

# Role-play case studies

## Social Counselling Worker

**NQF 5 level**

**Social Counselling Worker**



**Excel**  
Christian Counselling

## Table of Contents

Social Counselling Worker .....	1
1 Case study on Constructing Goals.....	4
1.1 Case Study: Continuous on previous study-Relationship problems .....	7
2 Case study: Hopelessness .....	12
3 Case Study – Stress and Anxiety .....	15
4 Case Study: Working with Grief.....	19
5 Case study: Learning to let go.....	26
6 Case Study: Overwhelmed, single mother with twins and unemployed .....	31
7 Case Study: An Overwhelmed Counselee .....	33
8 Case Study: Unresolved grief and identity confusion. ....	40
9 Case Study: Problem solving, relationship problems and eating disorders.....	44
10 Case study on an adolescent .....	46
11 Case Study: A Case of childhood sexual abuse .....	49
12 Case Study: Mid-Life difficulties .....	53
13 Case Study: Counselling Grief with a Person-Centred Therapy .....	57
intervention .....	57
14 Case Study: Focus on solutions.....	61
15 Case study: Solutions when working with the Elderly.....	66
16 Case Study: A Cycle of dysfunctional parenting and unsatisfactory child development .....	71
17 Case Study: Domestic Violence.....	79
18 Case Study: Stressful life change. ....	85
19 Case Study: Family Trauma experience with a robbery.....	90
20 Case study: Peter a man suffering with anxiety.....	91
20.1 How to assess Peter's current profile.....	92

20.1.1 Gather Biographical Information:..... 92

20.1.2 Conduct a Comprehensive Interview:..... 92

20.2 Identify the Results of the Problem:..... 92

20.3 Identify Reporting Responsibility:..... 93

20.4 Peter Goals are identified and prioritised..... 93

20.5 Determining Peter's developmental potential and readiness for change in counselling..... 94

20.6 To identify the contextual factors of Peter's life for change in counselling..... 95

20.7 An intervention plan for Peter is developed and implemented:..... 97

20.8 Evaluation for Referral to Multidisciplinary Practitioners:..... 99

## 1 Case study on Constructing Goals

Counsellor: In what ways would things begin to change in your life so that you would know that coming here every week to talk to me has been helpful?

Tom: For me, I think it would be when I notice my wife has stopped nagging me.

Sarah: I think for me it would be when Tom starts talking to me more and includes me in his life more. Because right now I feel like a total stranger.

Counsellor: If you were to set more specific goals about your marriage and what you want to achieve, what would it be?

Sarah: For me it's about being able to communicate?

Counsellor: Being able to communicate?

Sarah: Yeah. I want to be able to talk to Tom about everything. I want to be able to express my fears and concerns more freely and for him to do the same. I want him to be able to involve me more in his life. You know, talk to me more. Even small talk about how he spent his day at work... it's better than nothing, I guess. Right now, our communication is more like an interrogation. I ask questions, he answers. If I don't initiate conversation then we can sit at the dinner table with dead silence. It's awful.

Counsellor: What about you Tom? What would you want to see different about your relationship with Sarah?

Tom: I just want the screaming and the yelling to stop. I feel like she's always waiting for me to come home so she can start abusing me and calling me names. If she can cool down a little bit more, maybe I can open up a little to her.

Counsellor: So, are you saying that you want the conflict in your relationship to stop?

Tom: Yes.

Counsellor: Sarah would you agree? Is that something that you would like to achieve too?

Sarah: Yes, very much.

Counsellor: Just to make sure that I understood both of you correctly, what you want to achieve from this experience is to have better communication, fight less, open up more to each other and show respect for one another? Is that correct?

Sarah: Spot on

Tom: Yeah... that sounds about right.

Counsellor: Anything else to add?

Sarah: No, that's great... hits the nail on the head.

Tom: No, I'm happy with that. If we can see those things happening, that'd be a big step forward. I'd be chuffed.

## 2. Scaling Questions

Scaling questions invite counselees to perceive their problem on a continuum. Scaling questions ask counselees to consider their position on a scale (usually from 1 to 10, with 1 being the least desirable and 10 being the most desirable). Scaling questions can be a helpful way to track progress toward goals and monitor incremental change.

Counsellor: So... on a scale of 1 to 10; where 10 indicates that you have the relationship you want and 1 indicates that your relationship is the worst that you have ever seen or experienced... where would you put it?

Tom: 4.

Sarah: Probably a 5. I will say 5.

Counsellor: Tom you said that you are a 4... right? What things do you see needing to happen to get your relationship to a 5 or even a 6?

Tom: If I could come home after work and Sarah didn't nag and scream at me. I guess I would also like to be able to talk to her and tell her about my day and stuff without feeling like I would get slammed for saying the wrong thing.

Counsellor: Right. And you Sarah, you said that your marriage currently stands at a 5, right?

Sarah: Yes (nodding).

Counsellor: So, what things would need to occur to bring your relationship with Tom up to a 6 or a 7?

Sarah: If I didn't have to fight Tom to get him to talk to me. If we could engage in normal conversations like everybody else does. That'd be good.

Counsellor: How will you do that?

Sarah: Well, I guess he would need to start including me in his world.

Counsellor: How will he do that?

Sarah: He would need to initiate a conversation. He would need to open up to me more and confide in me. He would need to come home and say things like, "honey I had an awful day... or I had a good day" ... or whatever day it was... and how he was feeling about it...

## 3. Miracle Question

The miracle question is a technique that counsellors can use in assisting counselees to think 'outside the square' in regard to new possibilities and outcomes for their future. The miracle question is a question that is asked frequently by therapists who adopt a solution focused approach.

The question has been refined as practitioner's experiment with different ways of asking it. The question is best asked deliberately and dramatically. The miracle question requests counselees to make a leap of faith and imagine how their life would be changed when the problem is solved (De Jong & Kim Berg, 2002).

Counsellor: Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house was quiet, a miracle happens. The miracle is that the problem which brought you here is solved.

However, because you're sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved.

Tom: Wow that is a strange question. Sarah: Laughs.

Counsellor: I know. A lot of people find it unusual. It's not something we think about regularly.

Sarah: Our communication would have improved.

Counsellor: How would you communicate differently?

Sarah: I would sit down and talk to him. Now... if something goes wrong... I vent at him. I can't talk to him when I'm mad. I either don't talk to him or I'm venting... That would be different.

Counsellor: Are there any times when you can talk to Tom without venting?

Sarah: Yes, when we do financial planning.

Counsellor: How do you do that without getting upset?

Tom: I guess she trusts me more with the finances because I am an accountant.

Counsellor to Sarah: Is that true? Do you trust his ability to deal with finances?

Sarah: Yes. He has always managed our finances and we are now more financially secure because of his planning. So, I tend to agree with his decisions.

Counsellor: How can we get more of this to happen?

Sarah: Tom is more forthcoming with matters relating to finances and keeps me updated. It's one of the few times that my husband seems like he is actually enjoying talking to me. So maybe if he can extend that to other issues... I just want him to come home and tell me what his day was like for instance.

Tom: What I would see different is being able to come home and have a few minutes to myself. I guess I would also be able to talk to Sarah about things that relate to everyday life. If I have problems, I would be able to talk to her more freely...

Counsellor: What stops you from doing that?

Tom: I'm scared to, because I don't know if I will say the wrong thing and make her angry.

### **End of session feedback**

At the end of each solution-building conversation messages are constructed by the therapist toward each partner that includes compliments and usually some suggestions. The compliments emphasise what counsees are already doing that is useful in solving their problems.

The feedback is based on the information that counsees have revealed in the conversation about well-formed goals and exceptions. It always focuses on what the counsees, given their frame of reference, need to do more of and do differently in order to enhance their chances of success in meeting their goals (De Jong & Kim-Berg, 2002).

Counsellor: We have come to the end of the session. I must compliment you both on your willingness to talk about key issues. You have both demonstrated that you recognize what needs to be changed about your relationship and you are also both aware of what you want to achieve.

You also both seem quite motivated to achieve those goals too. Some suggestions that I can make is that there may be need for individual changes that we might need to work on more, that can contribute to achieving the desired outcomes.

Sarah: Thank you. You're right; there is a lot of work that needs to be done.

Tom: My wife means a lot to me and I want to make her happy so I'm willing to put in the work to make my marriage work.

## **1.1 Case Study: Continuous on previous study-Relationship problems**

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.

### **Session One**

When Mark arrived for the first session, he seemed agitated. C spent some time developing rapport, and eventually Mark seemed to relax a bit. C described the structure of the counselling session, checked if that was ok with Mark, then asked how C could help him.

Mark: "I really wanted Sarah to come; my wife, but she said that I need to sort myself out. I have to tell you; I don't think counselling is really for men. Women are the ones that like to talk for hours about their problems. I only came here because she insisted and I don't want her to walk out on me."

C: "Your marriage is important to you."

Mark: "Yeah, sure. We've had fights before, but they weren't anything major. And we always made up pretty quickly. But this is different. It seems like whatever I say is wrong, you know? Lately, I haven't been able to concentrate properly at work and I wake up a lot through the night. I'm feeling really tired and I wish Sarah would get off my case."

C used encouragers while Mark described what had been happening over the past few months. When he had finished ventilating his immediate concerns, C, moving into Behavioural techniques, summarized and asked Mark to decide what issue he wanted to deal with first. "Mark, you have discussed a number of issues: you are concerned that communication between you and Sarah has been reduced to mostly arguments; you're unsure how to deal with the fact that Sarah cannot have children; you want to improve your relationship with Sarah; you are worried that Sarah might leave you, and you are feeling very stressed out. What area would you like to work on first?"

Mark: "I just want her to talk to me without arguing. All this is making it really hard for me to concentrate at work, you know."

C: "Sounds like two goals there, to reduce your stress and to improve communication between Sarah and yourself."

M: "Yeah, I guess so. If she would just talk to me instead of crying."

C used open questions and reflections to encourage Mark to look at his feelings. “How do you feel when she goes into the bedroom and starts crying?” Mark: “Well, she’s never been a crier, and I don’t know what to say to her. If I mention not having children, she will probably cry even more.”

C: “So you feel confused about what to do, and anxious that you may upset her even more.”

Mark: “Yes, I just can’t seem to think straight sometimes. Like, I want things to be the way they were, but it’s just getting worse.”

C informed Mark about the use of relaxation techniques to reduce his stress and checked out if he would like to give it a try. “Mark, you appear to be having difficulty coping because you are feeling very stressed. I believe that learning relaxation techniques would decrease the level of stress and help you think more clearly. How does this sound to you?”

Mark: “I’m not into that chanting stuff if that’s what you mean.”

C explained that there are many forms of relaxation and described the deep breathing and muscle tensing method; Mark agreed to do this for 10 minutes twice a day.

As the first session drew to a close, C reviewed the relaxation technique and asked Mark to practise it as often as possible. A second appointment was arranged for the following week.

At the next session, C asked Mark how the relaxation exercise had helped. “I forget to do it some mornings, so I did it for twenty minutes at night instead. I told Sarah what I’m doing and she just leaves me to it. Not sure if it’s making any difference but I’ll keep doing it. It’s nice to have twenty minutes of peace and quiet.” At this point, C moved into a Solution Focused approach.

C congratulated Mark on commencing the relaxation practice, then checked out if it was okay to ask him some different types of questions. Mark agreed and C asked a miracle question. “Imagine that you wake up tomorrow and a miracle has happened. Your problem has been solved. What would other people notice about you that would indicate things are different?”

Mark looked at C, who waited in silence. Eventually Mark responded. “Ok, they would see me and Sarah talking a lot more, without arguing.”

C: “What else would they notice about you?”

Mark: “I would probably be spending more time at home. You know, not staying back so late at work.”

C: “What would they notice that was different about Sarah?”

Mark: “That’s easy. She wouldn’t be crying and yelling all the time.”

C: “So what would she be doing instead?”

Mark: “I guess she would be talking to me, and smiling.”

After spending some time exploring what would be different if the miracle happened, C asked Mark what he had tried in the past to improve communication. Mark revealed that he bought Sarah some flowers and a box of chocolates (his uncle’s suggestion) but it hadn’t really made any difference. C complimented Mark on his efforts and continued with an exception question.

“Can you think of a recent occasion, when you would have expected a quarrel to start and it didn’t?”

Mark furrowed his brow and appeared to be thinking deeply for some time. C waited in silence. Finally, Mark answered. “Actually, about a week ago, I was a bit late home from work and I was expecting another tongue-lashing, but it never came.”

C asked Mark what was different about that night.

Mark: “Well, Sarah was happier.”

C: “How did you know she was happier?”

Mark: “She talked to me, you know, just talked about something she had seen on the telly or something like that.”

C: “And how was that for you, Mark?”

Mark: “Not bad. Actually, it wasn’t too shabby. We did get to chat, and we haven’t done that for ages.”

C: “Can you explain, “Wasn’t too shabby”; I haven’t heard that term before?”

Mark: “Oh, it means it was all good, you know, it was okay.”

C: “So you came home and chatted with Sarah over a cuppa and you found that wasn’t too shabby?” Both smiled

Mark: “I really liked it. I remember thinking I would have come home earlier if I had known it was going to be like that.”

C: “If I was to ask Sarah what was different about that night, what do you think she would say?”

Mark: “Boy, this is getting weird.” C waited.

Mark: “Let’s see. She would probably say, “He actually sat and had a cup of coffee with me, instead of just flopping in front of the telly. She’s always griping about that.”

At the appropriate time, C called for a break. “I’d like to take a break and give us both time to consider all the things we’ve talked about. After that, I will give you some feedback.” After the break C summarized what had been discussed and complimented Mark on the work, he had put into exploring his problems. He seemed less stressed and had shown that he was committed to improving his relationship with Sarah.

Counselling continued for another three sessions, by which time Mark’s stress had reduced considerably, he was coming home from work earlier and making an effort to talk more to Sarah. The arguments were less frequent and not so heated.

### Session Summary

1. The **Person-Centred approach** allows the counsellee to take the lead and discuss issues as they see them. This encourages the counsellee to talk openly, which was especially useful in this instance since the counsellee showed a reluctance to do so at first.
2. The **Behavioural technique** of goal setting is used to clarify what the counsellee wants to achieve out of the sessions.

3. **Solution Focused Therapy**, this approach acknowledges that the counselee has the ability to solve his own problem.

Miracle questions assist the counselee to examine how they and others would be behaving if the problem were already dealt with. This helps the counselee to look at their current behaviour and see what they can do to bring about the required change. Exploring what the counselee has tried in the past highlights that the counselee is committed to solving the problem. Exception questions help the counselee to see that there are times when the problem does not occur, and that they have contributed to that situation. This shows the counselee that they have control over the problem. Clarifying counselee's words, e.g. "Not too shabby" shows respect for the counselee's language and emphasises that the counselee is the expert.

**Author:** *Jan McIntyre*

## 2 Case study: Hopelessness

Ida has come to counselling due to increasing feelings of hopelessness about the direction of her life. She is complaining that she is too “bogged down” in her problems to see where she should be going. This is Ida's second session with the Counsellor. She has spent her previous session discussing the areas of her life that she is unhappy with. Within this session, the Counsellor decides to trial a solution-focussed approach with Mica. The Counsellor hopes to move Ida onto discussing ways she can overcome the problems that she has described by focusing more on solutions rather than problem descriptions. She has problems sleeping and struggles to concentrate. She has been losing weight the past few months, and seems to have lost her appetite.

### Essential Case Information

Ida is twenty-three and has been studying Psychology for the last 3 years. She would like to finish her degree in the next few years, but doesn't think that this will ever happen. Currently, Ida is deferred from her studies and is working two part-time jobs. She works at the local shopping centre on weekdays and waitresses in the evenings and on most weekends. She dislikes both of her jobs, mostly because they involve dealing with the public. Ida has strong desires to move on with her career and is frustrated by spending all her time working at tedious jobs. Ida lives with her partner Johnathan, who is also a student. When they were both studying full-time, they were having difficulties supporting themselves financially. They made an arrangement where one of them would work to support the other, until their studies were completed.

As Johnathan is further along in his studies, Ida has opted to work, and allow him to complete his studies. Johnathan will then work to support Ida in her own studies. Ida had planned to work for about one year, however, Johnathan has discovered that he will be required to do an extra year of study to qualify for the position he wants.

This means that Ida will have to wait at least two years before she can continue her studies. She is currently feeling very trapped by the arrangement and she does not feel positive about her situation over the coming years. She has been reluctant to approach her partner about these feelings, and she can't see any way around her predicament.

Ida studies and career goals are an important means for her to meet her achievement needs. She is not particularly social, preferring to interact with those who have similar interests to her. This explains why she does not enjoy the public contact involved in her part-time jobs.

Ida was pleased to find that there were some valid reasons for her desires to continue study and for her discontentment with serving the public. However, she was still experiencing difficulty in understanding how this would help her to change her circumstances. She said that she could not see any positive changes in her future and was concerned that she would live out her days, having little income and no sense of direction. She felt that she lacked any control over her life and was just “marking time”.

Ida reported the following symptoms to her counsellor several times: decreased motivation particularly in relation to her work, unusual outbursts of anger, anxiety whenever she thinks about her work or attends her workplace, and difficulty sleeping. She stated that is finding it difficult to complete usual tasks and “doesn’t want to do anything”. She has started getting nightmares the last few weeks about her abortion and fear of somebody taking Johnathan away from her.

Some of Johnathan’s friends are not married or in a serious relationship and say he was a fool for ‘getting tied down’ so young. Johnathan used to think that they were just jealous because Ida is such a ‘knockout’, but lately he has started to wonder if they were right. In the last couple of months, Ida has been less concerned about her appearance and Johnathan has commented on this to her. She is constantly tired, moody, and unwilling to go out or do anything exciting. She works so that he can study, so he feels like a chain around her ankle. They struggle to make ends meet every month.

They had a big fight two weeks ago, during which she yelled that she wished she was dead. Johnathan became terrified and has been smothering her with attention and not allowing her any alone time when she returns from a full day's work. He checks in on her up to 20 times per day. Ida appears to be working later and longer hours, which worries Johnathan. He doesn't understand why she seems to avoid him as much as possible.

### **The Broad Principles**

Ida’s situation needs to be considered in the context of three broad areas of her life: her family, home environment, her work situation. As a counsellor a number of questions would need to be asked when considering how to help Ida. These could include questions about her family history, what her home environment is like currently, what is happening at work and how she is getting on with her friends and family; problems in any of these areas could be affecting her behaviour, causing the recent aggression and rebellion.

### **The Family Situation and Environment**

Firstly, we might consider the difficult subject of the possibility of emotional abuse occurring in the home environment. In this case the counsellor would need to first consider the two primary determinants of behaviour: inherited traits (personality needs) and social learning (learned attitudes).

Ida may have inherited aggressive tendencies from her parents which when coupled with the parental modelling have made her vulnerable to feelings of anxiety and aggression; however, it is important to remember that having aggressive parents (in this case her father) does not automatically mean that a child will inherit the aggressive trait.

Thus, the interaction between the influences of Ida genetic inheritance (i.e., her personality, represented by traits, needs and genetic predispositions) known as ‘personality needs’ or ‘behavioural tendencies’ and those of her learned attitudes, shaped by socialisation and modelling influences, will be the major determinant of her behaviour.

In the case of Ida's parents, their behaviour could also be the result of genetic loadings pre-disposing them to aggressive tendencies, coupled with what they may have learned as children.

#### Family history

Ida was born as an identical twin, and she and Rachel have been inseparable since birth and even live in the same building; they have mostly the same friends and talk to each other on a daily basis. Her sister has been married for two years to Trevor, a man 20 years her senior. Although they have been trying to conceive, they recently learned that Trevor has terminal liver cancer. Trevor has accepted his deteriorating health and worked through his fears of death. Trevor's last hope, however, was a transplant. He is now facing the possibility of spending his final days in intensive care and has been considering his options. Rachel is devastated and seems to withdraw from everyone even Ida.

Ida's parents have been divorced for ten years, and it has not been a healthy divorce. She and Rachel were only 13 at the time and struggled with their identities as teenagers. Ida became involved with a boy and became pregnant. She had a back-alley abortion when she was 18 and has been terrified that her parents, sister, or Johnathan will discover her secret. It had been difficult to explain her personality changes, mood swings, anxiety, and eating disorders since then.

Ida has a strained relationship with her father because he was constantly aggressive, moody, and depressed when things did not go his way. He was always dismissive of her mother, despite the fact that she had two degrees in marketing and a high-paying and demanding job as the Managing Director of a Sales company. He was an auto mechanic with no formal education. He liked his job, but he was constantly surrounded by friends who influenced him to drink after work, making him more demanding and aggressive when he returned home. He has always had low self-esteem and is constantly arguing with everyone, attempting to prove his intelligence levels.

Her mother got remarried about three years ago and are blissfully happy. She travels abroad a lot with her new husband and sometimes she does not hear from her mother for weeks at a time. Her father still wants to win her mother back and has fallen into a deep depression where he also started drinking more often trying to forget about what he lost. Her grandmother and grandfather on her mother's side was killed in an accident when Ida and Rachel were still infants. She knows very little about them.

Despite her grandmother's Alzheimer's disease, her grandmother and grandfather on her father's side are still happily married. This disease clearly has an impact on her grandfather, who is clearly struggling to care for her. He insists on caring for her and opposes her placement in a facility.

### **3 Case Study – Stress and 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 levels of stress and anxiety which she coped with by drinking heavily. When she presented for counselling, Leah had been sober for 55 days and was seeking strategies to cope with her anxiety that didn't involve drinking.

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

#### **Background**

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 both at school and at 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 as a means of deadening 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.

#### **Issues identified**

A case manager's initial function is to develop an understanding of the counsellee and help build a resource network that the counsellee can later access on her own. In this role, C performed an examination of Leah's environment, behaviour and immediate needs which identified the following issues:

1. Career indecision – although still wanting to be an ambulance medic, Leah had lost confidence in her ability to achieve this or any other career goal.
2. Unsuitable accommodation – Leah was sharing a flat with a young man who yelled at her if she smoked and often made unwelcome passes at her.
3. High levels of stress and anxiety – Leah continually craved alcohol during her period of sobriety and began using Valium to replace the role alcohol had played in deadening her feelings

4. Large amounts of unstructured time – Leah had no other strategies in place to cope with her negative thoughts and feelings and, now she was no longer working, found herself with large amounts of time during which she had nothing else to do but think.

5. Lack of a personal support network – Leah was estranged from both her parents, had no siblings, and felt unable to contact any of her former Army colleagues because she felt inadequate due to the manner in which she had been discharged.

### **Plan**

Following an identification of issues needing attention, the case manager then coordinates a plan to enable the counselee to access needed assistance within her community. In this role, C worked with Leah to outline a plan which involved the following strategies:

Schedule pleasurable activities

- Obtain suitable accommodation
- Increase support networks
- Contact a supported job training network
- Access Centrelink benefits
- Undertake a drug and alcohol rehabilitation program
- Cognitive restructuring
- Medication monitoring
- Ongoing support

This plan was designed to utilise Leah's strengths and was later outlined in clear measurable terms that allowed for periodic evaluation of her progress. This is particularly important when the counselee is becoming disillusioned as it illustrates to her that while she may not yet have reached her goals, she has made significant progress towards them. Leah's goals were developed with her input to encourage her to feel ownership of them, increasing her motivation.

