

# CASE STUDIES

## Social Counselling Worker

**NQF 5 level**

**Social Counselling Worker**



**Excel**  
Christian Counselling

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## 1 Case study: Managing Anxiety

Leah is a 24-year-old woman who was recently discharged from the Army on medical grounds. During her four years in the Army, Leah experienced high stress and anxiety levels, which she coped with by drinking heavily. When she presented for counselling, Leah had been sober for 55 days and sought strategies to cope with her anxiety that didn't involve drinking.

While working with Leah, the Professional Counsellor adopts a case management model to assist her in building a network of support within the community, enabling her to maintain her sobriety and prevent recurrence of the factors which contributed to her high-stress levels. The Professional Counsellor is abbreviated to "C" for ease of writing.

Leah was an only child whose parents separated during her teen years. She felt isolated and was often bored at school. Her love of art was the only thing that gave her any enjoyment, and she expressed this by covering the school buildings with graffiti after dark. Already in conflict with her mother due to her poor school performance, the involvement of the police after she was reported for vandalising public property further worsened their relationship. Her father had moved away and was no longer involved in Leah's life.

Leah left school intending to train as an ambulance medic. On being told she lacked the life experience required for this work, Leah joined the Army on a four-year contract, hoping to address this requirement. However, the Army turned out to be a repeat of the constrictive structure within which she had struggled at school and home.

Being obligated to complete the full four years, she began to feel increasingly trapped and was often anxious and depressed. She was introduced to alcohol by her fellow recruits and began using this to deaden her overwhelmingly negative feelings about the course her life was taking. After three years in the Army, Leah was discharged on medical grounds, having become dependent on alcohol and unable to control her intake.

(Chapman, 2009)

## 2 Case Study Anxiety

Ann was in her late 20s and had been working in a secretarial position since graduating from high school. She was nervous and anxious most of the time. She rarely dated but desperately wanted to get married.

However, Ann was afraid to socialize and had few friends. Most evenings she would read a book at home or talk to her parents or other relatives on the phone.

By the time Ann came to therapy, she had begun to have panic attacks and at times, she thought she might die. Therapy began by exploring why Ann was not dating. It was discovered that she had been sexually abused by a baby sitter when she was 7 years old. This abuse continued over a two-year period. She had never told her parents. Later she was also sexually abused by an uncle.

Ann had strong feelings of anger toward men but also wanted to develop a relationship with a man and eventually get married. Her feelings of ambivalence had developed into anxiety which led her to isolate and avoid men.

During therapy Ann was able to work through the trauma of the two different periods of sexual abuse. Her anxiety disappeared and then therapy focused on helping her develop appropriate social skills. Ann began dating and recently became engaged. (Chen)

### 3 Case Study: Depression

Donna was in her mid-40's, a typical mother of 4 children, married for over 16 years and active in the community and church.} She had her first depression with the birth of her first child, and her family doctor prescribed an anti-depressant.

Her husband was supportive and made a decent income, yet money always seemed tight. It was a challenge taking each of the four children to music lessons, dance, football practice and the like, not to mention all the church activities.

Donna never felt like there was any time for herself. In fact, if she did take time to do something she enjoyed, she felt guilty. She tried to talk to her church leader once, but that didn't seem to help. She knew there were other women who were depressed and taking medication, but she still felt like no one understood what she was going through. When she finally came to therapy, she felt hopeless but wanted to change her life. In therapy, she learned to develop some positive thinking skills, not just think happy thoughts, but really challenge some of her long-held beliefs that kept her from finding the peace and happiness she knew she had always sought.

She began to enjoy life more and her husband even commented how much happier she seemed. The best compliment was from one of her children who said "mommy, you don't seem like you're mad at me anymore". Donna almost cried. The mixture of joy and sadness she had; joy that she could connect better to her husband and children, and sadness that she hadn't sought help sooner. (Chen)

## 4 Case study stress and anxiety

Ester (Counselee) comes to Ria (counsellor) regarding stress and anxiety because she was retrenched. Ester tells Ria her story, describing her feelings of chronic anxiety, which she feels powerless to control. Ria encourages her to talk about the current circumstances of her life and learns that Ester is the sole provider and is caring for two children. Ester tells her that her life is generally disastrous, and everything ends badly.

Ria notices that Ester uses a cognitive distortion in her views of what's happening to her. She is changing single events in an invariable rule so that, for example, failure at accomplishing one task will predict an endless pattern of defeat in all the other tasks. Ria explained to Ester that cognitive distortions are biases we take on ourselves and the world around us. Those are irrational thoughts and perceptions that we unknowingly perpetuate over time. Such trends and modes of thought are often subtle – it is difficult to identify them unless they are a frequent feature of your day-to-day thinking. That's why they can be so damaging because it's hard to change what you don't realize as something that needs to be fixed! Cognitive distortions come in different forms, but they all have certain things in common.

- They are trends or patterns of thought or belief;
- They function from the premise this is false or incorrect;
- And they have the potential to cause mental trauma.

Ria will listen to Ester's thought processes to make her aware of the negative patterns. Once she is aware of them, she can learn to reframe those thoughts to be more positive and productive. She helped her change the thought pattern from: “I lost my job, and therefore I’m a failure and unwanted” to “I Lost my Job, and that means the meaning of a new season in my life where I can choose to be more significant and join another work where I’m needed”. In the story, Ester told Ria to identify the link between Ester’s current life situation and the presenting issue of chronic anxiety. Ria also notes the various stressors that Ester is experiencing and considers that grief, guilt, and low self-esteem contribute to her chronic stress and anxiety. She helps her address the guilt in a practical way through the forgiveness of herself and other persons she blames for her position. Ria also assists her with the grief she experienced because of the loss of her Job, position, co-workers, and income. She also assisted Ester in accessing her new reality by using the first element of Martin Seligman’s PERMA model (The five elements of Well-Being):

To help her establish positive emotions because emotions can be cognitively created. If Ria can assist her in focusing on positive emotions like hope, interest, joy, love, compassion, pride, amusement, and gratitude. Positive emotions are a prime indicator of flourishing and can be cultivated or learned to improve well-being. Ria also attempts to integrate positive emotions to enhance habitual thinking and acting. She created a strategy with Ester to build positive emotion by doing the following activities till the next counselling session:

- Intentionally spending time with people, she cares about creating an emotion of belonging through relationships
- Doing activities that she enjoys (hobbies) creates an emotion of engagement
- Listening to uplifting or inspirational music to create an emotion of meaning
- Reflecting on things she is grateful for and what is going well in her life to creating an emotion of accomplishment

At the end of the counselling session, Ria changed Ester's thoughts and emotions about what happened to her, hopefully creating new behaviour that will change and strengthen her positive thoughts and emotions. In order to support and assist a person in identifying their concerns, a relationship of trust needs to be fostered whereby the person feels they can speak freely and be listened to without judgment.

An environment that encourages the person to tell their story must be created, enabling the identification of underlying and primary issues that must be addressed. It takes time to build a trusting relationship, and it is important that the person understands the legal and ethical guidelines that will be upheld and how they underpin their own rights and the rights and responsibilities of the counsellor during the counselling process.

It is important to note that none of this 'solved' the losses she had experienced. Indeed, the goal of helping is not to 'solve' problems but to help the troubled person manage them more effectively or even to transcend them by taking advantage of new possibilities in life. Problems have an upside. They are opportunities for learning.



## 5 Case study: Single mother with two teenage daughters

Patricia is a 43-year-old single mother with two teenage daughters, who has been unemployed for five months. She had her first depression with the birth of her first child, and her family doctor prescribed an anti-depressant for prenatal depression.

She worked as a book keeper for a large building and construction company, which went into liquidation as a result of the major downturn in the market for new-build homes. Lynda was not offered any financial impanation for her loss of employment and is now waiting to hear if there will be any redundancy pay-outs. She receives unemployment benefit and a small child allowance paid by her ex-husband, from whom she has been divorced for six years. The divorce was 'amicable'. Her daughters, aged 11 and 13, live with her during the week and attend the local school. They see their father each weekend. Lynda has felt increasingly 'down' and helpless and has decided to visit her GP to seek help.

She describes low moods, often resulting in tears, tiredness, lack of motivation and a waning interest in food. Her daughters have become aware of the changes in their mother and Patricia feels guilty that she is 'failing as a mother'. She frequently loses her temper when her daughter's squabble about what she considers to be insignificant issues. She is alone much of the day and finds it difficult to motivate herself to look for employment. She prefers to lie on the lounge sofa and sleep, often only awaking when her daughters come back from school. she complains of being constantly tired and lacking motivation to do simple tasks such as showering and cooking for herself. She feels nervous and anxious most of the time. She struggles to sleep at night and during the day she is exhausted and moody. She has had thoughts of suicide but worried more about what will happen to her two beautiful daughters growing up without a mother.

She is not aware of any previous history of depression on after the birth of her first child. At her first appointment with her GP, she was prescribed anti-depressant and sleeping tablet medication.

She decided to go for counselling when a friend referred her. In therapy, she learned to develop some positive thinking skills, not just think happy thoughts, but really challenge some of her long-held beliefs that kept her from finding the peace and happiness she knew she had always sought. (Thomas, 2012, p. 49)

## 6 Case Study using an integrative approach to relationship counselling

Mark is 28 and has been married to Sarah for six years. He works for his uncle and they regularly stay back after work to chat. Sarah has threatened to leave him if he does not spend more time with her, but when they are together, they spend most of the time arguing, so he avoids her even more. He loves her, but is finding it hard to put up with her moods. The last few weeks, he has been getting really stressed out and is having trouble sleeping. He's made a few mistakes at work and his uncle has warned him to pick up his act.

This study deals with the first two of five sessions. The professional counsellor will be using an integrative approach, incorporating Person Centred and Behavioural Therapy techniques in the first session, moving to a Solution Focused approach in the second session. For ease of writing the Professional Counsellor is abbreviated to "C".

### Background

After leaving school at 17, Mark completed a mechanic apprenticeship at a service station owned by his uncle and has worked there ever since. His father died from a heart attack when Mark was six years old and his uncle, who never married, has been a significant influence in his life. He is the youngest of three children, and the only boy in the family. One sister (Anne) is happily married with two children and the other (Erin) is single and works overseas. Mark and his mother have a close relationship, and he was living at home until his marriage. Some of Mark's friends are not married and say he was a fool for 'getting tied down' so young. Mark used to think that they were just jealous because Sarah is such a 'knockout', but lately he has started to wonder if they were right. In the last couple of months, Sarah has been less concerned about her appearance and Mark has commented on this to her. Sarah had been looking for work, but doesn't seem to do much of anything now. Three months ago, Sarah found out she can't have children. According to Mark, she hadn't spoken about wanting kids so he guessed it wasn't a big deal to her. When she told him, Mark had joked that at least they wouldn't have to go into debt to educate them. He thought humour was the best way to go, because he had never been very good at heavy stuff. Sarah had just looked at him and didn't respond. He asked if she wanted to go out to a movie that night, and she had started to shout at him that he didn't care about anyone but himself. At that point, he walked out and went to see his brother-in-law, Joe and sister, Anne.

