from friends, family, or professionals who can provide emotional support and practical advice as she navigates her circumstances.

Treatment Plan

Psychoeducation: Provide psychoeducation to Esther about healthy relationships, boundaries, and the dynamics of power and control. Educate Esther about the signs of emotional abuse and manipulation, helping her recognize unhealthy patterns in past and potential relationships.

Assessment and Goal Setting: Conduct a thorough assessment of Esther's mental health, including her symptoms of depression, anxiety, and any other emotional difficulties she may be experiencing. Then collaboratively establish treatment goals with Esther, taking into account her desire for a new relationship, her concerns about the daughter's father, and her overall well-being.

Cognitive Behavioral Therapy (CBT): CBT techniques will be utilized to help Esther challenge negative thought patterns and develop more adaptive ways of thinking. As well as addressing any cognitive distortions related to guilt, fear, or low self-worth stemming from her past relationship and current circumstances.

Assertiveness Training: Esther will be empowered to assert her boundaries and advocate for her needs in her interactions with the daughter's father and potential suitors. Also, assertive communication scenarios will be role-played to help Esther feel more confident in expressing her thoughts and feelings assertively.

Counselling Theories and Techniques used

Cognitive Behavioral Therapy (CBT): This theory was to help Esther identify and challenge negative thought patterns and beliefs contributing to her depression and feelings of helplessness. Techniques such as cognitive restructuring was used to assist Esther in reframing her thoughts about relationships, self-worth, and her ability to make decisions.

Solution-Focused Therapy (SFT): This used to focus on identifying and building upon clients' strengths and resources to achieve their goals. This approach will help Esther envision a positive future, identify steps she can take to move forward, and set achievable goals related to her relationships and well-being.

Assertiveness Training: Assertiveness training was done to empower Esther to assert her boundaries, express her needs and desires, and advocate for herself effectively. Role-playing exercises and assertiveness scripts was used to provide Esther with practical skills for navigating difficult conversations and setting healthy boundaries in her relationships.

Treatment Course.

Client was taken through a treatment course of 18 sessions with the breakdown of session activities below.

1st and 2nd session- rapport building and History taking

The first and second session was about developing a better rapport with the client so that she could feel more comfortable confiding in the counsellor and sharing her distress. Creating a safe and non-judgemental relationship requires having a good rapport and foundation of trust. The therapist helped establish a connection and foster an atmosphere that encouraged candid conversation. In order to obtain background information and biographical details for the therapy session, the client filled out an intake form. The client received an outline of the counselling procedure from the counsellor, along with information on session length and confidentiality policies. The outcome of this crucial session will dictate how beneficial the next sessions are.

3rd and 4th session Assessment and Goal setting

Depression, Anxiety, and Stress Scale (DASS-21) was used to assess Esther to help provide a comprehensive assessment of Esther's levels of depression, anxiety, and stress, allowing the counselor to gain a clearer understanding of her emotional state and the severity of her symptoms. This Assessment was used in identifying specific areas of distress such as depression, anxiety, or stress, the DASS-21 helped Esther and the counselor to prioritize treatment targets and tailor interventions to address her most pressing concerns. With this in collaboration with the client goals were set for the therapeutic session to be a successful one. The treatment goals for the counseling plan aimed to address her depression, anxiety, and stress symptoms while fostering personal growth and empowerment. Goals include reducing depressive and anxious symptoms, enhancing stress coping skills, improving assertiveness and boundary setting, boosting self-esteem and self-worth, exploring relationship dynamics, and developing effective coparenting strategies. These goals are designed to support the client in achieving greater emotional well-being, navigating her relationships more effectively, and moving towards a more fulfilling and empowered life.

5th to 6th session- psychoeducation

The client was provided with information and insights about various relevant topics to help her understand her emotions, behaviors, and relationships more clearly. An explanation was given to the client to help her understand the symptoms and characteristics of depression, anxiety, and stress, helping her to recognize and label her own experiences. This also gave a clarification on how depression, anxiety, and stress can manifest differently in individuals and how they may be interconnected in her case. A discussion was made on the effects of the client's past relationship on her

emotional well-being, self-esteem, and sense of agency. The dynamics of control and manipulation in relationships was explored helping to empower the client to recognize unhealthy patterns and assert her boundaries.

7th to 10th session- Cognitive Behavioral Therapy (CBT)

In Cognitive Behavioral Therapy (CBT) sessions with, she was guided through a structured process of identifying and challenging negative thought patterns contributing to her depression, anxiety, and stress. Through techniques such as cognitive restructuring, behavioral activation, and problem-solving, the client learnt to reframe unhelpful beliefs, engage in positive behaviors, and develop effective coping strategies. Homework assignments reinforce learning and help the client to apply some of the CBT skills in her daily life, leading to greater symptom relief and improved overall well-being. The techniques in these sessions, helped to empower the client to challenge negative thinking patterns, develop more adaptive coping strategies, and ultimately experience greater relief from her symptoms of depression, anxiety, and stress.

11th to 16th session- Assertiveness Training

In this training, the client learnt to express her thoughts, feelings, and needs confidently and respectfully. Through learning assertive communication techniques, setting clear boundaries, and practicing self-advocacy, the client gained the skills to assert herself in various situations, including interactions with the daughter's father and potential suitors. With guidance and support, she was able to build confidence, self-esteem, and assertiveness, empowering her to navigate relationships and assert her rights effectively while maintaining respect for others. The client was taught specific assertive communication techniques, such as "I" statements, active listening,

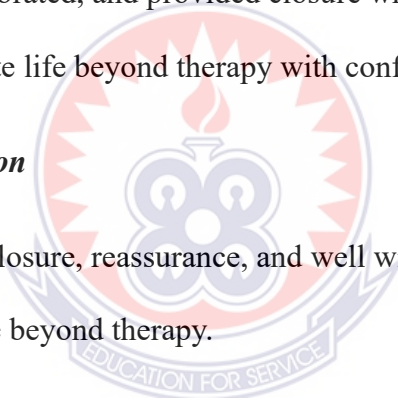
and assertive body language. Role-play was practiced on assertive responses to common scenarios or interactions that she finds challenging. The client was again guided in setting clear and firm boundaries with others, including the daughter's father or potential suitors. She was taught to practice saying no assertively and without guilt, emphasizing the importance of prioritizing her own needs and well-being.

17th session – preparation for termination

In preparation for termination, the client and the counsellor reviewed treatment goals and progress, discussed relapse prevention strategies, address unresolved issues, and plan for follow-up or aftercare. Key themes and growth were discussed, Esther's achievements were celebrated, and provided closure while affirming her resilience and readiness to navigate life beyond therapy with confidence and support.

18th session- Termination

The session ends with closure, reassurance, and well wishes for the client to continue in growth and resilience beyond therapy.



COUPLE COUNSELLING



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCHOLOGY
CHAPTER TWO
COUPLE COUNSELLING

Demographic Information

Names of the couple: Abigail and Abraham

Pre-marital counselling

Date counselling commenced: 10/04/2023

Date counselling ended: 18/07/2023

Introduction

These couples as part of their marriage preparation came for an 11 weeks counselling session to enable them prepare adequately towards their marriage. Each session included assignments on the various topics treated. Assignments were addressed and discussed during each session for open criticism and acknowledgements. This was to enable couples cultivate the habit of open discussions between themselves. Below are extracts from the various topics treated for the 12 weeks sessions and their corresponding assignments:

Topics treated:

- a. Communication in marriage

Effective communication is crucial for a successful marriage, as it allows couples to express their feelings, needs, and desires, resolve conflicts, and build trust and intimacy. Active listening, empathizing with your partner, is a key aspect of communication, fostering a sense of validation and strengthening emotional connection. Open and honest expression of emotions is also vital, fostering a safe environment for understanding each other and resolving issues. Clear and assertive

communication of needs and desires prevents misunderstandings and strengthens the bond.

During disagreements, communication skills like active listening, empathy, and compromise are essential. Non-verbal cues, such as body language and gestures, can also be crucial. By practicing active listening, expressing emotions openly and honestly, assertively communicating needs and desires, and handling conflicts constructively, couples can create a strong, healthy relationship that can withstand the test of time.

Assignment: Each couple was made to write a brief discussion on communication skills

b. Managing finances in marriage

Managing finances in marriage is crucial for building a strong relationship and ensuring financial stability. Open and honest communication is key to creating a financial plan that aligns with both partners' values, goals, and priorities. A budget helps track expenses and identify areas for savings, avoiding overspending and building financial security.

Saving for the future is essential for couples, whether it's for a down payment on a house, retirement, or emergencies. Setting aside a portion of income each month for savings provides peace of mind and financial stability. Debt management is also essential, with strategies for paying off student loans, credit card debt, or mortgages. Prioritizing debt repayment and avoiding unnecessary stress can maintain a healthy financial situation.

Lastly, couples should consider their long-term financial goals and work together to achieve them. Working towards common financial goals can strengthen their relationship and build a secure financial future together.

Assignment: couples were made to write down their monthly budget as individuals and identify the impulses in their spendings.

c. Temperaments and Marriage

Temperament is a key factor in a successful marriage, influencing communication, conflict resolution, and deep connection. There are four main temperaments: choleric, sanguine, melancholic, and phlegmatic. Choleric individuals are strong-willed, assertive, and ambitious, while sanguine individuals are outgoing, sociable, and optimistic. Melancholic individuals are introspective, detail-oriented, and sensitive, bringing depth and emotional understanding but also requiring patience and reassurance. Phlegmatic individuals are calm, easy-going, and adaptable, bringing tranquility but also requiring patience and understanding. Understanding and appreciating each other's temperaments is essential for a successful marriage, as it helps build a strong foundation of love and understanding. Communication, empathy, and compromise are key in navigating the complexities of marriage, and honoring each other's unique temperaments can lead to a more harmonious and fulfilling partnership.

Assignment: couples were made to read on temperaments and identify their temperament, together with their strengths and weaknesses

d. Building a Christian Home

A Christian home is a family that lives out their faith in all aspects of their lives, creating a nurturing and loving environment. It begins with a strong spiritual foundation, modeled by parents who model a vibrant faith for their children. This foundation is nurtured through regular worship services, prayer, and Bible study, fostering a love for God and a desire to live according to His Word. A Christian home also prioritizes love, respect, and unity among its members, practicing kindness, forgiveness, and understanding. It also involves intentional efforts to teach and discipline children in accordance with biblical principles, setting boundaries, providing consistent discipline, and offering guidance rooted in God's Word. A Christian home is characterized by a spirit of service and hospitality towards others, demonstrating the selfless and compassionate nature of Christ. In conclusion, building a Christian home requires dedication, perseverance, and reliance on God's grace.

Assignment: couples were made to research on scriptures which constituted a godly home and the roles of each couple in a godly home.

e. Managing third parties in Marriage

Marriage is a partnership between two individuals, but it can also involve third parties such as in-laws, friends, and children from previous relationships. Managing these third parties can be challenging due to their own agendas, opinions, and expectations. To maintain a healthy and strong marriage, couples must establish clear boundaries, communicate openly about expectations, and establish guidelines for their involvement. Effective communication is crucial for addressing concerns and finding solutions. Couples should support each other and present a united front when dealing with third parties. Prioritizing their marriage and making decisions that support their

relationship is also essential. By working together and supporting each other, couples can strengthen their bond, prevent conflicts, and build a strong, healthy marriage that can withstand the test of time.

Assignment: each couple was made to write down their personal opinion on the involvement of their partner's family in their marriage. This assignment was discussed separately with each couple. And themes derived were discussed openly due to the sensitivity of the topic.

f. conflict management

Conflict management is a crucial skill for maintaining healthy relationships and achieving productive outcomes. It involves various strategies and techniques, including open communication, collaboration, compromise, emotional intelligence, and understanding different conflict management styles. Effective communication helps clarify misunderstandings, express emotions, and find common ground. Active listening builds empathy and understanding, while compromise helps find a middle ground and prevent further escalation. Emotional intelligence helps regulate emotions and maintain a constructive atmosphere during conflict resolution. Recognizing different conflict management styles, such as avoidance or confrontation, can facilitate more effective communication and resolution. In conclusion, conflict management is about finding common ground and working together to resolve disagreements that satisfy all parties involved.

Assignment: each of the couples was made to recount a hurtful event by the other partner which he or she still couldn't let go. This was addressed and each of the couples were given deeper understanding on why they felt the way they did and the importance of letting go

g. forgiveness

Forgiveness is a vital aspect of any marriage, as mistakes, conflicts, and hurtful words can occur. It strengthens the relationship and allows it to flourish. Forgiveness requires humility, compassion, and a willingness to let go of past grievances. Holding onto anger and resentment can poison the relationship, but forgiveness allows both partners to heal and move forward. One challenge is letting go of the need for revenge or retribution, which perpetuates the cycle of hurt and conflict. Empathy and understanding are essential for forgiveness, as it allows for a better understanding of the other person's perspective. Open and honest conversations about the hurt can help rebuild trust and create a stronger bond.

Assignment: each couple was asked to outline the importance of forgiveness in marriages and the hinderances to forgiveness

Forgiveness is a choice, but it is essential for a healthy and thriving marriage. By choosing to forgive and let go of past grievances, both partners can create a stronger, more resilient relationship that can withstand the challenges that come with marriage.

h. Sex in Marriage

A vital element of marriage is sex, which helps partners bond and strengthen their union. Since sharing boundaries and wishes is necessary for both partners to feel satisfied and respected, communication is crucial. To improve sexual encounters, intimacy—which involves emotional connection and trust—is essential. Couples also need to prioritize and work on their sexual lives, as well as make time for one another. It's important to address external issues and seek treatment when necessary because they might have an impact on sex in a marriage, such as stress or health concerns. Finally, in order to maintain a fulfilling and meaningful connection, having sex in a

married relationship requires effort, communication, and understanding. Maintaining desire and strengthening a relationship can be achieved by couples that prioritize their sex life, communicate with each other, and resolve any concerns.

Assignment: each of the couples was asked to read on sex and its biblical importance in marriage.

i. The purpose of Marriage.

Marriage serves various purposes across cultures, religions, and individuals. It provides companionship and support, offering emotional fulfillment through love, intimacy, and connection. It serves as the foundation for family formation, providing a stable environment for raising children and instilling values. Marriage also allows for physical and sexual intimacy, fostering the marital bond through shared intimacy. Social and legal benefits, such as spousal benefits, inheritance rights, healthcare coverage, and legal recognition of the marital relationship, protect and support couples. Marriage holds spiritual and religious significance, symbolizing commitment, fidelity, and unity. It also offers opportunities for personal growth and development, as individuals learn to navigate the complexities of a committed relationship, cultivating virtues like patience, forgiveness, empathy, and compromise.

Assignment: both of the couples were asked to identify their purpose in the marriage and how they intend to fit in their partner's purpose.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple two

Demographic Information

Names of the Couple: Deborah and James

Pre-marital counselling

Date counselling started: 7/7/2023

Date counselling ended: 22/09/2023

Introduction

Deborah and James attended an eight-week counselling programme to help them prepare for marriage. Each session included assignments addressing the various topics addressed. Each session included addressing and discussing assignments to provide genuine feedback and acknowledgements. This was done to help couples create the habit of having open interactions with each other. Here are some snippets from the many subjects covered during the eight-week sessions, along with the accompanying homework.

Topics treated:

a. Communication in Marriage:

Communication in marriage is the cornerstone of a healthy relationship. It involves more than just talking; it encompasses active listening, understanding, and empathizing with your partner's feelings and perspectives. Effective communication fosters intimacy, trust, and mutual respect. Couples should strive to communicate openly and honestly, expressing their needs, desires, and concerns without fear of judgment. Practicing good communication skills such as active listening, using "I"

statements, and avoiding blame or criticism can help couples navigate conflicts and strengthen their bond.

Assignment: each couple was made to identify hinderances to effective communication in marriage.

b. Managing Finances in Marriage:

Managing finances in marriage is crucial for financial stability and harmony. Couples should discuss and agree upon financial goals, create a budget, and allocate resources accordingly. Transparency and accountability are key; both partners should have access to financial information and be involved in decision-making. Open communication about spending habits, debts, and savings is essential to avoid conflicts related to money. Couples may also consider seeking professional financial advice to help them manage their finances effectively.