### **Barriers**

The following barriers to the above plan were identified:

1. Craving for alcohol – Leah had used alcohol as a way of coping with overwhelming feelings, consequently she had strong cravings whenever she was feeling particularly stressed and anxious
2. “Doctor shopping” – Leah had discovered that Valium served a similar purpose to alcohol and when her GP refused to give her any further prescriptions, she simply went to another doctor.
3. Misinterpreting anxiety and stress symptoms – Leah had become hypervigilant towards her physical symptoms of anxiety (breathlessness, increased heart rate, hot flushes, dizziness), interpreting them as medical problems resulting from her drinking, which further increased her stress and anxiety levels

4. Pessimism – Leah exhibited this internal barrier through her belief that she was solely responsible for the things that had gone wrong in her life and that because of this, there was no way for things to change and nobody would be able to help her. This left Leah feeling helpless, overwhelmed and at times suicidal.

## Goals

Leah's goals were written in specific behavioural terms as follows:

- a. Schedule enjoyable activities – C asked Leah to make a list of five activities that had either given her pleasure in the past or were things she would like to try in the future. She listed jogging, calligraphy, painting, reading and walking on the beach. C asked Leah to carry out at least one of these activities every day.
- b. Obtain suitable accommodation – C asked Leah to contact a former Army colleague who had always been very caring towards Leah and who had previously invited her to share her home. Leah did this and, upon moving in, she and her new flatmate bought a new puppy, providing Leah with further enjoyable activity on a daily basis.
- c. Supported employment / job training – C accompanied Leah to an appointment with a supported employment service run by the state government. This service aimed to support Leah in regaining her confidence in returning to the workforce, providing her with vocational counselling to guide her career choices and ongoing support when searching for and commencing employment. They were also able to provide funding for retraining.
- d. Centrelink benefits – C helped Leah obtain and lodge necessary forms to help her transition to Newstart Allowance once her Army benefits had run out.
- e. Rehabilitation – C connected Leah with appropriate contacts to commence drug and alcohol counselling and to undergo residential rehabilitation if needed.
- f. Cognitive restructuring – C provided short-term intervention aimed at identifying Leah's irrational thought processes and replacing these with a more functional belief system. Here C took on the counselling function of the case management role and centred the work around Leah's belief that she was a failure and would never get her life together. This process utilised Rational Emotive techniques such as Examine the Evidence and Thinking in Shades of Grey (Ellis as cited in Dryden & Golden, 1986).

The Gestalt technique 'empty chair' (Perls as cited in Patterson, 1986) and aspects of Dialectical Behaviour Therapy (Linehan, 1993) were also used to address Leah's unresolved feelings towards her parents and to teach her to tolerate distress without having to escape through the use of drugs or alcohol.

Medication monitoring – C arranged for Leah to be seen regularly by a psychiatrist in addition to her local GP to ensure she was receiving the correct medication and to facilitate hospital admission should the need arise. She was also educated about the fight or flight response that was leading to her physical symptoms.

Ongoing support – C provided Leah with contact names and numbers for local chapters of Alcoholics Anonymous and, following successful completion of her immediate goals, C referred Leah to her local community health clinic for ongoing monitoring and medical follow-up.

### **Session Summary**

C has provided a combination of case management and counselling functions while working with Leah. As counsellor, C has used Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Person-Centered techniques to facilitate achievement of the counsellee's goals.

In reducing her high levels of anxiety and stress, Leah was able to address her more practical needs, for example challenging her beliefs about what her former colleagues thought of her enabled her to contact one of them to follow up on the offer of accommodation. While C provided education and support in this regard, Leah carried out most of the practical tasks herself, thereby building on her strengths and further increasing her confidence levels and reducing her pessimism.

This process occurred over a three-month period, during which two progress reviews took place between C, Leah and her psychiatrist. At this time, Leah was able to see the progress she was making and was also able to draw attention to any areas with which she was experiencing difficulty or concern.

Upon completion of the above plan for meeting Leah's immediate needs, C has referred her to services able to provide her with ongoing but less intensive support. With Leah's written permission, C provided the community health centre with a referral form outlining Leah's history, medication regime, and a summary of the work undertaken with C, which C had documented following each session with Leah.

C maintained contact with Leah on a weekly basis during the transition to the new service and while she became comfortable in her local AA support group. In taking this step, C has ensured Leah has acquired the necessary skills for maintaining progress on her own, with assistance available to her as needed.

**Author:** Leanne Chapman

## 4 Case Study: Working with Grief

Grief is a complex and individual process. There are a number of well documented stages to the grief process such as numbness, guilt, despair, panic and acceptance to name a few. The order in which these stages are experienced and the intensity and duration of each stage will be different for each individual.

It is therefore understandable that an eclectic counselling approach to grief can be beneficial in allowing for the flexibility needed to work with individuals through various stages of the grief process. The following case study is a practical application of a variety of counselling approaches to one counsellee and her experience of grief.

The counsellee's name is Joan. Joan sought counselling to deal with the unexpected loss of her daughter in a car accident. She received counselling about 2 weeks after her daughter's death and continued with the counselling process over a period of 8 months.

The key features of Joan's grief were her feelings of guilt and despair. In these areas, the counsellor worked mainly from a Person-Centered approach (PCT). The counsellor also utilised some techniques from Solution-Focused Therapy (SFT) and Cognitive-Behaviour Therapy (CBT). A brief analysis of the case study and application of the various techniques are provided below.

### Case Information

Joan is a semi-retired accountant, maintaining contract work with a few long-term counsellees to support herself in retirement. Joan is a divorcee, who lives on her own, in her family home. She is a mother of 2 children, Kirsten and Mathew, aged in their mid-20s. Joan has a supportive network of family and friends, including her sister, father, children, and friends from her gardening club.

Joan's relatively steady life was overturned with the sudden death of her daughter, Kirsten. Kirsten was 24 when she died from head injuries caused during a car accident. She was admitted to hospital in a coma. Joan spent several anxious days with Kirsten, before she passed away.

In the days that followed, Joan arranged her daughter's funeral and affairs and deferred her work commitments. Joan described this as a whirlwind period, where she operated in a mechanical way. She was completely absorbed in the organisation of Kirsten's funeral and pushed aside her feelings of grief. Joan said that she found some security in the numbness that filled her during that time.

After a couple of weeks, however, Joan became concerned that she was not coping as she couldn't move on from these feelings. People had commented that she should try to carry on as usual, however her numbness persisted and she couldn't motivate herself to "carry on" as if nothing had happened.

Joan thought that there must have been something wrong with her and it was this fear that led her to counselling some weeks after her daughter's funeral.

For ease of writing, the professional counsellor in this case will be referred to as "C".

## The Initial Stages

(Numbness) In the first session, Joan appeared somewhat vague and tired. She seemed focussed on describing the details of the funeral, the family members who attended and her concern about her daughter not having a will. “C” observed that Joan’s behaviour reflected a need to be in control of the situation and was a useful coping strategy for Joan at this time. “C” used PCT to build an empathetic understanding of Joan’s experience. She did not attempt to move Joan towards experiencing her grief, but trusted that Joan would reach this stage in her own time.

Joan began discussing the rapid way in which the whole event had occurred and the numbness that she was feeling. “C” used paraphrases and encouragers to assist Joan to express herself. “Everything has happened so quickly that you haven’t had time to absorb it all, is that right Joan?” “Yes”, Joan replied, “I’ve hardly had time to miss my little girl.” “You miss her,” responded “C”.

With this encourager, Joan began to cry and express her grief. Joan cried for some time whilst “C” sat with her in silence. At one point Joan apologised for her crying. “C” responded “It seems that you have a lot to cry about Joan. It shows me how much you loved your daughter.”

In the first session, Person-Centered therapy and Active Listening techniques enabled “C” to be guided by Joan’s readiness to express her feelings. The encouragers and reflection of feeling used, demonstrated to Joan that “C” understood her and allowed Joan to experience her feelings of grief, rather than to keep them at arm’s length.

Whilst “C” could have indicated to Joan that she was avoiding her grief, “C” instead trusted in Joan’s ability to express her grief in her own time. If Joan had not expressed her grief in this session, “C” would not have pressed the issue, although she may have encouraged Joan to have a further session within a few days.

(Grief and Despair) The following sessions were characterised by further experiences of grief and despair. Joan had found that her grief was no longer avoidable and her days were mostly filled with mourning. Joan abandoned her daily routines such as grooming, making meals and other basic self-care practices.

Joan’s dishevelled appearance at the counselling sessions were concerning. At this point, “C” became more directive and suggested that Joan might have someone live-in with her for a while. Whilst “C” was encouraged by Joan’s regular adherence to the counselling sessions, she felt that Joan may need some extra support at home. Joan contacted her sister Kerrie, who was available to stay with her for a month. Kerrie proved to be good support for Joan and provided her with gentle, yet insistent encouragement to face the everyday challenges.

Over several weeks of counselling, Joan had moved further into stages of despair and guilt. She described her life as being swallowed by a black hole and felt that she would never get over her daughter’s death. She felt that every day dragged by with no release from the pain. She had difficulty getting out of her bed in the morning and was constantly tired from lack of solid sleep.

“C” continued to employ PCT to allow Joan to explore and express her feelings and thoughts about her daughter’s death. Joan focussed heavily on her pain and seemed to stay with these feelings for a long time. “C”

observed that Joan's thoughts did not seem to be focused; she quickly moved from one topic to the next. "C" used summarising skills to help Joan highlight the key recurring issues from her thoughts.

"C" continued to trust that Joan would move through her feelings of grief in her own time. "C" did however experience some frustration with Joan's continual despair. "C" sought the counsel of a colleague, who advised her to maintain her faith in Joan's ability to grow and heal and reminded "C" of how the resolution of grief can often be a long-term process. The colleague also suggested some role-play techniques that "C" could use to work on Joan's experience of her feelings.

(Guilt) Guilty feelings about her inability to prevent her daughter's death were also of concern for Joan. "C" avoided telling Joan that she was not responsible for Kirsten's car accident, and encouraged Joan to explore her guilt. In many instances grieving people feel guilty in relation to their loss. Often, they will be told that they are not at fault, by well-meaning people. The concern for counsellors is that grieving people are feeling guilty and will benefit more from expressing their guilt.

Dismissing guilty feelings won't stop the grieving person from feeling blame and may lead to the increase of these feelings. "C" realised that Joan's guilt was a means of expressing how fervently she wished to have her daughter with her still. "C" invited Joan to express her sorrow and guilt to Kirsten in a role play activity.

Afterwards, "C" encouraged Joan to debrief and talk about the effect of the activity. Joan was able to acknowledge the depth of her love and concern for Kirsten. "C" supported Joan by offering encouraging feedback. "C" was particularly taken with the extent of love and devotion that Joan displayed towards her daughter.

Joan left the session a little lighter for the experience. She said that she had been able to release some of her guilt and that she felt her despair ease a little. After two months of counselling, both Joan and "C" recognised this as a small breakthrough of acceptance.

## **Middle Stages**

Joan's grief and despair continued into the middle phase of the counselling sessions. Her emotions came in waves, rather than the constant fog of despair that had characterised her earlier sessions. "C" was continuing to utilise PCT with Joan to explore her issues. Joan expressed a readiness to establish goals during this stage. "C" implemented some CBT techniques for this purpose.

(Feelings of Panic) Kerrie had been encouraging Joan to take on small, everyday tasks such as walking to the shops, or posting the mail, in order to get out of the house for a while. Joan said she had done these tasks reluctantly as she was concerned about trying to "put on a brave face" in public.

Joan related a particular incident where she was at the local shop. She explained that when picking items from the shelves, she had selected her daughter's favourite brand of biscuits. Feelings of panic had come over her as she realised that she no longer needed to buy the item, but she couldn't bring herself to return the item to the shelf. In this state, she left all her purchases in the shop and walked straight home.

This incident had increased Joan's anxiety about her ability to cope and accept her daughter's death. In the session, "C" validated Joan's experiences as being normal and a legitimate part of her grieving. As a part of the CBT process, "C" clarified and identified the causes and effects of Joan's feelings of panic.

These were as follows:

1. Causes:

A realisation that her daughter was absent in her everyday life  
A rejection of awareness that her daughter was absent in her everyday life  
Conflicting emotions about acceptance of daughter's absence

2. Effects:

- Causing anxiety
- Causing a belief that she will never be able to accept her daughter's loss
- Causing a fear of losing control in public places

"C" and Joan discussed the nature of the anxious feelings, and Joan's associated beliefs and fears. Together they devised a number of goals, including (1) the development of new beliefs, (2) relaxation and (3) taking it one step at a time – otherwise referred to as a graded-task assignment.

Joan's new beliefs included:

- It is normal to want my daughter back
- I am normal to grieve for and miss my daughter
- It doesn't matter if I cry in public
- Time will help me to heal

She kept notes in a personal journal about when she used these new beliefs. The journal writing was also a process that allowed her to identify other problematic beliefs and thoughts. Once identified, she developed more appropriate and accepting beliefs.

In preparation of taking, it one step at a time, Joan and "C" devised some relaxation techniques for Joan to use when she felt a sudden onset of panicky or anxious emotions. Joan had used imagery before and found that an effective method of relaxation. Joan was to imagine a warm, white light surrounding her whenever she felt even slightly anxious. They also devised some imagery to help Joan continue to experience the overwhelming nature of her grief.

Joan often referred to her feelings as a fog, and so "C" encouraged her to imagine sitting in a fog, which was black, thick and impenetrable. Little by little, she suggested that Joan should try to make the fog thin out with her mind. (It is important to note that this imagery was to be used at times when Joan felt bogged down in despair, but not during her anxious moments).

Joan was to record her practice of her relaxing imagery (white light) and to note her responses to the technique. She also recorded the times she used her despairing imagery (black fog) and the extent to which she was able to

thin the fog with her mind. The purpose of the exercise was to increase her relaxation and to give her an image of her despair and a means to control it as time went on.

The 'one step at a time' goal consisted of Joan taking small steps towards running errands and taking on more of her everyday responsibilities.

Her tasks involved the following:

- Plan meals for week
- Write a grocery list
- Go shopping with Kerrie.
- Using her relaxation imagery, Joan completed the following graded tasks:
- Imagine walking around the shops
- Drive with Kerrie to the shop and stay in the car
- Walk with Kerrie to the shop door
- Walk with Kerrie around the shop for 10 minutes approximately
- Start to purchase a small number of items
- Complete an entire grocery shopping task

Each week, Joan completed a harder task. It took her only 4 weeks to complete a full shopping trip, although she experienced several occasions of feeling overwhelmed. Each time this occurred she gripped the shopping trolley and imagined the white light. Kerrie encouraged her to breathe deeply and relax. A couple of times, they left the shop (abandoned the trolley) when Joan felt she could not cope. They came back the following day to complete the shopping.

The important thing for Joan was to accept the times when she could not cope. Kerrie proved to be a supportive role model for Joan, helping her to accept her reduced ability to cope by offering encouraging comments and faith that Joan would heal.

Joan applied the graded-task technique to other areas of her life. "C" observed Joan's increasing attention to self-care and other routines of everyday living.

### **Final Stages**

(Acceptance) Joan's increasing acceptance of the loss of Kirsten became more obvious with the passing of time. By dealing thoroughly with her despair and grief, she naturally moved on with her life and mourned less and less. After six months, the rewards for both "C" and Joan were evident in her long-term improvement and growth. Joan's ability to develop goals for herself was greatly improved, as was her motivation. Joan was living independently again and without Kerrie around, she took on more responsibility and began to make plans for her life without Kirsten. Joan's plans included a number of support mechanisms, as well as long-term goals for herself.

Joan had taken to visiting her daughter's grave on a monthly basis. During her intense despair, she had been unwilling to venture to the cemetery. Due to her increasing acceptance, she was more inclined to visit and found the visits to be a sad, yet calming experience. The visits allowed her the opportunity to tell Kirsten the things she had left unsaid, and to update her daughter about her life, as she would have when Kirsten was alive. Joan found the visits kept Kirsten's spirit and memory alive within her.

In these stages, "C" continued using PCT, and incorporated SFT to assist Joan to define her goals. "C" complemented Joan on her inventive ways of honouring her daughter's memory. "C" was encouraged to see that Joan was actively seeking personal ways to express her grief.

Together, they worked to build Joan's miracle picture. Joan expressed an interest to honour Kirsten's life, by writing a book. Joan wanted to combine her own and Kirsten's journals to recount the significance of her life and death. The process would also be a means to resolve her grief and offer a parting gift to her daughter. Joan's miracle picture included redefining her life goals to determine what was important for her. Kirsten's death, whilst painful, had also brought growth and changes with it, and Joan was increasingly inclined to shed parts of her life that no longer held meaning for her. She threw out material things such as old furniture, files and boxes of junk and mentally discarded the maintenance of acquaintances that she no longer felt obliged to remain in contact with.

She renewed her bonds with close friends and family. Kirsten's death allowed her family to grow closer to one another. Joan was buoyed by the love and support of these few, special people during her long months of despair. Joan accepted that she would never completely 'get over' Kirsten's death and that that was okay. Counselling assisted her to realise that her daughter would remain a part of her forever. She made a pledge to herself that she would continue to learn ways to live with Kirsten's absence. Her journal writings and the possibility of publishing a book for Kirsten, would provide her with some therapeutic means of coping and expressing her grief. Joan would also draw from the support of her family and friends in times of need, particularly around the times of Kirsten's birthday and the anniversary of her death.

### **End of Session**

The case study has illustrated some of the stages that counsees may experience due to the loss of a loved one. It has also attempted to demonstrate the way in which PCT lent itself to the complex and individual experience of Joan. The key issue from the PCT perspective was "C's" respect for Joan to grieve and grow to acceptance in her own way and time.

CBT was applied to changing Joan's negative thoughts about her ability to cope with her daughter's loss and the fear of losing control of her emotions in public places. The imagery was a technique that Joan had prior experience with and was therefore ideal for her. Another counselee, may prefer other relaxation methods. It is important to identify strategies that the counselee is comfortable with.

Graded task assignments, journal writing, role plays, homework and other practical strategies such as developing support networks are also invaluable CBT techniques. Timing is important when introducing strategies, and the counselee should not be pushed into solutions before they are ready to accept them. Wherever possible, the counsellor should consult with the counselee about their ideas for, and their suitability to, particular techniques. Once the counselee is ready to focus on solutions to their problems, SFT can be an invaluable tool for identifying the counselee's goals through development of the miracle picture. The use of SFT has been briefly presented in the case of Joan, to illustrate its effectiveness in drawing out the plans and goals that Joan aspired to.

**Author:** Jane Barry

## 5 Case study: Learning to let go

Elizabeth came to counselling because she was experiencing intense anger, and was not coping with her life. She complained of failed relationships with her ex-husband, and with another man whom she left her husband to be with. Elizabeth cannot move on from the anger she feels about her failed relationships and she is feeling isolated from her family and friends. This had an effect on her ability to cope with her work. As a consequence, Elizabeth has sold her successful business.

The Professional Counsellor saw Elizabeth for 5 months and used an eclectic approach with her, including techniques from Cognitive-Behaviour therapy and Solution Focused therapy. For ease of writing the Professional Counsellor is abbreviated to “C”.

### Background Information

Elizabeth is a mother of two; she has a son aged 18 and a daughter aged 15. She shares custody of the children with her ex-husband, Jodi, whom the children spend a lot of time with. Jodi lives with another woman and they are engaged to be married. The children have a close relationship with their father and get along well with his new partner.

Despite the separation, Elizabeth’s ex-husband is still very much a part of her life through his relationship with the children. He has retained good relationships with her family and their mutual friends, who are very sympathetic towards him, due to the fact that Elizabeth ended the relationship to be with another man.

Elizabeth was resentful of this sympathy and of the strong relationship that the children had with their father.

Elizabeth described her ex-husband as manipulative and verbally abusive. She felt that he was not supportive of the needs or her career. She finally ended this difficult relationship by leaving Jodi to be with someone who was more supportive of her at the time.

For the first two sessions, C worked with Elizabeth to reveal more of her feelings and story. At times, it was difficult for C to clarify the many emotions and complexities that Elizabeth revealed and C became aware that Elizabeth was veiling some information. Elizabeth spent a lot of time trying to convince C that she was a nice person. It was important for C to understand this message and to accept Elizabeth unconditionally.

C understood that her counsellee had many self-esteem issues in relation to her career, family, friends and relationships. She had experienced significant verbal abuse from her ex-husband and which also contributed to her low sense of self-worth. C was able to convey empathy and concern to Elizabeth and her total acceptance of Elizabeth the person. C developed Elizabeth’s trust in the counselling relationship by explaining that counselling is not about moralising or laying blame, but rather it is about empowering counselees to cope with, move on, and grow through their situations.

C was able to develop a significant amount of rapport and trust in the relationship, which allowed Elizabeth the safety of disclosing her painful experiences.

**Areas of Concern**

There were five main areas of concern for Elizabeth. These were a lack of support from her family and friends; her inability to accept her experience of unpleasant ('not nice') emotions; her anger concerning her children and their relationship with her ex-husband; her loss of life-style, business and respectability; and her inability to let go of her past relationship.

For the purposes of this case study, a description of C's work with two of these issues will be presented. These issues are firstly her inability to accept her experience of unpleasant emotions and her belief that "nice people do not have hate or jealousy", and secondly, her inability to let go of her past relationship.

Once good rapport was established and Elizabeth's self-esteem lifted C turned to address her counsellee's issues relating to negative emotions and letting go. These two issues had continually interfered with Elizabeth's progress and were brought up at every session. Elizabeth could see no solution or resolution of these issues.

At this stage, C had worked with Elizabeth for three weeks for two sessions a week. She had been closely observing Elizabeth's continual return to these topics.

Elizabeth could not admit that she hated her husband or that she was jealous of him with the kids. She did not accept that she was resentful of him finding another woman, and becoming engaged. The fact that the children were comfortable with her ex-husband's new partner and enjoyed being in their home made her very angry. She continued to beat herself up over leaving her husband for another man – she believed what her family and friends also thought, that she had behaved immorally.

C realised that until Elizabeth admitted how she felt, and looked honestly at her own thoughts and actions, that she would not be able to let go. Elizabeth wanted very much to be a nice person, but a nice person does not leave their husband for another man, they do not hate, they do not fight with their kids and they never have jealous thoughts. She needed to reconcile the difference between her ideal and real self.

**Visual Technique**

To help Elizabeth begin to express her emotions, C used a visual technique. C asked Elizabeth to draw a picture of herself in her home with her ex-husband and family.