Since then, he and Sarah hardly spoke and when they did it often turned into an argument that ended with Sarah going into the bedroom, slamming the door and crying. Mark usually walked out and drove over to Joe's place. When Anne tried to talk to Sarah about it, Sarah got angry and told Anne to keep out of it, after all what would she know about it. She had her kids. Joe and Anne had kept their distance since then. Mark talked to his mother, but she said that this was something he and Anne had to work out together. It was she who suggested that Mark come to see C. (McIntyre, A Case Using an Integrative Approach to Relationship Counselling, 2009)

AIPC- Australian Institute of Professional Counsellors.

## 7 Case Study Anger management

Michael, aged 33, attends a group counselling session after experiencing difficulties with anger management, specifically road rage. He feels overwhelmed and anxious about the impact of his anger on his life, relationships, and career.

In the group counselling session, Michael shares his experiences and the triggers for his anger. The counsellor provides a safe and supportive space for him and the group members to express themselves and validate their emotions. They are encouraged to listen actively and provide support and feedback to each other.

The group counsellor helps the members identify common themes and patterns in their experiences of anger and road rage. They explore healthy coping strategies for dealing with stress, anger, and emotional turmoil. The group counsellor also helps them understand the importance of self-awareness, self-regulation, and empathy.

Through group counselling, Michael and the group members learn to develop a deeper sense of self-awareness and self-compassion. They learn to recognize and address their own needs and feelings, as well as the needs and feelings of others on the road. They also develop effective communication skills for expressing their emotions and negotiating conflicts.

With continued group counselling and support, Michael and the group members are able to manage their anger and road rage more effectively. They develop new skills and habits that enable them to respond to stressful situations in a more positive and constructive way. They also learn to take responsibility for their actions and make amends for any harm caused.

The group counselling experience helps Michael and the group members to develop a sense of accountability, empathy, and connection with each other. They become a source of support and encouragement as they move forward on their journey of healing and growth. They also develop a sense of community and connection with others who are struggling with similar issues, which provides a sense of belonging and a way to give back to others.

## 8 Case Study of a family breakup dilemma

The client, Helen, is 56 years old. She has been happily married for 32 years to Barry, who works for the local council. Helen and Barry's first child, a boy, was stillborn. Helen fell pregnant again very quickly to help get over the loss. They now have two adult daughters, Vicky and Sharon. Vicky, the eldest daughter, is married with two children and lives interstate. Unfortunately, Helen doesn't get to see them very often because of the distance. Sharon, the youngest, has been living with her partner, Graham, for over five years. Sharon and Graham decided early on in the relationship that they would not have children and would not marry. Graham's parents died in a car accident some years ago and consequently Graham and Helen have become very close. A few months ago, Sharon found out that she was pregnant. She had been taking antibiotics for a chest infection and did not realise that they could affect the contraception pill. Sharon terminated the pregnancy even though Graham had asked her to wait because he was having second thoughts about their decision not to have children. This situation led to the breakdown of their relationship and they have now separated. Graham has moved away and neither Sharon nor Helen have heard from him for over three weeks. Helen has come to see you because she is feeling very angry with her daughter Sharon. She blames her for the break-up and thinks that Sharon was very selfish not to consider Graham's feelings. She envies her friends who can visit their grandchildren regularly and is missing Graham very much. He has been like a son to her. As Helen's counsellor, how would you approach this case? (Australian Institute of Professional Counsellors, 2008, p. 14) By: Melanie Norton, B Social Work.

As Portia shares her struggles with the group, she begins to realize that she is not alone in her experiences of abuse and trauma. She also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of abuse and trauma. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the dynamics of abuse and how to develop a safety plan. Through group counselling, Portia learns to develop a deeper sense of self-awareness and self-compassion. She also learns to recognize and address her own needs and feelings, as well as the needs and feelings of her child.

With continued group counselling and support, Portia is able to build a network of supportive individuals who understand and validate her experiences. She gains the courage and strength to take steps towards ending the abusive relationship and creating a new sense of safety and security for herself and her child. The group counselling experience helps her to develop a sense of empowerment and resilience that will serve her well as she moves forward on her journey of healing and growth.

## 9 Case Study – Complicated Grief

Lisa, aged 58, living in Cape Town, suffered three devastating losses within 6 months. Her only daughter, who lived on the other side of the country in Pretoria, died suddenly of a stroke. Her daughter was only 32. Shortly after, Lisa lost her job in a redundancy movement by her employer stemming from poor sales performance in difficult market conditions. Finally, her husband, who had been ill for about 4 years, died of cancer. Although she was not destitute, her financial condition could not be called comfortable, at least not by middle-class South African standards. One of her two sons was married with a family of his own and the other lived in the Netherlands. The unmarried son, a banker for an international bank with headquarters in Amsterdam, travelled extensively and was not always easy to contact.

After her husband's death, she became agitated, confused, angry and depressed. She also felt guilty. First, because she believed that she should have done "more" for her husband. Second, because she also felt strangely responsible for her daughter's early death. Finally, she was terribly afraid of becoming a burden to her children. She was also angry at God, whom she felt have abandoned her.

At first, retreating into herself, she refused help from anyone. But eventually she responded to the gentle persistence of her local church Pastor. She began attending a women's group at the church. A counsellor at the church was also engaged in the process within the woman's group and provided some direction for the group. Helped by her interactions within the group, she slowly began to accept help from her two sons. She began to realise that she was not the only one who was experiencing a sense of loss. Rather she was part of a "grieving family," the members of which needed to help one another cope with the turmoil they were experiencing. She began relating with some of the members of the woman's group.

This helped fill the social void she experienced when she had been made redundant. She also had occasional discussions with the counsellor, and they decided to go into more formal counselling sessions to help facilitate her emotional well-being. Eventually, through contacts within the woman's group, she got another job. Gradually her depression eased, and, despite some persistent anxieties, she found a kind of peace.

Note that help came from many quarters. Her newfound solidarity with her family, the church support group, the active concern of the vicar, the informal chats with the psychologist, and positive-thinking interactions with her new friends helped Lisa enormously. Furthermore, because she had always been a resourceful person, the help she received enabled her to tap into her own unused strengths.

It is important to note that none of this 'solved' the losses she had experienced. Indeed, the goal of helping is not to 'solve' problems but to help the troubled person manage them more effectively or even to transcend them by taking advantage of new possibilities in life. Problems have an upside. They are opportunities for learning.

## **10 Case Study- Anxiety and depression**

Jenny is 48 years old, unemployed and does not hold much hope of employment in the future. She has worked in the past at restaurants, in pubs and as a cleaner at a Motel. She studied to become a teacher after school, but after a year of studies her father refused to pay for her studies anymore.

### **Presenting Problem**

When Jenny came to the counsellor, she said that she could not see any positive changes in her future and was concerned that she would live out her days caring for her son, having little income and no sense of direction. She felt that she lacked any control over her life and was just “marking time”. Jenny came to counselling because she wanted to find out about herself and to find her direction.

The last few months she has been struggling with headaches, sleepless ness and lost 10 kg. She has feelings of anger towards her son that she cannot explain. She blames her father and now also her son for felling helpless and misunderstood. She feels exhausted and cannot get rid of the feeling that something terrible is about to happen. She gets nightmares every night and wakes up feeling lonely and crying.

### **Childhood background**

Jenny revealed that she had grown up as the oldest child in a family of eight children. For most of her younger life she helped to bring up the other children.

Her mother was constantly ill or pregnant and was unable to do the regular chores such as cooking, cleaning, washing and so on. Jenny was expected to do all this as well as go to school and succeed.

She said that her father was a harsh man, who drank heavily, and had very high expectations of her, the other children and his wife. He punished the children severely for small misdemeanours and they grew up in fear of him.

Jenny said that he often drank all the housekeeping money and it was part of her responsibility to go to the neighbours to beg for food for the family. She felt very uncomfortable doing this and was embarrassed for herself and for her family. She said that she persevered though, because if she didn't, everyone in the family would go hungry.

### **Family history**

Jenny had been divorced from her alcoholic husband for close to 15 years. She had a few relationships during this time; however, these did not develop into any long-term commitments. Jenny is not involved with anyone currently.

Jenny's son Brian is 26 years old and has been living with her for the past 5 years in a small flat out of town. Initially he had tried living with friends for a few years, before returning home. Brian is unable to drive and relies

on Jenny to drive him to places he needs to go. Brian is also illiterate and his mother assists him by reading his mail, books and newspaper highlights. She also helps him to complete the paperwork to access unemployment benefits.

### **Social Background**

Jenny has a few close friends and reported that she used to enjoy going out with some of her single girlfriends on the weekends. At times her plans were hampered, as Brian would often wish to be taken somewhere. Jenny would usually drive Brian to his destinations, rather than see her “girlfriends” as she believed “that it was important that he go out with his friends”. Jenny experienced some frustration when missing her own opportunities for socialising. She said that she expected the driving to have stopped by the time Brian had grown up.

She was part of a woman’s community group but feels that everyone sees her as being unintelligent, a push over and she did not feel that she belonged in the group. She had one good friend, Emma, who died 3 months ago of cancer and since then she is always feeling sad, lonely and anxious. She lost contacts with most of her friends because of her helpless situation and her moodiness and judgemental attitude towards others. She misses Emma for she feels she was the only one who really cared for and loved her, and that she accepted her the way she was and never criticized or made her feel unworthy.

## 11 Case Study: Using CBT in counselling on stress

Jocelyn works as a Human Resources Manager for a large international organisation. She is becoming more and more stressed at work as the company is constantly changing and evolving. It is a requirement of her job that she keeps up with this change by implementing new strategies as well as ensuring focus is kept on her main role of headhunting new employees.

She finds that she is working twelve-hour days, six days a week and doesn't have time for her friends and family. She has started yelling at staff members when they ask her questions and when making small mistakes in their work. Concerned about her stress levels, Jocelyn decided to attend a counselling session.

Below is an extract from Jocelyn's first session with her counsellor:

Transcript from counselling session

Counsellor: So, Jocelyn, let's spend a few minutes talking about the connection between your thoughts and your emotions. Can you think of some times this week when you were frustrated with work?

Jocelyn: Yes, definitely. It was on Friday and I had just implemented a new policy for staff members. I had imagined that I would get a lot of phone calls about it because I always do but I ended up snapping at people over the phone.