Assignment: each of the couples was tasked to identify items of important to them during their monthly purchases as well as their estimated budgets.

c. Temperaments and Marriage:

Temperaments play a significant role in shaping marital dynamics. Each partner brings their unique personality traits, strengths, and weaknesses into the relationship. Understanding and appreciating each other's temperaments can enhance empathy and communication. Couples may encounter challenges due to differences in temperament, but learning to navigate these differences with patience and understanding can strengthen their bond. It's important for couples to recognize and respect each other's individuality while also finding ways to complement each other's strengths and weaknesses.

Assignment: each couple was asked to identify the temperament of their partner and identify how they could help bring out the best in each other.

d. Building a Christian Home:

Building a Christian home involves establishing a foundation of faith, love, and mutual respect based on biblical principles. Couples committed to building a Christian home prioritize prayer, scripture reading, and spiritual growth together. They strive to emulate Christ's love and sacrifice in their relationship, practicing forgiveness, grace, and selflessness. Building a Christian home also involves nurturing a family environment where children are raised with Christian values and taught to love and serve others.

Assignment: couples were asked to research and outlined ways of building a Christian home; supporting them with scriptures

e. Managing Third Parties in Marriage:

Managing third parties in marriage involves setting boundaries and prioritizing the marital relationship over external influences such as family, friends, or colleagues. Couples should communicate openly about their expectations regarding external relationships and establish healthy boundaries to protect their marriage. It's important to address conflicts or interference from third parties with empathy and assertiveness while also respecting each other's need for privacy and individuality.

Assignment: couples were asked to share their concerns and how they would manage 3rd parties in marriage especially their in-laws.

f. Conflict Management:

Conflict is inevitable in any marriage, but how couples manage conflict can determine the health of their relationship. Effective conflict management involves active listening, empathy, and a willingness to compromise. Couples should focus on addressing the issue at hand rather than attacking each other personally. Seeking resolution and reconciliation, rather than winning arguments, is key to resolving conflicts constructively and strengthening the marital bond.

Assignment: couples were given a scenario and asked to constructively discuss how they would have solved the problem as a couple.

g. Forgiveness:

Forgiveness is a fundamental aspect of any marriage. It involves letting go of resentment and hurt, and choosing to move forward with grace and compassion. Couples should be willing to forgive each other's mistakes and shortcomings, recognizing that nobody is perfect. Forgiveness fosters healing and reconciliation, allowing couples to rebuild trust and intimacy in their relationship. It's important for couples to practice forgiveness regularly, both for their own well-being and the health of their marriage.

Assignment: the couples was asked to discuss the value of forgiveness in marriages as well as the obstacles to it.

h. Sex in Marriage:

Sex is an intimate expression of love and connection between spouses. It plays a significant role in fostering emotional and physical intimacy in marriage. Couples should communicate openly about their sexual needs and desires, creating a safe and trusting environment where both partners feel valued and respected. Prioritizing

intimacy and maintaining a healthy sexual relationship requires effort and commitment from both partners.

Assignment: couples were asked to discuss their how they would handle a “no” when it came to sex in their marriage.

i. The Purpose of Marriage:

The purpose of marriage varies depending on cultural, religious, and personal beliefs. Generally, marriage provides companionship, support, and a lifelong partnership for couples. It offers a framework for mutual growth, fulfillment, and shared experiences. Marriage also serves as a foundation for starting a family and raising children. Ultimately, the purpose of marriage is to cultivate love, commitment, and unity between spouses, enriching their lives and contributing to the well-being of society.

Assignment: couples were made to outline how they would align their purpose with that of their partner.

j. Balancing Work and Marriage Life:

Balancing work and marriage life requires prioritization, time management, and communication. Couples should strive to find a healthy balance between their professional responsibilities and their relationship. This may involve setting boundaries, scheduling quality time together, and supporting each other's career goals. Flexibility and understanding are key as couples navigate the demands of work and family life. Regularly reassessing priorities and making adjustments as needed can help couples maintain harmony and fulfillment in both areas of their lives.

Assignment: since both couples were career-oriented people, they were asked to discuss how they were going to blend their responsibilities in marriage with work.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple three

Demographic Data

Name of the Couple: Francis and Amanda

Post-marriage counselling

Presenting complaint

This couple came with the problem of third-party interference in the marriage which was affecting them. Again, they said they do not have a healthy communication life in their marriage. Another thing they mentioned was a delay in pregnancy since they have been married for 5 years. From their report, it was realized that they were having personality problems.

Intervention

This couple was made to take the Big 5 personality inventory to identify their personality traits, an explanation was given to both of them on each other's personality and how it accounted for certain behaviors exhibited.

Further, they were taken through couple's counseling and below are abstracts of the topics treated;

a. Effective communication in marriage

Effective communication in marriage is essential for developing and sustaining an excellent relationship. It requires active listening, honesty, and comprehension. Paying full attention to your spouse without interrupting, being interested in their thoughts and feelings, being honest and transparent, and expressing emotions openly and honestly are all essential elements. Empathy and understanding entail recognizing your partner's point of view, even if you disagree, and resolving problems. Body

language and facial expressions are examples of nonverbal expressions that can transmit information. Conflicts should be settled peacefully and constructively, with having emphasis on finding solutions rather than assigning blame. Regular check-ins facilitate continued communication and prevent problems from escalating.

b. How to manage third parties in marriage

Managing relationships with third parties is crucial for maintaining the integrity and stability of a marital bond. Strategies include setting boundaries, prioritizing the marriage, openly discussing concerns or conflicts, maintaining individual relationships outside the marriage, and seeking support if needed. Establishing boundaries, such as privacy, time, and involvement in decision-making, ensures that the needs and interests of the marriage are prioritized. Addressing issues as they arise is essential to prevent them from festering. Encouraging independence and social support while maintaining a strong partnership is also important.

c. How to stay together as a couple in times of difficulty and what to do like delay in pregnancy.

Couples often face challenges, but navigating these together can strengthen their bond. Strategies for staying together during difficult times, such as a pregnancy delay, include open communication, mutual support, seeking professional help, maintaining hope and optimism, adaptability and flexibility, and shared coping strategies. Open communication allows for emotional connection and support, while mutual support provides comfort and empathy. Seeking professional help can offer new perspectives and tools for coping with challenges. Maintaining hope and optimism reminds each other that challenges are temporary and that they are part of the team. Being flexible and willing to adapt to changing circumstances, such as exploring alternative paths to

parenthood or seeking medical advice, can help manage stress and maintain well-being. Collaborating on shared coping strategies can help couples navigate difficult situations together.

Couple four

Demographic information

Name of the couple: Ruth and Patrick

Pre-marital counselling

Date counselling started: 20 /10/2023

Date counselling ended: 15/12/2023

Introduction

This couple engaged in an extensive eight-week counseling initiative tailored to equip them with essential skills for navigating marriage. Each session was structured around a specific topic relevant to marital dynamics, with assignments designed to prompt reflection, communication, and understanding between partners. After each session, the couple convened to discuss their assignments, sharing insights, perspectives, and experiences together with their counselor. The goal was to instill open communication, cultivating an environment of trust, empathy, and respect within their relationship.

The program explored various subjects critical to marital success, such as communication, conflict resolution, intimacy, and shared values. Practical strategies and insights were provided to equip couples with the tools to build a resilient and fulfilling marriage. Homework assignments were provided to deepen couples' understanding and application of the concepts discussed. These tasks encouraged

couples to reflect on their relationship dynamics, identify areas for growth, and practice implementing newly acquired skills.

Topics treated:

a. Communication in marriage

Communication is key in any successful relationship, and this is especially true in marriage. Effective communication is essential to building and maintaining a strong and healthy relationship between partners. It involves not only conveying information and sharing thoughts and feelings, but also listening actively and empathetically, understanding each other's perspectives, and working together to resolve conflicts and meet each other's needs.

One of the most important aspects of effective communication in marriage is being open and honest with each other. It is essential for partners to feel comfortable sharing their thoughts, feelings, and concerns with each other without fear of judgment or criticism. This requires creating a safe and supportive environment where both partners feel heard and respected.

Active listening is another crucial component of effective communication in marriage. It involves not only hearing what your partner is saying, but also understanding their perspective and empathizing with their feelings. This means paying close attention to your partner's words, body language, and tone of voice, and responding in a way that shows you are truly engaged and interested in what they have to say.

It is also important for partners to communicate openly about their needs, expectations, and boundaries. This can help prevent misunderstandings and conflicts, as well as ensure that both partners feel valued and respected in the relationship. By

setting clear boundaries and expressing their needs and desires, partners can work together to create a strong foundation for their marriage.

Conflict is inevitable in any relationship, but how couples handle disagreements and conflicts can make all the difference in the success of their marriage. Effective communication during conflicts involves staying calm, listening attentively, and expressing your feelings and concerns in a respectful and constructive manner. It also involves being willing to compromise, work towards a resolution, and move forward together as a team.

In addition to verbal communication, nonverbal communication is also an important aspect of effective communication in marriage. This includes gestures, facial expressions, and body language, which can convey important messages and emotions that words alone cannot express. Partners should pay attention to their own nonverbal cues as well as those of their partner to ensure that they are truly understanding each other.

Overall, effective communication is the foundation of a strong and healthy marriage. By creating a safe and supportive environment, actively listening to each other, expressing needs and expectations openly, handling conflicts constructively, and paying attention to both verbal and nonverbal cues, couples can build a strong and lasting bond that will withstand the ups and downs of married life. Through effective communication, partners can strengthen their connection, deepen their intimacy, and build a relationship that is built on trust, understanding, and mutual respect.

Assignment: the couple was asked to identify the hindrances to effective communication between them.

b. Managing finances in marriage

Effective financial management is crucial for maintaining a healthy and harmonious relationship. Understanding and discussing financial obligations early on can prevent future conflicts and misunderstandings. Financial obligations in a marriage include paying bills, saving for the future, investing, and managing debt. Open and honest conversations about financial goals, priorities, and responsibilities can create a solid foundation for financial management.

Transparency is a key principle of financial management in marriage, as both partners should be open and honest about their financial situation. This fosters trust and understanding in the relationship, which is essential for effective financial management. Setting financial goals and creating a budget together can help couples manage their finances effectively, avoiding unnecessary stress and conflicts.

In addition to setting goals and creating a budget, couples should discuss how they plan to handle shared expenses and financial decisions, such as joint bank accounts, bill payments, and major financial decisions.

Dealing with financial obligations and management in marriage can be challenging, but with open communication, transparency, and a shared commitment to financial goals, couples can successfully navigate these challenges and build a strong financial foundation for their marriage. By working together, couples can create a solid financial future for themselves and their family, ensuring their marriage remains strong and secure for years to come.

Assignment: couples were asked to share their opinions on having a joint account and how they would handle external family expenses and demands.

c. Temperaments and Marriage

Marriage is a complex and multifaceted institution that requires a strong foundation. Temperament plays a significant role in the success or failure of a marriage, as it refers to a person's innate traits and their reactions to different situations. There are four main temperaments identified by psychologists: sanguine, choleric, melancholic, and phlegmatic. Each temperament has its strengths and weaknesses, and understanding how they interact with each other is crucial for maintaining a healthy and harmonious marriage.

Sanguine individuals are outgoing, optimistic, and sociable, bringing energy and joy to the relationship. However, they may struggle with being impulsive and commitment. It is important for sanguine individuals to work on communication and planning to avoid conflicts. Choleric individuals are determined, goal-oriented, and assertive, bringing strength and direction to the relationship. However, they may struggle with being too controlling and have difficulty compromising.

Melancholic individuals are introspective, detail-oriented, and sensitive, bringing depth and emotional insight to the relationship. They may struggle with being overly critical and dwell on negative emotions. It is important for melancholic individuals to focus on communication and appreciating the positive aspects of their partner to maintain a healthy marriage.

Phlegmatic individuals are calm, easy-going, and empathetic, bringing peace and stability to the relationship. However, they may struggle with being too passive and having difficulty expressing their needs. To ensure a balanced and fulfilling marriage, phlegmatic individuals should work on assertiveness and communicate openly with their partner.

Assignment: each of the couple was asked to discuss their strengths and weaknesses as an individual and were led through how they would identify their temperament and how they would manage each other's weaknesses.

d. Building a Christian Home

Building a Christian home involves establishing a strong spiritual foundation by modeling faith for children and engaging in worship and Bible study. It also prioritizes love, respect, and unity among family members. Discipline is important, with parents teaching children to obey and respect authority while providing guidance rooted in biblical principles. Additionally, Christian homes show hospitality and serve others to demonstrate Christ's love. Ultimately, building a Christian home requires dedication, perseverance, and reliance on God's grace to create a peaceful and loving environment that reflects the character of Christ. The goal is to glorify God and bring hope and redemption to a world in need.

e. Managing third parties in Marriage

To effectively manage third parties in marriage, couples should communicate openly about expectations and boundaries, set clear boundaries, prioritize the marital bond, respect individual relationships, address conflicts promptly, maintain independence, seek support from trusted sources, and cultivate mutual trust. Open communication helps understand each other's perspectives and establish mutual agreement on handling external relationships. Establishing clear boundaries protects the intimacy and privacy of the marital relationship, and both partners should prioritize the needs and well-being of the marriage. Respecting individual relationships with family and friends can strengthen social support networks. Seeking professional assistance can provide guidance and perspective on managing external influences effectively.

Building and maintaining mutual trust is crucial for managing relationships with third parties.

Assignment: this topic was handled in two folds. Each of the couple was asked to identify a third party who has intruded so much in their relationship. This was done in individual session. A general discussion on common themes was discussed together with the couple.

f. conflict management

Conflict resolution is critical for maintaining healthy relationships and attaining positive outcomes. Effective conflict resolution requires communication, teamwork, compromise, emotional intelligence, and a grasp of various conflict management styles. Open and honest communication helps to clear up misconceptions, communicate feelings, and discover common ground. Active listening fosters empathy and understanding, whereas compromise facilitates finding a middle ground and avoids conflict from growing. Emotionally intelligent people remain cool and composed under challenging situations. Recognizing different conflict management styles might help you communicate and resolve conflicts more effectively. Conflicts can be managed in a way that promotes understanding and results in positive outcomes by employing effective communication, teamwork, compromise, emotional intelligence, and an understanding of various conflict management styles.

Assignment: each of the couple was given a scenario and was made to identify approaches he/she would use to manage the situation. Further discussion was done to clarify responses.

g. forgiveness

Forgiveness is crucial in marriages, as it allows both partners to heal and move on from past hurts. It requires humility, compassion, and a willingness to let go of past grievances. Holding onto anger and resentment can poison the relationship, but forgiveness allows both parties to heal and move forward. Empathy and understanding are essential for forgiveness, as it helps to see things from your partner's perspective. Open communication is key to the process, as it helps restore trust and create a stronger bond. Forgiveness is a choice, but it is necessary for a healthy and successful marriage. By choosing to forgive and move on, both partners can build a healthier, more fulfilling marriage based on love, trust, and understanding.

h. Sex in Marriage

Sex is a crucial aspect of marriage, allowing couples to connect, show affection, and strengthen their bond. However, it requires effort, communication, and understanding from both partners. Open discussions about desires, boundaries, and needs are essential to ensure satisfaction and respect in the bedroom. Intimacy, which goes beyond physical pleasure, is vital for emotional connection and trust. Cultivating intimacy enhances sexual experiences and strengthens the bond. Prioritizing sex life and making time for each other is essential, including scheduling regular date nights and trying new things in the bedroom. External factors like stress, health issues, or relationship problems can also influence sex, so it's crucial for couples to address these issues and seek help if needed. By prioritizing sex, cultivating intimacy, and addressing any issues, couples can enjoy a fulfilling and satisfying sexual relationship that strengthens their bond and enhances their marriage.

i. The purpose of Marriage.

Marriage is a sacred institution that has been practiced throughout human history, involving two individuals who commit to sharing a life together. Its primary purpose is to create a stable and loving environment for raising children, instilling values such as responsibility, respect, and empathy. Marriage also serves as a way for individuals to fulfill their emotional and psychological needs, providing a safe and secure foundation for building a fulfilling life.

Marriage also provides a legal and social framework for individuals to build a life together, offering legal rights and protections that are not afforded to unmarried couples. It also provides a sense of security and stability, as couples can rely on each other in times of need and work together to achieve common goals and dreams.