She drew a picture of a kitchen. It had a breakfast bar that was very ornate. The picture showed her behind the breakfast bar with a big smile on her face, her hand was holding up a glass of champagne. Behind her was a well-defined fridge. The rest of the kitchen was quite loose comprising mostly of box shaped kitchen appliances. In the front of the picture are her family and some friends.

C began asking questions about what this situation represented.

Extract, Counsellor and Counsellee

Counsellor: "I noticed that the breakfast bar is very ornate."

Elizabeth: "Yes, I designed that."

Counsellor: "You are proud of that...yes?"

Elizabeth: "It was something that I could claim that he could not take from me, everyone knew I designed it. It belonged to me."

Counsellor: "It is a very big smile"

Elizabeth: "It is not a real smile; it is my company smile"

Counsellor: "Why pretend?"

Elizabeth: "It was expected, I had to perform like a monkey for my ex-husband, he needed the social contact but did not have the skills. I took up the slack but he never gave me the credit."

Counsellor: "That made you angry."

Elizabeth: "Yes"

Counsellor: "How did you feel about him at these times?"

Elizabeth: "I was angry"

Counsellor: "Just angry?"

Elizabeth: "No, I was more than angry, I do not know what I was."

Counsellor: "Was this the behaviour in the home that encouraged you to seek understanding outside the home?"

Elizabeth: "Yes, I could never talk to Jodi, he was always so self-centred, he never once took an interest in my business, and I won awards and everything."

Counsellor: "You sound exasperated. Was living with him that bad?"

Elizabeth: "Living with Jodi was hell, I hated going home, I hated pretending, I hated sleeping with him."

Counsellor: "What about Jodi, how did you feel about him?"

Elizabeth: "I know you want me to say I hate him but that would mean I am not a nice person, it is bad enough that I left him for another man, nobody is on my side, they do not know what I lived, yes ...yes ...I know I never told them...they would not believe me...it would be a betrayal... {crying}...okay!! Yes!! I hated him, I hate him, and I cannot believe that he has moved on, found another woman, my children go there with no thought to me or how I feel, he still has the power...I feel he is still there, I can't escape him. I HATE HIM! YES! I am jealous, how dare he move on. She will find out and be sorry."

C let Elizabeth vent all her anger, expressing the emotion that had been bottled up for a very long time. This was a breakthrough for her, and with the release of those feelings, Elizabeth began to work them out of her system.

Using the picture, Elizabeth had explained what was happening, and her performances to please Jodi. C noticed the distance between Elizabeth and the rest of the people in the picture. When C asked about this, Elizabeth said "they didn't see me, I felt isolated."

C used Solution-Focused therapy and asked Elizabeth what the picture would look like if she had a magic wand and could change any of it. Elizabeth replied that she would be on the other side with the people in the picture. Jodi would not be in the picture, and she would be independent and have a loving man at her side.

Elizabeth's admittance of jealousy opened another door for self-acceptance and she was able to talk openly about this feeling. Elizabeth accepted that she was jealous because Jodi had found someone else and it burned inside her. The kids liked his new partner and Jodi did not seem to suffer in any way because of the break-up.

Jodi still had all their friends and family on his side. He still had control of her life through her children. She had not found anyone else. Elizabeth was feeling guilty that she felt so resentful and jealous. These feelings were contrary to the "nice" image she wanted to portray.

Together, C and Elizabeth worked to separate Jodi's behaviour, from Jodi the person. Elizabeth came to realise that it was his behaviour she hated – his controlling tactics most especially. And although she did not like him any more as a person, she found that she did not hate him.

With further work on her acceptance of her situation, Elizabeth came to understand that her negative emotions were common to all people, even nice ones. This revelation was quite a breakthrough for her.

Using the visual technique of drawing a situation gave Elizabeth the opportunity of exploring her feelings through the picture. Thus, the feelings became a tangible item to work with. C referred to the picture constantly to draw out emotions. This was a less taxing and less obtrusive method, which gave Elizabeth something solid to focus on, rather than just hear her words in the air.

To finalise the activity, C asked Elizabeth to draw a positive picture of herself in a new kitchen. The drawing was different. This time she depicted many people, there was no distance and the smile, she assured C, was real.

### **Paralleling**

Despite the progress that Elizabeth was making and her growing acceptance of her feelings, she was reluctant to let go of the feelings and move on with her life. C used a number of strategies and tactics to encourage Elizabeth to let it go, but without success.

C was becoming frustrated with this situation and was considering approaching her supervisor for some further input and advice. Before she did that, she tried a paralleling strategy.

C recalled some of Elizabeth's experience as a successful businesswoman where she dealt with a range of counselees including suppliers and the general public. Elizabeth had been faced with a range of frustrating experiences in her business and had coped with these problems and disappointments. C decided to ask Elizabeth questions about her business, how she began it, what she needed to do to run it, what it meant to her, how important it was for her to remain professional and focused, what was the most uplifting part of her business.

When answering these inquiries, Elizabeth became very animated and excited – and talked like a person who was in total control of her environment. C used this strength to parallel as such:

Extract, Counsellor and Counselee

Counsellor: “So working with suppliers, they often let you down?”

Elizabeth: “Yes they often let me down.”

Counsellor: “Does that make you angry?”

Elizabeth: “Well yes, it is very frustrating.”

Counsellor: “Did you stop using them?”

Elizabeth: “No, that would be silly, and very unprofessional, I get over it, and move on. I need them and I know that it is not a deliberate act to hurt me. Most of the suppliers have problems of their own.”

Counsellor: “Were there many who let you down a lot?”

Elizabeth: “Yes, one or two”

Counsellor: “How did you cope with that?”

Elizabeth: “I let it go, I need to. I could not maintain my business if I held grudges.”

C asked many similar questions alluding to letting go of anger and frustration in her business world, the message was always a resounding yes. Elizabeth had formulated strategies that she used to cope with the disappointment. C pursued the same line of questioning with Elizabeth’s experience of handling problems with the general public. Elizabeth gave almost the same answers. It took about another three questions before the penny dropped and Elizabeth realised that C was paralleling. She began to laugh, really laugh. It was a wonderful sound for C to hear.

It was a big breakthrough for both Elizabeth and C. They spoke about applying her professional techniques for letting go to her personal life. Elizabeth agreed that the skills could work in both her personal and professional life.

### **Conclusions**

In summary, C used a visual strategy, which gave Elizabeth an opportunity to express a feeling and to make that feeling a concrete thing to refer to and address. It helped her to accept those emotions that for her were not always acceptable. The second tool – paralleling – enabled C to highlight Elizabeth’s strengths and to show her that she already had the tools to resolve her problems. She had used these tools effectively in many aspects of her business life. The paralleling gave her an opportunity to see that she could transfer these skills into another area of her life. Elizabeth progressed in leaps after this breakthrough, attending sessions every second week for a month then once a month for two more months. She has moved on and is enjoying a better quality of life.

**Author:** Kaye Laemmle

## **6 Case Study: Overwhelmed, single mother with twins and unemployed**

Ester, a 32-year-old single mother of 3-year-old twins, seeks counselling for stress and anxiety after being laid off. Ester tells her story, describing her feelings of chronic anxiety, which she feels powerless to control. Ester lost her job a few months ago and is still looking for work.

### **Presenting problem.**

Ester is the sole provider for her two children. Ester believes that her life is generally a disaster, and that everything goes wrong. In her interpretations of what is taking place to her, Ester appears to be employing a cognitive distortion by modifying single events in an invariable rule so that, for example, failure to complete one task predicts an endless pattern of failure in all subsequent tasks.

Ester's thought processes follow a negative pattern, leading her to make poor decisions. Ester knows that her ongoing stress and anxiety are caused by a variety of stressors, including grief, guilt, and a low sense of self-worth.

### **Family History**

Ester lost her mother in a car accident when she was 11 years old. Even though she was involved in the collision, she believed it was her fault that it occurred. In his grief over losing his wife, her father began living in the past and was unable to care for her. He decided to take her to his mother for care. He sent money every month and only saw Ester once a month. S

he hasn't seen her father since his second marriage, which occurred when she was 16 years old. According to what she'd heard, he has two sons with his new wife, and the couple recently immigrated to Australia.

### **Childhood Background**

Her grandmother found it difficult to relate to and support her because she was such a difficult teenager. She began getting tattoos of the demonic kind and getting piercings all over her body. Her grandmother had no idea where she got the money, but she did notice that some of her jewellery and expensive clothing had gone missing. The grandmother thought the age difference was too big and was happy when a friend invited her to visit and stay with them.

She became involved with a satanic cult and was extremely angry and moody the entire time. Her friends' parents evicted her during her senior year of high school. She had to get a job and start earning money.

### **Social background**

She was an introverted child who struggled to make friends. She was bullied because she was quiet and reserved, and her peers thought she was odd and did not like to mingle. She became involved with the odd children at school and was always one of the outcast students. She didn't fully comprehend herself or the overwhelming

guilt she felt as a result of her mother's death. She also felt unloved because no one wanted her, not even her father.

She could have become a member of his new family. She needed to find work, so she started working at a shady bar. She needed money and turned to prostitution to supplement her income. After being admitted to the hospital for a tranquilizer overdose, she decided to change her lifestyle. She made new friends who introduced her to Jesus, and she began attending church with the new friends.

## 7 Case Study: An Overwhelmed Counselee

Chris came to counselling because he was experiencing increasing feelings of being stressed, overwhelmed and weighed down by his commitments in life. He has been particularly concerned about his negative thoughts and attitude at work and at home and would like to change this. Chris has been seeing a Professional Counsellor for three sessions and together they have been using an eclectic approach using Cognitive Behavioural Therapy, some Solution Focused Therapy and Gestalt techniques. For ease of writing the Professional Counsellor is abbreviated to “C”.

### Background Information

Chris is a husband of three years to Michelle and father to 18-month-old James. He is 45 years of age and a nurse at a local hospital. He has also been studying part time for his Master’s degree in Nursing for three years. His wife is also a nurse and together they work shift-work in order to look after James. Chris states he enjoys his job but it can be demanding and physically tiring at times. He has previously enjoyed his studies but is now finding it difficult to finish the work with the responsibilities of a small baby. For financial reasons he has not been able to complete his studies full-time.

Chris has recently found the demands of being a husband, a nurse, a father and a student to be taxing on his physical and emotional health and he has found himself to be snappy, irritable, exhausted and unmotivated at home and at work. He has noticed that his relationship with his wife Mica has become strained and he has begun to resent her for asking him to complete even minor chores around the home. He is feeling unloved and taken for granted by his wife. He has started questioning whether he wants to finish his studies and whether he wants to stay in the marriage.

Chris was prompted to come to counselling at the suggestion of his doctor. Chris presented to his doctor’s surgery complaining of an itchy rash covering his arms and torso, and of throbbing headaches at night and in the morning. Chris stated that medical tests revealed no physical reason for these complaints and his doctor suggested that working through some of the demands and pressures Chris had in his life may relieve the symptoms, as they may be directly related to stress and tension. Chris was happy to do this as he stated he was unhappy with his reactions and attitude at this time, as he had always been a happy, positive sort of guy.

### Previous Sessions

In the first three sessions, C worked through identifying the above issues and asked Chris what he felt was the most important issue requiring attention. Chris identified this as his negative thought patterns and pessimistic way of looking at each day in the morning.

C worked to immediately change this by using Ellis’ Rational Emotive Behaviour Therapy ABC model. Using this framework to identify the behavioural and emotional consequences of his thought patterns, Chris chose to work on his attitude to going to work every day. Before using the ABC model, Chris’ thoughts and behaviours looked like this:

A – Alarm rings every morning at 7am

B – Chris says to self “Oh, no. I hate my job. This is going to be another horrible day”

C – The behavioural consequence here is that Chris is often late for work because he procrastinates about going and then is often reprimanded by his supervisor.

D – The emotional consequences are that Chris has a sense of despair about his ability as a nurse

After applying the ABC model to change his irrational beliefs (in B), Chris has found the following pattern when his alarm rings in the morning:

A – Alarm rings every morning at 7am

B – Chris says to self “I can do this. Every day is a new day. I will work well today”

C – The behavioural consequence has meant that Chris has not been late for work and therefore not in trouble from his supervisor – in fact he has been praised for his promptness in front of other staff (thus reinforcing his behaviour to be on time!)

D – The emotional consequences for Chris have included a greater sense of satisfaction with his work, a feeling of being appreciated at work, and more importantly, the knowledge and evidence that he is in control of his own thoughts.

### **Current Session Content**

After Chris had noticed some considerable improvements in his thought processes and felt more in charge of his meditating thoughts about work, he and C moved onto discussing the feelings he was having about his studies and his marriage.

Chris had noticed that his more positive attitude at work had certainly influenced his mood at home, but something was still not right. He also noted that his rash and headaches in the morning had somewhat subsided, although he was still suffering throbbing pain in his temples at night after work. C began asking questions:

Extract, Counsellor and Counselee

Counsellor: “Chris, you talked in our first session about wanting to leave your marriage and maybe not finish your Masters, how do you feel about this now we have worked on your positive thinking?”

Counselee: “You know, as much as the positive thinking has helped with getting up each day and getting through work, I don’t know if it has changed my other feelings. I don’t know, I still don’t know whether I want to finish my Masters. I mean, I feel better about my marriage, but I still find myself lying awake at night wondering at the “why” of everything. Know what I mean?”

C: “Tell me more about the “why”. Just your marriage and studies?”

Counselee: “Well, not really just that. I mean, I’m 45 now. I have a son and a wife and a job, but something just doesn’t seem right. Like maybe something’s missing.”

C: “Chris, can I just ask a question for a moment?”

Counselee: “Sure”.

C: "If I could wave a magic wand and you could wake up tomorrow and everything was worked out, everything was the way you wanted, what would it be like?"

Counselee: "It would be great!"

C: "Great, how?"

Counselee: "Well, I guess I would be happy. Everyday."

C: "So would your marriage be any different? Your studies?"

Counselee: "Probably not. I mean, Mica isn't really asking more of me than when we first got together. It just seems more. The studies stay the same no matter how I feel."

C: "So...?"

Counselee: "Oh, I get it. It's not really the stuff, is it? It's me. I'm the one who has changed."

C: "Is that how you feel?"

C proceeded to show Chris that while some things at home and work were the same as when they first married, other factors had changed. C wanted to make sure that Chris was not going to be too hard upon himself for realising that much of his own thoughts and feelings were under his own control. C pointed out elements of stress and how it works, and again they surveyed Chris' life to examine the external factors.

Counsellor: "Chris, I just want to go back a step to the work we did around your thoughts and taking control"

Counselee: "Mmmmm..."

C: "Are you familiar with the word stress?"

Counselee: "Sure"

C: "I don't just mean the bad form of stress, where you want to rip your hair out, but other forms too"

Counselee: "I'm confused"

C: "So am I! What I mean is, anything in your life that causes a change, causes stress. So when you find your dream wife and get married, this is stress. When you break your leg, this is stress. There are different types of stress, but mostly it is a word that means any change in your life."

Counselee: "Ok. Where are we going?"

C: "When we look at your life and you say that things are still basically the same as when you married, you might be right on the surface, but underneath lots of things have changed that may have caused forms of stress."

Counselee: "Ok"

C: "What if we have a look at exactly what is going on in your life right now and see if it makes more sense?"

Counselee: "Ok"

C showed Chris a copy of the Holmes Rahe Stress Scale (available easily on the Internet for use – try [www.teachhealth.com](http://www.teachhealth.com)) and together they identified different things that were in his life over the past 12 months, which he may not necessarily have thought of as forms of stress.

**Some examples from the Holmes Rahe Scale which Chris identified included:**

- \*a mortgage, change in the health of a family member (Chris disclosed that his mother had recently been diagnosed with cancer and he hadn't really thought of this as playing an active role in the physical symptoms he was having),
- \*changes in his responsibilities at work,
- \*chronic allergies,
- \*and a change in the number of family get together (these had decreased due to Chris and his wife's work and study commitments).

C helped Chris realise that there was a great deal going on in his life and that someone else in the same position may feel just as overwhelmed. This exercise served to help Chris acknowledge the forms of stress, understand how they impacted upon him and avoid falling into the trap of believing that he was the only one who had changed and everything was his fault.

Satisfied with Chris' grasp on these concepts, C moved back to the issue of Chris being unsatisfied in life generally and searching for answers to the "why" of it all. Together they examined more closely what Chris was feeling and he surprised himself by breaking down and crying in one of these sessions. Chris talked about his own upbringing and not feeling that he had ever been good enough for his father, who had since passed away. He discussed that his father had been a doctor and had wanted Chris to follow the same. Chris' grades had prevented him from achieving this and so he had chosen nursing as the next best thing. Chris was surprised at this realisation as he and C explored this issue, and he then started to examine whether nursing was really his chosen profession. C used a visual technique to examine this and coupled it with the Gestalt technique of using an empty chair because Chris' father had died, in order to give Chris a chance to express his thoughts and feelings.

**Extracts include:**

Counselee: "I think what it means is that somewhere I knew I was never going to be as good as him and nursing was a bit of a cop out too. Even though I didn't get the grades to get into medicine."

C: "Would it be possible that you may have subconsciously manipulated the situation to avoid the scrutiny or pressure of studying medicine and being a doctor?"

Counselee: "Yeah, you know I think that's it. It all adds up. I mean, I like nursing, but I think I've always felt there was something more that I didn't achieve, for some reason."

C: "We call it self-sabotaging, where subconsciously a person might do the very thing, they are avoiding or vice versa."

Counselee: "How bizarre."

C: "Would it be ok if we explored your choice of nursing further with a visual exercise?"

Counselee: "Sure. Whatever works."

C asked Chris to close his eyes and using a brief relaxation technique they had employed in the earlier sessions using CBT, C asked Chris to imagine the first day he had started work as a Nurse, after graduating. C specifically asked Chris to watch the scenario as it unfolded, from an outsider's point of view. C did not want Chris to be drawn into the scene, but wanted him to be able to note his own feelings and behaviours from a distance.

Counselee: "I can remember it like it was yesterday. It was such a busy day and I had no idea what I was doing."

C: "Chris, can you imagine yourself somewhere in the middle of the day, with things happening around you?"

Counselee: "Yep, there was this patient who was crying in the waiting room and I went over to help."

C: "You seem a little sad."

Counselee: "Well, she was waiting for her child who was in emergency. I think there was an accident or something. It was so hard to sit there and just watch, waiting you know."

C: "Run the scene before you until you get to the end of that situation. Watch yourself handle it."

Counselee: "I know I look helpless but, in the end, she came and thanked me for just being there. Her daughter was alright."

C: "That's a smile."

Counselee: "Well, it was such a good feeling on that day because in the middle of all the chaos, I sat with her and just kinda talked about stuff, to take her mind off it, and she thanked me in the end. I really felt like I did nothing."

C: "But as you watch now..."

Counselee: "I think it felt good. When I see myself now, I know I handled it ok, for the first day and all, and I guess I felt I could make it."

Chris noted that in that moment of starting work after his studies, he felt okay as a nurse. This helped him clarify that while he was not a doctor; his work was appreciated and valued as a nurse. Together he and C explored the notion of still becoming a doctor, but Chris said he felt secure in his current role. He noticed over the next few sessions since this realisation, that his feelings at work continued to improve, and that he felt happier and more valued as a staff member; and that his patients benefited from this. Despite the progress Chris had made with these feelings, it still left the issue of his unresolved feelings towards his father.

Through more discussion, Chris came to realise that the unresolved childhood event of not feeling as though he had lived up to his father's expectations, was still having an impact on his feelings of emptiness and unfulfillment. C explained the concept of the Empty Chair technique to Chris and he agreed to give it a try, although he was finding it difficult to put his feelings towards his father into words. As a brief explanation, here the counselee is asked to put feelings or thoughts into action.

For example, C encouraged Chris to use a kind of role playing (in this case, speaking to an empty chair because Chris' father was not present). He was encouraged to tell his father how he felt about the expectations he felt as a child. Enactment here is intended as a way of increasing awareness, not as a form of catharsis and in the case of Chris he had difficulty expressing his feelings into words in front of C. Instead of badgering Chris to continue, C took a step back and changed the angle slightly and tried some integrating and body techniques. Integrating techniques bring together processes the patient doesn't bring together or actively keeps apart (splitting). The counselee might be asked to put words to a negative process, such as tensing, crying or twitching. Or when the counselee verbally reports a feeling, that is, an emotion, they might be asked to locate it in their body.

Another example is asking a counselee to express positive and negative feelings about the same person. The body techniques include any technique that brings counselees' awareness to their body functioning or helps them to be aware of how they can use their bodies to support excitement, awareness and contact. In this case C observed Chris sitting tightly and rigidly in the chair after trying to express his feelings to his father in the

#### **Empty Chair technique.**

C: "Would you be willing to try another experiment?"

Counselee: Nods

C: "Take some deep, deep breaths and each time you exhale, let your jaw loosely move down."

Counselee: Breathes deeply, lets jaw drop on the exhale

C: "Stay with it"

Counselee: Starts melting, crying, then sobbing

At this point Chris was more able to speak about his feelings and loudly started to express how he hated his father, and how angry he was. C let Chris vent his feelings, which had been suppressed for many years. This was a huge breakthrough for Chris, even more so because this issue had not been foremost in his mind when he entered counselling.

This powerful technique involving role-playing may sound artificial and might make some people feel self-conscious as it did for Chris in the beginning, but it can be a powerful way to approach buried feelings and gain new insight into them. While Chris still had some way to go in working through these feelings, this session was useful for him to open to the idea of working on self-awareness.

#### **Session Summary**

In summary, Chris' counselling focused on a number of issues:

- His **initial complaint of negative thought patterns** and pessimistic attitude to work and life
- The **number of stressors** in Chris' life
- His **feeling** of being empty and unfulfilled in life which expanded into the issues of not living up to his

- father's expectations and sacrificing a medical career
- The techniques of CBT helped Chris rapidly get a hold on his negative thought patterns and he was able to implement these in his life quite quickly.
- Visualisation techniques helped Chris explore his notion that perhaps he still wanted to be a doctor instead of a nurse.
- Finally, Gestalt techniques helped Chris begin to understand his unresolved feelings towards his father.

After the session involving the Gestalt technique of the empty chair, Chris opted to change his weekly session to fortnightly for 2 sessions, and then visited monthly for two more sessions. He stated at this time that life had settled back down to “normal”, meaning that he was coping well at work, had mapped out a timetable to finish his nursing studies and that his marriage was happy. He discussed that Mica constantly pointed out the positive changes in him and this made him feel even more in control of his feelings, thoughts and behaviours.

Chris stated that the feelings of anger and resentment towards his father had subsided although he found himself pondering his childhood a little more now than he used too. He said that the counselling had worked to a degree with this issue, but because he had not realised it when he came into counselling, he was still coming to terms with his feelings.

He and C discussed this being a normal phenomenon, and the notion that if in the future the issue proved too difficult to handle, or started to again interfere in Chris' life, then future sessions might be necessary. Chris described that he was particularly positive about his future, about spending more time with his son and wife, and felt more in control than he had ever been before.