Counsellor: And how were you feeling at that time?

Jocelyn: I felt quite stressed and also annoyed at other staff members because they didn't understand the policy.

Counsellor: And what was going through your mind?

Jocelyn: I guess I was thinking that no-one appreciates what I do.

Counsellor: Okay. You just identified what we call an automatic thought. Everyone has them. They are thoughts that immediately pop to mind without any effort on your part. Most of the time the thought occurs so quickly you don't notice it but it has an impact on your emotions. It's usually the emotion that you notice, rather than the thought. Often these automatic thoughts are distorted in some way but we usually don't stop to question the validity of the thought. But today, that's what we are going to do?

The counsellor proceeds to work through the cognitive behaviour process with Jocelyn as follow:

Step 1 – Identify the automatic thought

Together, the counsellor and Jocelyn identified Jocelyn's automatic thought as: "No-one appreciates what I do".

Step 2 – Question the validity of the automatic thought

To question the validity of Jocelyn's automatic thought, the counsellor engages in the following dialogue:

Counsellor: Tell me Jocelyn, what is the effect of believing that 'no-one appreciates you'?

Jocelyn: Well, it infuriates me! I feel so undervalued and it puts me in such a foul mood.

Counsellor: Okay, now I'd just like you to think for a moment what could be the effect if you changed that way of thinking

Jocelyn: You mean, if I didn't think that 'no-one appreciates me'?



Counsellor: Yes.

Jocelyn: I guess I'd be a lot happier in my job. Ha, ha, I'd probably be nicer to be around. I'd be less snappy, more patient.

Step 3 – Challenge core beliefs

To challenge Jocelyn's core belief, the counsellor engages in the following dialogue:

Counsellor: Jocelyn, I'd like you to read through this list of common false beliefs and tell me if you relate to any of them (hands Jocelyn the list of common false beliefs).

Jocelyn: (Reads list) Ah, yes, I can see how I relate to number four, 'that it's necessary to be competent and successful in all those things which are attempted'. That's so true for me.

Counsellor: The reason these are called "false beliefs" is because they are extreme ways of perceiving the world. They are black or white and ignore the shades of grey in between.

Applications of CBT

Cognitive approaches have been applied as means of treatment across a variety of presenting concerns and psychological conditions. Cognitive approaches emphasise the role of thought in the development and maintenance of unhelpful or distressing patterns of emotion or behaviour.

Beck originally applied his cognitive approach to the treatment of depression. Cognitive therapy has also been successfully used to treat such conditions as anxiety disorders, obsessive disorders, substance abuse, post-traumatic stress, eating disorders, dissociative identity disorder, chronic pain and many other clinical conditions. In addition, it has been widely utilised to assist counsees in enhancing their coping skills and moderating extremes in unhelpful thinking.

## 12 Case Study: Exploring loss

Sue and Tom lost their child Jill to leukaemia approximately one year ago. Tom suggested that Sue attends Professional Counselling because she still doesn't seem to be able to cope with everyday living. For ease of writing the Professional Counsellor is abbreviated to C.

A précis (Summary) of the session is as follows

In the first session C concentrated on building rapport with Sue and listening to her story. Sue felt that it was the first time that anybody had really listened. She felt that her friends and family didn't want to even mention her daughter as they didn't want to upset her. A lot of useful information was gathered throughout this session which is summarised below.

### Essential Case Information

Her husband Tom feels that she should be more advanced in her recovery because he himself is coping much better and 'getting on with life'. Sue is dwelling on guilt prone thoughts such as "Why her, she was so young, I'm still alive", "I didn't tell her I loved her before she died" and "What did I do wrong".

Sue and Tom have a son David who is 12 and are currently divided on parenting styles, whereas before the death they were fairly similar in their approach. Tom feels that David should be able to do what he wants. He feels that life can be short and therefore doesn't want to be restrictive. Tom feels that Sue is being over protective whereas Sue feels that she has already lost one child and doesn't want to lose another. She feels that she couldn't protect Jill and is now doing everything she can to protect David.

Jill was diagnosed with leukaemia only six months before she passed away. Sue was working part-time before Jill was diagnosed but gave up work to be with Jill during treatment. Sue has not returned to work. Before, when Sue was working part-time, she was also doing all the housework, now Sue can't "even" (her words) get the housework done.

As Sue was very talkative and needed to get a lot of things off her chest in the first session C just focused upon building rapport and trust by fully attending to what was said. Therefore, at the beginning of the second session C started the process of establishing goals by asking the counslee what she wanted to achieve out of counselling. It was also determined when and how Sue would know that counselling was no longer required. C then wanted to normalise some of Sue's responses by providing her with some information about the stages of Grief and Loss. C was careful to highlight that each individual moves through and expresses the stages differently.

C then asked Sue if she could identify with any of the stages and what stage she felt she was currently in. Sue felt she could relate to the first four stages and that currently she was in the Guilt stage. C then asked Sue what stage she felt Tom was in. Sue felt that Tom was in the Acceptance Stage or may have moved on to complete recovery.

Again, C highlighted to Sue that it is normal for people to move through the stages of grief and loss at different rates. C then spent some time examining how Sue felt about being in a different stage to Tom.

C also discussed the length of time (6 months) that Sue had to come to terms with her impending loss before the loss actually occurred. Sue felt more relieved by discovering that it can be normal for someone to become stuck in a stage when they have little time to come to terms with a death beforehand.

At the end of the session Sue left with an affirmation that she had constructed with the assistance of C to affirm the normality of her current Grief and Loss behaviour. The affirmation Sue constructed was "The feelings I am experiencing are normal for the stage I am in. I will progress to the next stage when I am ready". As Sue and Tom's communication skills are quite good Sue is also going to discuss the stages of grief with Tom and highlight to him that people progress through the stages at different rates, in order to ease Tom's concerns about Sue's progress.

In the following sessions it was apparent that Sue was feeling more comfortable with the stage she was at and was now accepting her feelings. Consequently, other issues could now be worked upon to assist her to progress smoothly through the remaining stages of the grief process.

The first thing C wanted to know before further progress could be made, was Sue's Personality Need Type. The administration of the profile indicated that Sue was a Personality Type A with a score of 9,9. Sue was amazed at the accuracy of the profile, although she felt that a lot of these behaviours had not been displayed for a long time. This led to a discussion about the effects of not meeting needs and how it might contribute to her uncomfortable feelings at the moment. Issues that were discussed in detail included the fact that she used to gain recognition within her work environment and from home entertaining as well as by the praises she used to receive about being able to juggle raising a family, the housework etc.

The discussion then moved to ways that Sue could actually gain some need gratification now whilst she is still grieving. C made a point of acknowledging that Sue is not going to be able to do all the things she used to as of yet. This lead quite nicely into an awareness of the need for time management training. C highlighted how a loss can upset routines and the loss of a routine can be a loss in itself. It was explained that time management training may assist Sue in regaining a routine as people often need to relearn skills, they had previously in order to help them get back on track.

This left future sessions to explore the new parenting issues which the loss has created. Sue agreed for Tom to join the counselling process at this stage to explore the differences. Once Tom and Sue acknowledge each other's thoughts and feeling about the loss of Jill and how this impacted on their thoughts and fears regarding David they were in a better position to co-develop a suitable solution.

Once this issue was resolved there was no further need for counselling. It is important to note that Sue has not finished the grieving process but now has more skills and resources to deal with the final stages without continued counselling support.

### **13 Case Study: Loss and Grief**

Susan is a 13-year-old girl who has been struggling with panic attacks, constant tiredness and stomach aches. She has been neglecting her school work since her brother died of cancer a year ago.

#### **Presenting problem**

She appears to be both angry and sad all of the time. She became agitated and had fits of ignoring everyone, including her classmates. Some days, she is the polar opposite, unable to stop talking and appears hyperactive. She keeps talking about her brother, who was three years her senior, and sometimes forgets that he is no longer present. She is always telling everyone that when she marries, her husband must be exactly like her brother.

#### **Childhood background**

Susan has begun high school after graduating from 7th grade the previous year. She had two sisters to whom she was extremely close. The family has reached out to and is active in the school and community. She is struggling academically and socially in her new environment. In the house, her, siblings, and her parents are still expressing a wide range of emotions. She was very close to her brother, and some people thought they were inseparable. She idolized her brother and is devastated by his death. They shared a bed at times because she was always worried about him. They appeared to have a close, almost intimate relationship.

#### **Family History**

Jane and Barry, her parents, have been married for 25 years but have begun to drift apart since the death of their son. The mother is also depressed and appears unable to cope with the loss. The father began sleeping in the spare bedroom, and when his wife wakes him in the mornings before work, she discovers Susan sleeping in the same bed with him.

Barry's father sexually abused his only sister, Megan, for three years before she had a nervous breakdown and revealed the truth. Barry's mother simply ignored it and carried on as if nothing had happened. She also blamed her daughter for being provocative towards boys and her father. The father was a very aggressive man and sometimes pushed and shoved his mother around. She always made excuses that she was disrespectful and deserved to be punished.

Jane's parents got divorced when she was only 6 years old and she stayed with her mother and saw her father every Wednesday and stayed with him every second weekend. She had a stepfather that really loved her and she had a good relationship with both her parents and her stepfather.

#### **Social background**

She is always telling everyone that when she marries, her husband must be exactly like her brother. She finds it difficult to make new girlfriends while being attracted to the majority of the boys. She began dating a boy who resembles her brother, and she appears to be clingy and obsessed with him. When he comes over, she dresses provocatively and begins to avoid her father. Her relationship with her sister are deteriorating and she wants to be with the boyfriend all the time.

## **14 Case Study: A Person-Centered and Cognitive-Behavioural approach to burnout.**

Brett is a 36-year-old man who works as an accountant for a small family business. The business is failing and Brett will probably have to begin the process of “winding it up” in the near future. His commitment to the business and his friends, the business owners, has intensified the level of stress he is feeling as a result of the business collapse. He has taken a week off work on sick leave and feels too “stressed” to return to work.

In this scenario, the professional counsellor uses a Person-Centred/CBT approach. For ease of writing, the Professional Counsellor is abbreviated to “C”.

### **Background**

Melinda, Brett’s wife, contacted C because she was greatly concerned for her husband. She was worried that Brett was depressed as he was refusing to go to work. She stated that he had agreed to attend counselling if she organised an appointment, however he did not think it would help him.

Brett had worked as an accountant in small businesses for the last twelve years. About eight years ago he was working with another business that required him to close it down. He described that experience as extremely distressful. He felt that the process had involved a loss of loyalty from organisations associated with the business and that he saw this as a “personal attack” against him. He also felt he had been exposed to people who would do everything they could to get as much as possible from a “crumbling company”.