The purpose of marriage is multifaceted and varies across cultures, religions, and individuals. However, several common themes highlight its significance: companionship, family formation, emotional and spiritual fulfillment, physical intimacy, social and legal recognition, shared goals and values, cultural and religious significance, and personal and spiritual growth. In summary, marriage is deeply personal and subjective, reflecting the unique desires, beliefs, and values of each couple.

j. How to manage Exes in marriage

Managing relationships with ex-partners in marriage can be a sensitive issue, as it can evoke feelings of jealousy, insecurity, or discomfort for both partners. To effectively manage interactions with ex-partners, couples should openly discuss their feelings and concerns, establish clear boundaries, prioritize the marriage, respect each other's feelings, limit contact, focus on the present, seek support if needed, reaffirm love and

commitment, be mindful of children, and invest time and effort into strengthening their bond as a couple.

Open communication is key to building trust and understanding between partners. Establishing clear boundaries regarding the nature and frequency of communication is essential for maintaining a strong marital bond. Prioritizing the marriage and respecting each other's feelings is crucial for maintaining a strong marital bond. Minimizing contact with ex-partners, such as unfollowing or blocking them on social media, can help avoid potential conflicts or misunderstandings.

Focusing on the present and nurturing the relationship rather than dwelling on past relationships can help couples navigate these potentially challenging situations. Seeking professional guidance from a therapist or counselor can provide tools and strategies for navigating these complex dynamics. Trust and reassurance are essential for overcoming insecurities and doubts. Prioritizing co-parenting and communication for the well-being of children is also important. Lastly, investing time and effort into strengthening the relationship as a couple can deepen their connection and resilience as partners.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple five

Demographic information

Name of the couple: Joseph and Theresa

Post-marriage counselling

Presenting complaint

This couple came with the complaint that the wife likes nagging. From their report, the wife complained that the husband does not have time for her and he is always engrossed in his work which is affecting her negatively. She said that is the reason why she ends up talking always and the husband complains that she nags too much. Again, the wife said the husband is too attached to the mother and everything he must inform the mother before a decision can be taken.

Topics treated

- a. Managing work and married life

In today's fast-paced world, managing work and married life can be challenging due to the demands of a career and the responsibilities of a marriage. However, with proper planning, communication, and prioritization, it is possible to strike a balance. Effective time management is crucial, as it involves setting realistic goals and deadlines, setting boundaries, and allocating time accordingly. Open communication with your spouse about work schedules and commitments can help avoid misunderstandings and find solutions to challenges. Prioritization is also essential, as it involves identifying core values and priorities in both areas and making decisions accordingly. Boundary setting is also essential, as it prevents work from encroaching on personal life and allows time for relaxation. By taking proactive steps to strike a

balance between work and married life, you can create a fulfilling and harmonious relationship with your spouse while excelling in your career. With dedication and effort, it is possible to achieve success both at work and at home.

Assignment: each of the couple was asked to identify their challenges in managing the combination work and family life.

b. Managing relationship between in-laws

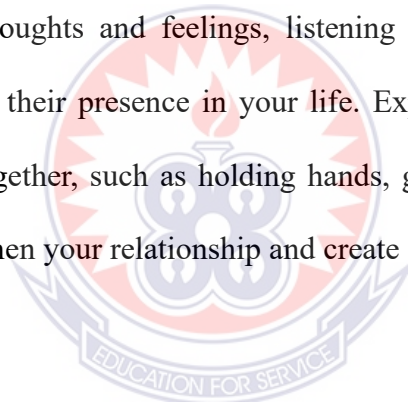
Managing relationships with in-laws can be challenging, as they are not just individuals but also their family. It is essential to establish healthy and respectful relationships with them, expressing thoughts and feelings calmly and listening to their perspectives. This helps prevent misunderstandings and conflicts. Setting boundaries is crucial to prevent unwanted intrusions and maintain a healthy balance between family and in-laws. Maintaining a positive attitude and showing respect towards in-laws, even if there are disagreements, can build trust and goodwill.

Relationships take time to develop and grow, so it is essential to be patient and understanding with your in-laws. Allow them to get to know you and build trust and rapport. Investing in the relationship can lead to a deeper and more meaningful connection in the long run. Overall, maintaining a positive attitude and showing respect towards in-laws can lead to a stronger and more harmonious bond with them.

c. How to spend quality time together as a couple

Quality time together is essential for a healthy and strong relationship. Couples can prioritize this by setting aside specific times each week or month for date nights, establishing tech-free zones, and communicating expectations and setting boundaries. Delegating household and parenting responsibilities can reduce stress and create more opportunities for bonding. Physical intimacy is also crucial, as it deepens the

connection between the couple. Create meaningful rituals and traditions, such as weekly movie nights, monthly adventures, or annual vacations, to provide stability and bonding opportunities. If external interferences consistently disrupt quality time together, consider seeking support from a therapist or counselor. Plan regular date nights, such as going out to dinner, watching a movie, attending a concert, or taking a walk in the park, to allow uninterrupted time together. Take a weekend getaway together to reconnect and create lasting memories. Engage in shared activities, such as cooking a meal together, going for a bike ride, or taking a dance class, to strengthen the bond and bring you closer together. Communication and listening are essential during quality time together. Put away phones and other distractions and focus on each other, sharing thoughts and feelings, listening attentively, and showing your partner that you value their presence in your life. Expressing love and appreciation during quality time together, such as holding hands, giving compliments, or writing love notes, can strengthen your relationship and create a deeper connection.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple six

Demographic Information

Names of the Couple: Mamle and Philip

Pre-marital counselling

Date counselling started: 30/12/2023

Date counselling ended: 09/02/2023

introduction

A couple participated in a 10-week counselling programme to strengthen their marriage skills. The programme addressed issues such as communication, conflict resolution, closeness, and shared ideals. The idea was to promote open communication and trust by emphasizing empathy and respect. Practical techniques were offered to assist in the development of a resilient and rewarding marriage. Homework was assigned to help students comprehend and grow. The programme aims to cultivate open communication, trust, empathy, and respect in the couple's relationship.

Topics treated:

- a. Communication in marriage

Effective communication is crucial in any relationship, especially in marriage, as it strengthens the bond between partners and fosters understanding and trust. However, negative communication can have damaging effects on a marriage, leading to conflict, misunderstandings, and resentment. To maintain a healthy and thriving marriage, couples must learn how to manage negative communication. Negative communication can take various forms, such as criticism, contempt, defensiveness, and stonewalling. These patterns can erode trust and emotional intimacy, creating a toxic environment

where both partners feel unheard and invalidated. To manage negative communication in marriage, couples must be aware of their communication patterns and how they impact their relationship. Self-awareness is key in identifying negative communication habits and working towards changing them. Active listening, which involves giving full attention to each other, showing empathy and understanding, and validating their feelings, is an effective way to manage negative communication.

Practicing assertiveness, which involves expressing thoughts, feelings, and needs in a clear and respectful manner, is another strategy to manage negative communication. This allows couples to communicate effectively without resorting to criticism, contempt, or defensiveness, and encourages compromise and problem-solving.

Establishing healthy communication habits, such as no yelling or name-calling, can prevent negative communication patterns from escalating and maintain a positive and respectful atmosphere in the marriage.

b. Managing finances in marriage

Financial transparency and freedom are essential for a healthy and successful marriage. Open and honest communication about finances leads to a more harmonious partnership and stronger bond between partners. This transparency allows both parties to understand their financial goals and prevents misunderstandings and conflicts. Financial transparency also promotes trust and honesty, eliminating potential secrets and hidden agendas. This fosters a sense of security and trust, as both individuals feel confident in their partner's responsibility with their money.

Financial transparency can also prevent financial infidelity, which can erode trust and create resentment in a marriage. By being transparent about finances, couples can avoid deception and maintain a strong relationship. Financial freedom allows each

partner to have autonomy and independence in their money decisions, allowing them to spend money as they see fit without feeling controlled or restricted. This equality fosters a sense of partnership and mutual respect, as both partners are considered equal contributors to the financial health of the relationship.

c. Temperaments and Marriage

Temperaments in marriage are essential for determining the dynamics and success of a relationship. These natural predispositions, such as introversion, extroversion, emotional stability, and adaptability, significantly influence how couples interact, communicate, and resolve conflicts. Recognizing and accepting each other's unique temperamental traits is crucial for couples to communicate effectively and navigate disagreements more easily.

Acknowledging and appreciating each other's differences can help couples anticipate potential challenges and work towards finding solutions together. For example, if one partner is introverted and values alone time, while the other is more extroverted and seeks social interactions, conflicts may arise about how to spend free time together. By proactively discussing and negotiating compromises that meet both partners' needs, couples can build more meaningful connections.

Emotional responsiveness and emotional expression in a relationship can also be impacted by temperamental styles. Couples with different temperamental styles may struggle to understand or empathize with each other's emotional needs, leading to misunderstandings and resentment. Understanding and acknowledging these differences can improve emotional intelligence and develop more meaningful connections.

Managing stress and building resilience in a relationship can be achieved by recognizing each other's triggers and stress responses. This strengthens the emotional bond between partners and fosters trust and security in the relationship.

Assignment: each couple was instructed to determine their partner's temperament and discuss how they could assist bring out the best in each other.

d. Building a Christian Home

A Christian home is a family that lives out its faith in all aspects of their lives, creating a nurturing and loving environment. It begins with a strong spiritual foundation, modeled by parents who regularly attend church services, pray, and study the Bible together. This commitment instills a love of God and a desire to live according to His Word. A Christian home also places love, respect, and unity among its members, fostering a sense of belonging and security. It also involves teaching and disciplining children according to biblical principles, setting boundaries, providing consistent discipline, and providing guidance based on God's Word. A Christian home is characterized by a spirit of civility, service, and hospitality to others, reflecting the selfless and compassionate nature of Christ. Building a biblical home requires commitment, perseverance, and faith in God's grace.

Assignment: the couple were made to identify the stressors that come with adjusting to each other's beliefs especially with both of them sharing different Christian faith and doctrines.

e. Managing third parties in Marriage

Managing third parties in marriage involves navigating relationships with family, friends, colleagues, and other external influences while prioritizing the marital bond. Strategies for effective management include open communication, setting boundaries,

prioritizing the marriage, respecting individual relationships, addressing conflicts promptly, maintaining independence, seeking support from a trusted counselor, religious advisor, or support group, and cultivating mutual trust. Open communication helps couples understand each other's perspectives and establish mutual agreement on handling external relationships.

Setting clear boundaries is essential to protect the intimacy and privacy of the marital relationship, including time spent with third parties, sharing personal information, and involvement in each other's social circles. Prioritizing the marriage's needs and well-being over external relationships is crucial, and respecting individual relationships with family and friends can strengthen overall social support networks. Addressing conflicts promptly and constructively, maintaining independence, seeking support from a trusted counselor, religious advisor, or support group, and cultivating mutual trust are essential for managing relationships with third parties and nurturing a thriving and fulfilling marriage.

Assignment: each couple was made to discuss their fear with external family and friends' interfaces in their marriage.

f. conflict management

Conflicts are common in human interactions and can occur in various settings, including home, workplace, and social circles. Conflict management involves constructively handling disputes to reach a resolution that benefits all parties involved. Effective communication is crucial for clarifying misunderstandings, expressing emotions, and finding common ground. Collaboration is another key strategy, promoting trust and cooperation. Compromise may be necessary in some cases. Emotional intelligence is essential for de-escalating conflicts and promoting

rational dialogue. Understanding different conflict management styles can facilitate effective communication and resolution. Overall, conflict management is crucial for building strong relationships, improving communication, and fostering collaboration.

Assignment: each couple was made to discuss a scenario they can never forget which caused them so much hurt by their partner. This was open for discussion and constructive criticism to resolve the conflict.

g. forgiveness

Forgiveness in marriage is a crucial act of love, compassion, and grace that is essential for the health and longevity of a relationship. It allows couples to heal from hurtful experiences and reconcile after conflicts or misunderstandings, promoting emotional well-being and strengthening trust. Forgiveness also fosters intimacy and deepens the emotional connection between partners, creating a safe and supportive environment where both feel accepted and valued. It encourages personal growth and learning within the marriage, allowing couples to reflect on their actions, take responsibility for their mistakes, and make positive changes to prevent future conflicts. Forgiveness helps preserve the marriage, as unresolved conflicts can lead to increased dissatisfaction and distance. For couples with a Christian faith, forgiveness reflects the sacrificial love and grace, aligning with biblical teachings about love, compassion, and reconciliation. In essence, forgiveness is not only an essential aspect of maintaining a healthy and fulfilling marriage but also a transformative practice that cultivates compassion, empathy, and resilience within the relationship.

Assignment: each of the couple was tasked to identify the hinderances of forgiveness and its effects in marriage.

h. Sex in Marriage

Sex in marriage is a complex aspect that goes beyond physical intimacy. It involves the expression of love, desire, and affection through sexual activity, strengthening the emotional bond between partners and contributing to marital satisfaction. Sex also fosters emotional connection, allowing couples to express love, acceptance, and vulnerability in a unique and intimate way. It addresses the physical and emotional needs of both partners, contributing to individual happiness and well-being. Open communication about sexual needs and desires is crucial for ensuring mutual satisfaction. Sex is a primary way for couples to express love and affection, fostering a sense of security, trust, and exclusivity. Regular sexual activity also promotes bonding and trust, leading to higher levels of trust and satisfaction in the marriage. Sex also offers health benefits, such as improved immune function, reduced stress, and improved cardiovascular health. Mutual respect and consent are essential in sexual intimacy, fostering a healthy and fulfilling relationship. In summary, sex in marriage is a multifaceted aspect that contributes to overall marital satisfaction and happiness.

i. The purpose of Marriage.

A godly marriage and a Christian home are crucial for a strong and healthy family unit. These institutions, based on love, commitment, and faith, aim to create a nurturing environment where individuals can grow spiritually and emotionally. In a godly marriage, the purpose is to reflect God's intended love and unity for His creation, as described in the Bible. This bond serves as a reflection of the relationship between Christ and the Church, where Christ selflessly gave himself for the Church out of love.

In a godly marriage, partners are called to love and support each other, bring out the best in each other, and provide a safe environment for their children to grow and develop. They are also called to seek God's guidance and wisdom in their marriage, pray together, and support each other in their faith journey.

On the other hand, a Christian home is a place where the teachings of Christ are central to daily life, applying principles of love, forgiveness, mercy, and grace. Parents are called to raise their children in the ways of the Lord, teaching them values of honesty, integrity, and compassion, and instilling a deep love for God and others.

The purpose of a godly marriage and a Christian home is to glorify God and be a witness to His love and grace. By living out these principles in our marriages and homes, we can demonstrate the transformative power of God's love and the joy that comes from living according to His will.

Assignment: the couple was asked to identify ways to keep a good marriage and its importance.

j. Managing long-distance marriage.

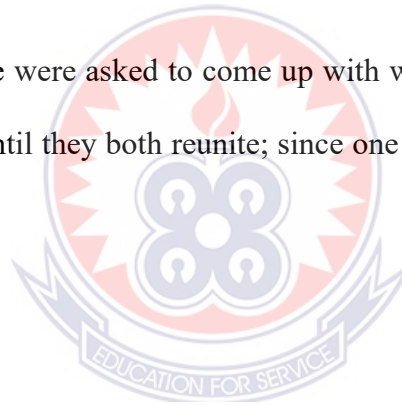
Managing a long-distance marriage can be challenging, but with commitment, communication, and creativity, couples can maintain a strong and fulfilling relationship. Strategies for managing a long-distance marriage include establishing clear communication channels, prioritizing quality time, building trust and transparency, setting shared goals, maintaining independence, planning regular visits, being flexible and understanding, staying positive and optimistic, seeking support from friends, family, or support groups, and planning for the future.

To maintain a strong and fulfilling relationship, couples should establish clear communication channels, prioritize quality time, be transparent about feelings and

activities, and be open to discussing concerns or insecurities. Establishing shared goals and aspirations can strengthen the bond and provide a sense of purpose. Regular visits can create memorable experiences and strengthen the connection. Being flexible and understanding of each other's schedules and limitations can help overcome challenges together.

Focusing on the strengths of the relationship and celebrating milestones can keep the romance alive. Seeking professional counseling or therapy can also be helpful. Ultimately, prioritizing communication, trust, and mutual support can help couples navigate the challenges of a long-distance marriage and build a strong foundation for a lasting and fulfilling relationship.