Author: Peta Hartmann

## 8 Case Study: Unresolved grief and identity confusion.

Tina is an 18-year-old female who completed Grade 12 last year. She is currently studying Office Administration at TAFE however lately she rarely attends classes and states that she has no interest in the course and would prefer to be studying photography. Tina also works part time at a local bakery. She has held this job for over a year; however, she has been calling in sick a lot recently and not attending.

Tina was raised by her paternal uncle with very close involvement from her paternal grandmother, after her mother gave her up at birth as she was so young. Tina had very little contact with her mother until age 14, however she did have regular contact with her father and she remains close to him. Tina has 2 younger half-brothers on her father's side, and one half-sister on her mother's side. Since contact with her mother began, Tina has become very close to her half-sister, and she states that her relationship with her mother is improving but that they do not talk about anything personal together.

Tina is currently in a relationship with a 20-year-old male named David. Tina met David through a cousin at a party and they have been seeing each other for almost a year. Tina describes David as very supportive and she states he was 'great' after her grandmother passed away, although she feels she has been pushing him away lately.

### Session Content

The next session began with easing Tina into speaking of the loss of her grandmother. This involved focusing on how Tina felt she had dealt with the loss so far, i.e. had she cried, yelled, talked with someone about her feelings, spent time alone etc. Tina admitted to 'blocking out' any feelings at the time of her grandmother's death and avoiding thinking about it since. She states that she felt she should be strong for her two younger brothers and her father. Tina stated that she hardly spoke to anyone about her feelings and she had not cried very much at all, at the time or since.

Through negotiation with Tina, C decided to loosely base the counselling sessions on the "Seasons for Growth" manual for working with young people experiencing grief and loss. This manual uses a four-stage model, corresponding to the seasons of the year, to help young people work through their unresolved grief issues.

Before beginning these sessions, C assisted Tina to come up with some definite goals of counselling. This was an important process as it enabled the two to come together as a team to brainstorm ideas of goals for Tina.

Tina came up with a number of goals which included:

- Stop 'blocking' thoughts of her grandmother
- Allow self to grieve and especially cry if needed
- Become able to remember grandmother and speak about her without becoming too upset to do so
- Move forward positively in her life.

The C then moved on to stage one of the Seasons for Growth manual. The first season “Autumn” focuses on accepting the reality of the loss. The goal of this stage is to assist the counselee to acknowledge the reality of change and the loss that has taken place in her life.

1. This stage with Tina involved exploring the concept of change (positive and negative) and discussing other losses or changes that have occurred in her life. For Tina these included getting to know her mother, finishing high school, beginning a new relationship, and the loss of a pet dog that she had had for a number of years. Tina was able to discuss these events in detail and was able to accept through feedback and input from C that change is a natural part of life, and whilst change often means the end of something it can also bring about new experiences.
2. The second stage “Winter” relates to working through the pain and grief associated with change and loss. In these sessions the C assists the counselee to learn about possible reactions to change and loss and to explore how they have experienced these. In regards to Tina, this involved a discussion on the various ways different people grieve. Tina was asked for suggestions and a list was created.
  - This list **included words like**; denial, anger, guilt, sorrow, confusion etc.  
Tina was able to see the wide variety of grieving methods and this helped to normalize her own reactions. This stage involved a great deal of reflection of feelings from the C to help Tina recognize and name her own feelings of loss.
  - This stage also included **gently encouraging** Tina to relate the details of her grandmother’s death to C, and to explore the changes that the death has caused in Tina’s life and also in Tina’s own personality, and the way she has been relating to others. As a visual exercise, Tina was also asked to bring in some photos of her grandmother to assist this process and enable her to reflect on some memories of her grandmother.
  - At the end of this session Tina stated that for the first time she had actually felt good talking about her grandmother. As homework during this stage, Tina was requested to either choose a song that reminded her of her grandmother and bring it in to the next session, or to write a brief story relating one of her favourite memories of her grandmother. Tina enjoyed this task and actually wrote a song and a poem to her grandmother. These were both very descriptive and allowed Tina to express her emotions. Tina is a very creative young woman and it was good to utilize on these strengths in sessions and in homework tasks.
3. The third stage “Spring” relates to the counselee adjusting to an environment in which the significant person is no longer present. The C also assists the counselee to develop skills to assist in processing their grief.

- For Tina this stage was the hardest, as she **expressed feelings** of not wanting to admit that her grandmother was really gone. Tina also felt guilty and ungrateful imagining the world going on without her grandmother in it. She felt that if she was happy and enjoying life that she was not being respectful to her grandmother.
- At this stage the C aimed to get Tina to think about what her grandmother would want for her and how it would be making her feel watching Tina being unhappy. The C also attempted to get Tina to **explore her own goals in life and the positive aspects of her life**, separate to her grandmother. In this way the counsellor was attempting to encourage Tina to **explore her future and see that it could be a good thing**.

In regards to developing skills to process her grief, the counsellor firstly reiterated that grieving is a natural process and that some emotions should be expressed.

### List of coping strategies

The C then assisted Tina to come up with a list of coping strategies that would assist her if she felt like her emotions were getting too much for her to handle.

These included:

Tina allowing herself to cry sometimes, expressing her feelings in her artwork or poetry, going for a walk, having a relaxing bath, or talking to a supportive friend.

4. The last stage “Summer” **focuses on emotionally relocating** the counselee to enable them to move on with their life. This involves **exploring** with the counselee **ways of letting go and moving forward**. For Tina this was also a difficult stage. It was important for the C to continue to remind Tina that “letting go” did not mean “forgetting”. It was vital to stress the importance of keeping memories of her grandmother alive and not letting these go, but to be able to deal with the grief and move forward so that recollecting these memories would not be so painful.

The C also offered some self-disclosure in regard to ways she had dealt with the loss of a close friend in the past. This involved creating a list of all her favourite memories of the friend and putting it away somewhere safe so that these memories would never be able to fade or be forgotten. Tina appreciated this gesture and believed it was a good idea, as forgetting little details was something she was very afraid of.

**Guided imagery** was also used in this stage. This involved getting Tina to relax and visualize a kite flying in the sky on a beautiful sunny day. Tina was asked to imagine that she was holding the end of the kite string and watching the kite flying about in the breeze. Tina was required to imagine that she was happy watching the kite

and the kite was dipping and diving in the sky. After a while the kite begins to pull hard on the string and it becomes difficult for Tina to hold it anymore. It is almost as if the kite wants to fly off into the bright blue sky. Tina was then asked to visually let go of the kite string and watch the kite fly away into the distance. The kite is pictured as happily floating away into the distance. Tina was then asked to imagine that the kite was her grandmother and although it was now gone, she still held the beautiful memory of flying the kite, and by letting go of the string she had not only freed her grandmother, but allowed herself to move on and leave the park to go and explore other things on the beautiful sunny day. Due to Tina being a very visual person, she found this guided imagery a very useful tool. She stated that afterwards she felt calm and more accepting of letting her grandmother go.

At the end of sessions Tina stated that she felt better about moving on with her life. She stated she felt more in charge of her future and ready to make some important changes. She had also spent some time discussing her feelings with both David and her father, and she had even visited her grandmother's grave on one occasion. Tina stated that although it does still make her sad that her grandmother is gone, she now feels better able to cope with these feelings and she feels more than ready to move on.

**Author:** Sarah Shanley

## 9 Case Study: Problem solving, relationship problems and eating disorders

Michelle is twenty-three and has been studying Veterinary Science for the last 3 years. She would like to finish her degree in the next few years, but doesn't think that this will ever happen. Currently, Michelle is deferred from her studies and is working two part-time jobs. She works at the local shopping centre on weekdays and waitresses in the evenings and on most weekends. She dislikes both of her jobs, mostly because they involve dealing with the public. Michelle has strong desires to move on with her career and is frustrated by spending all her time working at tedious jobs. Michelle has come to counselling due to increasing feelings of hopelessness about the direction of her life. She is complaining that she is too "bogged down" in her problems to see where she should be going.

### Presenting problem

Michelle lives with her partner James, who is also a student. When they were both studying full-time, they were having difficulties supporting themselves financially. They made an arrangement where one of them would work to support the other, until their studies were completed.

As James is further along in his studies, Michelle has opted to work, and allow him to complete his studies. James will then work to support Michelle in her own studies. Michelle had planned to work for about one year, however, James has discovered that he will be required to do an extra year of study to qualify for the position he wants.

This means that Michelle will have to wait at least two years before she can continue her studies. She is currently feeling very trapped by the arrangement and she does not feel positive about her situation over the coming years. She has been reluctant to approach her partner about these feelings, and she can't see any way around her predicament.

Michelle's studies and career goals are an important means for her to meet her achievement needs. She is not particularly social, preferring to interact with those who have similar interests to her. This explains why she does not enjoy the public contact involved in her part-time jobs.

Michelle was pleased to find that there were some valid reasons for her desires to continue study and for her discontentment with serving the public. However, she was still experiencing difficulty in understanding how this would help her to change her circumstances. She said that she could not see any positive changes in her future and was concerned that she would live out her days, having little income and no sense of direction. She felt that she lacked any control over her life and was just "marking time".

Michelle reported the following symptoms to her counsellor several times: decreased motivation particularly in relation to her work, unusual outbursts of anger, anxiety whenever she thinks about her work or attends her

workplace, and difficulty sleeping. She stated that is finding it difficult to complete usual tasks and “doesn’t want to do anything”. She has started getting nightmares the last few weeks about her abortion and fear of somebody taking James away from her.

### **Family history**

Michelle had a very happy childhood as an only child. He never had any problems as a child and was happy and content. She had lots of girl and boy friends and was a Girl scout. Her mother had a small clothing business from home and her father was a sales man who travelled a lot. She got lots of love and attention from her family. She was always a bit moody and could get very frustrated if she did not get her way. She was a great athlete and was very competitive. Because of the Muscle gain exercising so much she experienced excessive body weight. This caused her to start using laxatives to try and keep her weight under control. She started to experience an identity crisis grappling with questions about who she is, who she wants to be, and how she fit into the world around her. This is when she met her first love and boyfriend, Collin.

### **Childhood background**

When she became 16, she fell in love with her best friend’s brother, Collin, who was 10 years older than her. She started seeing him after school and starting lying to her mother saying that she needs to study and then stay over at her friend house for they will study late. Her friend always covered for her. After starting to have an intimate relationship with Collin, he started to get distant and made-up reasons not to see her anymore. He broke up with her for he fell in love with a girl he was working for. She found out she was pregnant and got a back street abortion. She never told anybody about the abortion. After this happened, she was anxious and started binge eating and then use laxatives not to pick up weight. Her moodiness increased and she felt ugly, undesirable and self-consciousness.

She started getting relationship problems with her parents because she argumentative and stubbornness. She started to get agitated with everyone around her, pushing people away and starting to isolate herself from her friends. She got addicted to the internet tend and were happy browsing the internet for hours.

### **Social background**

After the abortion she struggled to make friends and fell in love with James on their first date. The started dating and she moved in with him after only knowing him for 5 months.

## 10 Case study on an adolescent

Marnie is a 16-year-old girl (an only child) who attends a local private girl's school in the city. Marnie is always at the top of her class and her report cards are exemplary. Marnie is actively involved with music, drama and dancing in and out of school all of which she excels at. Over the past couple of years Marnie has taken a much greater interest in her looks and how she dresses. She has started to wear lots of make-up, has her hair dyed regularly, reads lots of glossy fashion magazines and wears the latest skimpy clothes.

Marnie has also lost quite a bit of weight according to her mum as all she eats each day is a few small vegetable portions, some sultanas and she drinks litres of fat-free soya milk. She had gone from being a vegetarian about a year ago to being a vegan to this extreme or radical diet and will not listen at all to her parents about her eating problem and refuses to see her doctor. Marnie hangs out with her school and arty friends who all behave in a similar way. Marnie does not eat anything at school except for some sugar free gum and when she goes on excursions, she eats nothing and drinks only water.

### Family History and background

Marnie's mum (aged 45) is now a manager in a large business firm having recently changed jobs and has much more work responsibility and stress than previously. She is also conscious of her own weight for health reasons and goes to fitness classes a few times each week and is on her third or fourth fad diet this year.

Marnie's dad (aged 57) is a bank manager who is soon to lose his job as his branch office is closing. Marnie's mum complains that he is not fit, does little exercise and does not get involved in family activities except for driving Marnie to school and to drama, music or dance classes. Marnie's dad finds it difficult to talk to her and often berates her about her not eating, losing weight, not cleaning her room and being cruel to her parents.

Marnie's parents continually run around to shop for her to make sure that she has what she needs to eat.

Marnie's mum had secretly tricked Marnie into seeing her doctor about her not eating and losing weight and seeing a dietician. Marnie was extremely angry and although she told the doctor she would see the dietician, she completely refused once she came home.

Marnie's mum is always buying Marnie new clothes and jewellery. Marnie also jogs twice a day and gets on the exercise bike as well. Marnie has her own television, DVD player, computer and weighing scales in her room and tries to eat in isolation to when her mum and dad eat. In fact, her mum and dad work long hours and often bring work home as well. If they do get together it is only to watch a favourite television show or to go on an annual holiday to a resort or to visit Marnie's grandparents.

Money is becoming tighter in the family though as they have bought a large house in an expensive neighbourhood and have large mortgage. Marnie's teachers and some of Marnie's friend's parents have told

Marnie's mother that they are concerned about Marnie not eating at school and that she is scaring their kids. One of Marnie's friends who have suffered from anorexia had recently attempted suicide, and Marnie has been worried about her a lot.

Marnie's dad suspects that Marnie may be secretly taking laxatives as a friend at his work said that is what her daughter had done. Marnie's mum told him not to say anything and that this was just being silly and to confront her would just make things worse. Marnie's dad and mum are very scared about what is happening to their daughter and are frightened to do or say anything that will upset Marnie. Marnie's mum has read up on eating disorders in girls, and has noted that Marnie probably is still menstruating normally (checking underwear for signs of bleeding on clothesline).

### **What is problematic here?**

Again, stress and workload of the parents appear to be interfering with the functioning of the family unit to some extent. There seems to be little time or commitment allocated for meaningful relationships to develop properly within the family unit. The relationship centres on the work commitments of the parents, trying to satisfy Marnie's immediate needs for gratification which may be a compensation for a lack of parental closeness, love, caring, guidance and intimacy, all of which seems lacking in Marnie's life.

Marnie too is also busy and it seems like a rollercoaster ride where everyone is replacing work and business and material needs and success for emotional needs. Marnie gains satisfaction by focusing on her looks and by being fashionably thin. It is difficult to know if this is designed to attract the attention of boys or to conform to the perceived norms of her friends at school and elsewhere. This seems to be a compensation for something, perhaps lack of confidence in herself, or lack of intimacy and love or closeness to others such as her parents in her life.

Marnie's dad, who like her mum is a bit of a workaholic, has even greater stress looming as his job, which was not anticipated, will soon disappear. This and a large mortgage, private school fees, rising cost of fuel and so on are creating lots of stress for Marnie's parents and for Marnie's own perception of her future as well. Marnie may well be asking herself — will she still continue to be able to go to her school? How will this affect her studies and her major exams? Will they have to move house yet again? What will her friends think of her?

The case example illustrates a dilemma comprising lots of stressful events which appear to be having an impact on the mental health or wellness of the family and on Marnie. Marnie **refuses to acknowledge that she has a problem and denies a need to seek help**. Marnie has lost some trust and respect for her mother after being tricked into seeing her doctor. Ironically, Marnie's mother may be acting as a role model for Marnie's eating patterns, given that her mum has been on lots of fad diets recently and exercises a lot.

Marnie is rude and demeaning to her dad, and refuses to go near him or even kiss or hug him goodnight. Marnie tells him to mind his own business and to stop trying to control her life and that she can do what she likes and

he can't stop her. This upsets Marnie's dad a lot. She will kiss and cuddle her mum sometimes when she needs consoling (always on Marnie's terms though). Marnie's mum may be unconsciously trying to compensate for lack of intimacy by buying Marnie lots of clothes and jewellery — feeding Marnie's obsession. Marnie also does not need to commit to any family rituals such as sitting down at the family table for an evening meal, or watching television with the family or engaging in group family activities. She has everything she needs materially in her room.

Communication in the family is currently just a system for accomplishing basic tasks and again there is little closeness or sharing of ideas, feelings and so on beyond expressions of frustration, boredom or anger. The suicide attempt of Marnie's close friend is also cause for concern, especially given that her friend has anorexia. The closeness of the relationship with her friend and the concurrent problem of having an eating disorder as well may place Marnie at high risk for a copycat suicide attempt according to recent research literature.

This situation therefore is becoming potentially serious. Undoubtedly Marnie and her family could do with professional help and counselling, and possibly the school could take a lead role in at least confronting the issue (sensitively of course) and ensuring that Marnie agrees to undertake some action regarding her eating problems. Family therapy and counselling would seem to be appropriate in this particular case.

Marnie's parents need an opportunity to express their fears and concerns to someone external to the family, to gain some understanding of the issues, develop some parenting skills to help deal with Marnie's problems more effectively, and to reflect on what changes they may need to make in their own lives and work situations in order to improve open and honest family communication and interaction and to cope with stress and change.

It is important not to undermine Marnie's confidence and strengths of which she appears to have many, but to build on her strengths, to enable her some independence, but to also require her to commit to improving her attitudes, her diet and involvement in family rituals (dining and talking together about their day and how they feel, sharing household chores together) and to being part of the family again.

(Counsellingconnection.com. 2007)

## 11 Case Study: A Case of childhood sexual abuse

Marna attended counselling to try to do “something” with her memories of child abuse that currently seem to be affecting her life. She attended twelve appointments over a six-month period. In this scenario, the professional counsellor uses an eclectic approach incorporating Humanistic, Psychodynamic, Cognitive Behavioural Therapy and Abuse Literature Approaches. For ease of writing, the Professional Counsellor is abbreviated to “C”.

### Background

Marna is a 32-year-old woman who was sexually abused by her father when she was a teenager. Originally the abuse started when her mother was hospitalised for three months and Marna, as the eldest daughter, had to take over many of her mother’s responsibilities.

Although she has always had some recollections of the abuse, it is not until recently that Marna has felt that it was having a big impact on her life.

She reported the major impact being on her relationship of eighteen months, where she feels she is “about to lose him”. She has not told her partner about the abuse. She also described having a very low self-esteem and stated that she “doesn’t like herself much”.

### Session Details

In the first session, after hearing Marna’s overview of the problem, C described the process and the possible implications of counselling to Marna. C suggested a holistic counselling strategy for working through the abuse that included some “processing” of the abuse to try to gradually reduce the intensity of the memories, learning skills for managing the symptoms, and developing new patterns in her relationships with others.

This description included both the positive outcomes (for example, the abuse gradually having less of an effect on her life), as well as the difficulty in coping with sessions where the focus of discussion would be on details of the abuse and its impact. C suggested that Marna think carefully through these implications to decide if she wanted to go ahead with counselling or not. C also explained that even though C would facilitate the discussions and encourage Marna to participate as much as possible, Marna was in control of the sessions.

If Marna did not want to talk about a particular issue, or she wanted to end counselling, C would discuss the situation with her and support her decision. This is an essential task of the professional counsellor when dealing with issues of abuse to assist in the development of a trusting relationship, and to ensure that the counsellee, for perhaps the first time in her/his life, has a sense of control.

Marna did agree to continue counselling and reported feeling more confident knowing that she had control over when she felt she could or could not talk about some of the “hardest” things.

**First three sessions**

Over the first three sessions, Marna gave a detailed description of the sexual abuse she experienced at the hands of her father. She minimised the sexual contact explaining that she did not think he had “penetrated” her, “just touched and fondled” her over about an eighteen month to two-year period between the ages of 13 and 15. She stated that she had never told anyone about the abuse as she was embarrassed by it – this was her first disclosure of the abuse secret. Up until the previous year of her life, she did not think the abuse had any effect on her, except that she had some awful memories of childhood, and that she avoided as much contact with her parents as she could. Recently, however, she had begun to think that it might be the abuse that was causing difficulties in her current relationship – a relationship she desperately wanted to keep.

Marna described effects of the abuse that included “sleeping around” in her late teens, a couple of episodes of high stress where she found she was not eating for more days than she was eating, that she generally didn’t like herself much, and recurring trouble with relationships when she started to “really like the guy”. She also described times when images of her father touching her would flash into her mind, particularly during sex with her partner.

During these first three sessions, C described the impact of an exposure to trauma on people generally, and provided Marna with some written information about it to take home. C linked the symptoms of “sleeping around”, eating disorder reactions, trouble in relationships, and poor self-image to living through and coping with childhood sexual abuse. C normalised these symptoms and the impact of the abuse generally, and gave appropriate weight to the abuse that had occurred, that is, C carefully challenged and expanded on Marna’s minimisation of the events and their effects.

**Following nine sessions**

In the following nine sessions, Marna described any events that had distressed her in the days prior to the session. These events included nightmares, relationship problems, contact with her family of origin, and events that reinforced her low self-esteem. C facilitated a thorough discussion of these events, creating a detailed image of ‘Marna’s story’.

C looked for any links between these current events and the abuse, and gradually introduced the identification of patterns that were learned in childhood and were re-occurring now. Marna reported feeling shocked and angry when she learned about the “grooming” process of the abuse (the process that her father had undertaken to prevent discovery) and its significant part in the development of her negative patterns and beliefs.

Identifying these patterns were sometimes just an increase in Marna’s knowledge of herself, at other times they were more of a challenge to what she saw as her core beliefs. Additionally, these patterns were often identified in Marna’s relationship with C.

For example, C observed in one discussion that Marna had said she liked something that C had mentioned, when her body language indicated that she did not like it. When questioned about this, Marna stated that she had not completely agreed with C but felt it would be easier if she just said she did.

After some discussion about this pattern, how her history had taught her to do this, and how it negatively affected her current life, Marna decided she would try to change it. As a result, instead of just agreeing to make things easier, Marna began to say 'no' to things that her partner suggested that she really did not like.

After some initial teething problems were resolved, this assertiveness increased her partner's knowledge of Marna's likes and dislikes and improved his ability to meet her needs. Marna also found that she began to feel more confident, to like herself more, and that her relationship was improving as a consequence of the new honesty and assertiveness.

When Marna described her abuse memories, C encouraged her by asking for elaborate details of feelings, sights, sounds, and smells – painting a complete picture of the abuse and of her childhood generally. C also cautiously expressed her own reaction to the events described to allow Marna to see another person's appropriate anger/shock/horror/sadness at the trauma she had experienced.

When Marna reported trauma symptoms that were affecting her life (e.g., nightmares), C discussed ways that Marna might be able to manage these symptoms more effectively. C did not direct Marna with strict strategies, rather discussed what Marna had used at some time in her life that had worked with similar symptoms and encouraged her to do these more frequently. For example, Marna reported some difficulty in relaxing on the weekends.