Brett reported the following symptoms: decreased motivation particularly in relation to his work, unusual outbursts of anger, anxiety whenever he thinks about his work or attends his workplace, and difficulty sleeping. He stated that these symptoms commenced when he realised that the business, he was working for might begin to fold and have increased to the point that he is finding it difficult to complete his usual tasks and “doesn’t want to do anything”.

Brett attended four appointments with C, over a ten-week period.

## 15 Case Study: Trauma due to an accident

Steven is a 39-year-old man who is suffering from trauma due to a motor accident he was driving in which two of his best friends died. He feels overwhelmed and guilty, and he is struggling to cope with the emotional and practical challenges of this traumatic experience.

Steven decides to seek group counselling to find support and guidance from other individuals who are going through similar experiences. When he arrives at the group counselling session, he feels nervous and unsure about sharing his personal problems with strangers.

The group counsellor provides a safe and confidential space for Steven and the other participants to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Steven shares his struggles with the group, he begins to realize that he is not alone in his experiences of trauma and guilt. He also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of trauma and grief. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the importance of self-care and self-compassion.

Through group counselling, Steven learns to develop a deeper sense of self-awareness and self-compassion. He also learns to recognize and address his own needs and feelings, as well as the needs and feelings of his loved ones.

With continued group counselling and support, Steven is able to navigate the challenges of trauma and grief and create a new sense of meaning and purpose in his life. He also develops a stronger sense of community and connection with the other participants, who become a source of support and encouragement as he moves forward on his journey of healing and growth. The group counselling experience helps him to develop a sense of acceptance and forgiveness, and to begin to let go of the guilt and shame he has been carrying since the accident.

## 16 Case Study: Suffering from grief

Gerda is a 29-year-old woman who is married and has a daughter named Mary. She is suffering from grief because she lost both her parents in an airplane accident. She feels overwhelmed by the intense emotions of sadness, anger, and guilt, and she is struggling to find a way to cope with this devastating loss.

Gerda decides to seek group counselling to find support and guidance from other individuals who are going through similar experiences. When she arrives at the group counselling session, she feels nervous and unsure about sharing her personal problems with strangers.

The group counsellor provides a safe and confidential space for Gerda and the other participants to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Gerda shares her struggles with the group, she begins to realize that she is not alone in her experiences of grief and loss. She also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of grief and loss. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the importance of self-care and self-compassion.

Through group counselling, Gerda learns to develop a deeper sense of self-awareness and self-compassion. She also learns to recognize and address her own needs and feelings, as well as the needs and feelings of her family. With continued group counselling and support, Gerda is able to navigate the challenges of grief and loss and find a way to honour the memory of her parents. She also develops a stronger sense of community and connection with the other participants, who become a source of support and encouragement as she moves forward on her journey of healing and growth. The group counselling experience helps her to develop a sense of acceptance and peace, and to find a new sense of meaning and purpose in her life despite the tragedy she has experienced.

## **17 Case Study: Feelings of hopelessness and powerlessness resulting in depression**

Mary is a 35-year-old woman who has been feeling increasingly hopeless and powerless for the past few months. She has been struggling with depression and anxiety and feels like she is stuck in a rut with no way out. Mary used to be an active and outgoing person, but now she spends most of her days in bed, unable to motivate herself to do anything.

Mary's depression and anxiety have been impacting her work and relationships. She has been calling in sick more frequently, and her boss has noticed a decline in her productivity. Her friends have also noticed a change in her demeanour and have expressed concern about her well-being.

Mary has been considering seeking counselling for some time now, but she has been hesitant to take the first step. She feels like there is no hope for her and that counselling won't make a difference. However, after a particularly difficult day, Mary decides to make an appointment with a counsellor.

As Mary sits down with her counsellor, she feels overwhelmed and anxious. She struggles to articulate her feelings and doesn't know where to start. The counsellor provides a safe and non-judgmental space for Mary to express herself. The counsellor listens patiently as Mary talks about her struggles with depression and anxiety and her feelings of hopelessness and powerlessness.

The counsellor acknowledges Mary's feelings and reassures her that she is not alone. Together, they work on identifying the root causes of Mary's depression and anxiety. The counsellor helps Mary understand that depression is a treatable illness and that there is hope for recovery.

The counsellor helps Mary develop coping skills to manage her depression and anxiety. They work on developing a self-care plan that includes exercise, healthy eating, and getting enough sleep. The counsellor also recommends mindfulness meditation and other relaxation techniques to help Mary manage her anxiety.

Through counselling, Mary begins to feel a sense of empowerment. She realizes that she has control over her thoughts and feelings and that she can make positive changes in her life. Mary starts to take small steps towards self-improvement and starts to see the positive impact on her mood and relationships.

With continued counselling and support, Mary learns to manage her depression and anxiety and develop a more positive outlook on life. She realizes that there is always hope, and that she has the strength and resilience to overcome any obstacle.



## 18 Case Study: Coping with loss after losing a job

Peter is a 42-year-old man who recently lost his job due to company downsizing. He has been struggling to cope with the loss and has been feeling increasingly depressed. Peter had been working for the same company for over a decade, and his job had become a significant part of his identity. Losing his job has left him feeling like he has lost a part of himself.

Peter has been experiencing a range of emotions since losing his job. He feels angry, sad, and anxious all at the same time. Peter has been having difficulty sleeping and has been feeling like he doesn't want to get out of bed in the morning. He is also worried about how he will support his family and pay the bills.

Peter's wife has encouraged him to seek counselling, and after some hesitation, Peter agrees to go. When he meets with his counsellor, he is still feeling very low and has difficulty expressing himself. The counsellor provides a safe and non-judgmental space for Peter to talk about his feelings. The counsellor listens patiently as Peter talks about his struggles with job loss and depression.

The counsellor acknowledges Peter's feelings and reassures him that what he is experiencing is normal. The counsellor works with Peter to identify his core values and strengths. Peter realizes that he is a hard worker and a loving husband and father. The counsellor helps Peter see that losing his job doesn't define who he is as a person.

The counsellor helps Peter develop coping skills to manage his depression and anxiety. They work on developing a self-care plan that includes exercise, healthy eating, and getting enough sleep. The counsellor also recommends mindfulness meditation and other relaxation techniques to help Peter manage his anxiety.

Through counselling, Peter begins to feel a sense of hope and empowerment. He realizes that he has control over his thoughts and feelings and that he can make positive changes in his life. Peter starts to take small steps towards self-improvement, such as updating his resume and reaching out to his network for job leads.

With continued counselling and support, Peter learns to manage his depression and anxiety and develops a more positive outlook on life. He realizes that losing his job was not the end of the world, and that he has the strength and resilience to overcome any obstacle. Peter also learns to communicate more openly with his wife and children about his struggles, and they become a source of support for him during this difficult time.

## 19 Case Study: Powerlessness and loss of employment

John is a 32-year-old man who has been struggling with feelings of hopelessness and powerlessness for the past few weeks. He recently lost his job due to downsizing at his company and has been struggling to find new employment. John has always prided himself on his work ethic and has always been a provider for his family. Losing his job has left him feeling like he has let his family down, and he doesn't know how to bounce back.

John's feelings of hopelessness and powerlessness have also impacted his relationships with his wife and children. He feels like he can't provide for them and has become distant and withdrawn. His wife has noticed the change in him and has been encouraging him to seek counselling. John was initially hesitant, but he has reached a point where he feels like he has no other options.

As John sits down with his counsellor, he struggles to articulate his feelings. He feels like he has failed, and he doesn't know how to move forward. The counsellor listens patiently as John talks about his job loss and his feelings of hopelessness and powerlessness. The counsellor acknowledges John's feelings and reassures him that it's okay to feel this way.

The counsellor begins to help John identify his core values and strengths. John realizes that he has always been a hard worker and a loving husband and father. The counsellor helps John see that losing his job doesn't define who he is as a person. Together, they explore different job opportunities and brainstorm ways to improve John's chances of getting hired.

The counsellor also helps John work through his feelings of guilt and shame. John realizes that he doesn't have to carry the weight of the world on his shoulders and that it's okay to ask for help. The counsellor provides John with resources for job search assistance and encourages him to talk to his wife and children about his struggles.

Through counselling, John begins to feel a sense of hope and empowerment. He realizes that he has the skills and strengths to overcome this setback and that he doesn't have to face it alone. He starts to communicate more openly with his wife and children, and they begin to support him in his job search. John still has a long road ahead of him, but he feels more equipped to handle whatever comes his way.

## 20 Case Study: Ex-convict

Jacob is a 46-year-old man who recently got out of jail after serving a 10-year sentence. He's divorced and struggling to rebuild his life after being incarcerated for so long. He's feeling lost, hopeless, and unsure about how to reintegrate into society. Jacob decides to seek group counselling to find support and guidance from other individuals who have gone through similar experiences. When he arrives at the group counselling session, he feels nervous and unsure about sharing his personal problems with strangers.

The group counsellor provides a safe and confidential space for Jacob and the other participants to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Jacob shares his struggles with the group, he begins to realize that he is not alone in his experiences of re-entry and transition. He also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of re-entry and transition. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the importance of self-care and self-compassion.

Through group counselling, Jacob learns to develop a deeper sense of self-awareness and self-compassion. He also learns to recognize and address his own needs and feelings, as well as the needs and feelings of his family.

With continued group counselling and support, Jacob is able to navigate the challenges of re-entry and transition and find a way to restart his life. He develops new skills and habits that enable him to manage his stress and anxiety, communicate more effectively, and build healthy relationships with others.

The group counselling experience helps him to develop a sense of acceptance and peace, and to find a new sense of meaning and purpose in his life despite the challenges he has faced. He also develops a stronger sense of community and connection with the other participants, who become a source of support and encouragement as he moves forward on his journey of healing and growth.

## 21 Case Study: Trauma due to a motor accident

Steven is a 39-year-old man who is suffering from trauma due to a motor accident he was driving in which two of his best friends died. He feels overwhelmed and guilty, and he is struggling to cope with the emotional and practical challenges of this traumatic experience.

Steven decides to seek group counselling to find support and guidance from other individuals who are going through similar experiences. When he arrives at the group counselling session, he feels nervous and unsure about sharing his personal problems with strangers.

The group counsellor provides a safe and confidential space for Steven and the other participants to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Steven shares his struggles with the group, he begins to realize that he is not alone in his experiences of trauma and guilt. He also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of trauma and grief. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the importance of self-care and self-compassion.

Through group counselling, Steven learns to develop a deeper sense of self-awareness and self-compassion. He also learns to recognize and address his own needs and feelings, as well as the needs and feelings of his loved ones.