Assignment: the couple were asked to come up with ways of keeping communication even with a distance until they both reunite; since one of the couples lived outside the country.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple seven

Demographic Information

Names of the Couple: Eva and Nana Kwame

Pre-marital counselling

Date counselling started: 30/12/2023

Date counselling ended: 16/02/2023

Introduction

A couple participated in a 10-week counselling programme to strengthen their marriage skills. The programme addressed issues such as communication, conflict resolution, closeness, and shared ideals. The idea was to promote open communication and trust by emphasizing empathy and respect. Practical techniques were offered to assist in the development of a resilient and rewarding marriage. Homework was assigned to help couple comprehend and grow. The programme aims to cultivate open communication, trust, empathy, and respect in the couple's relationship.

Topics treated:

a. Biblical Reasons for Marriage

Incorporating biblical principles in marriage helps to provide a strong foundation for understanding the purpose and significance of marriage in the christian setting. From the biblical point of view there are about five basic reasons for marriage which are; there is an empasises on unity and ones in marriage as on reson for marriage, this comes about by joining two individuals together in a sacred bond. Also, marriage is

for companionship and support , as Ecclesiastes 4:9-12 highlights the importance of companionship and support in marriage, stating that "Two are better than one, because they have a good return for their labor: If either of them falls down, one can help the other up. But pity anyone who falls and has no one to help them up. Also, if two lie down together, they will keep warm. But how can one keep warm alone?" the third reason that it emphasizing mutual love, respect, and sacrificial love. For example, it is stated in the Bible that, "Husbands, love your wives, just as Christ loved the church and gave himself up for her." The Bible also talks about the importance of marriage for the purpose of producing godly offspring. Lastly, the Bible reaffirms the divine intention for marriage from the beginning of creation in the fulfilment of God's plan to continue procreation. Exploring these biblical reasons for marriage in counseling sessions help couple to understand the spiritual dimension of their union, reinforce the importance of mutual respect and support, and provide a framework for building a strong and lasting relationship.

b. Principles of finance in Marriage

taking couple through the principle of finance in marriage helps them to understand the importance of managing home finances to bring harmony to the home and the marriage. Couple is entreated to have open discussion on money issues. also they are advised to manage finances by proper budgeting. Also, dangers of comparison is advised against so that they can accept reality.

c. Temperament and Marriage

Temperaments in marriage are essential for determining the dynamics and success of a relationship. These natural predispositions, such as introversion, extroversion, emotional stability, and adaptability, significantly influence how couples interact,

communicate, and resolve conflicts. Recognizing and accepting each other's unique temperamental traits is crucial for couples to communicate effectively and navigate disagreements more easily.

Acknowledging and appreciating each other's differences can help couples anticipate potential challenges and work towards finding solutions together. For example, if one partner is introverted and values alone time, while the other is more extroverted and seeks social interactions, conflicts may arise about how to spend free time together. By proactively discussing and negotiating compromises that meet both partners' needs, couples can build more meaningful connections.

Emotional responsiveness and emotional expression in a relationship can also be impacted by temperamental styles. Couples with different temperamental styles may struggle to understand or empathize with each other's emotional needs, leading to misunderstandings and resentment. Understanding and acknowledging these differences can improve emotional intelligence and develop more meaningful connections.

Managing stress and building resilience in a relationship can be achieved by recognizing each other's triggers and stress responses. This strengthens the emotional bond between partners and fosters trust and security in the relationship.

d. Communication in Marriage

communication is often emphasized as one of the foundational pillars for a healthy and thriving relationship. Couples are counselled on how to actively listen to each other without interrupting or formulating a response while the other is speaking. This includes paraphrasing what the other person said to ensure understanding. Couples are taught to empathize with each other's feelings and perspectives, even if they don't necessarily agree. This involves validating each other's emotions and seeking to

understand their underlying reasons. Again, helping couples learn to express their needs, desires, and feelings in a constructive and non-confrontational manner. This may involve teaching assertiveness skills and "I" statements to avoid blaming or accusing language.

e. Conflict Management in Marriage

Conflict management is a crucial aspect of marriage, as conflicts are inevitable in any relationship but how they are handled can determine the health and longevity of the marriage. Taking the couple through conflict management in marriage counseling session empower couples to navigate conflicts more effectively, strengthen their relationship, and foster greater understanding and intimacy with each other. During this session, couples are helped to learn how to manage their emotions during conflicts by teaching techniques such as deep breathing, taking breaks when needed, and practicing self-awareness to prevent emotional reactivity.

f. Parenting

Parenting can have a very significant impact on marriage, and addressing parenting concerns in marriage counselling can be beneficial for strengthening the marital bond and promoting effective co-parenting. Couples can enhance their teamwork, communication, and mutual support as they navigate the joys and challenges of raising children together. Couples are encouraged to engage in open and honest communication about parenting decisions, concerns, and challenges. This includes discussing roles and responsibilities, sharing feelings and concerns, and actively listening to each other's perspectives. The couple is also counselled to explore their individual parenting styles, values, and beliefs, and finding ways to align them to create a cohesive approach to parenting. This involves discussing discipline methods, routines, and expectations for children.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Couple two

Demographic Information

Names of the Couple: Belinda and Felix

Pre-marital counselling

Date counselling started: 14/7/2023

Date counselling ended: 29/09/2023

Introduction

Belinda and Felix attended a twelve-week counselling programme to help them prepare for marriage. Each session included assignments addressing the various topics addressed. Each session included addressing and discussing assignments to provide genuine feedback and acknowledgements. This was done to help couples create the habit of having open interactions with each other. Here are some snippets from the many subjects covered during the eight-week sessions, along with the accompanying homework.

Topics treated:

a. Communication in Marriage:

Communication in marriage is the cornerstone of a healthy relationship. It involves more than just talking; it encompasses active listening, understanding, and empathizing with your partner's feelings and perspectives. Effective communication fosters intimacy, trust, and mutual respect. Couples should strive to communicate openly and honestly, expressing their needs, desires, and concerns without fear of

judgment. Practicing good communication skills such as active listening, using "I" statements, and avoiding blame or criticism can help couples navigate conflicts and strengthen their bond.

Assignment: each couple was made to identify hinderances to effective communication in marriage.

b. Managing Finances in Marriage:

Managing finances in marriage is crucial for financial stability and harmony. Couples should discuss and agree upon financial goals, create a budget, and allocate resources accordingly. Transparency and accountability are key; both partners should have access to financial information and be involved in decision-making. Open communication about spending habits, debts, and savings is essential to avoid conflicts related to money. Couples may also consider seeking professional financial advice to help them manage their finances effectively.

Assignment: each of the couples was tasked to identify items of important to them during their monthly purchases as well as their estimated budgets.

c. Temperaments and Marriage:

Temperaments play a significant role in shaping marital dynamics. Each partner brings their unique personality traits, strengths, and weaknesses into the relationship. Understanding and appreciating each other's temperaments can enhance empathy and communication. Couples may encounter challenges due to differences in temperament, but learning to navigate these differences with patience and understanding can strengthen their bond. It's important for couples to recognize and respect each other's individuality while also finding ways to complement each other's strengths and weaknesses.

Assignment: each couple was asked to identify the temperament of their partner and identify how they could help bring out the best in each other.

d. Building a Christian Home:

Building a Christian home involves establishing a foundation of faith, love, and mutual respect based on biblical principles. Couples committed to building a Christian home prioritize prayer, scripture reading, and spiritual growth together. They strive to emulate Christ's love and sacrifice in their relationship, practicing forgiveness, grace, and selflessness. Building a Christian home also involves nurturing a family environment where children are raised with Christian values and taught to love and serve others.

Assignment: couples were asked to research and outlined ways of building a Christian home; supporting them with scriptures

e. Managing Third Parties in Marriage:

Managing third parties in marriage involves setting boundaries and prioritizing the marital relationship over external influences such as family, friends, or colleagues. Couples should communicate openly about their expectations regarding external relationships and establish healthy boundaries to protect their marriage. It's important to address conflicts or interference from third parties with empathy and assertiveness while also respecting each other's need for privacy and individuality.

Assignment: couples were asked to share their concerns and how they would manage 3rd parties in marriage especially their in-laws.

f. Conflict Management:

Conflict is inevitable in any marriage, but how couples manage conflict can determine the health of their relationship. Effective conflict management involves active listening, empathy, and a willingness to compromise. Couples should focus on addressing the issue at hand rather than attacking each other personally. Seeking resolution and reconciliation, rather than winning arguments, is key to resolving conflicts constructively and strengthening the marital bond.

Assignment: couples were given a scenario and asked to constructively discuss how they would have solved the problem as a couple.

g. Forgiveness:

Forgiveness is a fundamental aspect of any marriage. It involves letting go of resentment and hurt, and choosing to move forward with grace and compassion. Couples should be willing to forgive each other's mistakes and shortcomings, recognizing that nobody is perfect. Forgiveness fosters healing and reconciliation, allowing couples to rebuild trust and intimacy in their relationship. It's important for couples to practice forgiveness regularly, both for their own well-being and the health of their marriage.

Assignment: the couples was asked to discuss the value of forgiveness in marriages as well as the obstacles to it.

h. Sex in Marriage:

Sex is an intimate expression of love and connection between spouses. It plays a significant role in fostering emotional and physical intimacy in marriage. Couples should communicate openly about their sexual needs and desires, creating a safe and trusting environment where both partners feel valued and respected. Prioritizing

intimacy and maintaining a healthy sexual relationship requires effort and commitment from both partners.

Assignment: couples were asked to discuss their how they would handle a “no” when it came to sex in their marriage.

i. The Purpose of Marriage:

The purpose of marriage varies depending on cultural, religious, and personal beliefs. Generally, marriage provides companionship, support, and a lifelong partnership for couples. It offers a framework for mutual growth, fulfillment, and shared experiences. Marriage also serves as a foundation for starting a family and raising children. Ultimately, the purpose of marriage is to cultivate love, commitment, and unity between spouses, enriching their lives and contributing to the well-being of society.

Assignment: couples were made to outline how they would align their purpose with that of their partner.

j. Balancing Work and Marriage Life:

Balancing work and marriage life requires prioritization, time management, and communication. Couples should strive to find a healthy balance between their professional responsibilities and their relationship. This may involve setting boundaries, scheduling quality time together, and supporting each other's career goals. Flexibility and understanding are key as couples navigate the demands of work and family life. Regularly reassessing priorities and making adjustments as needed can help couples maintain harmony and fulfillment in both areas of their lives.

Assignment: since both couples were career-oriented people, they were asked to discuss how they were going to blend their responsibilities in marriage with work.

OUTREACHE PRESENTATIONS



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

CHAPTER THREE
OUTREACHE PRESENTATIONS

Seminar 1

Introduction

A seminar on self-wealth was held on June 9, 2023 at the Pentecost Skills Development Centre in Nungua at 8:00 a.m. The seminar was aimed at the students of the Development centre, which consisted of approximately 80 participants between the ages of 20 and 35 years old. Additionally, 11 officials, including one facilitator, one resource person, and other staff members of the Development Centre, were present during the seminar. The seminar was presented in the form of a presentation with PowerPoint slides on a laptop, which were projected onto a large screen for easy viewing by participants. The seminar lasted for approximately two hours, with the Resource person delivering a presentation for one hour, thirty minutes for questions and answers, and thirty minutes for other activities that were pertinent to the seminar.

Breakdown of activities

To kick off the programme, the chaplain of the Development Centre held a brief prayer session that was followed by the seminar. After that, the facilitator of the seminar, who was also working as an intern counsellor at the Centre, gave an inaugural address. A group of students then engaged the house in a little poetry performance that served as an icebreaker. This was done in order to keep the atmosphere lively and calm before the resource person was introduced. As a sign of respect and admiration for the principal of the school, the assistant head of the institution went on to present the resource person, who, by chance, was also the

principal of the Development Centre. Because the Development Centre's primary goal was total development, the resource person highlighted the importance of self-wealth, which was vital for the students of the Development Centre. As a result, self-improvement was an absolute necessity for the students. After a brief break for refreshments lasting ten minutes, the students returned to their seats to participate in the question-and-answer session that followed the presentation. Following that, the facilitator brought the event to a close by expressing gratitude to all of the attendees of the seminar for their intellectual contributions. After the ending benediction gave by the chaplain, lunch was served to all of the attendees in order to replenish their energy levels.

Evidence of presentation

Introduction

One of the most essential aspects of human psychology is the self, which plays a role in how individuals perceive, comprehend, and interact with their surroundings. For the purpose of developing an understanding of human conduct and psychological functioning, it is essential to have a solid grasp of the many types of selves and the processes that underpin them. An individual's self can be broken down into several unique categories, including self-identity, self-awareness, self-concept, and self-esteem. The process of critically analyzing and reflecting on one's own interior experiences is what is meant by the term "self-awareness." On the other hand, an individual's self-concept is the cognitive framework that they possess, which includes their beliefs, attitudes, and perceptions. In contrast to self-esteem, which refers to an individual's own evaluation of his or her own worth and value, self-identity is a sense of the consistency and evolution of one's personal experiences and qualities over the course of one's lifetime. It is a dynamic entity that is always changing and being

influenced by a variety of circumstances, both internal and external to the individual. According to cultural norms and social interactions, it is subjective, complex, and influenced by each of these factors.

It is the perception that one has of themselves that they are adequate and worthy of the affection and inclusion of other people that constitutes self-worth. An individual's evaluation of their own talents and value as a person who is worthy of regard and consideration is what the American Psychological Association (APA) considers to be the definition of self-worth. A feeling of innate merit that is deserving of adoration is what it is said to be. It is inextricably related to your sense of self-worth, regardless of the thoughts or feelings of other people. When handled with the right frame of mind, self-worth is not something that is supposed to change on a daily basis like the weather does; rather, it is something that is constant, unchanging, and has the capacity to make one's life better. To have a strong feeling of self-worth, one must be able to accept their persona in its whole, regardless of the fact that they have flaws, shortcomings, and blemishes. The concepts of self-worth and self-esteem are sometimes misinterpreted. Self-worth is dependent on external factors, such as accomplishments and successes, and it is frequently inconsistent. As a result, an individual may have difficulties seeing their own value. Self-esteem, on the other hand, is a more internal concept.

Theory of self-worth

Self-worth theory posits that attaining self-acceptance is the foremost concern of an individual, and that this objective is frequently pursued via accomplishments and social competition (Covington & Beery, 1976). Four fundamental components comprise the theory: capability, exertion, achievement, and self-esteem. A person's level of self-worth is determined by the interaction of these factors, with performance

being significantly influenced by effort and capability. Nevertheless, the self-worth theory does not exclusively centre on accomplishments. Other elements that contribute to an individual's perception of self-worth include physical appearance, financial resources, social connections, professional trajectory, and personal accomplishments. One can utilize these variables to assess and contrast their own self-esteem in relation to others. People frequently evaluate and compare their self-worth in accordance with their appearance, financial resources, social context, professional trajectory, and accomplishments. In contrast, Stephanie Jade Wong (n.d.) endeavors to rectify misconceptions and erroneous beliefs regarding self-worth through an emphasis on factors that neither establish nor ought to establish self-worth. While accomplishing objectives is commendable, it does not intrinsically correlate with an individual's value as a person. A job is essential, but what one does or how it satisfies them is irrelevant. Following on social media is an additional factor that has no bearing on self-esteem. The perception of one's own value as an individual remains unaffected by the opinions and achievements of others, including age. Running aptitude is among the least significant determinants of self-esteem. The capacity to run does not dictate one's self-worth if the activity is enjoyable and one derives satisfaction from improving their time. Self-worth is a personal matter and cannot be influenced by grades, the number of acquaintances one has, relationship status, money in the bank, or the number of likes received. None of these factors or statuses impact an individual's worth.

Importance of Self-Worth

Individuals who possess a strong sense of self-worth demonstrate confidence, which empowers them to face challenges and pursue opportunities with certainty. They recognize their shortcomings and refuse to let them shape their personal identity. The

influence of self-worth on relationship dynamics is substantial, as it shapes individuals' perception of themselves and others. An individual with strong self-worth may not attribute mistreatment to themselves, while an individual with poor self-worth may do so. Having a strong and positive belief in one's own value and importance helps in setting boundaries and encourages others to treat one with respect.