C identified that Marna described walking and being in nature, as things that made her feel relaxed. As a result, C suggested Marna regularly walk and spend time in nature as often as she could to reduce her general level of anxiety and to improve her ability to relax when she wanted to. Marna found this an easy and enjoyable task to complete regularly and using this process, C was able to highlight her independence and resourcefulness at managing her symptoms while also keeping her sense of control intact.

### **Throughout twelve sessions**

Throughout the twelve sessions, C identified Marna's courage, normalised her reactions to the abuse, and supported her increasing understanding of trauma and its effects on her. C allowed a lot of discussion on the guilt and shame that Marna reported about the abuse, and encouraged her to appropriately allocate this blame to the perpetrator, her father.

Although guilt and shame are some of the biggest hurdles in working through a history of abuse, Marna did appear to make some progress with it. This was reflected in her increasing ability to tell those she trusted about the abuse (including her partner), and to enjoy sexual contact with her partner without the interference of memories of her father. Overall, Marna successfully implemented regular relaxation techniques, improved her

relationship with her partner through open and honest communication skills, decreased the impact of the abuse memories on her life, increased her self-esteem, insight, and resourcefulness, and took some important steps in her recovery from the effects of the abuse.

## 12 Case Study: Mid-Life difficulties

Fritz is 42 years of age and has been in Australia for the past 25 years. He migrated from Germany with his immediate family, comprising of his mother, father and two sisters. At the age of 17 Fritz was filled with great dreams and aspirations for his new life in a new country and until recently had been quite happy with the life he had carved out for himself.

Fritz has sought counselling largely due to the persistence of his wife. Fritz does not really understand why his wife is so upset with him but states that she thinks he is going through a “mid-life crisis”. A summary of the sessions is as follows. For ease of writing the Counsellor is abbreviated to “C”

### First session

In the first session” C” focused on establishing a clear understanding of the presenting concerns before moving any further with the counselee. Fritz was having difficulty explaining the details of the present situation and why his wife seemed so concerned about him. Basically, he didn’t see much of a problem and simply wanted to try something new because he was feeling bored and restless. “It’s not like I’m having an affair” he asserts. From this first session “C” was able to elicit useful background information and began to build much needed trust and rapport with Fritz as he was quite sceptical towards the benefits of counselling.

### Essential Case Information

Fritz is a Personality Need Type A with moderate to strong needs for self-recognition. He has been married for 19 years and until recently has had a reasonably happy relationship with his wife Anna. “Of course, we have had the usual ups and downs like most couples”, Fritz explains, “but overall things have been all right”. Fritz finds it hard to describe what the discord is about and simply states that “Anna believes I am neglecting my family responsibilities and says that I appear distant and uninterested in her and the boys”.

Fritz has two boys, Ric (13) and Hans (15). Fritz describes them as generally good boys who are developing their own interests and he feels that they don’t need him as much any-more. He believes that they would prefer to hang out with their friends rather than their “old” dad anyway. Hans the oldest son has been getting himself into a bit of mischief lately, not attending school some days, causing disruption when he does attend and he has also been caught shop-lifting on a few occasions. Fritz dismisses this behaviour as “kids’ stuff” and thinks that his wife is over reacting. He simply states that “Hans will grow out of it”.

When “C” encourages Fritz to discuss the situation with Hans further, Fritz states that he has more important things to worry about. He goes on to explain that he is a Butcher by trade and runs his own delicatessen. Business has been slow lately and he is afraid that the large chain stores are finally going to ruin his business. Fritz has not discussed his financial concerns with his wife or the disappointment he feels at never being able to

achieve his long-term dream of expanding and establishing other shops in the surrounding areas. Rather he has decided to sell up and is thinking about moving away from the city.

Fritz continues to explain that when Anna found out that he had approached buyers for the shop she was furious and could not understand why he had not discussed it with her first, after all it was her inheritance money that enabled Fritz to purchase the shop in the first place and besides, he had always consulted her in the past on important decisions. "C" clarified with Fritz that this was indeed correct, that in the past both he and Anna discussed important decision and came to an agreement. Fritz replied "yes, that's right".

Over the past few weeks Fritz has been withdrawing more and more from the family hoping to avoid further conflict, he has busied himself finalising details with the sale of the shop (he is determined to go through with it despite his wife's resistance) and arranging alternative plans. He does not see that such avoidance behaviour is actually creating more conflict and simply asserts that "Anna will come round when she gets used to the idea". Anna has threatened Fritz with a divorce and states that she is not going to let him drag the boys out of school and away from friends and family.

Fritz has entertained the thought that perhaps life would be much simpler if he did go it alone, shake off all his responsibilities and simply do those things he has always wanted to. "It's not to late" he stated "I'm still young enough to enjoy myself". However, Fritz knows that he still loves his wife and a divorce would make him feel like an even bigger failure.

It is obvious to "C" the amount of stress that Fritz is under and the fact that he does not share his fears and anxieties with anyone only heightens the sensation. At the conclusion of the first session "C" runs through some relaxation a technique with Fritz, which he can implement immediately to help alleviate some of the symptoms of stress.

It is also apparent that Fritz needs to communicate with his wife and family; however "C" will endeavour to teach him some effective communication skills in the next session. The reason for this is so that when Fritz does begin to communicate with his wife it is constructive rather than destructive.

In the meantime, however "C" encourages Fritz to spend more time with the family instead of distancing himself from them. It does not have to be anything too structured "C" explains, simply watching T.V. with the boys or throwing a ball around with them after school. Even asking Anna about her day will show his family that he is interested in them.

### **Second session**

During the second session "C" focussed on teaching Fritz some effective communication techniques. "C" begins to help Fritz convey his thoughts and feeling without projecting ridicule or blame, to listen openly and

not interrupt and most importantly “C” helps Fritz to begin to understand that it is OK to express his insecurities and concerns.

For Fritz these are new ideas, a change that he will have to get used to in time as it goes against his earlier learning. Fritz explained that he had not wanted to discuss the issues with his wife because he felt like such a failure. His father had taught him that a man does not show any sign of weakness or people will lose respect for you. “C” recognised that this attitude needed mediating as it was one of the underlying causes of Fritz’s communication difficulties.

He was afraid to talk to his wife yet the apparent lack of communication was one of the causes of the marital difficulties. “C” spent some time discussing with Fritz how communication can enhance a relationship and that by talking about one’s fears, anxiety and failings can actually enhance intimacy. This new information helped Fritz to see that improved communication may actually help iron out some of their problems.

“C” helped Fritz to make up an affirmation he could repeat to himself when he began to fall back into his old way of thinking, that “talking was no use and that he was responsible for working out his own troubles”. Instead, he would say to himself “I am an effective communicator” and/or “I am comfortable sharing my thoughts and feelings with my wife and kids”.

Fritz later reported that the affirmations have made it much easier for him to talk to Anna and the boys and he has also noticed the tension at home diminish. “C” offered encouragement and praise. Reinforcement is critically important to achieve lasting behaviour change and “C” frequently asked Fritz to discuss the improvement he has seen in the family relationships since he had adopted the new attitude. On one occasion Fritz remarked how much Anna like his new “openness” and had actually thanked him for making an effort to let her know what he was feeling rather than shutting her out.

### **Following sessions**

In the following sessions “C” began to focus on another underlying cause of Fritz’s mid-life dilemma, his unfulfilled dreams. “C” began to explain that it is common for people around his age to look back over their lives and assess their successes and failures. To see if they have achieved the dreams once set for themselves early in life.

For Fritz the possible loss of his business is a terrible blow and he still feels like a failure even though he has discussed some of this with his wife. He once dreamed of having a string of stores all named after him “Fritz’s Delicatessen” and now he may lose the only one he has. He describes how people have been so proud of him, “For a migrant who started with nothing Fritz sure has done well for himself” they’d say. “If I could start my own chain, they would be even prouder” Fritz explains.

It is clear to “C” that the success of the deli has provided a great source of recognition for Fritz over the years with friends and customers delighted with the gourmet foods he provides and now the fulfilment of his

personality need are being threatened. “C” is emphatic towards Fritz and the disappointment he feels, but asks him to consider those dreams that he has fulfilled, for someone who started out with nothing Fritz now has a loving family and a close network of friends and he has established himself financially.

A half smile appears on Fritz’s face as he begins to see the positives in his life that he has overlooked. “I guess I have taken all those things for granted and focused on the one problem”. He is encouraged immensely from this discussion and is inspired to sort out his current business situation.

At the conclusion of this session “C” sets some homework for Fritz. “C” suggests that throughout the following week it would be extremely beneficial for him to make a list of all his achievements in life so far. The rationale for this is to keep Fritz thinking positively, so he can see for himself how much he has accomplished in life and that he is certainly not a failure.

In the next session Fritz states that he has discussed the business situation with his wife and they have agreed to go ahead with the sale of the shop in order to start up a new business venture. Fritz is quite excited about the prospect. After so many years in the same business he feels like he really does need a change.

“C” asks about his original dream and Fritz admits that it was just that, a dream “I don’t think I ever really expected it to happen” he explains and then continues “I understand now that having the deli is not the only way, I can meet my needs as I have achieved much in my life and will continue to do so in other areas that will give me the recognition I desire”.

Fritz now has a thorough understanding of his personality needs and in time has been able to review his dreams and expectations. In doing this Fritz has reduced the gap between his real and ideal self and has therefore also reduced the amount of stress and anxiety he has been experiencing.

As Fritz is now beginning to see this stage of his life more positively, he sees a new set of challenges before him rather than the problems “C” is confident that he no longer needs counselling and will be able to navigate the new course set before him successfully.

**Author:** Deirdre Stevenson

## **13 Case Study: Counselling Grief with a Person-Centred Therapy intervention**

Maggie is a 35-year-old woman who came for counselling six months after the break-up of her nine-year marriage to Michael, the father of her two children, Josh aged 6 and Joseph aged 12 months. Currently both children are in Maggie's sole care. Maggie has been referred to counselling by her General Practitioner whom she has been seeing for a number of minor physical ailments and early signs of depression.

For ease of writing the Professional Counsellor is abbreviated to "C".

### **Background**

Maggie and Michael met at university when they were studying business computing. After graduating they were employed in separate companies and dated for a number of years before finally getting married. They both continued working until the birth of their first child Josh, when Maggie took a year off before returning to work part time. Michael continued in full time work and received a number of promotions over his years of continuous employment.

Maggie continued working part time until the birth of their second child Joseph, when she again took a year off to care for both children at home. She was about to return to work when Michael came home one night and said he was leaving her for a woman he had met at work. Two weeks later Michael moved out of the family home. He has not contacted Maggie or the children since. Maggie has not felt well enough to return to work and is now in danger of losing her position with the company.

### **Application of Person-Centered Counselling**

The counsellor applying this approach is primarily concerned with communicating empathy and unconditional positive regard to the counsellee. This includes the application of micro skills such as active listening, reflection of feeling and meaning and summaries in the context of a genuine interaction between the counsellor and the counsellee. The counsellor's role is specifically 'non-expert' supporting the counsellee to recognise personal strengths and to find answers that are congruent with her/his own values and beliefs.

### **Preparation**

C's preparation of the counselling room included placing chairs in face-to-face mode, checking the position of curtains to minimise glare, and placing a box of tissues within easy reach of the counsellee's chair. C also spent a couple of quiet moments clearing her mind of prevailing thoughts from the previous counsellee in order to give Maggie her full attention.

**Session Details**

Upon Maggie's arrival, C introduced herself and spent some time developing rapport in an attempt to make her feel welcome and at ease. This was done by asking Maggie to be seated and making general conversation about the weather, and about how Maggie's day had been so far.

C formally began the session by asking Maggie whether she had received the counselling agency's letter sent to confirm her appointment details and a brochure containing information about the counselling service including fees, hours of opening, qualifications of staff and map location. Maggie confirmed she had received the leaflet and said that it had been very useful and informative.

C then asked if Maggie had any questions not covered in the information brochure. Maggie replied in the negative and C proceeded to ask Maggie what had brought her to counselling.

Maintaining good eye contact and an open posture, C waited for Maggie to start speaking. After about 20 seconds of silence during which Maggie looked down at the floor, she finally spoke through tears. "My husband left me for another woman six months ago and I just don't seem to be able to get on with my life."

C observed Maggie's emotional reaction and decided that Maggie would be best supported by a person centered approach which would allow her to voice her feelings surrounding the loss of her marital relationship.

C responded with a paraphrase and reflection of feeling "You sound devastated by the loss of your marriage Maggie."

Maggie replied "Yes, I am, but it was six months ago, I should be getting on with my life by now. That's what my family and friends are saying anyway. But I still miss Michael so terribly and the boys cry for him every night at bedtime."

C: "So, am I right in saying that you and the boys are still heartbroken yet friends and family think you should be over it by now?"

Maggie: "Yes, that's about it. Maybe I should be over him by now. What do you think?"

C: "Let me ask you Maggie. Do you think six months is long enough to mourn the loss of a long-term intimate relationship?"

Maggie: "No I don't."

C: "And you're the only one who knows how it feels to have lost your relationship with Michael, Maggie."

Maggie nodded and continued telling the story of her life in the past six months, pausing occasionally to wipe her reddened eyes with a tissue from the box nearby. Maggie described the physical and emotional upheaval as she struggled to cope with looking after the children on limited income. She also voiced her fears and uncertainty about her own and her children's future. C continued to stay focused on Maggie emotionally and to use encouragers and reflections of feelings to confirm and validate her feelings.

After one of many silences, during which C had remained silent but attentive, Maggie looked up without speaking. C decided that this was an opportune time to summarize some of the issues Maggie had raised so far and said “Maggie, you’ve described a huge upheaval in your life in the past six months that has meant reorganising your life in many ways. You’ve taken on the sole responsibility for two children, managing the house and finances and at the same time dealing with the emotional loss of your marriage. That sounds like an awful lot to deal with at once.”

Maggie: “Yes, I suppose it is when you put it all together. It didn’t seem so daunting when Michael was there to help.”

Thereafter, through continued bouts of tears Maggie described her childhood dream of being married with children and the emptiness she now felt having lost that dream so suddenly. She also voiced feelings of anger and self-recrimination for not being able to cope with her new circumstances as a sole parent.

Through the use of open questions, paraphrases and reflections, C was able to explore with Maggie her feelings of anger and also clarified the meaning of what being a ‘good mother’ meant to her. Maggie talked about memories of her own mother who did not work outside the home and was always waiting for her when she returned home from school.

Further exploration through paraphrases and reflections highlighted the significant differences in parenting lifestyles of the past and today, with many parents now assuming the onerous task of undertaking responsibilities of homemaking, parenting and external work.

Maggie then said” Yes, I suppose being a mother has changed a lot since my Mum’s time.”

C: “That’s for sure Maggie.” Maggie then went on to describe how much she missed working outside the home and having a career. C reflected Maggie’s feelings (expressed explicitly verbally and implicitly through non-verbal signals such as frowns, smiles and wistful glances at the ceiling) and used open questions to explore what Maggie liked about her work including her strengths and capabilities.

Maggie: “You know, maybe I could negotiate to return to work part time for a while until I can get my life organised a bit better? I have a few friends who might be able to help me out with picking the boys up from childcare if I need to work late occasionally.”

C (smiling): “So you think working part time with some childcare support from friends might be the way to go Maggie?” Maggie: “Yes, I think I’ll put the idea to my boss on Monday.”

From then on, Maggie’s talk slowed and she assumed a more relaxed posture sitting back in her chair. C asked if there was anything else she’d like to talk about today. Looking at her watch Maggie replied that she would need to get going to pick up the boys up from the childcare centre. She also said she would like to come back again the following week. C replied that she was most welcome to come back anytime and wished her luck as she left looking tired, but definitely more relaxed.

**Session Summary**

In this session, Maggie, given the freedom to voice her emotional pain in an atmosphere of empathy, genuineness and unconditional positive regard was able to acknowledge that the expectations she was placing on herself were unrealistic and was able to begin to consider other ways of managing her new life.

The use of the Person Centred Approach to counselling in this initial session was well suited to a counslee such as Maggie who was able to articulate and explore her feelings associated with the loss of her marriage and future uncertainty.

**The key concepts of Person-Centred Therapy applied in this session were:**

The creation of a non-directive and growth-promoting climate wherein the counslee feels nurtured and respected. A congruent and empathic approach by the counsellor that emphasises and promotes self-worth and empowerment encouraging counsees to find answers that are congruent with her own values and beliefs.

**Author:** Liz Jeffrey

## 14 Case Study: Focus on solutions

Michelle has come to counselling due to increasing feelings of hopelessness about the direction of her life. She is complaining that she is too “bogged down” in her problems to see where she should be going. This is Michelle’s third session with the Counsellor. She has spent her previous session discussing the areas of her life that she is happy with. Within this session, the Counsellor decides to trial a solution-focussed approach with Michelle for she is definitely not happy and seems sad with dull eyes and not enthusiasm when she talks about being happy. Her body language also gives her away.

The Counsellor hopes to move Michelle onto discussing ways she can confess the problems that she has described by focusing more on what is troubling her. For ease of writing, the Professional Counsellor is abbreviated to “C”.

### Essential Case Information

Michelle is twenty-one and has completed her Biochemical Science degree. She would like to finish her Honours degree in the next few years, but doesn’t think that this will ever happen. Currently, Mica is deferred from her studies and is working as a receptionist for a doctor. She likes her job, mostly because they involve dealing with the public. Mica has strong desires to move on with her career and is frustrated by spending all her time working as a receptionist.

Mica lives with her partner Ethan, who is a intern at a attorneys practice. When they were both studying full-time, they were having difficulties supporting themselves financially, but with her having a receptionist job it is going a bit better lately. They made an arrangement that she would work and continue with her studies after Ethan got a job as an attorney. Ethan will then work to support Michelle in her own studies. Mica had planned to work for about one year, however, Ethan has discovered that he will be required to do an two extra years of Internship, with a very small salary, to qualify for the position he wants.

This means that Michelle has to wait at least two years before she can continue her studies. She does not want to make Ethan feel guilty for postponing her dreams and education, but is starting to resent him and feeling angry and frustrated.

### Previous session

In the previous session, “C” did a Personality Need Type Profile for Michelle. She has moderate Type “D” needs, which means that Michelle studies and career goals are an important means for her to meet her achievement needs. “D” types are not particularly social, preferring to interact with those who have similar interests to them. This explained to Michelle why she does enjoy the public contact involved in her receptionist work.

Michelle was pleased to find that there were some valid reasons for her desires to continue study and for her discontentment with Ethan. However, she was still experiencing difficulty in understanding how this would help

her to change her circumstances. She has also discovered that Ethan gets more money that he leads on and goes out with friends after work. They are struggling to makes ends meet and feel frustrated and cheated.

### **Session Content**

In this, the second session, “C” asked Michelle if it would be okay to ask her some questions about her situation; in particular how she thought life would be when she didn’t have these problems. Michelle said she was happy to give it her best shot.

“C” asked Michelle if there had been any times during the past few months when she felt happier about the direction of her life. Michelle responded that she had been feeling good about her life when she attended a Biochemistry seminar a few weeks ago. “C” questioned Michelle as to how she had organised this for herself. Michelle replied that one of her class mates mentioned this to her and also offered to pay for her expenses.

“C” then asked her what it was about the seminar that made her feel better. Michelle replied “it was great to be with people who were interested in the same field as myself. The presenters inspired me to think about the areas that I would eventually like to work in. It was fantastic to meet other people who were practicing in those areas and they gave me some good advice. I even made some contacts with Biochemists in my state.”

“C” congratulated Michelle on her decision to attend the seminar, and providing herself with a situation that would gratify her need to pursue her studies. Michelle responded that the feelings of happiness did not last too long once she had to return to work. Through the use of a ‘Miracle Question’, “C” asked Michelle to describe what her life would be like if she did not have this problem. “Michelle, imagine that you woke up tomorrow morning and found that your problems had disappeared. What would you notice to be different?”

“I’d be working, as a Biochemist, in my own laboratory, in my field of speciality. I wouldn’t have to do any more receptionist work. I’d be working towards my own career.” “C” replied, “that sounds like a longer-term goal to me, what do you think might happen in the meantime to move you towards that goal?”

“...I don’t know..., perhaps I’d have more time to do my studies. I could maybe leave the receptionist job and get a half day job where I have time to continue my studies..... though I’d have to check this with Ethan. One of us would still have bring in enough money, in order for us to survive.”

“C” complemented Michelle on her ideas, “talking with Ethan and renegotiating your arrangements sounds like a good first step Michelle.” “C” went on further to ask how Michelle might approach Ethan about her ideas. Michelle was uncertain about this, and she expressed her concern that Ethan might not feel that she was supportive of his career direction by proposing change.

“C” asked Michelle to think of the times when she demonstrated her commitment to her partner’s goals. Michelle responded “there are many times I suppose. I agreed to work initially in order to allow him to finish his studies. I also help him out with his assignments.” “C” asked Michelle how Ethan had responded to her

commitment. “He has been pretty grateful actually; I don’t know why I think that he wouldn’t support my goals... and I have to consider that the arrangements have changed since we first made them.”

“C” praised Michelle for giving some supportive reasons to negotiate changes for herself. “How would you approach Ethan about your ideas now, Michelle?” Michelle went on to think about how she could approach Ethan about her feelings and negotiate some changes to occur in their agreement.

In particular she thought of alternative means of financing herself and Ethan, by seeking loans, or reducing their cost of living. In the past, Michelle’s parents had assisted her with sorting out her finances, so she thought to discuss these possibilities with them. She considered that Ethan may also have some ideas to contribute.

Both “C” and Michelle were feeling positive about the solutions that Michelle had developed for herself. “C” asked Michelle if she could rate how hopeful she felt about her ability to change her circumstances. Michelle responded that on a scale of 1 to 10, she was at about a ‘6’. “Okay,” said “C”, what else might have to happen for you to increase that score?” “Well, I’d like to be more focussed on my study at the moment,” replied Michelle.

As Michelle had already stated this goal, “C” responded with, “you mentioned before how happy you felt after attending that seminar. It seemed like such a good strategy for yourself. I am wondering if you can organise to attend some further seminars.”

“Yes, I can, however, they only happen every now and then. Though several of the students were hoping to form a study group and meet on a regular basis. There were plans to invite some of the local seminar presenters along, to give us some feedback on our work I guess that I could try to attend some of these.”

“C” asked Michelle how she might organise this for herself.

“I could get a part time job to have time to concentrate on my studies.

“C” affirmed this goal of Michelle, as a pro-active step towards meeting her needs and maintaining her enthusiasm for her studies. Michelle responded positively to the feedback and went on further to say that ideally, she would like to be able to begin her practical experience and assessment next year. “C” inquired further into this area of her work, and Michelle became more animated as she discussed her plans for her career and future.

“C” questioned Michelle about the ways in which she could achieve her goal to commence practical work. At all times, “C” acted as the interested listener, and asked questions to increase his understanding of Ida goals, rather than assuming that he knew what Michelle would want. Michelle was able to determine some ways in which she might go about starting practical work, whilst still balancing her financial requirements. She also thought more about the agreement that she and Ethan had made, and ways in which it might be modified.