With continued group counselling and support, Steven is able to navigate the challenges of trauma and grief and create a new sense of meaning and purpose in his life. He also develops a stronger sense of community and connection with the other participants, who become a source of support and encouragement as he moves forward on his journey of healing and growth. The group counselling experience helps him to develop a sense of acceptance and forgiveness, and to begin to let go of the guilt and shame he has been carrying since the accident.

## 22 Case Study: Substance abuse

Adam is a 23-year-old man who has been struggling with substance abuse for several years. He started using drugs in high school and has been unable to quit despite several attempts. Adam's substance abuse has caused him to lose his job, his apartment, and his relationships with friends and family.

Adam's parents have encouraged him to seek counselling, and after some hesitation, Adam agrees to go. When he meets with his counsellor, he is still feeling very low and has difficulty expressing himself. The counsellor provides a safe and non-judgmental space for Adam to talk about his substance abuse.

The counsellor acknowledges Adam's struggles and reassures him that what he is experiencing is normal. The counsellor works with Adam to identify the triggers and underlying causes of his substance abuse. Adam realizes that he started using drugs as a way to cope with stress and anxiety, and that his substance abuse has become a vicious cycle that he can't escape.

The counsellor helps Adam develop coping skills to manage his substance abuse. They work on developing a relapse prevention plan that includes identifying triggers, developing coping strategies, and seeking support from others. The counsellor also recommends attending support groups and seeking medical treatment if necessary.

Through counselling, Adam begins to feel a sense of hope and empowerment. He realizes that he has control over his thoughts and feelings and that he can make positive changes in his life. Adam starts to take small steps towards recovery, such as attending support group meetings and seeking medical treatment.

With continued counselling and support, Adam learns to manage his substance abuse and develops a more positive outlook on life. He realizes that he can live a fulfilling life without drugs, and that he has the strength and resilience to overcome any obstacle. Adam also learns to communicate more openly with his parents and friends about his struggles, and they become a source of support for him during this difficult time.

## 23 Case Study: Identity Crisis

Theresa is a 34-year-old woman who has been struggling with an identity crisis that is affecting her work and relationships. She has been feeling lost and uncertain about who she is and what she wants in life. Theresa's confusion about her identity has caused her to have difficulty making decisions and has led to conflicts in her relationships.

Theresa's friends and family have encouraged her to seek counselling, and after some hesitation, she agrees to go. When she meets with her counsellor, she is feeling very anxious and overwhelmed. The counsellor provides a safe and non-judgmental space for Theresa to talk about her identity crisis.

The counsellor acknowledges Theresa's struggles and reassures her that what she is experiencing is normal. The counsellor works with Theresa to explore her values, interests, and beliefs. They discuss her past experiences, relationships, and aspirations. Theresa realizes that she has been trying to fit into other people's expectations and has not been true to herself.

The counsellor helps Theresa develop a clearer sense of her identity. They work on identifying her strengths and weaknesses, and how she can use them to achieve her goals. The counsellor also helps Theresa develop a plan for managing her anxiety and making decisions.

Through counselling, Theresa begins to feel more confident and self-assured. She realizes that she has the power to create her own identity and that she does not have to fit into other people's expectations. Theresa starts to take small steps towards self-improvement, such as pursuing her hobbies and interests and setting boundaries in her relationships.

With continued counselling and support, Theresa learns to embrace her identity and develop a more positive outlook on life. She realizes that her identity crisis was not a weakness but an opportunity for growth and self-discovery. Theresa also learns to communicate more openly with her colleagues and loved ones about her struggles, and they become a source of support for her during this difficult time.

## 24 Case Study: Marriage problems

Stan and Ann, a married couple of 20 years, have decided to seek group counselling for their marital problems. They feel that they could benefit from the support and perspectives of other couples who are facing similar issues.

When they arrive at the group counselling session, they feel nervous and unsure about sharing their personal problems with strangers. However, as the session progresses, they find that they feel comfortable and supported by the other couples in the group.

The group counsellor provides a safe and confidential space for the couples to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Stan and Ann share their struggles with the group, they begin to realize that their problems are not unique and that other couples are facing similar challenges. They also gain new insights and perspectives from the other couples' experiences.

The group counsellor helps the couples identify common themes and patterns in their marital problems. They explore effective communication skills and conflict resolution strategies, and they learn to understand and respect each other's needs and feelings.

Through group counselling, Stan and Ann learn to develop a deeper sense of empathy and compassion towards each other. They also learn to appreciate the strengths and unique qualities of their relationship.

With continued group counselling and support, Stan and Ann are able to improve their communication and conflict resolution skills. They also become more committed to their marriage and learn to prioritize their relationship. They find that the group counselling experience has helped them gain a greater understanding of themselves and their relationship and has given them the tools to create a stronger and healthier partnership.

## 25 Case Study: Divorce

Elizabeth is a 38-year-old woman who has been married for 14 years and has a child named Kerry who is 9 years old. Elizabeth and her husband recently decided to get a divorce, and she has been struggling to cope with the emotional and practical challenges of this difficult transition.

Elizabeth decides to seek group counselling to find support and guidance from other individuals who are going through similar experiences. When she arrives at the group counselling session, she feels nervous and unsure about sharing her personal problems with strangers.

The group counsellor provides a safe and confidential space for Elizabeth and the other participants to share their experiences and feelings. They are encouraged to listen actively to each other and provide constructive feedback and support.

As Elizabeth shares her struggles with the group, she begins to realize that she is not alone in her feelings of sadness, grief, and uncertainty. She also gains new insights and perspectives from the other participants' experiences.

The group counsellor helps the participants identify common themes and patterns in their experiences of divorce and separation. They explore effective coping strategies for dealing with stress, anxiety, and emotional turmoil. Through group counselling, Elizabeth learns to develop a deeper sense of self-awareness and self-compassion. She also learns to recognize and address her own needs and feelings, as well as the needs and feelings of her child.

With continued group counselling and support, Elizabeth is able to navigate the challenges of divorce and create a new sense of meaning and purpose in her life. She also develops a stronger sense of community and connection with the other participants, who become a source of support and encouragement as she moves forward on her journey of healing and growth.



## 26 Case Study: Abuse

Portia is a 41-year-old woman who has been married to her husband, Paul, for 12 years. They have a child named Kenny who is 10 years old. Portia has been suffering from abuse at the hands of her husband, and she feels isolated and alone in her struggles.

Portia decides to seek group counselling to find support and guidance from other individuals who are going through similar experiences. When she arrives at the group counselling session, she feels nervous and unsure about sharing her personal problems with strangers.

The group counsellor provides a safe and confidential space for Portia and the other participants to share their experiences and feelings.

## **27 Case Study: Difficult Relationship Counselling Situation case**

You have been providing relationship counselling to a married couple for 4 months. The couple (Jeremy and Lucinda) have identified a number of issues, including a lack of trust, intimacy and communication. Jeremy had been involved in a brief affair, which he had confessed to his wife. It is largely this issue on which Jeremy and Lucinda have been focussing for the last 4 months. You have been pleased with the development of the couple's communication over this period. They have made some small, yet significant steps towards redeveloping trust and renewing their friendship. Recently, Jeremy has requested a session with you alone to discuss a private concern. In this session, he discloses to you that he has been in contact with his previous lover. Since their affair, she has informed him that she has tested positive for Hepatitis C. Jeremy intends to have himself tested for the virus, but is reluctant to tell Lucinda about the virus and the meeting with his previous lover. He reasons that he may not have the virus, and doesn't wish to worry Lucinda unnecessarily. You are concerned about the possibility of Jeremy passing this virus onto his wife. When you raise your concerns with Jeremy, he states that he will be avoiding sexual contact with his wife until he finds out the results. You are also concerned about Jeremy's commitment to developing trust with his wife and explore this with him. You would prefer that he discloses this information to Lucinda and so you inform him of your views. Jeremy's reaction is of dismay as he thought that his information would be treated confidentially in this private session. You think that Jeremy's personal intentions are at conflict with his goals for his relationship.

By: Zahava Starak, BSSc.

(Australian Institute of Professional Counsellors, 2008, pp. 30-31)

## **28 Case Study: Stressful life and sudden change**

Wendy is a 54-year-old woman who has two adult children and has been married for twenty-nine years. Her husband, Steve, has recently and unexpectedly informed her that he no longer loves her and that he wants a divorce.

### **Presenting problem**

Wendy was shocked to hear this, and she now reports that she is constantly crying and feels extremely anxious. Wendy has not told anyone about this situation, although she and Steve have agreed to explain his decision to their children within the week.

Wendy's reported anxiety/depression symptoms included: difficulty sleeping, difficulty relaxing, thinking about Steve/their marriage/the future all the time, feeling exhausted, feeling "tightness" in her chest and her throat, a loss of appetite, crying several times every day, and a loss of interest in "everything".

She began to describe her situation starting at twelve months ago when Steve began attending a gym and reading personal development books. Wendy stated that at that time, Steve seemed to change, and she thought it was a part of a "mid-life crisis" that he would eventually recover from. Around the same time, Wendy confronted Steve because she felt that they weren't communicating much and she was feeling "left out" of his new interests. At that time, Steve told Wendy that he thought they were "drifting apart".

As a result of this conversation, Wendy then made a concentrated effort to improve things – she created opportunities for them to be together, she encouraged their discussions with one another, and she shared more of herself and her feelings in their conversations. That was the last time they had discussed anything about their relationship, and Wendy thought that things had been much improved by her efforts over the last twelve months. When Steve told her over dinner a week ago that he didn't feel that he loved her anymore and that he would like a divorce, Wendy was shocked and devastated

### **Childhood background**

Wendy, the second of two children, had a secure upbringing. She had a close relationship with her parents and could discuss anything with them. She grew up in a normal, stable family, and they encouraged her to work hard in school. Her parents have been married for 60 years. They had quarrels and disagreements, but they always resolved them amicably.

Steve grew up in a family where his father had multiple relationships and his mother ignored all warning signs. Steve resented his father for causing his mother such pain, but he never confronted his mother or father about the situation. He dealt with it by being an unruly and disobedient adolescent who became involved with friends who threw wild parties and drank a lot. He was always under the impression that he was in his parents' way and that they were only staying together for his sake. They divorced after he graduated from high school.

## **Family History**

With their three children, Wendy and Steve enjoyed a very contented family life and were very active in their upbringing. Wendy used to work full-time, but after their second child was born, Steve suggested that she stay at home and raise the children. He did well at work and could comfortably support his family. He started working at late hours, and when he got home, he was exhausted, agitated, and moody. He began playing golf on weekends with friends, and Wendy and Steve began to drift apart. The kids grew accustomed to not having Dad around and began to rely more on Wendy for assistance and support.

Wendy would have liked to return to work, but with Steve being so absent, she forgot about her dreams and desires and gave her all to the children and her marriage.