Gaining a comprehensive comprehension of one's own worth is essential for bringing about transformation in one's everyday existence. Having a strong sense of self-worth is linked to having a favorable view of oneself and the belief that one is capable of achieving goals. Maintaining a strong belief in one's own deservingness of happiness, good health, prosperity, success, and love is crucial, even in the face of difficult circumstances. In the midst of both achievements and setbacks, challenges and victories, it is crucial to continuously strive for personal growth.

Ways to Improve Self-Worth

Participating in pleasant activities can elicit positive reinforcement and build a sense of proficiency, which in turn can strengthen an individual's sense of self-assurance in a variety of different areas. Increasing one's self-confidence can be accomplished by continually highlighting and highlighting one's characteristics, capacities, and abilities. Physical activity is related to a higher sense of self-worth because of the mild physical demands it places on the body and the cognitive reset it promotes. This is because physical activity places a reasonable amount of tension on the body. The confrontation of negative thoughts is essential since they frequently originate from internalized criticism, tension, and the demands that are imposed by the situation. The negative conceptions should be replaced with more realistic ones. Individuals who suffer from low self-worth, which can hinder their capacity to function in

relationships, the workplace, or with their emotional health, may find that treatment is beneficial to them. The adoption of this viewpoint can be of assistance to individuals in recognizing their worth and working towards improving their overall well-being.

Reflection on presentation

The concept of self-worth has garnered much interest in recent years as people endeavor to comprehend and enhance their perception of their own value. Self-worth is the conviction in one's inherent worth and significance as an individual, independent of other elements such as accomplishments, physical beauty, or social standing. Self-worth is a vital factor in molding individuals' self-perception and their talents, which in turn affects their behavior, relationships, and general state of being.

The topic of self-worth has been examined by philosophers, psychologists, and sociologists throughout history. Philosophers like Aristotle and Plato stressed the significance of introspection and self-consciousness in comprehending one's genuine value. Psychologists such as Abraham Maslow and Carl Rogers have emphasized the importance of self-esteem and self-actualization in attaining a feeling of satisfaction and contentment in one's life.

The influence of self-worth can have a significant effect on individuals' mental well-being, interpersonal connections, and overall life satisfaction. When individuals possess a favorable perception of their own value, they are more inclined to establish and accomplish significant objectives, maintain healthier interpersonal connections, and encounter higher levels of enjoyment and satisfaction. Conversely, having a poor sense of self-value can result in experiencing emotions of insufficiency, uncertainty, and despondency, which can have an effect on many areas of an individual's existence.

When examining the influence of self-worth, it is crucial to take into account both the favorable and unfavorable aspects. Having a strong feeling of self-worth can enable individuals to actively pursue their interests, overcome obstacles, and live genuinely. Additionally, it has the capacity to cultivate resilience when confronted with challenges, empowering individuals to recover from setbacks and develop greater strength in the course of doing so.

Nevertheless, it is important to take into account the negative aspects as well. Low self-esteem can originate from childhood events, societal influences, and internalized attitudes that impair an individual's perception of their own value and deservingness. This can result in maladaptive behaviors, detrimental relationships, and psychological disorders such as anxiety and depression. In order to develop a strong sense of self-worth, individuals must acknowledge and deal with these fundamental causes.

In the future, self-worth is expected to experience more expansion and advancement as an increasing number of individuals acknowledge the significance of self-acceptance and self-compassion in attaining personal satisfaction and overall welfare. Through the promotion of self-awareness, self-acceptance, and self-empowerment, we may foster the development of a more empathetic and encouraging society, wherein all individuals are able to acknowledge and appreciate their inherent value and significance.

To summarize, self-worth holds great significance in the contemporary fast-paced and competitive society. To establish a strong feeling of self-worth and lead more happy lives, folks might start by comprehending the important individuals, influence, and future advancements associated with self-worth. It is crucial for all individuals to acknowledge their intrinsic value and worth, and to assist one another in building a

society that is more caring and uplifting. The path towards developing a sense of self-worth ultimately starts with acknowledging and embracing oneself, showing kindness towards oneself, and making a dedicated effort to acknowledge and respect one's inherent value.



UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Seminar 2

Introduction

A seminar on Depression was held on August 10, 2023 at the James Mackay Worship Centre; Church of Pentecost, Spintex in Nungua at 6:30 p.m. The seminar was aimed at the youth of the church, which consisted of approximately 50 participants between the ages of 14 and 40 years old. Additionally, 7 dignitaries were present, including one facilitator who doubled as an elder of the church, one resource person, and youth executives, elders of the church and the main Pastor. The seminar took the form of a presentation with PowerPoint slides on a laptop, which were projected onto television screens positioned at vantage points for easy viewing by participants. The seminar lasted for approximately one hour, 30 minutes, with the presentation taking fourth minutes, thirty minutes for questions and answers, twenty minutes for other activities that were pertinent to the seminar including interaction session.

Breakdown of activities

To kick off the programme, the praise and worship team led the members present in a brief praise and worship and a song ministration followed right after. The facilitator of the seminar gave an inaugural address. The facilitator then gave a brief synopsis of the main topic for discussion and proceeded to invite the resource person to the podium for the presentation. The resource person gave a detailed presentation on depression, the factors, causes, types and treatment of depression. Afterwards, members present were given a short break of 5 minutes and the seminar resumed with the Questions and answers session from the members to the resource person. The seminar then

ended with an appreciation from the youth executives then a closing prayer by the main pastor of the church.

Evidence of presentation

Introduction

The mood condition known as depression is characterized by an ongoing sense of melancholy and a loss of interest, both of which prevent an individual from engaging in activities that are considered to be normal. A complex and prevalent mental health illness that has a detrimental impact on a person's emotions, thoughts, and behavior, it is more commonly known as schizophrenia. It is characterized by persistent feelings of melancholy, emptiness, or the inability to enjoy pleasure, and it has the potential to profoundly damage the quality of life of an individual. Depression can present itself in a variety of ways, including gut-wrenching loneliness, anxiety, and numbness. It happens to anybody, regardless of age, gender, or background, and it can show in a variety of ways.

Types of depression

There are several different types of depression that individuals may experience. Understanding the different types of depression is important in order to provide appropriate treatment and support for those who are suffering.

One of the most common types of depression is major depressive disorder, also known as clinical depression. This type of depression is characterized by persistent feelings of sadness, hopelessness, and worthlessness that interfere with daily life. Individuals with major depressive disorder may also experience changes in appetite, sleep patterns, and energy levels. Symptoms of major depressive disorder typically

last for at least two weeks and can be severe enough to impair functioning at work, school, or in relationships.

Another type of depression is persistent depressive disorder, which is a chronic form of depression that lasts for two years or longer. People with persistent depressive disorder may experience milder symptoms than those with major depressive disorder, but they can still have a significant impact on daily life. Symptoms of persistent depressive disorder may include low self-esteem, lack of motivation, and difficulty concentrating.

Seasonal affective disorder is a type of depression that occurs at a specific time of year, usually in the winter months when there is less natural sunlight. Symptoms of seasonal affective disorder may include fatigue, oversleeping, weight gain, and social withdrawal. Light therapy and other treatments can help manage symptoms of seasonal affective disorder and improve overall well-being.

Bipolar disorder is another type of depression that is characterized by periods of depression alternating with periods of mania or hypomania. During manic episodes, individuals may experience elevated mood, increased energy, and impulsive behavior. Bipolar disorder can be challenging to diagnose and treat, but mood stabilizers and other medications can help manage symptoms and improve quality of life.

Postpartum depression is a type of depression that occurs after childbirth and affects many new mothers. Symptoms of postpartum depression may include feelings of sadness, anxiety, and irritability, as well as difficulty bonding with the baby. Postpartum depression can be particularly challenging because of the added stress of caring for a newborn, but therapy and support groups can help new mothers cope with their symptoms.

Causes of Depression

While the exact cause of depression is not fully understood, it is believed to be a combination of genetic, biological, environmental, and psychological factors. Understanding the causes of depression is crucial in order to provide appropriate treatment and support for individuals suffering from this debilitating condition.

One of the primary causes of depression is genetics. Research has shown that individuals with a family history of depression are more likely to develop the disorder themselves. It is believed that certain genes may predispose individuals to depression, making them more susceptible to developing the condition. While genetics play a significant role in the development of depression, it is important to note that not all individuals with a family history of depression will develop the disorder, and that environmental factors also play a key role in its development.

Biological factors also play a significant role in the development of depression. Changes in brain chemistry, neurotransmitter imbalances, and hormonal fluctuations have all been linked to the development of depression. For example, imbalances in neurotransmitters such as serotonin, dopamine, and norepinephrine have been associated with the development of depression. These neurotransmitters play a crucial role in regulating mood, emotions, and behavior, and disruptions in their levels can lead to the development of depressive symptoms.

Environmental factors can also contribute to the development of depression. Stressful life events such as trauma, loss, or abuse can trigger the onset of depression in susceptible individuals. Chronic stress, financial difficulties, relationship problems, and social isolation can also contribute to the development of depression. Additionally, environmental factors such as exposure to toxins, pollutants, and poor nutrition can impact brain function and contribute to the development of depression.

Psychological factors, such as negative thinking patterns, low self-esteem, and unresolved trauma, can also contribute to the development of depression. Individuals who have experienced trauma or abuse may develop maladaptive coping mechanisms that can lead to the development of depression. Negative thinking patterns, such as rumination, self-criticism, and catastrophizing, can also contribute to the onset of depressive symptoms.

Symptoms of depression

The DSM-5 criteria for a diagnosis of depression require an individual to experience five or more symptoms within a two-week period, with at least one of the symptoms being either a low mood or a loss of interest or pleasure. In addition, the individual must have had at least one of the symptoms. A depressed mood, a diminished interest or pleasure in activities, a significant loss of weight, a slowing down of thought and physical movement, fatigue, feelings of worthlessness or guilt, a diminished ability to think or concentrate, and recurrent thoughts of death or suicidal ideation are some of the symptoms that are associated with depression. These symptoms must not be the result of substance misuse or any other medical disease, and they must cause clinically substantial distress or impairment in social, occupational, or other critical areas of functioning. Additionally, they must not be the outcome of impaired functioning. Individuals who are depressed may also exhibit symptoms such as impatience, brooding, compulsive rumination, anxiety, phobias, excessive worry over their physical health, and complaints of discomfort.

Treatment Options for Depression:

Effective treatment for depression often involves a combination of psychotherapy, medication, and lifestyle modifications.

Cognitive-behavioral therapy (CBT) is a widely used therapeutic approach that helps individuals identify and challenge negative thought patterns contributing to depression. Other forms of therapy, such as interpersonal therapy (IPT) or psychodynamic therapy, may also be beneficial in addressing underlying emotional issues.

Antidepressant medications, including selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs), are commonly prescribed to alleviate symptoms of depression. Lifestyle changes, such as regular exercise, healthy diet, adequate sleep, and stress management techniques, can complement therapy and medication in managing depression. Building a strong support network of friends, family, or support groups can provide emotional validation and encouragement during the recovery process. Depression is a complex and debilitating mental health condition that can have profound effects on individuals and their quality of life. By understanding the causes, symptoms, and treatment options for depression, we can support those affected and work towards improving mental health outcomes. Through a combination of therapy, medication, lifestyle modifications, and social support, individuals can learn to manage their depression effectively and regain a sense of hope and well-being. It's crucial to prioritize mental health and seek help when needed, as no one should have to face depression alone.

Reflection on the presentation

Depression is a common mental health illness that affects millions of individuals worldwide. It is characterized by feelings of sadness, hopelessness, and a loss of interest in enjoyable activities. It has a substantial impact on an individual's everyday life, relationships, job performance, and general well-being. Genetics, brain

chemistry, and life events such as trauma or loss are all risk factors for depression. Depression lasts a long time and interferes with daily functioning, making it a complicated and diverse illness that necessitates expert assistance and care.

Depression is often treated with therapy, medication, or a combination of the two. Those suffering from depression should seek help from a mental health expert in order to manage their symptoms and enhance their quality of life. One of the most difficult parts of depression for the individual was the persistent sense of emptiness and despair, which made it impossible to concentrate on other aspects of life.

As the person sought treatment and medicine to treat their depression, they started to engage in self-reflection and introspection. They discovered underlying causes and triggers that contributed to their sadness, including past traumas and poor self-talk. They eventually regained their self-esteem and resilience via treatment and self-care activities such as mindfulness and exercise.

One of the most essential lessons they took away from their experience with depression was the significance of seeking treatment. They used to think that requesting help was a sign of weakness, but they now realize that it is a sign of power and courage. They are appreciative for the help of their therapist, friends, and family, who have stood by them during the most difficult times of their depression.

Today, the individual is in much better mental and emotional health, having learned how to effectively manage depression while also living a fulfilling and meaningful life. They find refuge in writing, painting, and communicating with others who understand their depression. Finally, their experience with depression has been transforming, teaching them the value of self-care, resilience, and getting help when necessary.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Seminar three

Introduction

A seminar on Postpartum Depression was held on August 22, 2023 at the James Mackay Worship Centre; Church of Pentecost, Spintex in Nungua at 7:00 p.m. The seminar was aimed at the women's wing of the church, which consisted of approximately 30 participants between the ages of 25 and 60 years old. Additionally, 8 dignitaries were present, including one facilitator, one resource person who also doubles at the women's leader of the church, and the women's executives, and the mother of the church. The seminar took the form of an open discussion led by the resource person, with key points of presentation projected onto television screens positioned at vantage points for easy viewing by participants. The seminar lasted for approximately an hour and thirty minutes, with 40 minutes dedicated to a comprehensive discussion on postpartum depression, thirty minutes for questions and answers, twenty minutes for other activities that were pertinent to the seminar.

Breakdown of activities

To kick off the programme, the praise and worship team led the members present in a brief praise and worship and a song ministrations followed right after. The facilitator of the seminar gave an inaugural address, and invited the resource person to lead the discussion. The resource person led the women present into a discussion on the topic of the day and invite some women to share their experiences as a way of motivating women to speak out. The resource person then gave a brief presentation on the topic and gave room for questions and answers. Majority of the women had experienced some form of postpartum without being aware of hence there was a breakout session where members were allowed to seek social supports from persons who had

experienced postpartum depression. The seminar then ended with an appreciation from the secretary of the women's wing then a closing prayer by the facilitator of the seminar.

Evidence from presentation

Introduction

Postpartum depression is a serious mental health condition that has a negative impact on a woman's behavior as well as her physical health after she has given birth. It can range from mild to severe, and it may make it difficult to carry out daily duties. Some women report feeling the "baby blues" or experiencing feelings of unhappiness, concern, or exhaustion within the first few days after giving birth. It is possible that these sensations are an indication of postpartum depression if they last for more than two weeks or if they persist. Postpartum depression is a common issue that arises after pregnancy, with one out of every eight new mothers reporting symptoms within a year after giving birth to their child. It is not a typical or expected aspect of being a mother, and the severity of the condition can range from moderate to severe.

Types of Postpartum Depression

There are several types of postpartum depression, each with its own set of symptoms and severity.

One type of postpartum depression is known as "baby blues," which typically occurs within the first few days to weeks after childbirth. Symptoms include mood swings, crying spells, and feelings of sadness or anxiety. Baby blues usually resolve on their own without treatment.

Another type of postpartum depression is postpartum anxiety, which involves excessive worry and fear about the baby's well-being. Women with this type of

depression may have trouble sleeping, experience panic attacks, and feel overwhelmed by their responsibilities.

The most severe form of postpartum depression is known as postpartum psychosis, which can cause hallucinations, delusions, and thoughts of harming oneself or the baby. This type of depression requires immediate medical attention.

Causes

The exact cause of Postpartum Depression is not known and many different factors are likely to contribute to someone developing PPD. Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen and progesterone are the highest they'll ever be. In the first 24 hours after childbirth, hormone levels quickly drop back to normal, pre-pregnancy levels. Researchers think this sudden change in hormone levels may lead to depression. This is similar to hormone changes before a woman's period but involves much more extreme swings in hormone levels.

Levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps regulate how your body uses and stores energy from food. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell whether this condition is causing your symptoms. If so, your doctor can prescribe thyroid medicine.