Nearing the end of the session, “C” requested that they take a short break before summarising the goals and outcomes for Michelle. “C” prepared some feedback to offer Michelle in this time.

### **Summary**

In summary, “C” discussed how Michelle had initially been feeling that her goals were out of reach. Michelle obviously had dreams and goals that she had wanted to pursue, and “C” had noticed how inspired Michelle seemed when she discussed these in detail.

“C” felt that Michelle already had the skills that she needed to solve her problems, and she had demonstrated this by organising time to attend seminars and student work groups. “C” also complemented Michelle shift in attitude about approaching Ethan with her issues and solutions. “C” validated Michelle goal to assert her own needs, in a considerate way, with her partner.

From Michelle discussion, it seemed to “C” that her solutions consisted of:

- Renegotiating an agreement with Ethan where she could reduce her work. Maintain her support of Ethan’ goals to finish his study, whilst still meeting her own study and career goals.
- Organise some time off from work to attend study groups or seminars. Look into other financial arrangements for herself and Ethan, such as student loans, parental assistance, reducing rent and other expenses. Organise to start Practical placement with a Biochemistry laboratory next year.

“C” also suggested that Michelle might use some of her contacts from the seminar to assist her with finding placements, and possibly some part-time work.

“C” mentioned that they had focussed mostly on meeting Michelle goals for study and career, rather than other issues such as work. “C” explained to Michelle that focussing on a few main issues, was easier than dealing with several issues at once. As Michelle main goal appeared to be her studies, they had focussed on that area. “C” suggested that her issues regarding work would likely be reduced, once she was meeting her priority needs to study and work.

“C” asked Michele how she would rate her control over her future, upon reaching the end of the session.

Michelle described herself as an 8. She was feeling particularly positive after revisiting her goals for a career.

It had been sometime since she had the opportunity to discuss them, and this session had helped her to focus on what she could do to change her situation. She reinforced for herself again the benefit of attending seminars or study groups on a regular basis to keep her enthusiasm going for her career goals.

### **End of Session**

Some points to consider with Solution-Focused Counselling:

This style of counselling, focuses on discussing what the counselee can do to change their situations, rather than focussing on the problems the counselees present with. This does not mean that problems are ignored, rather that the emphasis is on building solutions.

The counselee will usually be able to describe the who, what, where and why of their **problems** however, the role of the counsellor will be to **encourage** the counselee to inquire into the who, what, where and why of their **solutions**.

The counsellor assumes that the counselee has the skills required to solve their own problems and assists the counselee to do this by:

1. Asking the counselee about how they have solved problems before
2. Asking the counselee about exception situations, when the problem was not evident
3. Asking the counselee about what they did to make the exception situations occur
4. Asking the counselee how they would like their situation to change for the better and what it would take for this to occur (the miracle question)
5. Asking the counselee to prioritise their goals and solve them one at a time

**Author:** Jane Barry

## 15 Case study: Solutions when working with the Elderly

The minute she arrived and displayed her beautifully lined and full of expression face on my eyes there was a bond. Immediately I had to check myself. This person in front of me is not my mother. She is the same age as my mother was when she died five years previously, she has the same-coloured hair, permed and styled exactly the same; she is the same height and even has the same smile. An overwhelming feeling of love for my own mother swept over me; I missed her so much.

As I allowed Beryl Mackenzie to tell her story I challenged myself to keep track of my own feelings, no transference please. On the surface I knew that this poor lady of 86 years needed to tell her story to somebody who will attempt to appreciate her feelings. Somebody who will share an unconditional positive regard and project a deep empathic understanding. Unfortunately, Beryl picked up on the subconscious feeling I was projecting and there in my room was a case of countertransference.

She stated “My dear you are just like the daughter I wished I had – I always imagined she would be just like you. I did however have three incredible sons and they’re all married with children. Actually, some of their children have had children of their own. So, I am a great grandmother and very, very proud of this.”

Mrs Mackenzie (I was compelled to use her formal title because of the values I had inherited from my own mother instilling in me as a child regarding respect of my elders) then launched into the most amazing story of her life which gathered momentum each time I attempted to keep her on track. She said she felt very ‘at ease’ with me and really wanted to tell me everything.

I, as the counsellor, felt quite out of control of this situation. Consideration of the age factor, plus the fact Beryl reminded me of my mother and respect for somebody who has come to counselling to tell her story; all events paid their toll on me. I couldn’t stop her. So I just let her expand on everything that came to her, hoping she would exhaust herself in about 15 minutes.

First, she spoke about the loss of her husband twelve months prior and still caught in the process of extreme deep-seated grief, however she did not wish to pause on the emotion of that time, she had so much more she wanted to say. She immediately relayed each son’s story and what their lives were like up to the time of their marriages. Unfortunately, after twenty minutes I had to stop Beryl; I noticed she was becoming quite fatigued. Her voice was weakening and her shoulders appeared more slumped than when she first arrived. I did ask her about her general health and she stated she was on five different medications prescribed through her family doctor and who had also referred her for counselling. She said her doctor told her he didn’t really have too much time to talk with her, that he had a lot of sick people waiting in his surgery.

## **The Break**

I decided the best way to pause Beryl would be to suggest a break in our session where I would be able to gather my thoughts on how to continue the session with some control over the outcome and help Beryl reach some goals of which I had no idea at this stage. After I made Beryl a cup of tea and she settled in ready to proceed, I complimented her on her alertness and attitude in recognition of her years to which she made reference quite a few times, how well she is going for her age and her ability to stay healthy.

“We give compliments about things the counselees have done that have significance to them in the achievement of their goals.” (Turnell & Hopwood 1994)

I enquired about the types of medication she was on. She said two years prior she suffered a very mild heart attack and was on blood pressure tablets. Her doctor had also prescribed tablets to help her with her anxiety and she did have the first stage of osteoporosis. One of her sons was a Naturopath and wanted to know exactly what she was taking at all times and challenged her with her ‘drugs’, as she stated he called them.

The procedure of the counselling session continues.

## **Counselling Session – Transcript**

(With ‘C’ being Counsellor and ‘B’ being Beryl Mackenzie)

C: Mrs Mackenzie, I am going to interrupt you and I hope you don’t mind. I realise that you have an entire lifetime to tell me about, however, time permitting we will address some of that and more importantly explore the reasons why you have felt the need to come and see me here in my counselling room. I suppose what I’m asking is which area would you like to work on first.

B: Well, my dear, when my dear husband of 50 years died, I just didn’t know what to do with myself. Dear Wally did everything for me. He drove me to the shops. I never drove a car in my life. My youngest son tried to teach me once, but Wally got so upset in case I had an accident. He loved me so much, did Wally. I never had to work either. Wally always looked after me. He paid all the bills and now when I get something in the mail, I send it down to Ben, my eldest son and he takes care of everything for me regarding bills and things.

C: So, do all of your sons live away from you Mrs. Mackenzie?

B: Oh yes, they all live down south and this is the problem. They want me to go down there and live near them. I just don’t want to move, I’m scared of travel, I just never go anywhere especially without Wally.

And then B starts to cry. B is offered a tissue at this point which is declined and a small lace handkerchief is gathered out of her purse she is clutching in her frail, yet very worn looking, hands. They are deeply lined and marked with years of work and twisted with arthritis.

My chest tightens and I feel fluttering sensations inside my neck. My own mother used to crochet the edges of handkerchiefs just like this one Beryl had and I had to stay on track with the session. Control of emotions is imperative when working with counselees. It would be unfair to our counselees to be less than professional.

Respectfully I allow her a few minutes to contain her tears and my emotional stability is challenged. I am wondering if I should refer her, however it would be, I felt, irresponsible of me at this stage to suggest this considering Beryl is able to open up to the first person who has taken the time to really listen to her; as she stated previously.

C: Mrs Mackenzie, have you had a meeting with all of your sons and their wives together so they understand how you feel about travelling and moving to another State?

B: Shakes her head and looks into her lap and slumps.

C: Do you know what their plans are for you when you do move down there to live, has that been worked out yet?

B: You know dear, they all talk too fast, they live fast and I think sometimes I just get in their way. They don't really want me there; I think they just feel obligated because I'm their mother. I did hear them mention a Retirement Village at one stage but that really frightens me. I've been living in my own home for fifty years now and I know the neighbourhood and how to get to the shops and I can walk up to the Church every Sunday and they have a craft group there on Wednesdays. I like my life but I do miss my boys now that Wally has gone and I know he's not coming back. Beryl starts to cry again.

C: Now Mrs Mackenzie just because your boys talk fast and live fast doesn't mean you have to. Do you talk with them on the phone? Your sons may know your fears about travelling.

Beryl then proceeded to start to tell me how often she spoke with them on the phone, the content of the conversations and I could feel myself losing control of the session again because I was respectfully allowing her to continue into multiple tangents of her sons' lives.

*"It follows from the person-centred view of psychological disturbance that such disturbance will be continued and reinforced if an individual remains dependent to a large extent on the positive judgement of others for a sense of self-worth"* (Mearns & Thorne 1991)

Even though the session started with Person Centred Therapy according to the needs of my elderly counsellee, I decided to adopt the Solution Focused Therapy components of promoting the exception questions with Beryl.

1. 'The Counsellee is the Expert' and will finally decide on what she wants through the skills required of a Solution Focused therapist.
2. 'The counsellor needs to communicate with the counsellee in clear and comprehensible terms. In order to achieve clarity, the counsellor matches the counsellee's language and imagery, provided that the language chosen does not trap the counsellee in her problem situation' according to O'Connell (1998) 'the counsellor needs patience, tenacity, warmth, tact and curiosity in order to enter the counsellee's frame of reference in a respectful, non-intrusive manner.'

C: Mrs Mackenzie, was there ever a time when you felt like you could just hop on a plane and make that flight down to the next State to be with your boys?

B: Oh, my dear, yes. I feel sometimes as if I'm twenty and so fit and active and I can do whatever I want to do and then I remember, good grief, I'm 86, you old fool, you can't do that. I wish I could just fly down there and live with them all together just how it was when they were little and I was their Mum and they followed me because I was so bright and cheery and smart and active and all the things that I'm not now. Oh, I'm so sorry, listen to me. Maybe I'm just losing my marbles, what do you think, dear?

C: Smiling – Imagine if I waved a magic wand and miraculously you were twenty again. What would you see yourself doing Beryl? Is it ok if I call you Beryl?

B: Of course, my dear, I realise those days are long gone with titles. Sometimes it is nice to have a little dream. I'd see myself being in more control of my life. I would probably organise a flight down to see my boys once a month or something and have the ability to get myself to the airport. I suppose I see myself as being fit and healthy and without a care in the world. Oh dear, I think inside of my body I am still that twenty-year-old; except my body reminds me that I'm not.

C: So, what would frighten you the most about going and living interstate Beryl?

B: I don't know, I just don't know. I think I'm scared of not knowing. Lately I'm scared about everything. This is old age; you know my dear, I think I'm even scared of dying. We can't live forever I know, can we. I suppose I should be spending more time with my boys. I can't expect them to always be flying up here to see me. Oh gosh, look at the time, I could sit here forever and talk with you except I've got to get home to watch my serials. Can I come and have a talk with you again tomorrow?

C: Well, Mrs. Mackenzie, the whole idea of our time together is to help you decide what it is you are going to do with your life now that your sons have suggested a big move. We can work together on some different ideas so that you can come to a decision of what suits you best. Please take into consideration our time here today and you will need to think about these things we have talked about. Then next week when we get together again, we will talk some more about what you would like to do and then we can go from there. How does that sound to you?

As a parting gesture for my counselee, I offered her a quote from a book:

In Friedan (1993) cited by Hecht (1998) excerpt she urges older people to stop the quest for youth and to embark on a new venture, effectively to redefine (more positively) who they are:

*“The problem is not how we can stay young forever, personally... the problem is, first of all, how to break through the cocoon of our illusory youth and risk a new stage of life, where there are no prescribed role models to follow, no guideposts, no rigid rules of visible rewards, to step out into the true existential unknown of these new years of life now open to us, and to find our own terms for living it.”* (p.33)

As Beryl Mackenzie left my room, a feeling of huge relief swept over me and I realised I had a lot to learn about myself and the containment of my own emotions. Because my own mother had died five years prior, emotional feelings of grief remained with me.

Elderly counselees are a reminder of our own destinies. I pondered my own mortality as I reached for the phone to make an immediate appointment with my supervisor.

Supervision sustains me fortnightly because of the numbers of counselees I see; however, I have to admit that Beryl Mackenzie has been the most emotionally challenging so far. Her fragility and vulnerability, which were both purely my perceptions, with complete trust in the proceedings left me in a space of similar feelings which only added to the challenge of counselling the elderly.

“Observational research has documented older people not only accommodating or accepting ageism but also as unwitting co-conspirators in its realisation” (Hecht 1998)

**Author:** Kathleen Casagrande Dip. Prof. Couns., Cert.IV Work. Assess

References:

Chen, S.J., N.d. Case examples.

## **16 Case Study: A Cycle of dysfunctional parenting and unsatisfactory child development**

[NB All names have been changed]

Beatrice is a 40-year-old married mother of four children; she married young and over time she and her husband separated on three occasions. Her husband previously subjected her to both psychological and physical abuse. As a child she lost her mother to suicide leaving her to be raised by her father. Unable to raise his daughters and work at the same time, Beatrice was passed around to various extended family members to be cared for. Unfortunately, this exposed her to ongoing physical abuse.

Joe is 43 years old and the father of the four children; he has left Beatrice on 3 occasions over a 20-year period. He was raised in very poor circumstances and was subjected to physical abuse by his parents. He became addicted to alcohol in his teen years and developed increasingly violent behaviour.

Both Beatrice and Joe were raised in tragic and violent circumstances. Beatrice had to develop coping skills to survive an environment dominated by feelings of abandonment, parental loss and physical violence; home was not a safe place for her and her sisters. She also suffered unresolved grief in relation to her mother's death; consequently, positive parental modelling was non-existent.

Joe had to survive a home life filled with violence where his father's aggressive behaviour was exacerbated by heavy bouts of drinking. Forced to leave home when only 15 to fend for himself, Joe turned to drinking and made poor choices in his friends. Family modelling for Joe was a negative experience and he suffered from strong feelings of rejection and abandonment.

Both Beatrice and Joe had no concept of how to provide a loving and nurturing environment for children. As a consequence, their children witnessed their mother being physically abused over many years; they were neglected and felt abandoned during the times their parents were separated.

The dominant emotion they experienced in their home life was fear. As the children grew into adolescence Joe and Beatrice became Christians and their life changed. Both decided they wanted to restore their marriage and be better parents. They separated in order to sort out their individual issues and a positive change in the behaviour of both parents became apparent.

A complicating factor was the death of Joe's Aunty who had over the years been a great supporter of the children, providing care and love. It was at this time that their 14-year-old daughter Ann started to display powerful aggressive behaviour towards her parents and others. She also began to drink excessive amounts of alcohol and participated in high-risk activities with friends. Her parents convinced Ann to attend a series of counselling sessions.

## **Background Information on Ann's Difficulties and Proposed Approach**

### **a) The Broad Principles**

Ann's situation needs to be considered in the context of three broad areas of her life: her family and home environment, her school situation and her friends. As a counsellor a number of questions would need to be asked when considering how to help Ann. These could include questions about her family history, what her home environment is like, what is happening at school and how she is getting on with her friends; problems in any of these areas could be affecting her behaviour, causing the recent aggression and rebellion.

### **b) The Family Situation and Environment**

Firstly, we might consider the difficult subject of the possibility of abuse occurring in the home environment. In this case the counsellor would need to first consider the two primary determinants of behaviour: inherited traits (personality needs) and social learning (learned attitudes). Ann may have inherited aggressive tendencies from her parents which when coupled with the parental modelling have made her vulnerable to feelings of anxiety and aggression; however, it is important to remember that having aggressive parents does not automatically mean that a child will inherit the aggressive trait.

Thus, the interaction between the influences of Ann's genetic inheritance (i.e., her personality, represented by traits, needs and genetic predispositions) known as 'personality needs' or 'behavioural tendencies' and those of her learned attitudes, shaped by socialisation and modelling influences, will be the major determinant of her behaviour.

In the case of Ann's parents, their behaviour could also be the result of genetic loadings pre-disposing them to aggressive tendencies, coupled with what they may have learned as children brought up in an abusive environment.

The counsellor would look at all areas of Ann's life, her primary environments, considering the possibility of specific events having had a negative impact on her, the family modelling she has been exposed to and her own personality traits.

The lack of appropriate parental modelling in the parents' childhoods has made them unable to provide a functional safe home environment for their own children. Their separations, drinking and abusive behaviours have all impacted on Ann's overall wellbeing, including her physical, emotional and mental states.

The counsellor would consider a range of possible aspects when working with Ann:

1. A possible genetic predisposition towards anxiety and aggression inherited from her parents; such a predisposition would be exacerbated in a violent environment.

2. The behaviour being modelled by her parents will influence Ann's behaviour, both at home and at school. Ann may perceive aggression as a normal and appropriate way of dealing with problems. Ann may not be able to satisfy her lower order needs (such as those for security, shelter, freedom from threat etc.) to an acceptable degree; if this is the case then her middle and higher order needs for love, belongingness, acceptance, self-esteem and self-fulfilment will also be unfulfilled. If her basic needs are not being met Ann could well be left feeling vulnerable and hostile.
3. Another area which needs to be considered is grief and loss related to the death of Aunty. Often if a close friend or a member of a family is severely injured, dies, or is forced to leave, the parents may be given comfort and counsel but the children can be forgotten. They may have to find their own way through their sense of loss and grief, leaving them vulnerable to anxiety. Grief which is not being managed has the potential to lead to behavioural changes, such as Ann's aggression.
4. At the age of fourteen Ann's physical health may be a factor negatively affecting her life. It would be advisable to suggest that she has a check-up with the family GP to rule out any physical problems.
5. The counsellor would also be looking for any major changes in her environment, such as moving house or changing school, which could involve the loss of social and/or family connections.

c) **The School Environment**

Ann's school environment needs to be examined. A counsellor would ask whether there have been any changes at school which might affect Ann's behaviour. Some of the areas to consider are:

Has a new teacher taken over her class? If so, has this affected her in some negative way? Perhaps they have a mutual dislike for each other. She may have developed a very close relationship with her former teacher, which is now lost. She may believe the new teacher does not understand her or dislikes her. Perhaps their teaching style is very different and she is falling behind in her studies. She may be bored with her schoolwork. It may be useful for the counsellor to contact her teacher and discuss Ann's situation, with permission from both Ann and her mother.

Has a close friend left the school recently? If this is the case, she may feel very lonely and no longer want to go to school. Or has a new teenager come into the school environment who is a bully? She now may be 'picked on' where previously school (or the school bus) was a safe place for her. Her needs for security and acceptance are no longer being met at school so she doesn't want to be there anymore.

d) **Her Friends**

In relation to Ann's friends, a counsellor would be examining whether some significant change had occurred recently. For example:

Ann has social needs, which relate to her desire for friendship and companionship; are these social needs being met? And by whom?

Has a close friend recently moved away or died? If this were the case, she would be experiencing grief which triggers a number of emotional and physical reactions

Has her circle of friends suddenly rejected her? If she is no longer accepted by her normal group of friends, she may be feeling rejected and confused about what she must do to regain peer acceptance. She may not want to socialise any more in case she is rejected again; she may become angry or resentful and take it out on others.

She may have a boyfriend and the relationship is causing difficulties or has come to an end.

### **Factors to Consider When Counselling Adolescents**

When counselling an adolescent, it is important to remember that it differs from counselling either children or adults. Things to consider:

Adolescents can be **strongly egocentric**. This trait starts in early adolescence and carries most weight in mid- to late-adolescence. They may have the notion that everyone is watching them, at times parading in front of others to invite attention. They may make up success stories about themselves, which they start to believe. This can lead to the idea they are bullet proof or powerful and cannot be hurt.

A critical adolescent task is the formation of personal identity; failure to achieve a satisfying personal identity is very likely to have a negative psychological effect on them and on their development into adulthood.

Teenagers are often experimenting in making their own decisions apart from parental influence. Part of this learning curve is for them making “both helpful and unhelpful choices”. This is part of life and the counsellor must recognise this if they are going to be successful in forming a working alliance with a teenager.

Young people particularly need to feel they have some power/control in the counselling relationship. Often profound disempowerment is a fact of life for a teenager where they have lost control to others and their direction appears to have been predetermined.

### **Session Content**

C met Ann in the waiting room, and using observation skills assessed her as being nervous and unhappy.

C introduced himself to Ann in a cheerful manner in an attempt to commence building a rapport with Ann. C tried to put Ann at ease, by using affirmation skills to send her a very positive message about the courage she showed in coming to see C.

C: Your mother contacted me concerning your situation on Wednesday and gave me some background information. (C is doing this to demonstrate his willingness to be honest in the relationship by disclosing to Ann that her mother had contacted him, again adding weight to rapport building).

Ann: I thought she had when she gave me your phone number.

C: How do you feel about being here today?

Ann: (with eyes downcast) Well, I feel very nervous. I'm not sure what is going to happen. Mum tells me I need help but I'm not sure anyone can help me. She says I'm out of control.

C: That's what your mum tells you, but what I am really interested in is what you think, how you are feeling. C is validating Ann's right to an opinion and also aiming to empower Ann by emphasising Ann's ideas rather than her mother's.

Ann: That doesn't happen very much to me you know; adults don't think my opinion's worth anything. I like the way you do.

C noticed that Ann was looking at her shoes while responding to C's questions; sensing her discomfort C shifted the focus of his questioning.

C: Ann, I notice you're looking at your shoes a lot when you're talking to me. They're very nice joggers, are they new? Have you started a new sport?

Ann: Yeah, I have actually. Just started doing athletics. The sports master told me I could be a good runner one day if I train hard.

C: That's great — good luck with it.

C distracted Ann from her nervousness by focusing Ann on a topic that was neutral, showing a genuine interest in what Ann saw as important to her. This relaxed Ann and the session was able to move on.

C: How much do you know about counselling?

Ann: Not much. I thought it was for people who are sick in the head.

C: Well for most people it is to help them sort out every day problems and issues. It helps them work their way through stressful times or when they are having disagreements with other people. It helps them change behaviours they don't like doing and choose new ones which are more useful to them. Does that make sense?

Ann: Yes, it does, I can understand that.

C: Ann, before we go any further, I need to give you some information and explain what happens to the information you give me. Is that OK with you?

Ann: Yes, that's OK.

The counsellor then explained issues and limitations of confidentiality to Ann, making sure that she understood that what she said to him would not be repeated to her parents.

C: Ann, how have things been for you at home or at school.

Ann: Mum keeps me from going out with my friends all the time; I can't even invite them back to have some fun. She tells me I can't be trusted, it's not safe. At school there's this gang of girls who bully me. It's so hard I can't even concentrate on what the teacher is saying.