## **Social Background**

Wendy was very involved in school and many parent-child activities. As her children grew older and demanded more of her, she began to neglect her friends and herself. She had no time for herself because she spent her entire day chasing after the kids and organizing their schedules. She started to experience a sense of isolation and boredom. She always made Steve feel important by doing whatever he asked of her, putting her own needs and desires aside.

## 29 Case Study: Structured scenario on Emotional and Physical abuse

George was 61 years old at the beginning of his therapy. A married, European-American male, he had some college education and had been a security administrator before he retired. Over the course of his therapy, he disclosed that he had suffered both emotional and physical abuse as a child, at the hands of his mother and a housekeeper. In addition, he recounted an incident in which his uncle had attempted to 'dump' him from a motorcycle while driving on a high-level bridge.

He also admitted to a suicide attempt as a teenager, in which he had driven his car into a water-filled quarry.

The client was estranged from two of his three children. The one child, a daughter, with whom he had a good relationship, suffered a recurrence of cancer during the therapy. At the beginning of therapy, George reported a strong desire to move to the southwestern United States, and to 'work on old cars, under the shade of a tree'. He was frustrated that he and his wife had to stay in the area while she worked and took care of his aging mother-in-law (who subsequently died during the course of his therapy).

George's panic attacks began suddenly, five years prior to this therapy, not long after his retirement. The first attack occurred while he was approaching an expressway bridge. After this, he refused to cross all bridges for fear of further attacks. He subsequently received several sessions of behaviour therapy, which he said made him worse, and he quit when his therapist forgot to inform him that he was going on vacation ... George ... presented with frequent panic attacks, which prevented him from driving over bridges, primarily on the expressway.

He also reported fears of heights, flying, excessive speed, and boating. These fears were surprising for him, considering that he had a history of jumping out of airplanes and racing cars. In addition, he described interpersonal difficulties, which he believed were due to his 'abrasive personality'.

It is important to note that none of this 'solved' the problems he had experienced. Indeed, the goal of helping is not to 'solve' problems but to help the troubled person manage them more effectively or even to transcend them by taking advantage of new possibilities in life. Problems have an upside. They are opportunities for learning.

### 30 A Case study: Improving a relationship

While working with Helen and John on a number of issues that were stressing their partnership, it became evident that they could benefit from some tools to help improve their relationship.

This was a young couple who had brought into their relationship a number of irritations that initially were non-events, but eventually had become sore points as the glitz and glamour of the honeymoon period faded.

Helen is a cat lover and had brought her cat Miffy with her when she moved in with John. John hates cats and accepted Miffy on the proviso that she stays outside and out of his way- which of course did not always happen. Miffy was tolerated out of the love John felt for Helen.

It is not unusual for relationships to endure irritations such as a cat. Under different circumstances 'cat' can become dog, or it can become his friends coming over unannounced to watch the game on the big TV screen, or it can become a collection of Tupperware that has taken over every space in the house or ...

Whatever the issue it was not big when you got together and love was in full bloom, but it has grown out of proportion and is now placing stress on the relationship.

With time if the problem is not resolved arguments may become more frequent and louder, partners begin to personalise their attacks and the real issues become lost.

Most couples suffering these irritations still love each other and have no intention of ending the relationship, but they wish there was a way to make the irritation go away without hurting or offending their partner.

Helen loved John and appreciated his efforts to accept Miffy. She however could not always see what the big deal was if Miffy sat in the house with her when she watched TV or was reading a book. She became resentful of some of the comments he made and often responded to his outbursts in kind.

Besides "Miffy" Helen and John experienced other issues in their life that eventually reached problem status as no solutions were found.

What Helen and John needed was a tool to dig them out of the chaos caused by their problems. And so, they were introduced to a problem-solving strategy.

#### Some Simple Steps to Problem Solving

One or both partners declare that there is a problem and place it on the 'working table' where it can eventually be looked at from all angles.

- Both partners use "I" language at all times when addressing each other.
- Each partner is given an opportunity to express their opinions concerning the problem.
- Depersonalise the process. It does not matter whose cat or dog or friends or Tupperware have caused this predicament, the problem is separate from both of you. You are now facing this problem together. The individual 'you' is not the issue. The problem is.
- Ask yourselves what outcome you would like in regards to this problem. What are your individual goals? Your mutual goal?

- Consider what you have tried already to solve this problem and attain your goal(s). If there is anything that can be salvaged from these attempts put them aside and place them on a list of possible solutions.

- Creatively Brainstorm as many other possible solutions to the problem that you can think of and add them to your list. Do not exclude the excessively practical or the ridiculously zany. Avoid judging any of these suggestions until later. Just let your minds run free.
- Discuss all your options and streamline your list. Cross out any ideas that are totally unrealistic and unhelpful. Note the good ones and include those that have potential to be even better.
- If a suggestion sounds promising but is not totally acceptable to one partner still include it in your refined list.
- Discuss the pros and cons of each solution that has survived this elimination process.
- If one solution stands out as the best way to solve your problem then go with it. Make sure that both partners agree on the chosen solution.
- If there is still some doubt as to the best course of action repeat the process.
- Discuss how the chosen solution will be implemented. Decide what has to happen and who has to make it happen. Create an action plan.
- Implement the strategy. Depending on the issue you may decide that a trial run is the way to go.
- Review your solution and determine whether you are on track, or whether some changes are required.
- Ideally it is best to implement the problem-solving process when both partners are calm and focused and when they have an intention to work collaboratively and supportively. It is not a good idea to table a problem for discussion if partners are in midst of an argument about the problem and already using words of blame and frustration. As with any form of communication there are Rules of Engagement to adhere to.

Helen and John took on board the steps of the Problem-Solving process and designated a quiet afternoon to work through some of their problems. When discussing their options on how to handle Miffy a number of suggestions were listed from giving Miffy away to establishing boundaries that would allow John space without Miffy's presence. It was not an easy process as John at times tended to see the problem as Helen's- she had to do something about it. But when he was able to see that this was a relationship problem his mood shifted and energy was redirected from complaining to resolving.

Eventually a plan was put into place which allowed Miffy sometime within the common living space but also ensured that she was outside on the occasions John wanted cat-free time. Both Helen and John agreed to be more understanding of each other's position. John was to try and develop an attitude more accepting of pets in general, and Helen was to pay more attention to John's needs for a space that did not include animals.

Having had a minor win in dealing with the issue of "Miffy", Helen and John felt quite comfortable in using the Problem-Solving Steps in addressing some of their other concerns.

No matter the severity of the problem whether it appears to be merely a minor nuisance such as the lid being left off the tooth paste or something more serious such as excessive visits from the in-laws, if left unattended problems have the habit of growing out of control. Couples who are equipped with tools and strategies, such as a Problem-Solving Guide can gain control of their problem situations and reduce the stress in their relationship.

Author: Zahava Starak

### **31 Case study- Unhappy in relationship**

Penny and Jake were not unhappy in their relationship. They however were beginning to realise that something was amiss with the way they were communicating to each other. There were signs popping up everywhere that their lack of listening was impacting on many levels of their life. When once it had been easy to discuss events in their lives and exchange information, they found themselves easily distracted and were thereby missing important pieces of information. On more than one occasion one child was left waiting for their ride home as either Jake or Penny had not listened to the discussion that had changed the plans. An excuse could be found in that they were both just too busy.

But when they were not busy and had scheduled time to discuss household matters such as the finances or the children, they were still not listening to each other. Either they were too impatient with what their partner was saying, or they had heard this before, or they knew what their partner was going to say before they said it, and so their mind wandered off somewhere else- away from the interaction. This lack of listening often resulted in shouting matches and arguments and no solutions were ever reached, responsibilities remained unmet, and each party accused the other of not listening.

When two people communicate well they listen attentively to each other and share meaning together. They connect and are bonded by the intimacy of this exchange. Penny and Jake were only half-heartedly communicating and were beginning to miss a more authentic connection.

Eventually there were many examples of this 'not listening' in their lives.

#### **For example:**

Jake felt that Penny did not appreciate the difficulties he was having at work. He worked for a marketing firm where the pressure to maintain and find new counselees was never ending. Adding to this Jake was experiencing some antagonism from some of his colleagues. The tension at work was suffocating and Jake needed to be able to talk through his thoughts and feelings with Penny. And this was not happening.

When he was able to grab Penny's attention for 5 minutes and share his concerns, he felt Penny's agitation for him to hurry up and finish speaking. She would occasionally interrupt him and finish his statements as if mind reading. Sometimes she would take on the role of analyst and diagnose his situation and offer solutions without having really heard his story. Usually, such conversations ended with Penny walking away and commenting on the need to discuss this problem at a later date.

Penny may have heard the words that Jake spoke but she certainly was not listening to them, otherwise she would have stopped all she was doing and provided him the attention and care he needed – just by her listening. Instead, Penny was in a hurry to move onto the next thing, and her responses were actually barriers to effective listening.



Jake was just as guilty as Penny. Penny for as long as she could remember had had a troublesome relationship with her critical mother. As she did not want to deprive her children of their grandmother she accepted her mother's presence in her life, and suffered in silence as her mother criticised and ridiculed her every action. But she could only be silent for so long and every now and then she needed Jake to be her sounding board and to listen to her as she vented her pent-up frustrations.

As she and Jake were readying for bed, she would let loose a tirade of comments. Jake believing that this situation had been going on long before he entered the picture and would continue for ever, did not really listen to what Penny was saying. On some occasions he would try and placate her by saying that she was right and everything would be okay. At other times he tried to divert the conversation to another subject leaving Penny lost in the middle of her emotional storm.

Jake either because he was tired or because he did not know what to say in these situations was also not listening. He had created barriers limiting his ability to help Penny and contributing to a potential breakdown in their communication.

Both Penny and Jake were starting to interpret their partner's failure to listen to them as a lack of interest in their respective lives. And this lack of interest was further translated into a lack of care.

Fortunately, Jake and Penny had been able to identify the broken link in their communication channels. And once they had relearned how to listen to each other they would be well on their way to communicating effectively.

The first step was to introduce them to a number of Communication Barriers that were impeding the communication process. So, before they were taught what to do, they were learning to identify what not to do.

## **32 Case Study: Counselling in case of allegations of abuse and neglect of children.**

This case history details a significant time in the life of the Smith-Curtis\* family. This family did not come to counselling voluntarily, but were referred by the Department of Families after substantiated allegations of abuse and neglect of their two children.

The counselling agency, (a non-government service provider), is experienced in working with involuntary counselees who make up two thirds of the total agency caseload. The agency clearly articulates that its services are provided using a Solution Focused framework.

### **Background Context**

The Smith-Curtis family consists of Lisa Smith, aged 23, and her partner Jason Curtis aged 25. They have been together for two years.