Symptoms

It is possible for postpartum changes to generate symptoms that are comparable to depression, particularly after the arrival of a new baby. The following are some of the symptoms that may be present: anger, depression, guilt, eating more or less than usual, sleeping more or less than usual, unusual crying or unhappiness, lack of interest

in activities that you used to like, withdrawal from friends and family, and possible thoughts of killing the baby or oneself. Because of the fear of being embarrassed or ashamed, some women may choose not to reveal their symptoms. If, on the other hand, a person has feelings of depression during pregnancy or after giving birth to a child, it does not necessarily indicate that they are a poor mother.

Treatment

There are several effective treatments for postpartum depression, including therapy, medication, and support groups. The treatment of postpartum depression is crucial in helping women recover and thrive during this challenging time.

One of the most common forms of treatment is therapy, particularly cognitive-behavioral therapy (CBT). CBT can help women identify and challenge negative thought patterns that contribute to their depression, as well as develop coping strategies to manage their symptoms. Therapy can be done individually or in a group setting, depending on the woman's preference.

In more severe cases of postpartum depression, medication may be prescribed to help alleviate symptoms. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), are often used to treat postpartum depression as they can help regulate the levels of neurotransmitters in the brain that are associated with mood. It is important for women to discuss the risks and benefits of taking medication while breastfeeding with their healthcare provider, as some medications may pass through breast milk.

In addition to therapy and medication, lifestyle changes can also be beneficial in treating postpartum depression. Simple self-care practices such as getting enough rest, eating nutritious meals, and exercising regularly can help improve mood and reduce

stress. It is important for women to make time for themselves and prioritize their own wellbeing, even when caring for a newborn.

Support from loved ones and healthcare providers is also crucial in the treatment of postpartum depression. Women should feel comfortable reaching out for help and talking openly about their feelings with those they trust. Support groups for mothers experiencing postpartum depression can provide a sense of community and understanding, as well as practical advice on managing symptoms.

Reflection on presentation

Postpartum depression is a serious mental health condition that affects many women after giving birth. It is estimated that about 1 in 8 women experience postpartum depression, making it a common issue that needs more awareness and understanding.

Postpartum depression is a serious mental health condition that affects many women after giving birth. It is characterized by feelings of sadness, anxiety, and exhaustion that can make it difficult for new mothers to care for themselves and their newborns.

The exact cause of postpartum depression is not fully understood, but hormonal changes, lack of sleep, and the stress of caring for a new baby are believed to play a role.

Women who have experienced postpartum depression, can attest to the overwhelming and isolating feelings that come with this condition. One of the most challenging aspects of postpartum depression for most women is the guilt and shame that came with it. The feeling of failing as a mother, unable to give their children the love and care that they deserved and also the hesitation to seek help due to stigmatization of being judged or seen as a bad mother for not being able to handle motherhood on their own makes that period frustrating for most women

Fortunately, with the support of loved ones and the guidance of a mental health professional, most women are able to overcome postpartum depression and learn to prioritize self-care and mental health. It is also important for society to break the stigma surrounding mental health and motherhood. Postpartum depression is not a sign of weakness or failure, but rather a common and treatable condition that affects many women. By sharing their stories and seeking support, women can help to normalize the conversation around postpartum depression and encourage other women to seek help if they are struggling.

In conclusion, postpartum depression is a challenging and often misunderstood condition that requires compassion, support, and understanding. It is important for women to prioritize their mental health and seek help if they are experiencing symptoms of postpartum depression. Therapy, medication, and support groups can all be effective in treating this condition. Ignoring or trying to tough out postpartum depression can have serious consequences for both the mother and her child. By breaking the stigma and raising awareness, we can create a more supportive and understanding environment for mothers who are struggling with this condition.

UNIVERSITY OF EDUCATION, WINNEBA
DEPARTMENT OF COUNSELLING PSYCOLOGY

Seminar four

Introduction

A seminar on Depression was held on August 27, 2023 at the James Mackay Worship Centre; Church of Pentecost, Spintex in Nungua at 6:30 p.m. The seminar was aimed at the teenagers the various Churches of Pentecost in the area. The seminar consisted of approximately 112 participants between the ages of 9 and 21 years old. Additionally, 15 dignitaries were present, including one facilitator, two resource persons, and teens leaders, and elders of the various churches. The seminar took the form of a presentation with PowerPoint slides on a laptop, which were projected onto television screens positioned at vantage points for easy viewing by participants. The seminar lasted for approximately two hours, with the resource persons made to present on Adolescent Challenges and self-care; for about an hour, twenty minutes for questions and answers, and forty minutes for other activities that were pertinent to the seminar including interaction session.

Breakdown of activities

To kick off the programme, the praise and worship team led the members present in a brief praise and worship and a song ministration followed right after. The facilitator of the seminar gave an inaugural address, and invited the resource persons to the podium. The facilitator then gave a brief synopsis of the main topic for discussion and proceeded to give the floor to the resource persons. The first resource person gave a presentation on adolescent challenges, focusing on adolescent changes and sexual readiness amongst adolescent. The second resource person focused on self-care for a healthy living. After the presentation, members present were given a short break of 5 minutes and the seminar resumed with the Questions and answers session from the

members to the panelists. The seminar then ended with an appreciation from the teens' leaders, then a closing prayer by the main pastor of the church. Members were then given the opportunity to interact with the resource persons on their challenges and were refreshed.

Evidence from presentation

Adolescence

According to the WHO, Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth.

Changes during adolescence

Puberty is a phase of sexual and physical development that occurs as a result of hormonal changes. Puberty typically commences in boys between the ages of 9.5 and 14, marked by the initial pubertal development of testicular enlargement. The process of penis expansion typically starts around one year after the testicles begin to grow, whereas the development of pubic hair usually takes place at around 13.5 years of age. At the age of 14, individuals may have nocturnal discharges, commonly known as "wet dreams." At 15 years old, they may notice the growth of hair under the arms and on the face, a change in their voice, and the onset of acne.

Girls undergo puberty as a series of events, typically starting before boys of the same age. Individuals may experience these changes in varying ways. Secondary sexual traits, such as alterations in vocal pitch, modifications in body structure, patterns of pubic hair growth, and the development of facial hair, do not play a direct role in the process of reproduction. During puberty, guys experience the initial physical change of scrotum and testes enlargement, whilst girls experience the initial change of breast

bud growth. During this stage, the areola, which is the black area surrounding the nipple of the breast, expands in size. Additionally, the breasts continue to become larger.

Pubic hair development is comparable in both females and males, resulting in the growth of lengthy, velvety hair surrounding the genital area that progressively becomes darker and rougher as it extends. It has the potential to extend to the thighs and occasionally to the abdominal region.

Adolescents undergo a multitude of transformations, such as the acquisition of abstract thinking skills, a preoccupation with philosophy, politics, and social matters, the ability to think about the future, the establishment of objectives, and the tendency to compare oneself to peers. As individuals strive for autonomy and authority, they may encounter challenges related to desiring emancipation from parental figures, the impact and approval of peers, romantic and sexual partnerships, affection, and enduring dedication.

Sexual changes for boys

Boys go through a phase of sexual and physical growth known as puberty, which is characterized by changes in their hormone levels. The first alteration that occurs is an increase in the size of the scrotum and testes, but the penis often does not become larger until much later. Penis growth occurs along with the expansion of the testicles and the scrotum.

The initial growth of pubic hair results in the development of long, silky hair around the genital region. This hair eventually turns darker and coarser as it travels outward. In the end, the pubic hair will resemble adult hair, but it will be located in a more limited area, and it will spread to the thighs and occasionally even up the stomach.

Males who are going through puberty may see an increase in their body size, with some of them experiencing swelling in the breast region. During this time, there is a possibility that your voice will exhibit some cracking. Additionally, hair growth will start in the vaginal region, as well as on the face, under the arms, and on the legs simultaneously.

Teenagers may suffer increased oily skin and sweating as a natural consequence of the increases in hormones that occur during puberty. It is essential to wash one's face every day, as acne might form if improper washing is not done. Because of the changes in hormone levels, a teen boy's penis may begin to expand, which may result in the development of erections that are firm and upright. An erection, also known as ejaculation, is a process that can result in the discharge of sperm and other bodily fluids, which are known as sperm. When a person is sleeping or having a wet dream (also known as nocturnal emission), this procedure can take place. Teenage guys who engage in sexual activity have the potential to become pregnant once sperm have been produced and ejaculation has taken place.

Sexual changes for girls

The progression of puberty in girls occurs prior to that of males of the same age. Particular developmental stages are traversed by girls as they acquire secondary sex characteristics. These include the growth of pubic hair, which eventually resembles adult hair in a smaller area, and the development of breast buds, which are tiny mounds under the nipple. Pubic hair is characterized by its long, soft texture.

Girls may experience increased hair growth, changes in body contour, and an enlargement of the body during puberty. This may cause a female to feel clumsy; therefore, to prevent acne, it is essential to wash daily, including the face.

Teenage females also experience the onset of menstruation, characterized by initially irregular periods that progress to being regular, occurring frequently on a monthly basis. This occurs when the ovaries secrete oocytes, enabling the adolescent female to conceive. In the absence of fertilization, the uterine lining is expelled via the vagina.

Menarche signifies the age at which a young woman transitions from infancy to adolescence and is a momentous occasion in her life. It encompasses physiological and psychological phenomena that have a substantial influence on their growth and overall welfare. Metabolically, menarche signifies the onset of the reproductive period, which is characterized by the development of the breasts and the initiation of the menstrual cycle. Unprepared for this transition, a considerable number of young women experience anxiety, disorientation, and self-consciousness.

Menarche can induce hormonal fluctuations, mood shifts, irritability, and emotional sensitivity from a psychological standpoint. The adverse consequences of cultural and societal perspectives on menstruation can have additional detrimental effects on the self-esteem and body image of young women. Practical obstacles, including the management of menstrual pain and the utilisation of reproductive products, may present difficulties for adolescents as well. For certain households, the acquisition of menstrual products can impose a substantial financial burden, thereby intensifying existing stress levels.

Notwithstanding these obstacles, menarche can also serve as a moment of empowerment for young individuals. This occasion signifies the initiation of a woman's reproductive trajectory and fosters candid discussions regarding sexuality and reproductive health. Menarche signifies a transition into womanhood and can be commemorated as a symbolic rite of passage for numerous young females.

Sexual Readiness

It is a multifaceted concept consisting of individual characteristics such as the adolescent's mental, emotional and physical development, age, and social maturity; in essence, it suggests one's preparedness to engage in sex and handle the consequences that may arise.

Adolescent sexual behavior

Adolescence is a crucial period for individuals to explore and understand sexuality, leading to increased vulnerability to sexual abuse. Studies have shown that over 90% of adolescents lose their virginity before marriage, with the younger population having poor physical maturity, higher body mass index, more religious inclination, and often perceived disapproval by parents. By the late teenage and early 20s, most individuals experience oral or vaginal sex, regardless of marital status.

Early exposure to vaginal sex during adolescence increases the risk of sexual transmitted diseases, but the risk gradually declines with age. Those exposed early to vaginal sex also have more sexual partners, which may be linked to the increased risk of sexually transmitted diseases. The internet has brought a revolution in adolescents' attitudes and perceptions toward sexuality, with extensive information about sexuality potentially misleading and negatively impacting sexual behaviors.

Sexuality is a complex human behavior influenced by factors such as physical appearance, psychological factors, social factors, cultural norms, and past experiences. Most studies focus on vaginal sex in adolescence, but hardly few studies discuss non-vaginal sexual behaviors, such as oral sex and anal sex, which may be potential routes of transmission of sexually transmitted diseases like HIV infection/AIDS.

Challenges faced by adolescents in early adolescence include critical biological and psychological changes, such as menstruation, voice changes, secondary sexual characteristics, and psychological changes. Family and society's attitude and cultural influence during puberty play a major role in determining sexual behavior after puberty.

Sexual exposure during adolescence is a serious concern due to the risk of transmission of sexually transmitted infections, including HIV infection/AIDS, teenage pregnancy, and adolescent fatherhood. In many developing countries, formal sex education in schools is often inadequate, leading to unprotected sex, unintended pregnancy, and sexually transmitted diseases.

Interpersonal violence is another significant concern in adolescents, resulting in physical and sexual abuse. Adolescents are often not trained enough in parenting skills, making teenage pregnancy and adolescent fatherhood challenging. Clinical and educational interventions on adolescent sexuality often focus on coital sexual activities, but there is evidence of non-coital sexual activities as potential routes of transmission.

Selfcare

Self-care is a crucial aspect of personal and professional well-being, promoting physical, mental, and emotional health. It helps individuals manage stress, improve their quality of life, and maintain a healthy balance.

Types of Selfcare

Self-care can be categorized into physical self-care, psychological self-care, emotional self-care, and spiritual self-care.

Physical self-care involves engaging in physical activities and maintaining a healthy lifestyle, such as a regular sleeping schedule, balanced diet, and regular breaks.

Psychological self-care involves cognitive engagement and focus through activities like reflection, seeking guidance, and disconnecting from work-related devices.

Emotional self-care involves activities that allow individuals to feel their full range of emotions, such as establishing supportive friendships, practicing gratitude, and engaging in enjoyable activities.

Lastly, spiritual self-care focuses on connecting with one's inner self and values through activities like meditation, prayer, and nature-based activities.

Importance of selfcare

Self-care is an essential component of one's total well-being, providing a multitude of advantages including enhanced physical health, improved mental and emotional state, heightened productivity and concentration, stronger relationships, and higher self-confidence and self-value.

Engaging in regular physical activity, obtaining sufficient sleep, and consuming nourishing meals helps enhance energy levels and fortify the immune system. Optimal mental well-being is crucial for mitigating the effects of stress, anxiety, and depression. By giving priority to self-care, individuals can enhance their ability to concentrate and solve problems, which in turn enables them to approach daily responsibilities with more energy and mental clarity.

Improved relationships can be attained by prioritizing self-care, since it enhances emotional reserves for investing in relationships and prevents exhaustion. Engaging in personal care practices can enhance one's self-esteem and self-worth by prioritizing one's needs and participating in activities that elicit positive emotions.

Consistent self-care practices can effectively mitigate the risk of burnout, which is characterized by enduring physical, mental, and emotional fatigue resulting from extended exposure to stress. By adopting proactive measures to attend to one's well-being, individuals can restore their vitality and avert the adverse effects of burnout, particularly for those employed in the helping professions. Ultimately, self-care is crucial for maintaining optimal well-being by promoting enough diet, physical exercise, and sufficient sleep, so effectively preventing burnout.

Reflection

Sexual health and self-care among adolescents are vital to the development and well-being of young people as a whole. Adolescence is a period of substantial physiological, psychological, and emotional development that can influence an individual's perspectives and actions concerning sexuality and personal hygiene. By imparting accurate knowledge regarding consent, contraception, sexual health, and STI prevention, education is crucial for enabling adolescents to make informed decisions regarding their reproductive and sexual health. The implementation of comprehensive sex education programmes is crucial in order to advance the sexual health of adolescents.

In addition to excellent hygiene, regular exercise, a balanced diet, sufficient sleep, and stress management, self-care practices are crucial for adolescents. Not only does prioritising self-care foster healthy habits, but it also aids in the development of resilience and the management of adolescent challenges. Additionally crucial are safe sexual behaviour and accountability for one's sexual well-being; this includes wearing protection during sexual encounters, undergoing routine STI examinations, and understanding one's personal boundaries and limits.

It is imperative to prioritise the cultivation of positive body image and self-esteem in adolescents in order to establish a solid foundation for their sexuality and body image. Promoting positive body image and self-esteem can assist adolescents in developing a greater sense of ease in their own skin and making more informed decisions regarding their sexual health.

In summary, self-care and sexual health during adolescence are critical components of the holistic development and welfare of young individuals. Through the implementation of comprehensive sex education, the promotion of self-care practices, and the encouragement of positive body image and self-esteem, it is possible to empower adolescents to navigate the complexities of adolescence with confidence and resilience, as well as to make informed decisions regarding their sexual health.