C: The bullying at school must be very hard for you to cope with Ann. Have you tried to do anything about it?

Ann: I've been to the teacher and asked for help a few times, but nothing seems to get done. I've spoken to mum too, but she can't help much either, she works all week. Dad lives somewhere else and works funny shifts.

C: Would it help if I were to become your advocate and spoke to the school principal about this?

Ann: I'll have to think about that one, I'm not sure, it could help.

C: Well, have a think about it Ann, it's your decision to make. Ann, you mentioned that you were not allowed to go out with your friends, can you tell me more about that?

Ann: Well, Mum's had a hard life, when she was younger things were bad for her and she's scared, bad things will happen to me too. She won't listen to me. I get so frustrated; I can't have any fun!

C: Ann, what do you think would have to change for Mum to let you go out with your friends?

Ann: Well, that's a good question, I don't know.

C: Ann, have there been times in the past where your mum has let you go out with your friends?

Ann: Well, yes there have been. Mum let me go out months ago.

C: What was different then?

Ann: Well, Dad had to run me to my friends and I had to be home by 11.00 pm or else.

C: So, what's changed then to stop you being allowed to go out now?

Ann: Oh, I got home one night about four in the morning. Mum was really cranky.

C: Ann, what do you think you could do to turn things around?

Ann: Maybe get Dad involved again and stick to my curfew of 11 o'clock.

C: That's a great solution, Ann, well done! You mentioned earlier your dad does not live at home, are your parents separated?

Ann: Yep, been like that on and off for years. I live with Dad one week and then Mum the next. Not sure where I will be from week to week. Often lived with my aunty until recently, but she died. Now it's just Mum and Dad. Ann then began to cry. C allowed Ann to weep for as long as she wanted to, letting her experience her grief and loss.

C: That was very brave of you, Ann — to cry in front of me. Ann, I want you to feel that this is a safe place where you can be yourself.

Ann: I really miss her; I loved her a lot. I didn't get a chance to say good bye to her. She cared for me and was so gentle. She was the only one to treat me kindly. Mum and Dad have been so angry with each other for years they forget me and get very cranky with me. All this makes me really sad and angry at the same time!

Ann became emotional again unable to contain her anger she cried out, and using coarse language struck out at life, shaking and crying. C allowed Ann to release her emotions until she ended it by looking down at the ground. C remained silent until Ann spoke, respecting her right to be angry and frustrated.

Ann: I'm sorry I did that in front of you. But I'm not really a nice person, so I'm told. But I do feel a bit better after that.

C: Ann I mentioned a little while ago this is a safe place for you to be yourself. That hasn't changed. Considering what has happened to you, you have a right to be upset and frustrated. Ann, can I ask you who tells you that you are not a very nice person?

Ann: Well, they use worse words than that, but that's what they mean. People at school and at home. It hurts to hear it. I feel worthless at times.

Ann is revealing that she sees herself as a worthless and rejected person, a significant piece of information for C. C then asked Ann a scaling question to measure anxiety levels she was feeling at the moment.

C: Ann, on a scale out of 10 where 0 is no anxiety and 10 is a great deal of anxiety, what are you feeling at the moment?

Ann: I am feeling quite anxious, about a 7, but it was 10 a couple of minutes ago.

C: Ann, I need to tell you something very important. I see in front of me a unique and pretty young lady who, despite all the hard things you have been through, you are still doing well at school, still caring for yourself and you want to do better in life. You have athletic skills and you were able to form a close relationship with your aunty. So, you are a valuable person. (C is re-enforcing Ann's strengths and uniqueness to start rebuilding her self-esteem).

Ann: It's nice to hear someone tell me I am important. I don't hear that very often.

C: Ann, you will find that during counselling sessions I will keep emphasising your strengths and achievements, this will help motivate you to make the changes you want to make. Are you happy with this approach?

Ann: Yeah, that sounds good to me. By the way I'm feeling much better now.

C: Ann, I'd like to change the direction we are taking and clarify some information you gave me about your family and school situation. Is that OK with you?

Ann: Yes, I think so, but it is sad for me to think about my family at the moment.

C: Ann, if it's too hard for you to speak about this you can stop at any time.

Ann: OK.

C: Ann, you mentioned you loved your Aunty a great deal and you miss her a lot, can I ask what is your happiest memory you have of your Aunty?

Ann: I think it was last year when I spent my holidays with her. We did everything together. I loved it. When I think about it, it makes me feel loved.

C: Ann our memories of people can be very powerful, can I suggest when you are missing her, fill your mind with the good memories of her, the special times you had with her. This will help with your sadness. Do you think this could help you?

Ann: You know, I think this will help. It just did a minute ago.

C: Ann, I would very much like to see a photo of your Aunty. Would it be OK with you if you brought one along the next time we meet? (C is attempting to further strengthen the working alliance with Ann by showing an interest in something very important to her).

Ann: Yes, I would like to that. I will bring a photo of her next time.

C: You have also mentioned you have been feeling very angry lately. How has this affected your relationships with your parents and friends?

Ann: Well, I've been so upset and angry I keep yelling at my parents and my friends lately. I don't know what to do about it.

C: Can I ask you to shut your eyes and imagine a recent time when you started to get angry; try and remember what was happening inside you at that moment.

Ann: OK I'll try. I couldn't think straight, and my face got hot. Then I started to shake.

C: You're doing very well to remember it. Those feelings you just described can be used by you to help control your anger. Next session I will show you how to relax and to change what you are thinking about so you can stop yourself losing your temper. How does that sound?

Ann: That'd be good.

C: It would be useful if you could over the next week record on a note pad when you become angry, including information about what caused it, who was involved, what you were thinking and how it affected you.

C is helping Ann to become self-aware of her body before she loses control of her anger and is also providing to her some practical steps, she can take to help herself over time.

C: Do you think this could help you?

Ann: Well, I'll give it a try and see what happens.

C then suggested Ann to reward herself for keeping this record and asked her about something she liked doing.

Ann said that she liked looking in clothes shops after school. C is helping Ann to place value on keeping these records by providing a reward for her, which also acts as an incentive for her to keep doing it.

C finished this session by again congratulating Ann on her courage in dealing with some really difficult issues in her life.

## 17 Case Study: Domestic Violence

The counslee, Gary, called to make his first appointment and said he was persuaded by “a mate” to attend counselling to control his anger. In short Gary was a perpetrator of physical abuse against his intimate female partner, Julie, who is 22 years of age. The couple have no children but his partner has recently expressed a desire to have a child with him.

The counslee is 28 years old and a labourer by occupation. He has only had casual/ contractual employment and has been subject to periods of unemployment, the longest being three months. At the time of beginning counselling Gary was unemployed and renting with his partner in a shared house with another couple.

### **Brief outline of the counselling techniques used in the session**

The counselling approach chosen is based on the findings in a report by authors Richards, J; MacLachlan, A; Scott, W; & Gregory, R. (2003) – Identification of Characteristics and Patterns of Male Domestic Partner Abusers.

Psycho-educational techniques became prominent early in partner abuse treatment, and remain ubiquitous today. Psycho-educational programs typically include educational instruction around power and control issues, gender role attitude restructuring and anger management.

Participants also learn how to manage hostility and aggressive impulses (Arias & O’Leary, 1988). In current psycho-educational programs, the focus is on altering the attitudes of abusers by teaching new options, strategies and skills. Abusers are also expected to become responsible for their abuse, anger and violent behaviour.

(Richards et al 2001-2 p. 10)

As reported by Hamburger (1997 cited Richards et al, 2001. p.10) “*cognitive behaviour therapy (CBT), like psycho-educational intervention, is well suited to treating men who abuse their partners*”. The aim of CBT is to place responsibility for cessation of domestic violence with the perpetrator. CBT approaches also provide systematic, empirically based methods to facilitate specific behaviour change and cognitive re-structuring. This all adds up to CBT being a logical choice in counselling Gary.

### **Background**

The introductory session revealed that Gary had also been under pressure from his partner’s family to attend counselling or face retaliation. There was also a serious warning from his partner that she would leave him if he did not seek help to change his behaviour and stop his displays of physical abuse in the home.

It was obvious that Gary felt intimidated and irate by the ‘threats’ yet he did admit to behaving with “mild physical and verbal abuse” towards his intimate partner. Incidents of this abuse include slapping and pushing her, shouting insults to her face, and delivering embarrassing comments about her in public.

Gary’s history revealed that he had previous relationships, without children, that ended as a result of his violent and abusive behaviour. According to Gary no serious harm has been dealt to his current partner; he has not

been officially charged by police for assault. He claims that his abusive behaviour is restricted to behind closed doors or only in the home.

### **Session Details**

The structure of the CBT sessions, were adapted from a cognitive behavioural therapy group for abusive partners (for details see Taft, Murphy, King, Musser, & DeDeyn, 2003).

In this case study, sessions were divided into four sequential blocks of two sessions. Each session sought firstly to assess and develop Gary's motivation to change and subsequently to offer him self-management strategies to help him deal with his anger issues.

1. In the first block the counselee was guided to explore his motivation to change and commitment to a nonviolent relationship; assessing his readiness to change in the first session could provide a predictor of positive outcomes. [For an overview of Motivational Interviewing (MI) refer to Resnicow, Dilorio, Soet, Borrelli, Hecht, & Ernst, (2002). For a discussion on predicting a perpetrator's readiness to change refer to Scott & Wolfe (2003).]
2. The second block was devoted to teaching crisis management techniques, such as time out, to avert violent behaviour during difficult relationship situations.
3. The third block involved assisting the counselee to formulate his own self-management plan to deal with his anger and stress, including self-monitoring of anger cues, rational restructuring of anger-producing thoughts, and applied relaxation exercises.
4. The fourth block has the counselee working on learning positive relationship skills as an alternative to coercion and aggression, including communication and assertiveness skills.

This plan is flexible and I have allowed two additional sessions for wrapping up, reviewing changes made, and articulating goals and plans for continued personal work.

### **Session One: Motivational Interviewing Style**

The tone and mood setting for the first session follows the motivational interviewing (MI) style closely (Miller & Rollnick, 1991 cited Resnicow et al 2002).

The basic tenets of MI are closely related to Carl Rogers person-centred counselling being:

- Non-judgmental
- Empathetic
- Encouraging
- Non-confrontational
- a Supportive climate where the counselee can feel comfortable expressing both positive and negative aspects of his current behaviour.
- Where the counselee is encouraged to talk more than the counsellor
- Initially the role of the counsellor is to engage in reflective listening without attempting to confront

denial, irrational or maladaptive beliefs, or try to convince or persuade.

- Primarily invites the counselee to think about and verbally express his own responses for and against change, how his current behaviour may conflict or be an obstacle to achieving immediate and long-term goals.
- An Opportunity to use a neutral tone to address discrepancies in counselee knowledge, beliefs or behaviours without promoting defensiveness

As Gary's counsellor I had to make sure that I resisted providing information or advice until he had first presented his own understanding of his 'life's frame of reference', including any ideas he thought possible for changing his behaviour.

[In the following transcript counsellor is abbreviated to C and Gary to G.]

C: Well Gary, where would you like to begin?

G: (Shifting in his seat) Well... I have been made to come here by my girlfriend, Julie, and her family.

C: Yes.

G: They say I'm a violent person because of what I do when I get agro with Julie. (Looking away, breaking eye contact) ... All I do is shout at her, then she goes whingeing to her family and they all gang up on me.

C: What else happens?

G: (Raising his voice, leaning forward and gripping the armrests.) I really got agro because she complained to her parents. If she'd just copped it... then things wouldn't have got out-of-hand. C: Just copped it?

G: She's always on at me to get a better job, to be like her sister's boyfriend. Day in, day out she's nag, nag, nag... I never seem to do anything right. I can't help it if there are no good jobs out there... Look at these hands (standing, then sitting down, holding out his hands, his voice rising). Do they look like the hands of someone who doesn't know what hard work is?

C: I see what you mean Gary.

G: I wish to hell other people would see that I'm not a bludger, I can match any man in doing a bloody hard day's work. I had to work hard... no one ever cared about Poor Old Gary! (Slumping in his chair, head bowed, punching left fist into right hand).

C: What are you telling yourself Gary?

G: (shouting) You tell me!

C: I've only known you 15 minutes.

G: Well, (getting up and walking towards door) aren't you going to try and stop me?

C: No, it's up to you.

G continues walking around the room, his body tense, anger and frustration in his face; C watches him in silence. After a few minutes Gary show signs of calming down and returns to his chair.

C: What are you telling yourself here?

G: I have been in and out of relationships with women... why... I love Julie... she is the best girl so far. why do I get so angry with her?

C: It is good to hear you using "I" statements.

G: What do you mean?

C: It tells me that you are accepting responsibility for your own behaviour.

G: It might sound like that to you but I see it differently. She doesn't know when to shut up!

C: How could you behave differently to avoid getting angry?

G: I thought you'd say that.

C: Gary, I can only help you if you want to change.

C suggested they take a short break during which Gary could think about things on his own.

On resuming C began to provide feedback on what Gary had said.

C: It seems that Julie is very unhappy with your behaviour and she is asking you to change it. You love Julie and want the relationship to last and not turn out like others you have had in the past. While your anger is directed against Julie and generally in private, your behaviour is now beginning to attract possible retaliation from Julie's family. Does that describe the situation?

G: Yeah, that's right

C: Can you help me understand what you mean when you say you love Julie and want the relationship to last?

G: I guess I don't want a repeat of those times when I felt lonely. I have been alone enough times and I don't want the hassles of starting another relationship. I want some continuity in my life and Julie is the one.

C: So, you fear being on your own again?

G:(After a long pause) So?

C: So, what has controlled your violence, got to do with being here?

G: If I want to remain an important part of Julie's life, I need to treat her differently... If I want to feel...  
(hesitates before closing his mouth tightly and turning his head away)

C remains silent, waiting for him to continue, there is a long pause.

G: I hate it when I get like this

C: Like what?

G: I want to go now.

C: You know you can leave anytime.

G: You're trying to get me to admit that I'm in the wrong, that it's all my fault when we argue.

C says nothing.

G: I do all I can to be what she wants me to be, but she always finds me lacking... I get angry and hit her... I shout at her and put her down. I want her to feel as bad as she makes me feel.

C: OK, Gary, I'm asking you to try and hold on to that feeling of wanting to hit back. Let it slowly build but stop when you sense you are about to lose control.

G tenses his upper torso, raises his right arm as if to strike out then shouts: You bitch! You never give me the same approval you hand out to others!

C: Stay in control. Hold back from striking. Listen to me Gary, listen to my voice. Repeat after me. I...

HAVE... A... CHOICE!

G: I... HAVE... A... CHOICE!

C: I... CHOOSE... TO... REMAIN... CALM (my voice level drops and slows down when saying the word calm).

G: I... CHOOSE... TO... REMAIN... CALM C: We repeat this sequence until Gary's temper and anger subsides.

(Now in a calm voice) "I have a choice and I choose to remain calm" – Gary repeats these words a number of times and then stops and stares into space, C remains silent, watching him.

G: Do you think that will work for me the next time I get agro?

C: Together we can start to make a difference.

G: I need a break.

During the short interlude I took time out to consider what I had learned about Gary. I sensed that he might fit the typology of a male batterer who according to Holtzworth-Munroe & Gregory (1994 p. 492) is a family-only batterer rather than someone likely to be violent in the wider social context. He may have high security and belonging needs, and low self-esteem. A lack of social and assertiveness skills may also contribute to his abusive behaviour.

C: Gary, we're nearing the end of this session, is there anything else you want to talk about?

G: I can't think of anything.

C: I know it's not easy for you to control your anger, but you managed to do so.

G: I lost it a bit.

C: Can you tell me what it felt like when you "lost it"?

G: Well, I sure was not happy with myself... I had time to think about it during the break when I went outside... and... after I calmed down, I was still shaking a bit... I do want to fix it.

C: Have you any ideas about how you would like to fix it?

G: No, not really

C: Would you like to consider some possible ideas?

G: OK.

C: Let me begin by saying that I have confidence in your ability to change. I'm going to suggest some material for you to read on your own. Find somewhere comfortable you enjoy, away from the environment that you find yourself being violent in. It's a book which describes some better ways to deal with those times when you and Julie lock horns and you respond with the violence and anger that harms her and your relationship. It includes

chapters on communication and assertiveness skills, how to express yourself better and how to manage anger.

What do you say?

G: I think I can manage that...but what can I do now to stop myself from flying off the handle.

C: You have already found one way to cope.

G: I have?

C: Time out, just like we did during this session. Move out of the difficult situation, calm down and then you will find it much easier to try to deal with what is making you angry.

G: So, until I see you again, I make a conscious decision to take time out whenever I feel I am getting angry?

C: It will not be that easy in the beginning but with practice it will get easier and each time you succeed you will be reinforced by feeling of being in control; a sense of empowerment in making a conscious choice to stop your anger building before it gets out of control. Maybe, when Julie sees, you are trying to change, she may also change some of her styles of communication. Gary, it is very important that you tell yourself when you immediately sense your anger rising: I...HAVE...A...CHOICE... AND... I...CHOOSE...TO REMAIN...CALM.

G: I have a choice and I choose to be calm... I have a choice and I choose to be calm.

C: Then when you have removed yourself from the situation that's making you angry, I want you to try the relaxation exercises I taught you. If you don't want to do the exercises, you can do something physical that you enjoy – walking fast, jogging, cycling perhaps.

G: OK, I'll try.

C: Something else you might consider which might help is to write down when you get angry, what the triggers are, what happens just before. If we can start to identify what is making you angry, it will be easier to find ways to manage it.

G: I hope it will not happen as much. but I get your drift. Thanks for your help.

The session ended with Gary feeling positive about doing the homework tasks he had been set and confident about using the mediating response he had learned. In future sessions we would look at role playing to practice better communication and relationship skills.

**Author:** Paul Hodge

## 18 Case Study: Stressful life change.

### A précis of the sessions is as follows.

For ease of writing the Professional Counsellor is abbreviated to “C”.

In the first session, “C” asked some open questions to prompt Mary to start discussing her dilemmas. Mary was able to convey the events leading up to her problems clearly, although was reduced to tears when discussing her seemingly overwhelming feelings of being alone and unable to cope with her circumstances. “C” allowed Mary the time to cry and acknowledged her need to release her feelings. When she was calmer, “C” continued with gathering some of the background information.

### Essential Case Information

Mary has been married for 13 years and has two daughters aged 9 (Christine) and 13 (Jennifer). About 9 months ago, Jennifer suffered a brain injury after a sporting accident. Since then, Mary and her husband have had to teach Jennifer to eat, walk and talk again. They have attended numerous doctors, and specialists’ appointments in regards to the treatment and rehabilitation of their daughter.

Jennifer is now able to talk again, however her speech is slurred and her vocabulary is still developing. She has difficulty walking unsupported and Mary helps her to shower, dress, eat, go up and down stairs, get out of bed, etc. Mary has quit her part-time work to stay home and look after Jennifer. Mary misses the opportunity to work and have contact with her friends there. Phillip has cut his work hours to part-time in order to help support their two daughters.

Mary states that she hardly recognises the girl that Jennifer used to be before the accident, the new Jennifer is more demanding, throws screaming tantrums, and seems to resist Mary’s every effort to help her. Mary grieves that she can no longer have the daughter she once had and she feels overwhelmed to think that Jennifer will remain this way for the rest of her life.

Lately, Jennifer seems to favour Phillip’s efforts more than Mary’s. She said that Phillip seems more able to convince Jennifer to shower and dress, whereas Jennifer has been refusing to dress or shower for Mary. Jennifer would have a screaming tantrum, whilst Mary directed her towards the shower. She has started to resent her husband’s apparent ability to control Jennifer and is very critical of her own ability as a mother.

Phillip had started to give Mary advice about how to handle Jennifer, to which Mary responded angrily. She thought that he should be supportive of her efforts, not give her directions, and this further reinforced her beliefs about being an inadequate mother. Mary feels that her husband is withdrawing from her, focussing more of his attention on his two daughters and his work.

Mary has had little time for her friends and other family. She has been dismayed to find that many of her friends and relatives have distanced themselves from her family. She hasn't talked to her closest friends, feeling that she doesn't want to burden them with her troubles.

Mary has not been sleeping well, as she lies awake wondering whether her life will be this difficult forever. She can't see an end to the predicament and she is tired of feeling stressed, and having such conflict with her family.

### **Session Details**

"C" let Mary discuss her issues fairly openly for the first session. "C" used active listening skills to let Mary know that her feelings and experiences were important. Mary had been experiencing insomnia and mood swings for the last 4 months and due to this, "C" believed that she was suffering from chronic stress. Mary described that initially she had coped well with the tragedy, as her attention was focused on the rehabilitation of Jennifer. At the end of the session, "C" commented that Mary was showing signs of chronic stress and explained some of the symptoms to her. "C" validated Mary's feelings of being unsupported, unable to cope and her grief as being normal responses to the tragedy of her daughter's accident.

Mary indicated that she was feeling a little lighter, after talking about her issues with someone. Mary and "C" discussed some things that Mary could do before the next session to reduce some of her stressful feelings. "C" suggested some relaxation strategies for Mary to use, such as deep breathing and listening to meditation tapes. "C" also gave Mary some examples of positive affirmations she might use to calm her thoughts, for example: by clearing her mind and saying, "I am relaxed" when she breathes out.

Mary decided to visit her G.P. to ask about medication (and alternatives) that may help her to sleep a little better, as a short-term solution. Mary also decided to organise some time to talk to a close friend about her predicament, as a means to re-establishing a support network for herself apart from her direct family.

In the second session, Mary told "C" that she had talked for a long time with her friend. Her friend had been very supportive and helpful, and Mary wished she had contacted her friend sooner. Mary's friend had suggested an herbal sleeping remedy that Mary should try and also gave her some relaxation music to listen to before going to bed. Mary had been sleeping a little better since using the music and herbal remedy, so she decided not to see her G.P.

Since Mary seemed less stressed in this session, "C" conducted a Personality Need Type Profile for Mary. The test indicated that Mary was a type 'B'. "C" explained about the high social needs of 'B's' and Mary thought that this was true of her personality.

Mary said that her husband was pleased that she was seeing "C". She explained that they were still arguing about Jennifer, as Jennifer was refusing to shower this week for Mary. Phillip had said to not push Jennifer to shower

when she didn't want to. Mary felt that Jennifer was just trying to be disobedient and upset her. Mary was visibly upset about the conflict with her daughter and husband.