Lisa has a daughter from a previous relationship who was born when Lisa was 14 years old. This child, Trudy, now aged 9, lives in foster care and Lisa has not seen her for three years. Lisa writes to Trudy and sends her a present on her birthday and at Christmas, but has not received any correspondence from Trudy in the last eighteen months. Jason has never met Trudy.

Lisa also has a son from a different previous relationship, who was born when Lisa was 19. His name is Matthew and he is now 4 years old. Matthew lives with his mother Lisa and stepfather Jason.

Lisa and Jason have a son, Dylan, who is 6 months old. Dylan is Jason's only child.

### **Presenting concerns**

The substantiated allegations of abuse and neglect centre around the family's inability to provide stable and suitable accommodation. They have a history of being homeless and highly mobile. There are also current concerns regarding enough food being provided for the children and the children's health and physical care needs being met. Dylan has had to be treated by a doctor for severe nappy rash on three occasions in the last month.

There are many reports of both children looking and smelling unclean. Currently, the family resides in a caravan park. Matthew has been reported on several occasions to have 'broken into' other people's caravans and been found 'stealing' food from their cupboards and fridges. Consequently, the family is very unpopular in the caravan park and has been threatened with eviction by the manager if things don't improve. The family frequently has trouble paying the rent for the caravan.

The Department of Families has referred this family because they have a high level of concern about the well-being of the children. They have been to see Lisa and Jason and told them they must stop treating the children this way, and start to meet the children's needs, or the children will be removed and placed in foster care.

Department staff are also concerned that both children's development is delayed, and have told the family that they must take the children to be assessed by a department-nominated Paediatrician.

### **Agency Intervention**

When the worker first went to meet the Smith-Curtis family, the family was, understandably, very nervous and suspicious of the worker. Lisa and Jason were extremely anxious about their children being 'taken away'. At times their language was hostile and defensive, while other times their language was pleading and emotional. The worker allowed the family to tell their story and to listen to them.

Lisa indicated that a lot of her fear was as a result of her experience with her first child Trudy, who she did not want to 'give up', but had been 'made to' by her parents. Lisa said her parents had subsequently disowned her anyway, and she had had to take care of herself. Lisa confided that she felt very guilty about Trudy and "could not bear it" if Matthew and Dylan were removed. Jason also confided in the worker that he had grown up in a boy's home in another state and that he didn't want "that kind of life" for his children.

Lisa and Jason questioned to what extent the worker could really help them, identifying that maybe they should "just move again". This was a strategy they used to escape their problems and avoid 'the welfare'. They explained that this was why they had moved so many times – people "kept interfering" and "saying terrible things" about them, but "no-one would help".

Lisa identified that she herself had phoned the Department of Families out of desperation, because Jason was sick and missed two casual shifts at the factory and they had run out of baby food. Lisa had wanted some practical help but instead she said she had "ended up being investigated" and found to be a "bad mother". At this, Lisa burst into tears.

From this conversation several things stood out to the worker. Firstly, both Lisa and Jason wanted to parent their children. In fact, they were so committed to keeping their children with them, that they had taken extreme steps, literally packing up and moving overnight to avoid the chance of the children being taken from them.

Secondly, both Lisa and Jason were experiencing a significant degree of anxiety and discomfort, making it more likely that they would be motivated to change. Thirdly, Jason had a job. Fourthly, Lisa had sought help on at least one occasion. Lastly, both Lisa and Jason had not had good models of parenting themselves, and were estranged from each of their extended family. This family was doing the best they could under the circumstances.

When Lisa became composed, the worker asked if it would be all right to ask them both a question, and that this question would sound a little strange. Lisa and Jason looked a bit confused by this but were curious enough to say a hesitant "yes". Jason then piped up and said "you're not going to ask us about our sex life, are you?" To which the worker replied, "No! It's not that sort of question!" This really broke the tension and everyone laughed.

The worker then resumed and posed the miracle question to Lisa and Jason. “Suppose when you go to sleep tonight a miracle happens and all your problems are solved. When you wake up in the morning, how will you know that the miracle has happened? What will be different?”

Lisa replied, “I would live in a fancy mansion, with red curtains and carpet on the floor. I would be a Princess and Jason would be my Prince. Our boys would each have their own room. They would have lots of toys. Trudy would live with us. Sometimes I would go out to work at Coles and be the lady at the cash register. I would always be nice and smile at everyone and say ‘have a lovely day’. We would eat meat, like steak, and have ice-cream for dessert.”

Jason looked at Lisa and was astonished (as was the worker!). He said, “I’ve never heard you talk like that ever. I never realised how much I mattered to you.”

After some silence, the worker asked Jason what his miracle would look like. He replied, “I would have a job that was full time- not casual. I would own a house and provide for my family. We would always have food. The ‘welfare’ would not know our name. We would have friends and at least one of them would have a pool. We would go on car trips as a family and have fun. We would be happy.”

Again, the worker allowed for silence as both Lisa and Jason reflected on what had just been said.

From this conversation, several things stood out to the worker. Firstly, there was a lot of agreement between Jason and Lisa in their idea of a miracle – secure accommodation, living together as a family, and meeting the children’s needs. This family knew what they needed to do differently, and, this would address all of the Department of Families concerns. Secondly, there were many practical steps within each miracle that the worker felt confident to assist Lisa and Jason to achieve. Thirdly, this family had some hope that things could be different, because they could imagine living differently.

The worker then asked Lisa and Jason if it was O.K. to write down their miracles because the worker thought they contained some really important things. The worker pointed out the similarities and differences in their miracles. The worker asked how Lisa and Jason would feel about the three of them working together to start to make some of the miracle come true. Both agreed that they would love for it to be true.

Jason asked, “Do you have a million dollars? Are you really from Gold Lotto?!” The worker responded that unfortunately no, she didn’t have that kind of money, but that she did have some ideas about how to help them get closer to the miracle anyway. The worker then asked Lisa and Jason if they felt that they had done enough for our first meeting, and whether we could meet again tomorrow. Both agreed. The worker then asked them to think about if they could also find some ideas about how to get closer to their miracle.

The next two sessions were used to clarify and specify the points in the miracles that both Lisa and Jason felt were important and ‘do-able’. They both know they had to look after their children better and were determined to get ‘the welfare’ out of their lives.

### **Ultimately, their goals were:**

- Get out of this caravan park and into a house. It will have 3 bedrooms and a fence. We will take a six-month lease.
- To learn to budget so that we always have food and nappies.
- To be the best family we can be.
- Jason – To get a full-time job at the factory.
- Lisa – To get a job at Coles on Thursday nights (Jason could look after the children)
- Overarching all of these goals was the goal “For our kids to live with us and grow up in this family.”

A meeting was then convened with the family, worker, and Department representatives to outline the goals that Lisa and Jason would be working towards. The Department confirmed that if Lisa and Jason could achieve these goals all the concerns would be addressed. This helped to give Lisa and Jason extra motivation to work hard on their goals.

In the next two sessions, Lisa and Jason were able to identify many things that they could do to bring them closer to the miracle coming true and reaching their goals. In the following weeks, they began to act on their ideas.

Jason decided to approach his boss and ask for a full-time job at the factory. After two weeks, Jason was offered a permanent part time position on Mondays and Fridays. Jason indicated that he was willing to continue to work additional casual shifts on the other weekdays until further permanent days arose. This change in the predictability of Jason’s employment meant that for the first time in a long time the family could start to use a budget, and had some faith in being able to succeed.

After a further six weeks, the family had saved R 3750 towards a bond on a rental property. They had to use the private rental market as housing commission waiting lists were very long and supported accommodation was not available in their area. The agency was able to loan the family a further R4000 to secure a 3-bedroom property, with a fence, renting for R 1950 a week. Moving into a rental property was an extremely significant event for the family and was a catalyst for a great deal of change.

Lisa and Jason decided to go to financial counselling and the worker referred them to a specialist agency for this. This work was seen as long term, as both Jason and Lisa had subsequently revealed they had high levels of past debts still outstanding.

Lisa told the worker that she wished she had some friends who also had children. Lisa said that their neighbours had children who were teenagers and they were too old for her children to play with. The worker suggested Lisa might like to take Matthew and Dylan to the local playgroup. Lisa was keen to go but felt very nervous and wondered if anyone would talk to her or play with her children. The worker offered to accompany Lisa for the first few times she went, and Lisa accepted this offer.

The worker also went grocery shopping with Lisa on several occasions and helped prepare the evening meal, as Lisa had confided that she ‘didn’t really know how to cook and shop’, and often the family got takeaway or pre-prepared meals like frozen pizza. Lisa discovered that she enjoyed cooking, once she had had some practice, and

the worker helped her find simple and nutritious recipes to cook. Lisa was surprised (and very happy!) to find that she had had enough money to buy a tub of ice-cream on two occasions.

Lisa took both children to the scheduled assessment at the Paediatrician. She was very worried about what he might say and if he had the power to say they were 'bad parents' and everything they had done 'would count for nothing.' Lisa and Jason seriously thought about 'taking off' however they decided not to because "we need to leave that bad life behind us." The children were found to be in the lowest normal percentile group for their weight and age.

Matthew's fine motor skills were below average. In all other areas the children were seen to be within a normal developmental range. The paediatrician commented on the positive responsiveness of both children to their mother. This assessment confirmed that a lot was going right in the way that Lisa and Jason were parenting their children. They needed to continue to do more of what was working well and maintain the changes made in the areas of concern.

Lisa decided that she would put her goal of working on Thursday nights on hold until Dylan was at least 12 months old. She also said she wanted to "enjoy their new life."

Towards the end of the intervention, some 12 weeks later, Lisa and Jason asked the worker to refer them to "someone else who can help if we need it". The worker referred them to their local community centre, which Lisa felt particularly comfortable about, as this was where she attended playgroup.

#### Postscript

18 months later, the Smith-Curtis family have had no further involvement with the Department of Families in regard to Matthew and Dylan. They have moved once, and are currently on a twelve-month lease. Jason has three and a half days a week of full-time work with a different factory. Lisa is four months pregnant with the couples' second child. Lisa has a half-day contact visit with Trudy once a month, which she negotiated with the Department of Families.

This intervention demonstrates how the Solution Focussed approach can be applied in very difficult situations such as when there are child protection concerns in a family. The miracle question allowed Lisa and Jason to think outside of a problem saturated framework and formulate their own goals for the future.

The worker at all times listened to the family, and had faith in their ability to solve their own problems with their own solutions. The worker recognised that the family was the expert in their own situation. The worker helped to bring hope.

### **33 Case Study: Abuse and trust issues**

Mary is a 39-year-old woman who has been divorced twice and now living with a partner that travels two to three times per month, staying out 3 to 6 days at a time. She feels insecure, lonely and very depressed most of the time.