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Seminar five

Introduction

A Seminar on Stressors was held at the Lekma Hospital in Teshie on October 10, 2023 at 9:30 in the am which formed a part of the components of the weekly workshop that was held at the hospital's psychology unit by the staff members of the psychology unit. Each of the following individuals participated in the seminar: one chief psychologist from the Ghana Health Service, who is also the primary psychologist at the hospital; six intern psychologists from the Ghana Psychology counsel; five practicum students from various graduate schools at various universities; eight attachment undergraduate students; and three national service persons. An introductory prayer was offered by a reverend clergyman who was serving as an intern at the unit at the beginning of the course. Immediately after this, the Chief psychologist delivered a talk to the audience. In front of the team that was there at the time, the head psychologist delivered a presentation on the various sources of stress. There was a session for discussion immediately following the lecture, and there was also a brief session for questions and answers. Both of these sessions took place concurrently. At the conclusion of the seminar, which had lasted for a total of one hour and thirty minutes, one of the students who were participating in the practicum presented a prayer as a way to conclude the activity.

Evidence from Presentation

Introduction

Stressors are inevitable aspects of life that can have a significant impact on our mental and physical well-being. These external pressures, whether they be related to work, relationships, finances, or health, can trigger feelings of anxiety and overwhelm. The

body's natural response to stress is the release of hormones such as cortisol and adrenaline, which can lead to a variety of negative effects if not managed effectively. A stressor is any event or situation that causes stress. People can experience stressors in many different aspects of their lives, and the adverse effects of stressors on individuals can vary based on variables such as their coping mechanisms and resources. Understanding stressors and how we respond to them is important for our overall mental health and well-being. By recognizing stressors, we can find ways to manage them and reduce their negative effects on our body and mind.

Types of stressors

There are two major or broad categories of stressors. We have the physiological and psychological stressors. Physiological stressors are related to how our bodies respond to stress, like increased heartbeat rate, muscle tension or changes in hormone levels.

On the other hand, psychological stressors are more about how our minds perceive and react to stress such as worry, anxiety, or negative thought. Both can have impact on our overall well-being so it is important to address them and maintain a healthy balance.

Stress

So basically, a stressor is anything that causes or brings about stress or puts pressure on you. Stress is a common experience that affects individuals in various aspects of their lives. It can be caused by external factors such as work, relationships, or financial issues, as well as internal factors like self-imposed pressure and expectations. The 2007 "Stress in America" poll by the American Psychological Association revealed that one-third of people in the United States experience extreme levels of negative stress, with nearly one in five experiencing high levels 15 or more days per month. However, these figures only represent a cross-section of people's stress levels at one

particular moment in their lives. Stress is a universal human phenomenon that affects almost everyone, and it is not just about negative experiences that leave us feeling overwhelmed. Instead, stress is a reaction to a changing, demanding environment, and it is more about our capacity to handle change than whether that change makes us feel good or bad. Stress involves the set of emotional, physical, and cognitive reactions to a change. Some life changes, such as getting a new job, moving in with a new romantic partner, or studying to master a new skill, are generally considered positive and life-enhancing events, while others, like losing a job or an important relationship, are more negative and stressful. The intensity of stress varies between high and low, depending on how much we need to accomplish to meet the demands of a situation. When we don't have to do much to keep up with demands, we don't experience much stress, while when we have to do a lot, we tend to feel more stressed out. When left unchecked, stress can have detrimental effects on one's physical and mental health. Physiologically, stress triggers the body's fight or flight response, releasing hormones like cortisol and adrenaline that can lead to increased heart rate, elevated blood pressure, and compromised immune function. Chronic stress has been linked to a myriad of health problems including heart disease, obesity, and depression.

Types of stress

There are several different types of stress that individuals may encounter, each with its own unique characteristics and impact on mental and physical well-being.

One type of stress is acute stress, which is short-term and often triggered by specific events or situations. This type of stress can be intense but typically resolves once the triggering event has passed. Chronic stress, on the other hand, is long-term and ongoing, often caused by persistent challenges or difficulties in life. This type of stress can have serious consequences for health if left unmanaged.

Another type of stress is episodic acute stress, which occurs when individuals experience frequent episodes of acute stress. This can lead to a cycle of repeated stress responses that can be detrimental to overall well-being.

Chronic stress is an ongoing and constant type of stress with no (or limited) relief. It is mostly long term. This kind of stress can be caused by behavior factors like work pressure, financial difficulties and many more. Chronic stress can have serious effect on both the physical and mental health of a person if not managed properly.

Positive vs Negative Stress

Positive stress is a form of stress that can have advantageous effects on the body and the mind; it is also referred to as eustress. Positive stress, as opposed to other negative forms of stress that can induce anxiety and physical damage, is generated by confronting obstacles. It is capable of producing positive effects that inspire and invigorate an individual. Positive stresses include undertaking a new endeavor or undertaking, exercising, or striving to achieve a specific objective. Our bodies release hormones that assist us in learning, maintain motivation, and become enthusiastic about the outcome when we confront these obstacles. Eustress can yield numerous advantages, such as enhanced overall health, increased productivity, and improved job performance.

Distress, or negative stress, is an emotion characterized by a sense of being inundated, apprehensive, or concerned as a result of difficult circumstances. It may manifest when individuals perceive a lack of agency in the events transpiring in their lives, are overburdened, or are subjected to excessive pressure from professional obligations, interpersonal connections, or other sources of stress. In addition to physical manifestations such as migraines, muscle tension, and heart palpitations, negative stress can give rise to psychological concerns including anxiety and depression. It is

critical to ascertain the origins of these adverse emotions and tension and devise coping mechanisms, including engaging in physical activity, seeking solace in the company of friends or an online therapist, or practicing relaxation strategies.

Effects of stress

Chronic and persistent negative stress can lead to various health problems, including physical illness, mental, emotional, and social issues.

- Stress impacts the immune system, a crucial body defense mechanism against disease and infection. A healthy immune system maintains balance, with stress-triggered hormone release essential for quick response to injuries and acute illnesses.
- Chronic stress can lead to suppression and decreased effectiveness in warding off diseases and infections. Cross-stressed individuals are more likely to succumb to colds, infections, and herpes breakouts, and the breakdown of communication may trigger flare-ups of autoimmune diseases.
- Stress hormones impact the development and severity of many diseases and bodily systems, potentially worsening existing conditions or creating vulnerability to new ones. Chronic stress-hormone-induced physical changes can increase appetite, potentially leading to obesity, diabetes, heart disease, strokes, and arthritis. Stress hormones can activate the cardiovascular system, causing heart rate increases, chest pain, and increased blood pressure. High cholesterol levels can lead to atherosclerosis, a disease where fatty plaques build up on blood vessel walls, restricting blood flow to the heart and potentially leading to heart attacks. People with apple body shapes have a higher risk of heart disease, diabetes, and Alzheimer's dementia.

- Stress can cause muscle tension, reproductive problems, and worsen skin conditions like psoriasis, eczema, hives, and acne. It can also contribute to hair loss, balding, dry mouth, mouth ulcers, asthma attacks, and an increased risk for strokes due to decreased heart health.
- Scientists are exploring the role of stress in creating vulnerability to cancer, but no consistent relationship exists. Stress-management training can help patients develop better coping skills and fewer relapses, but unhealthy coping methods like smoking and drinking also increase the risk of developing cancer.

Stress management

- Effectively managing distress requires a multifaceted approach that incorporates both self-help strategies and, when necessary, professional support. Understanding and employing various coping mechanisms can significantly improve your ability to navigate stressful situations, reduce the impact of distress, and enhance overall well-being. Here is a brief overview of effective coping strategies.
- Mindfulness and relaxation techniques: Practices such as meditation, deep breathing exercises, and progressive muscle relaxation can help calm the mind and body, reducing immediate feelings of stress and anxiety.
- Physical activity: Regular exercise is a powerful stress reliever. It can enhance your mood, improve sleep, and increase your energy and strength, making you more resilient to stress.
- Healthy lifestyle choices: Maintaining a balanced diet, ensuring adequate sleep, and avoiding excessive alcohol, caffeine, and sugar can help reduce the physical symptoms of distress.

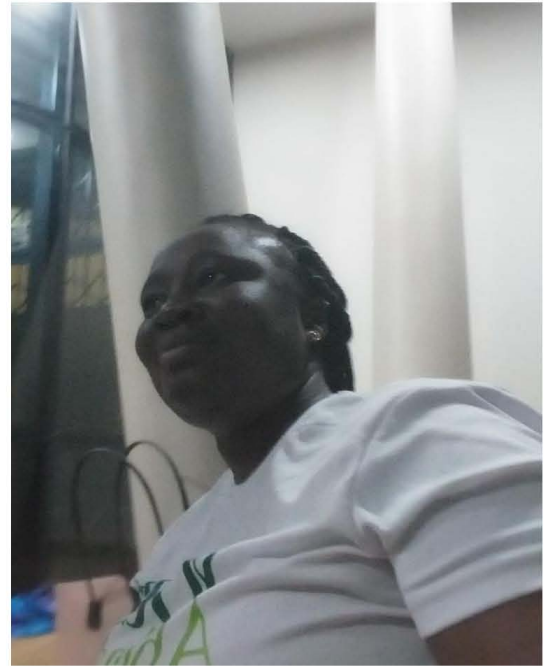
- Time management: Prioritizing tasks, setting realistic goals, and breaking projects into smaller steps can help manage work-related stress and prevent feeling overwhelmed.
- Social support: Social support seems to affect our balance of hormones. Adequate amounts of social support are associated with increases in levels of a hormone called oxytocin, which functions to decrease anxiety levels and stimulate the parasympathetic nervous system calming down responses.
- Hobbies and interests: Engaging in activities you enjoy can be a great way to distract yourself from stressors and channel your energy into positive outlets.

Reflection on presentation

There are differences between stressors and stress although some people may misunderstand it thinking they are actually the same thing. Stress is the response our body and mind have to certain stimulation or events that are perceived as challenging or demanding while on the other hand a stressor is the actual thing that causes stress. so stressors are simply what triggers a stress response. Stress is a common experience that affects individuals in various aspects of their lives. It can be caused by a wide range of factors known as stressors, which can be internal or external. Internal stressors include negative thoughts, perfectionism, and self-criticism, while external stressors may include work pressures, financial difficulties, and relationship problems. When individuals are exposed to stressors for prolonged periods of time, it can have detrimental effects on their physical and mental well-being. Chronic stress has been linked to a variety of health issues such as high blood pressure, heart disease, anxiety disorders, and depression. Managing stress effectively is essential for maintaining overall health and well-being. This can be achieved through various coping

mechanisms such as exercise, relaxation techniques, mindfulness practices, and seeking support from friends or professionals.







CONFERENCES AND SEMINARS ATTENDED



UNIVERSITY OF EDUCATION, WINNEBA
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CHAPTER FOUR
CONFERENCES AND SEMINARS ATTENDED

Seminar #1

Topic for seminar: Resilience to Endure

Resource person: Mrs. Akua Berma Asante

Date for seminar: 7/01/2023

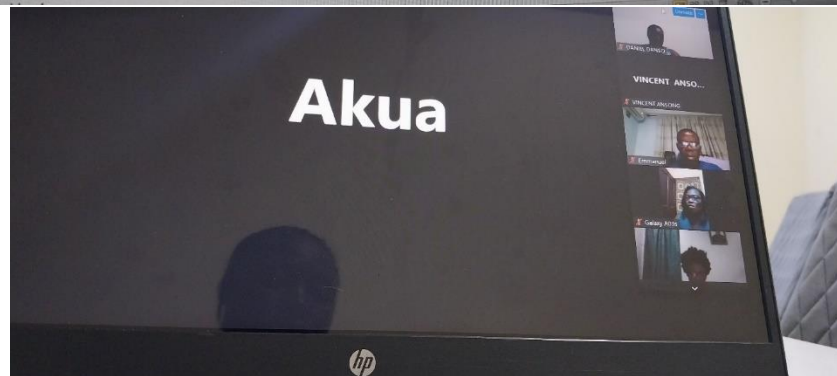
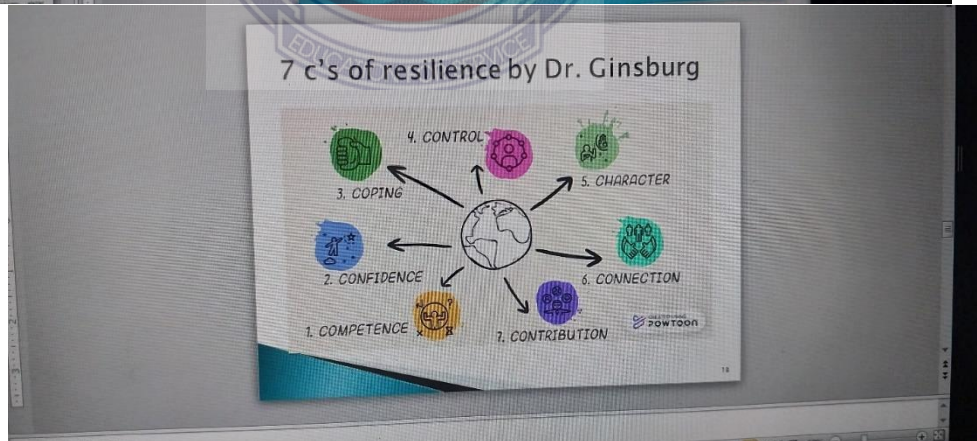
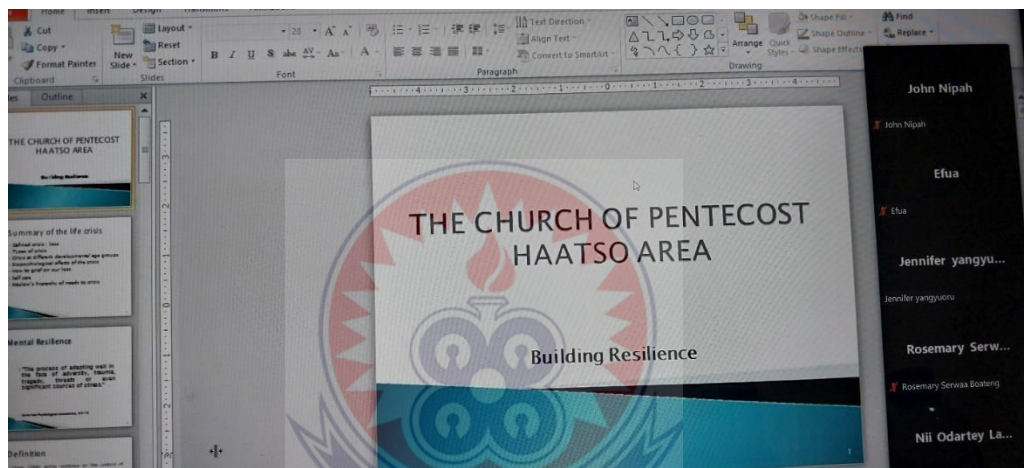
Summary of the topic discussed during the seminar

Mental resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress. This is the ability to pick ourselves up when going through challenges. Resilience is not only about an individual but a family, community, culture and even a church. The religion we find ourselves in also has a way of building our resilience. Resilience is mostly linked to positive psychology. Positive psychology emphasizes on the exploration of clients strengths and resilience rather than weakness.

Some factors to consider in building resilience include relationship, environment, culture, religion, education and gender. Also in building resilience, authoritative parenting style does not help children in building resilience because this style of parenting does not allow the children to make decisions for themselves. Individual factors that help in building resilience are; positive self-image, good problem -solving skills, self-regulation, adaptability and general acceptance by others.

Factors affecting mental resilience include; Spiritual being (beliefs and values), psychological being (emotions and cognition), social being and physiological being (health and general well-being).

Advantages to building resilience is to help develop coping skills for future disasters. Also resilience can be built at any point in a person's life. It does not necessarily have to be in childhood and there is the importance of relationship and having a reliable support system.



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Seminar #2

Topic for seminar: Resolving Ethical issues in Counselling

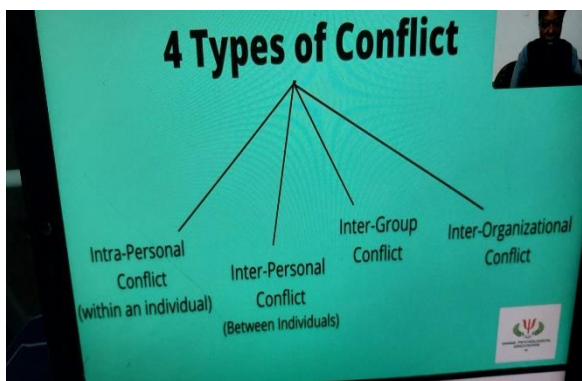
Resource person: Dr. Asuquo Udofia (Counselling Psychologist)

Date for seminar: 27/04/2023

Summary of the topic discussed during the seminar

Conflict between ethics and law can arise in a number of situations such as negligence, professional malpractice, abuse of authority, sexual abuse and failing to refer cases requiring specialised psychological care to qualified professionals.