“C” talked about some of the cause-and-effect relationships that were involved in Mary's predicament, such as:

- i. Traumatic accident causing:
- ii. Grief about the obvious changes in Jennifer
- iii. Pressures on Mary's ability to cope
- iv. Lack of contact with people, due to friends and family's inability to relate to what had happened to the family
- v. Confusion for Mary about how to deal with an incident she has no experience
- vi. Change in lifestyle for Mary — having to quit her job and stay home as a full-time carer
- vii. Lack of social contact
- viii. Jennifer's temper tantrums and refusal to be helped causing:
- ix. Feelings of frustration to accept Mary's assistance
- x. Feelings of inadequacy as a mother
- xi. Criticism / Advice giving from husband causing:
- xii. Feelings of inadequacy as a mother
- xiii. Anger about the perceived lack of support from husband
- xiv. Feeling alone in her attempts to cope with her situation
- xv. Feelings of inadequacy and inability to cope causing:
- xvi. Hopeless feelings about the future for herself and her daughter
- xvii. Attitude that she is alone in her predicament causing:
- xviii. Her B type personality needs to not be met
- xix. Stressful feelings
- xx. Separation from friends, social activities causing:

### **Her B type personality needs to not be met**

These are some of the main cause and effect relationships that “C” outlined for Mary in her situation. “C” then asked Mary what she wanted to focus on in the counselling process. Mary wanted to work on how she could cope better with Jennifer and re-establish the bond between herself and her husband.

“C” explained to Mary that “C” was not qualified to give advice about how to deal with Jennifer's behaviours given that she had an acquired brain injury (ABI). “C” explained that damage to certain parts of the brain can cause changes in behaviours, and Mary would require the advice of trained professionals (i.e.: cognitive psychologists) to suggest appropriate behaviour modification strategies. “C” provided Mary with a number of health and community organisations who specialised in treating and providing information about ABI. “C” also suggested that Mary ask these organisations about support groups for parents with children with ABI. “C”

explained that as a type 'B', Mary would probably enjoy being involved in such groups and it would enable her to have more social contact. Mary said she would definitely try to find a support group to join and was planning to ask Phillip to attend them with her.

In the meantime, "C" talked to Mary about possible causes for Jennifer's non-compliance. They discussed Jennifer's need to do things unaided and the effect of the disability on Jennifer. If Jennifer thought that she wanted to do things unaided and Mary thought that Jennifer needed assistance, then the conflict may be occurring over their differing attitudes. Mary and "C" discussed Mary's attitude of what a good mother is. "C" and Mary developed some mediating responses for Mary to use when her daughter did not want to be assisted. Mary could say to herself "I am a good mother and I recognise my daughter's need to do things independently and when she wants" or "I love my daughter, I let her shower when she chooses". "C" and Mary also developed some visualisations such as: picturing herself remaining calm when Jennifer had a temper tantrum and dealing with Jennifer's issue when both were calmer.

"C" also suggested that Mary talk to Phillip about handling Jennifer if Mary did not feel able to remain calm in the situation. In this way, Mary and Phillip could work together in parenting their daughter and help ease Mary's fears of being unsupported by her husband. "C" also mentioned that Mary could try to praise and reinforce Jennifer's attempts to do things for herself.

### **Third session**

In the third session, Mary reported that she and her husband had, had a long discussion about Jennifer. Mary talked to him about her changing her attitude about how she should be supporting Jennifer. She also told him about her feelings of inadequacy and that she feared that he also thought she was a terrible mother. She explained about her type 'B' needs for his company and attentions. Phillip told her he thought she had always been extremely supportive of Jennifer and reminded Mary of all the effort she had put into her daughter's rehabilitation. He had noticed lately how angry and critical Mary had seemed, when he had attempted to help her with Jennifer. He thought she was trying to force Jennifer into patterns that Jennifer wasn't happy about. He also admitted that he didn't really know how to cope with Jennifer's behaviours all the time either. Mary reported that Phillip was unsure as to how to help her, and was concerned about her stress. He had withdrawn himself because he thought she did not want his opinions.

Mary stated how relieved she was to hear Phillip's support for her and she understood why he had distanced himself from her. She also understood how her anger and feelings of insecurity about her capabilities had affected Phillip's behaviour. Mary talked to "C" about the possibility of having counselling for herself and her husband, to which "C" agreed. Mary said that Phillip was interested in improving their communication with each other, however he wanted to meet "C" before he committed to any counselling. Mary commented that

Phillip expressed interest in attending groups or courses to learn more about ABI. “C” reinforced to Mary that these strategies would also help to fulfil her type ‘B’ needs for social contact.

### **Summary**

In summary, “C” asked Mary about her current stress levels and what strategies she was using to combat these. Mary said that sleeping was easier and she would continue to use her herbal remedy and relaxation music. She was starting to develop quite a collection of tapes! “C” also suggested some exercise to help combat the effects of the stress. Perhaps walking with her husband in the evening, as a means of taking the time to talk to each other. “C” also reminded Mary to keep in contact with her friends and to try and build up some social support for herself, in order to meet her personality, need for social contact.

### **Future counselling sessions**

In future counselling sessions with Mary and Phillip, “C” suggested they may like to discuss their feelings of grief and loss about Jenny’s accident and the issues that it brought into their life. They could do this in conjunction with improving their communication skills. “C” also reinforced Mary’s decision to join a group of parents who had similar experiences in raising a child with ABI. The group could provide her with support and understanding about the experiences she had. She may also learn new strategies to cope with her daughter’s disability from those who were also in the same situation. “C” also reinforced that Mary and Phillip should seek assistance from a psychologist to help them develop strategies to manage their daughter’s behaviour.

Mary felt that she now had some direction to follow and did not feel so hopeless about the future. She realised that she had been experiencing stress from the change in her daughter’s life and her perceived inability to cope. Mary was still faced with the same struggles and problems in her life, though she realised that she could change her approach to these, in order to reduce the stress, she suffered and to feel better about herself and her family.

**Author:** Jane Barry

## **19 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.

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.

## 20 Case study: Peter a man suffering with anxiety

Example of how a case study can be answered

### Background

Peter, a 32-year-old South African, is a dedicated individual with a strong commitment to his professional career, family, and church community. For the past two years, he has been grappling with continuous and escalating anxiety. This emotional struggle has cast a shadow over various aspects of his life, prompting him to seek counselling for support and guidance. Peter's occupation as a high school teacher plays a central role in his daily life. As an educator, he is not only responsible for imparting knowledge to his students but also for shaping their character and providing emotional support. This role can be emotionally taxing, particularly given the challenges that teachers often face in today's educational landscape. The pressures of lesson planning, grading, and classroom management have weighed heavily on him, contributing to the emergence of his anxiety. Beyond his professional commitments, Peter is an active member of his local church. His involvement extends to participating in the church choir, where he lends his singing talent to the congregation, and serving as a Sunday school teacher, where he imparts Christian values and teachings to young minds. While these roles are fulfilling and spiritually rewarding, they add an additional layer of responsibility to his life, demanding his time, energy, and emotional investment. Peter's family, consisting of his spouse and two young children, is a cornerstone of his life. While his family provides a source of love and comfort, it also adds to his responsibilities. The demands of parenthood and the desire to create a stable and nurturing environment for his children have further compounded the stress he experiences. The cumulative effect of these commitments - his demanding job, active involvement in the church, and the responsibilities of being a husband and father - has led to a significant increase in the severity of Peter's anxiety symptoms. The constant juggling of these roles, coupled with the pressure to excel in each of them, has left him feeling overwhelmed and emotionally drained. Recognizing the toll that anxiety has taken on his well-being, Peter has taken the courageous step of seeking professional counselling. He acknowledges that he needs support in managing his anxiety, regaining control over his life, and finding a healthy balance between his various roles and responsibilities. In light of this background information, it becomes evident that Peter's anxiety is not isolated but rather a complex interplay of his professional life, church involvement, family responsibilities, and his own high standards for himself. The holistic approach to counselling will need to address these interconnected aspects to help Peter find peace, balance, and emotional well-being.

## 20.1 How to assess Peter's current profile

Assessing Peter's current profile is a fundamental step in counselling, and it involves gathering comprehensive information about him. Here's how this can be done, following the provided headings:

### 20.1.1 Gather Biographical Information:

1. **Personal Information:** Peter is a 32-year-old South African male.
2. **Contact Details:** Obtain Peter's contact information for scheduling and follow-up.
3. **Personal History:** Peter's personal history includes his background, upbringing, cultural and religious influences.
4. **Health History:** Collect information about any physical or mental health conditions, medications, or treatments.
5. **Family History:** Explore Peter's family background, dynamics, and any relevant family history of mental health issues.
6. **Occupational Information:** Document Peter's occupation as a high school teacher, including details about his job responsibilities, work hours, and any recent changes in his work situation.
7. **Academic Information:** Inquire about Peter's educational background, degrees, and any specific educational challenges he may have faced.

### 20.1.2 Conduct a Comprehensive Interview:

- Allow Peter to share his background, concerns, and reasons for seeking counselling.
- Explore his personal history, including family relationships, upbringing, and cultural or religious influences that may be relevant to his anxiety.
- Discuss his education, including any experiences or challenges in the academic realm that might contribute to his anxiety.
- Explore his work history and the emotional toll his role as a high school teacher may be taking on him. Ask about specific challenges related to lesson planning, grading, and classroom management.
- Inquire about significant life events or stressors that may have triggered or exacerbated his anxiety over the past two years.

## 20.2 Identify the Results of the Problem:

1. **Emotional:** Encourage Peter to describe his emotional state, including feelings of anxiety, stress, and any associated emotions such as sadness, frustration, or fear.
2. **Financial:** Assess if there are financial stressors contributing to his anxiety, such as debt, financial responsibilities, or concerns about the future.
3. **Environmental:** Explore Peter's living environment, including any stressors related to his home, neighbourhood, or workplace.

4. **Mental/Intellectual:** Inquire about any cognitive or thought patterns that may be fuelling his anxiety, such as rumination or negative self-talk.

5. **Social:** Discuss Peter's social relationships and any challenges he faces in his interactions with family, friends, or colleagues.
6. **Physical:** Assess if there are physical symptoms associated with his anxiety, such as sleep disturbances, muscle tension, or changes in appetite.
7. **Spiritual:** Explore Peter's spiritual beliefs and practices, especially his involvement in the church, and how they relate to his anxiety.
8. **Occupational:** Understand how his job as a high school teacher affects his mental health and whether there are specific work-related stressors.

### 20.3 Identify Reporting Responsibility:

- Determine if there are any legal or ethical reporting responsibilities in this case. For instance, if Peter discloses any intention to harm himself or others, it is essential to report this information in accordance with ethical and legal obligations to ensure his safety.
- By gathering this comprehensive information, the counsellor can gain a deeper understanding of Peter's current profile, including his background, challenges, emotional state, and contextual influences contributing to his anxiety.
- This information will form the foundation for developing an effective intervention plan to address his specific needs and goals in counselling.

### 20.4 Peter Goals are identified and prioritised.

The counsellor assisted Peter in identifying and prioritizing goals struggling with anxiety based on the case study 1. **Goal Exploration:** In the initial counselling session, the counsellor sits down with Peter to discuss his reasons for seeking counselling and what he hopes to achieve. Peter openly expresses his desire to overcome the continuous and escalating anxiety that has affected various aspects of his life. He shares his concerns about the impact of anxiety on his job, his roles in the church, and his family life.

**2. Clarification and Specificity:** The counsellor helps Peter refine his goals by making them specific, clear, and measurable. Peter specifies that he wants to reduce the frequency and intensity of his anxiety symptoms. He also expresses the need to regain emotional stability and find a balance in his multiple roles.

**3. Short-Term vs. Long-Term Goals:** Peter and the counsellor distinguish between short-term and long-term goals. Short-term goals include immediate steps to manage anxiety, while long-term goals involve creating a sustainable, balanced life.

**4. Prioritization:** Working collaboratively, Peter and the counsellor prioritize his goals based on urgency and importance. They identify managing anxiety as the top priority because it directly impacts his daily life and well-being. Finding work-life balance and developing coping skills come next in terms of importance.

- 5. Feasibility Assessment:** The counsellor evaluates the feasibility of each goal, considering Peter's circumstances and available resources. They discuss the realistic nature of these goals, taking into account Peter's dedication to change.
- 6. Alignment with Values and Beliefs:** Given Peter's strong Christian faith, the counsellor explores how these goals align with his values and beliefs. Peter confirms that he seeks to find peace and balance in a way that is consistent with his faith.
- 7. Assess for Interconnectedness:** The counsellor and Peter recognize that achieving work-life balance and developing coping skills can positively impact his ability to manage anxiety. They discuss how progress in one area can lead to improvements in others.
- 8. Spiritual Goals:** Peter expresses a specific spiritual goal of finding emotional and spiritual strength through his faith. The counsellor acknowledges this goal and plans to integrate it into the counselling process.
- 9. Collaborative Decision-Making:** Throughout the goal-setting process, the counsellor ensures that Peter is actively involved in decision-making. Peter feels comfortable with the prioritized goals and is motivated to work towards them.
- 10. Written Documentation:** The counsellor documents the identified and prioritized goals clearly and concisely in Peter's counselling plan. This plan serves as a reference point for both Peter and the counsellor, guiding the counselling process.

By following this structured approach, Peter's goals for counselling have been effectively identified and prioritized, ensuring that the counselling process is focused, achievable, and aligned with his needs and aspirations, all while taking into account his South African background and Christian faith.

## **20.5 Determining Peter's developmental potential and readiness for change in counselling**

Determining Peter's developmental potential and readiness for change in counselling for his anxiety involves a thoughtful and structured approach. Here's how you can apply the principles you've mentioned to assess his readiness and potential for growth:

### **1. Establish Trust and Rapport:**

Begin by creating a safe and non-judgmental space for Peter to share his thoughts and feelings. Ensure that he feels heard, respected, and understood. Building trust is crucial for him to be open about his anxiety and his readiness for change.

### **2. Reflective Exploration:**

Engage in open dialogue with Peter to explore his current state of mind. Ask open-ended questions to understand the nature and severity of his anxiety. Encourage him to express how anxiety is affecting various aspects of his life, including his professional, church, and family roles. This exploration helps both of you gain insight into his emotional struggles.

**3. Motivation for Change:**

During your conversations, inquire about what motivates Peter to seek change. What benefits does he perceive in addressing his anxiety? Understanding his motivations will provide valuable insights into his commitment to making positive changes.

**4. Readiness for Change:**

Assess Peter's readiness for change using a readiness assessment scale or by discussing it on a scale from "not ready" to "fully ready." This assessment can help you gauge his willingness and ability to engage in the counselling process actively.

**5. Developmental Stage:**

Consider Peter's developmental stage and life transitions. How might these factors influence his readiness for change? For instance, being in his early thirties, he may be going through a stage of life where he's re-evaluating his priorities and seeking greater balance.

**6. Strengths and Resources:**

Identify Peter's strengths, which can support his development and coping with anxiety. These strengths may include his dedication, strong family support, and his commitment to his church community.

Acknowledging these assets can boost his confidence in addressing his anxiety.

**7. Barriers and Obstacles:**

Explore any barriers or obstacles that may hinder Peter's ability to change. This could include fears related to confronting his anxiety, past traumas that contribute to his anxiety, or external challenges such as time constraints due to his multiple commitments. Understanding these barriers will help you tailor your counselling approach to address them effectively.

By following these principles and conducting a thorough assessment, you can gain a comprehensive understanding of Peter's readiness for change and his developmental potential. This knowledge will serve as a foundation for designing an intervention plan that is well-suited to his unique needs and circumstances. It will also enable you to provide the necessary support and guidance as he embarks on his journey toward managing his anxiety and finding balance in his life.

**20.6 To identify the contextual factors of Peter's life for change in counselling**

To identify the contextual factors of Peter's life for change in counselling, we can analyse his personal history, current life circumstances, developmental stage, social support network, cultural and ethnic factors, spiritual and religious beliefs, economic and financial situation, health and well-being, and environmental factors within the framework of the case study.

**1) Personal History:**

Peter's personal history includes details about his family background, upbringing, and significant life events. His family consists of a spouse and two young children, suggesting a family-oriented background. His upbringing and past experiences may influence his anxiety and how he copes with it. Exploring these aspects can provide valuable insights into his current struggles.

**2) Current Life Circumstances:**

Peter's current life circumstances are characterized by his profession as a high school teacher, active involvement in the church choir and Sunday school, and the responsibilities of being a husband and father. These commitments are the source of his anxiety, and understanding the specific challenges within these roles is crucial for counselling.

**3) Developmental Stage:**

At 32 years old, Peter is in early adulthood, a developmental stage marked by establishing a career, starting a family, and defining one's identity. His age and life stage may influence his experiences and concerns, such as the pressure to excel in multiple roles simultaneously.

**4) Social Support Network:**

Peter has a strong support network consisting of his family and church community. The quality and availability of this support can impact his ability to manage anxiety and make changes in his life. Assessing the dynamics within this network is essential.

**5) Cultural and Ethnic Factors:**

As a South African, Peter's cultural and ethnic background may shape his identity and worldview. It's important to be sensitive to these factors, as they can influence how he perceives his roles, expectations, and coping strategies within his community.

**6) Spiritual and Religious Beliefs:**

Peter's active involvement in his church community indicates a strong connection to his faith and spirituality. Exploring how his beliefs intersect with his anxiety and how they may provide a source of support or conflict is crucial for counselling.

**7) Economic and Financial Situation:**

While the case study doesn't provide specific details about Peter's economic and financial situation, these factors can play a significant role in anxiety. Financial stress, for example, can exacerbate emotional struggles, so it's essential to inquire about his financial stability and concerns.

**8) Health and Well-being:**

Peter's reported anxiety symptoms impact his overall well-being. In counselling, it's important to assess both his physical and mental health. Any underlying health issues or lifestyle factors that contribute to his anxiety need to be considered.

**9) Environmental Factors:**

Information about Peter's living conditions, safety, and access to resources is not provided in the case study. However, these environmental factors can affect his daily life and emotional well-being. Assessing his living situation and surroundings is essential.

**10) Trauma and Life Challenges:**

The case study mentions the cumulative effect of Peter's commitments, indicating ongoing stressors. It's important to explore any past traumas or life challenges that may have contributed to his anxiety or continue to impact his mental health.

In counselling, a thorough exploration of these contextual factors will provide a comprehensive understanding of Peter's life and struggles. This information will guide the development of a tailored intervention plan to address his anxiety and help him find a healthier balance in his roles and responsibilities.

**20.7 An intervention plan for Peter is developed and implemented:**

The counsellor in one of the sessions developed an intervention plan with the counsellee.

**1) Assessment and Goal Identification:**

It began by conducting a comprehensive assessment of Peter's needs, strengths, and goals, considering his roles as a teacher, church member, husband, and father. He collaboratively identify specific, measurable, and achievable counselling goals with Peter. These may include reducing anxiety symptoms, improving work-life balance, developing coping skills, and enhancing communication.

**2) Select Appropriate Interventions:**

Based on the assessment, select evidence-based counselling interventions and techniques that align with Peter's goals and needs.

**3) Cognitive-Behavioural Therapy (CBT):**

Cognitive restructuring to identify and challenge irrational thought patterns contributing to anxiety. Teaching Peter relaxation techniques such as deep breathing, progressive muscle relaxation, and mindfulness exercises to manage anxiety symptoms. Encouraging journaling to track thoughts and emotions and identify triggers.

**4) Work-Life Balance Strategies:**

Collaboratively developing a schedule that prioritizes and allocates time for work, family, and church commitments. Setting clear boundaries to prevent over commitment and burnout. Teaching time management techniques to help Peter efficiently allocate his time.

**5) Coping Skills Training:**

Providing coping skills training to help Peter manage stress, including problem-solving and stress reduction techniques. Teaching him how to recognize physical and emotional signs of stress and anxiety

and implementing strategies to address them. Exploring healthy ways to relax and unwind, such as engaging in hobbies or physical activities.

**6) Communication Skills Improvement:**

- **Conducting communication skills** workshops to enhance Peter's assertiveness and conflict resolution abilities.
- **Role-playing scenarios** to practice effective communication in personal and professional relationships.
- **Encouraging open communication** with his spouse to share responsibilities and reduce the burden.

**7) Spiritual Integration:**

Incorporating Peter's strong Christian faith into counselling sessions, providing spiritual guidance and support. Exploring how his faith can be a source of strength and resilience in managing anxiety. Encouraging prayer and meditation as tools for emotional regulation.

**8) Support Systems:**

Identify and engage Peter's support systems, such as his family or church community, if appropriate and with his consent, to provide additional assistance and encouragement.

**9) Family Involvement:**

Including Peter's spouse and children in some counselling sessions, where appropriate, to facilitate better family communication and support. Offering family therapy to address any family dynamics contributing to stress and anxiety.

**10) Self-Reflection and Journaling:**

Encourage Peter to engage in self-reflection and journaling to explore his thoughts and feelings, facilitating greater self-awareness.

**11) Homework Assignments:**

Assign homework or tasks between counselling sessions to reinforce learning and encourage the application of strategies in real-life situations.

**12) Documentation:**

Maintain detailed records of each counselling session, including progress toward the established goals and any modifications made to the plan.

**13) Regular Follow-Up Sessions:**

- Scheduling regular follow-up sessions to monitor Peter's progress and make adjustments to the intervention plan.
- Providing ongoing emotional support and encouragement.

**14) Closure and Transition:**

As Peter approaches achieving his goals, plan for closure by discussing how he can maintain his progress independently.

**15) Evaluation and Termination:**

Evaluate the overall effectiveness of the intervention plan in achieving the established goals. Terminate counselling when Peter has achieved his desired outcomes or when it is mutually agreed upon.

**20.8 Evaluation for Referral to Multidisciplinary Practitioners:**

- 1) **Primary Concern - Anxiety:** Peter's primary concern is anxiety, which appears to be primarily driven by the cumulative stressors of his job, church involvement, and family responsibilities. At this stage, it is crucial to assess whether his anxiety is primarily a psychological issue or if there are underlying medical or psychiatric factors contributing to it.
- 2) **Current Intervention:** Before considering a referral, it's important to see how Peter responds to the initial counselling and intervention plan. If his anxiety symptoms significantly improve with counselling and psychotherapy, and there are no indications of underlying medical conditions, the need for referral to other practitioners may be reduced.
- 3) **Medical Evaluation:** If during the assessment, there are signs or symptoms suggesting possible medical conditions contributing to Peter's anxiety (e.g., thyroid issues, cardiovascular problems, or hormonal imbalances), a referral to a medical doctor for a comprehensive evaluation may be necessary.
- 4) **Psychiatric Evaluation:** If there are indications of severe anxiety, depression, or other mental health disorders beyond the scope of counselling, a referral to a psychiatrist for a psychiatric assessment and potential medication management may be considered.
- 5) **Pastoral Support:** Given Peter's active involvement in his church, it may also be beneficial to involve pastoral support as part of his overall care, especially if he finds spiritual guidance and counselling to be an essential aspect of his well-being.

**Summary**

In summary, while Peter's anxiety appears to be primarily related to his life circumstances and stressors, it is crucial to conduct a comprehensive assessment by a mental health professional. Based on the assessment outcomes and the progress made during counselling, a referral to multidisciplinary practitioners, such as medical doctors or psychiatrists, should be considered if there are indications of underlying medical or psychiatric factors contributing to his anxiety. The decision for a referral should be made collaboratively with Peter and in the best interest of his mental and emotional well-being.