#### **Presenting problem**

Maria's view of the world is incongruent with her true feelings, abilities, and potential, as expected with the counselee entering counselling. She has incorporated difficult conditions of worth from a mixture of culture, religion, family, and personal relationships. In her currently perceived world, she will never be able to be a good enough daughter, mother, member of her church, teacher, or partner to satisfy those whose approval she desires. The harder she tries to please, the further she gets away from personal feelings of self-worth. She has lost trust in her ability to feel, think, decide, and act in productive ways and is trying to act in a world as others see it, which will not bring her feelings of success. Maria's phenomenological world is frequently out of line with the world, which affects her great anxiety. She looks outside for ways to act, only to find that what others point to as the "right" way does not satisfy anyone, particularly herself. She knows who she is and what she does are not working, but she cannot identify other ways to view the situation.

#### **Childhood background**

She had a happy childhood and adored her parents. Her parents were always proud of her and her accomplishments because she was a well-behaved child. She had several boyfriends and enjoyed attending parties.

#### **Family history**

She had struggled to have children before having a son, now 16 years old, in her second marriage. Her first pregnancy ended in a miscarriage at 26 weeks, and her second pregnancy resulted in a stillborn girl. After the divorce, her son prefers to live with his father and only sees her once a month. He dislikes sleeping over and would rather spend half a day with her. He is a strong-willed child who has a strained relationship with Mary.

#### **Relationship problems**

Mary's first husband, Mike, abused her, which caused the first miscarriage. She was terrified of her husband and had no friends or close relatives in her family. She was embarrassed by the bruises she received after each abusive fight with her alcoholic husband. She finally left him after being hospitalized for a broken jaw, three broken ribs, and various bruises all over her body. She kept saying she had fallen down the stairs. Her husband was there by her side the entire time she was in the hospital. He was very loving and protective of her, and he brought her flowers and showered her with gifts. Everyone at the hospital thought she was a very lucky woman to have such a loving husband who clearly adored her.

## **Social background**

She was a bubbly and friendly girl with many girl and boy friends. She was an excellent athlete and student. She was always well-liked and invited to everyone's birthday parties. Her teachers liked her and she got along with everyone. Prior to meeting her first husband, Mike, she completed her education and worked as a preschool teacher. Due to his jealousy as her spouse, he made her resign and stay at home because he wanted her to himself alone. She began to neglect her friends because her husband was always following her and knew where she was at all times. He called her several times while she was out with her friends, making her feel guilty for leaving him at home.

He always assumed that her friends set her up against him because none of her friends seemed to trust him despite the fact that he seemed very concerned and protective of her.



## **34 Case Study: Abuse**

Jenny is 48 years old, unemployed and does not hold much hope of employment in the future. She has worked in the past at restaurants, in pubs and as a cleaner at a Motel. She studied to become a teacher after school, but after a year of studies her father refused to pay for her studies anymore.

### **Presenting Problem**

When Jenny came to the counsellor, she said that she could not see any positive changes in her future and was concerned that she would live out her days caring for her son, having little income and no sense of direction. She felt that she lacked any control over her life and was just “marking time”. Jenny came to counselling because she wanted to find out about herself and to find her direction.

The last few months she has been struggling with headaches, sleepless ness and lost 10 kg. She has feelings of anger towards her son that she cannot explain. She blames her father and now also her son for felling helpless and misunderstood. She feels exhausted and cannot get rid of the feeling that something terrible is about to happen. She gets nightmares every night and wakes up feeling lonely and crying.

### **Childhood background**

Jenny revealed that she had grown up as the oldest child in a family of eight children. For most of her younger life she helped to bring up the other children.

Her mother was constantly ill or pregnant and was unable to do the regular chores such as cooking, cleaning, washing and so on. Jenny was expected to do all this as well as go to school and succeed.

She said that her father was a harsh man, who drank heavily, and had very high expectations of her, the other children and his wife. He punished the children severely for small misdemeanours and they grew up in fear of him.

Jenny said that he often drank all the housekeeping money and it was part of her responsibility to go to the neighbours to beg for food for the family. She felt very uncomfortable doing this and was embarrassed for herself and for her family. She said that she persevered though, because if she didn't, everyone in the family would go hungry.

### **Family history**

Jenny had been divorced from her alcoholic husband for close to 15 years. She had a few relationships during this time; however, these did not develop into any long-term commitments. Jenny is not involved with anyone currently.

Jenny's son Brian is 26 years old and has been living with her for the past 5 years in a small flat out of town. Initially he had tried living with friends for a few years, before returning home. Brian is unable to drive and relies

on Jenny to drive him to places he needs to go. Brian is also illiterate and his mother assists him by reading his mail, books and newspaper highlights. She also helps him to complete the paperwork to access unemployment benefits.

### **Social Background**

Jenny has a few close friends and reported that she used to enjoy going out with some of her single girlfriends on the weekends. At times her plans were hampered, as Brian would often wish to be taken somewhere. Jenny would usually drive Brian to his destinations, rather than see her “girlfriends” as she believed “that it was important that he go out with his friends”. Jenny experienced some frustration when missing her own opportunities for socialising. She said that she expected the driving to have stopped by the time Brian had grown up.

She was part of a woman’s community group but feels that everyone sees her as being unintelligent, a push over and she did not feel that she belonged in the group. She had one good friend, Emma, who died 3 months ago of cancer and since then she is always feeling sad, lonely and anxious. She lost contacts with most of her friends because of her helpless situation and her moodiness and judgemental attitude towards others. She misses Emma for she feels she was the only one who really cared for and loved her, and that she accepted her the way she was into the family and noted what they were doing well and the exceptions to the problems they were already living.

Karen Booth

### **35 Case Study: Focus on pain caused by a spinal injury**

Jane is a 53-year-old homemaker who was in a car accident several years ago. She is married to a husband that is 13 years older than her and they could never have children.

#### **Presenting problem**

She suffered a spinal injury and now has chronic nerve pain that originates in her neck but causes pain, weakness, and numbness in her arms and hands. Jane was prescribed an antidepressant last year and is taking it, but it doesn't seem to help much. She is a professing Christian but does not understand how God could have allowed this to happen. Even if she has not realized or admitted it, she is angry and doesn't attend church much anymore. Jane is angry at God for allowing this to happen to her. She has begun to believe He doesn't care about her or is out to get her somehow, which is why she is suffering. She does not sense His presence anymore and believes He has abandoned her in her pain.

#### **Childhood background**

When Jane was younger, she had three brothers and two sisters. Being the second of two children, she longed for her own family and loved being a part of a big, close-knit family. Her father was many years her mother's senior, but they were a happy married couple.

#### **Family history**

Her father passed away from Parkinson's and Alzheimer's disease in the year she completed high school. Even though she was in pain, she knew that she had to be strong for her mother and the rest of the family. Her mother experienced severe grief over losing her husband and started to isolate herself. Jane buried her father's passing because she never had enough time to properly mourn him, vowing to deal with it in the future.

#### **Social background**

Her love for needlepoint and other crafts has since faded, and she is no longer able to do them. She misses her hobbies and the common interests she shared with her friends. She no longer attends her knitting and crafting groups, and she frequently feels lonely and isolated. She feels sad and excluded when she recalls her Tuesday morning group.

### **36 Case Study: Family Trauma experience with a robbery**

Ann is a married 36-year-old mother of four children. One evening, she and her family were at home when they were suddenly robbed at gunpoint by two masked men. The robbery lasted only a few minutes, but it was a traumatic experience that left Ann feeling scared, helpless, and anxious.

Since the robbery, Ann has been struggling to cope with her feelings. She has been having flashbacks and nightmares of the robbery and has been feeling very anxious and on edge. Ann has been trying to put on a brave face for her family, but she feels like she can't escape the trauma.

Ann's husband has encouraged her to seek counselling, and after some hesitation, Ann agrees to go. When she meets with her counsellor, she is still feeling very anxious and scared. The counsellor provides a safe and non-judgmental space for Ann to talk about her feelings. The counsellor listens patiently as Ann talks about her struggles with trauma and anxiety.

The counsellor acknowledges Ann's feelings and reassures her that what she is experiencing is normal. The counsellor works with Ann to identify her core values and strengths. Ann realizes that she is a loving mother and wife, and that she has a strong support system in her family and friends.

The counsellor helps Ann develop coping skills to manage her trauma and anxiety. They work on developing a self-care plan that includes exercise, healthy eating, and getting enough sleep. The counsellor also recommends relaxation techniques to help Ann manage her anxiety.

Through counselling, Ann begins to feel a sense of hope and empowerment. She realizes that she has control over her thoughts and feelings and that she can make positive changes in her life. Ann starts to take small steps towards self-improvement, such as seeking support from her family and friends and attending a support group for trauma survivors.

With continued counselling and support, Ann learns to manage her trauma and anxiety and develops a more positive outlook on life. She realizes that the trauma she experienced was not her fault, and that she has the strength and resilience to overcome any obstacle. Ann also learns to communicate more openly with her husband and children about her struggles, and they become a source of support for her during this difficult time.

### **37 Case Study: Trauma involving children**

Ten children, aged 14 to 16, attend a group counselling session after experiencing a traumatic school shooting where 20 of their classmates died. They are feeling overwhelmed, anxious, and traumatized by the events of that day and the aftermath that followed. They are struggling to process their emotions and find a way to move forward.

The group counsellor provides a safe and supportive space for the children to share their experiences and emotions. The counsellor explains that they are not alone and that others are going through similar experiences. They are encouraged to listen actively to each other and offer support and empathy.

As the children share their experiences, they begin to realize that they are not alone in their pain and suffering. They express their fears, anger, guilt, and sadness. They learn to validate and support each other's feelings, and they gain a deeper understanding of the impact of trauma on their lives.

The group counsellor helps the children identify common themes and patterns in their experiences of trauma. They explore healthy coping strategies for dealing with stress, anxiety, and emotional turmoil. The group counsellor also helps them understand the importance of self-care and self-compassion.

Through group counselling, the children learn to develop a deeper sense of resilience, self-awareness, and self-compassion. They learn to recognize and address their own needs and feelings, as well as the needs and feelings of their families and communities.

With continued group counselling and support, the children are able to navigate the challenges of trauma and find a way to heal and move forward. They develop new skills and habits that enable them to manage their stress and anxiety, communicate more effectively, and build healthy relationships with others.

The group counselling experience helps them to develop a sense of hope, resilience, and connection with each other. They become a source of support and encouragement as they move forward on their journey of healing and growth. They also develop a sense of community and connection with others who have experienced similar trauma, which provides a sense of belonging and a way to give back to others.