Some code of conducts and counselling liabilities that should be noticed are; managing boundaries is very essential in counselling for example a counsellor cannot go to the social media handle to check on a client. Also a client cannot be recorded without a written consent of your client. Ethics is rather protecting us than exposing us.



Legal aspects of informed consent

- Three elements are basic to the legal definition:
- Capacity
- Comprehension of information:

Three Common Problem Areas that Pose the Greatest Risk for Malpractice Lawsuits

1. Violations of client's personal rights
2. Failure to protect others from client
3. Incompetent treatment of clients

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Seminar # 3

Topic for seminar: sex in Marriage, Managing stress, emotions and Monitoring Psychological well-being

Resource person: Yaw Amankwa Arthur (Deputy Director, Health Promotion)

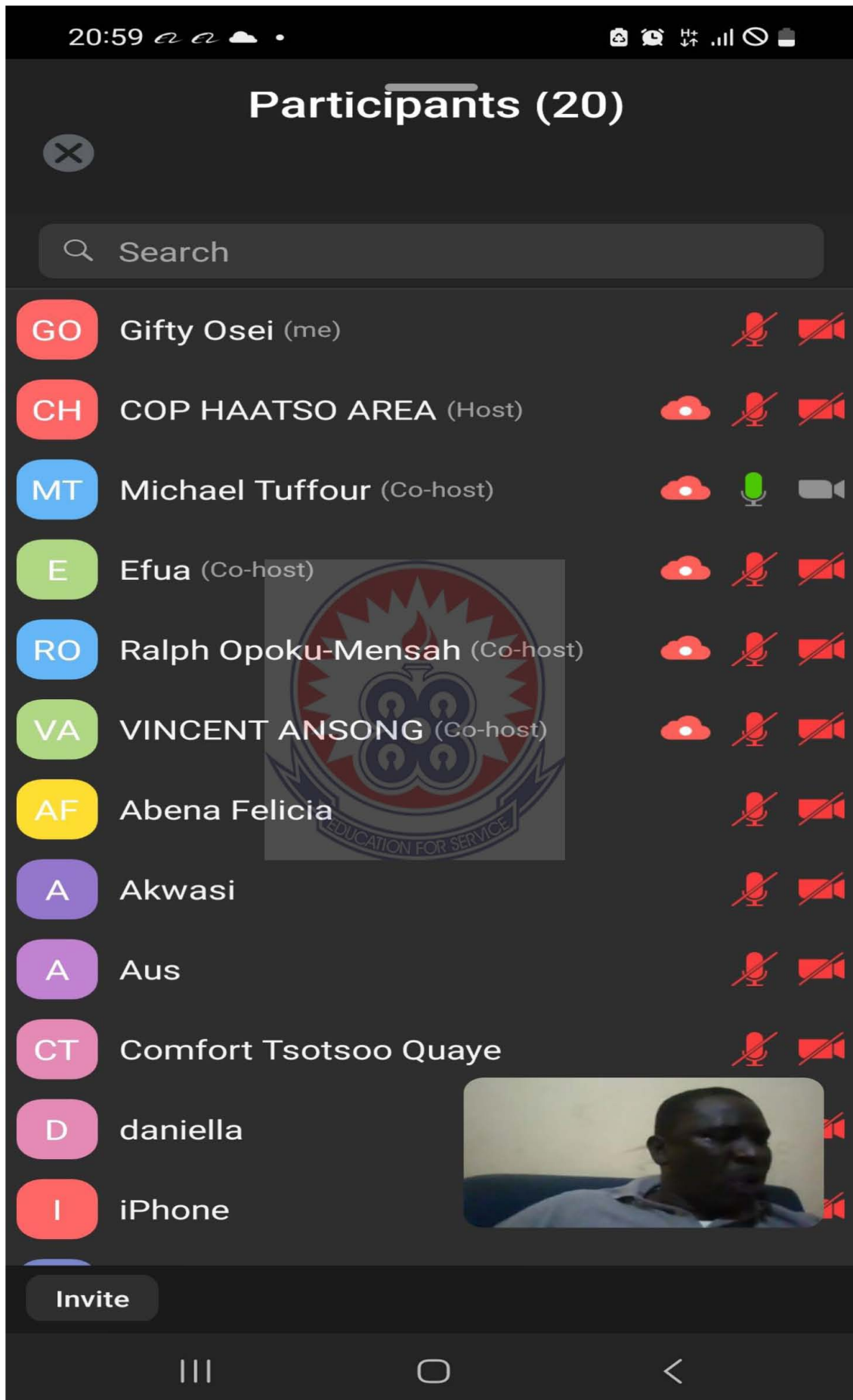
Date for seminar: 28/04/2023

Summary of the topic discussed during the seminar

Lack of sex in marriage can lead to break up. Benefits of sex in marriage can cause close bonding especially after a misunderstanding and resolving it. Increased intimacy and affection between partners produces feed-back mode. This helps in the release of oxytocin which is the same hormone released when a mother is breast feeding a baby. Sex is a stress reliever. The extent to which sex can reduce stress and increase medical well-being are that

- Good sex helps to manage anxiety and stress better
- Sex is about the whole act not only the penetration.
- Also everything about sex can contribute to the psychological well-being of the individual.

Anytime sex is use well in marriage and intimacy is built properly it influences the general well-being of the individuals.



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Seminar #4

Topic for seminar:

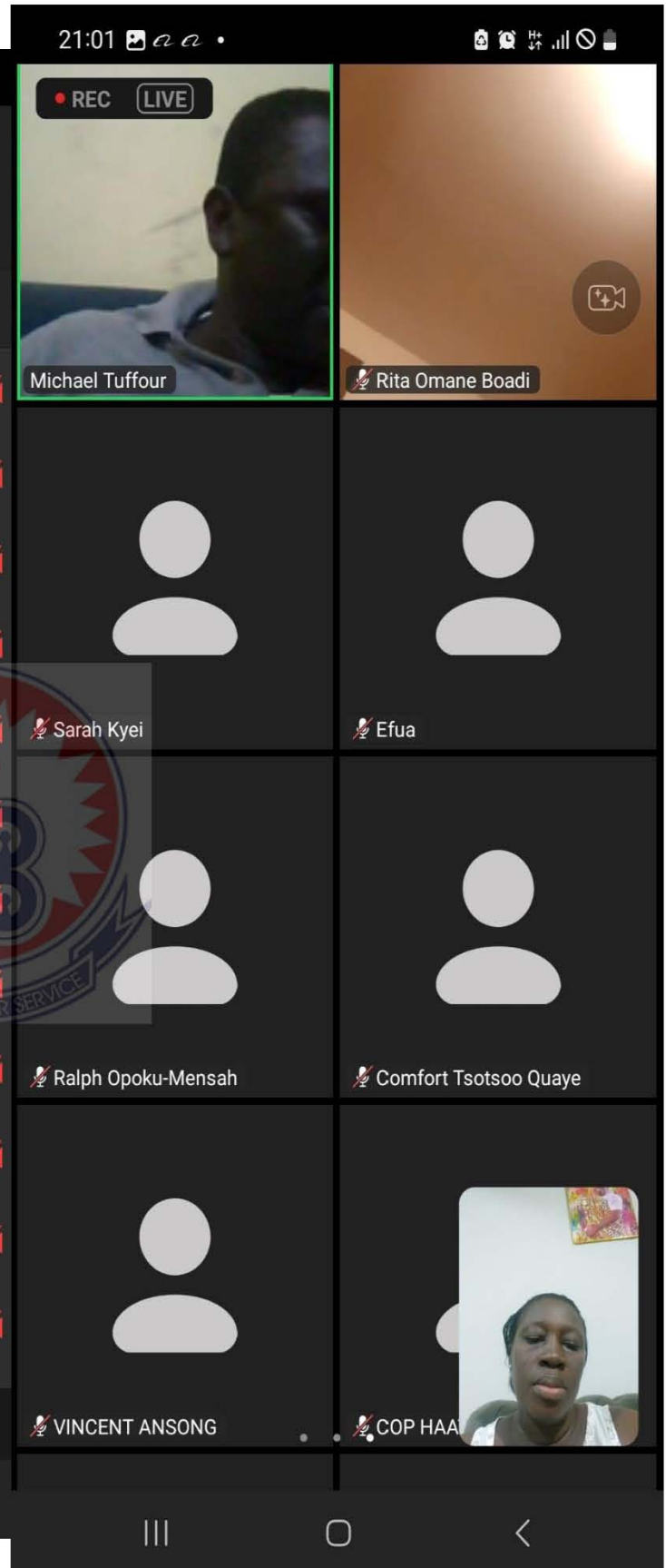
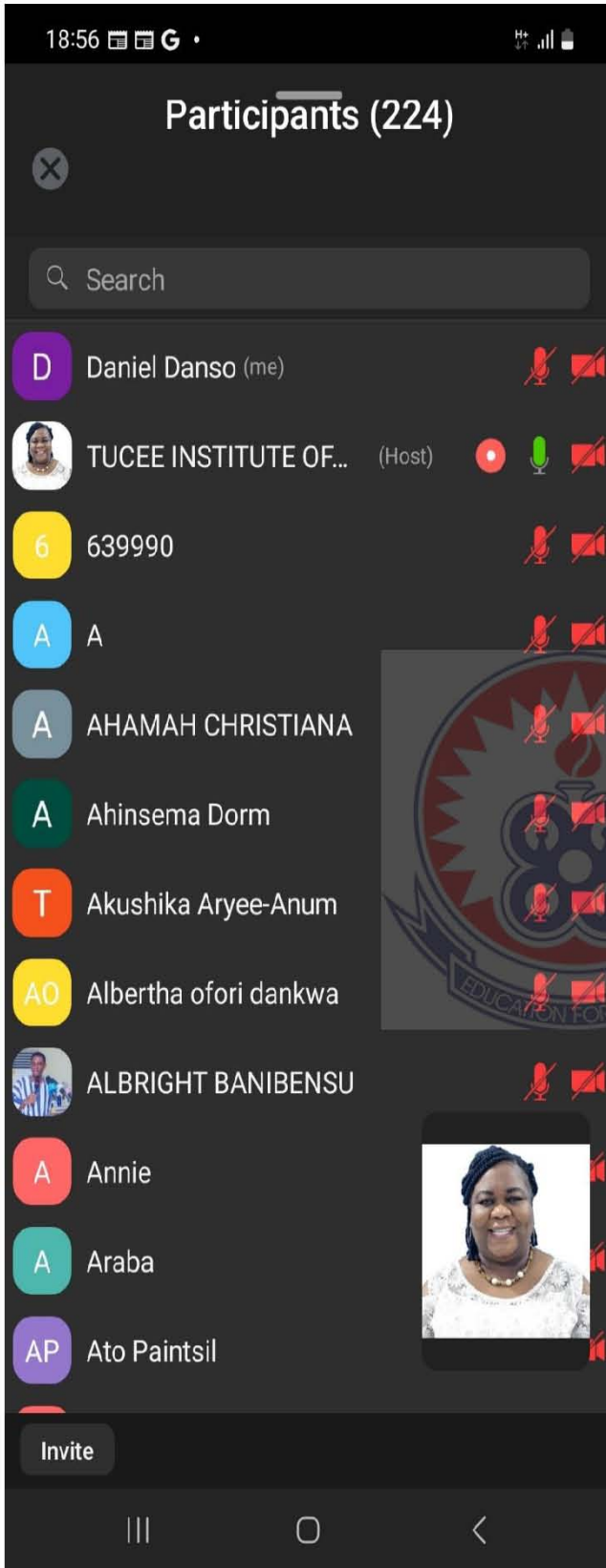
Resource person: Esi Thompson

Topic: Adjustment Disorder

Summary of seminar presentation

Adjustment disorder is a mental health condition triggered by a significant life stressor, like loss or change. It leads to emotional or behavioral symptoms such as sadness, anxiety, or difficulty coping. Unlike other disorders, it's linked to a specific stressor and typically resolves once the person adapts or the situation improves. Treatment often involves therapy and sometimes medication.

Intervention that can be applied also include the following apart from therapy and medication. These are; supportive interventions, stress management techniques and early interventions and support. If left untreated it can lead to other mental conditions like anxiety disorder. Adjustment disorder mimics depression and anxiety.



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Seminar #5

Topic for seminar: Self- Care

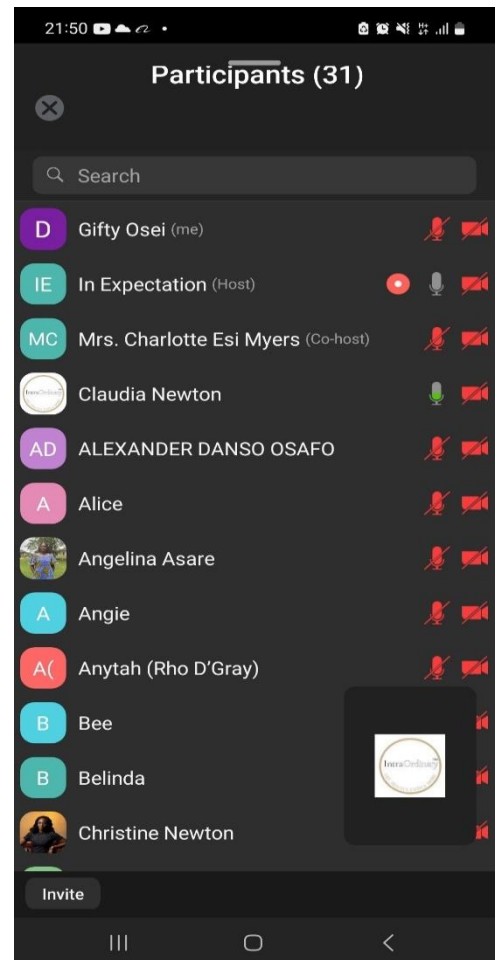
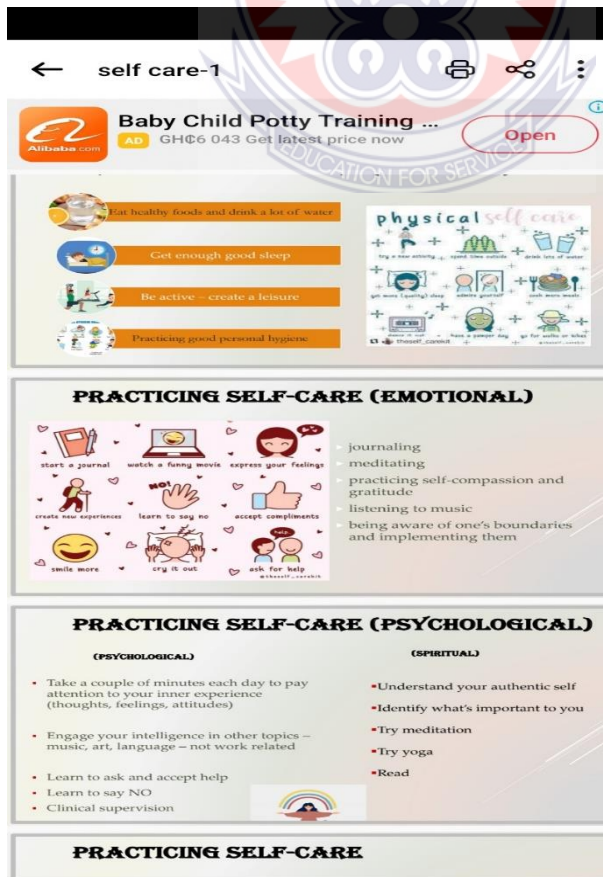
Resource person: Rhoda Aforkor Quaye

Date of Seminar: 03/08/2023

Summary of seminar presentation

Self-care involves protecting, supporting and improving a holistic well-being through activities that supports emotional, mental, and physical health. Self-care helps reduce stress, burn out and it improves wellbeing. Well-being can be grouped into physical, emotional, psychological, social, spiritual and professional. Good self-care gives satisfaction and resilience.

If self-care is neglected it can lead to fatigue and poor self-esteem. To practice self-care one must eat healthy, exercise and practicing good personal hygiene are all need.



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