

Clinical Internship Report

Submitted to:

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Submitted By:

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**Department of Psychology
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Islamabad**

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1-Clinical Psychology

Psycho diagnostic and Therapeutic Report

By

Ejaz Ahmed Khan

6-FSS/MSPSY/F08

Supervised By: DR ASGHAR ALI SHAH

Asghar Ali

Acknowledgement

I have the only pearl of my eyes to admire the blessing of the compassionate and omnipotent because the words are bound, knowledge is limited and time is short to express his dignity. It is one of infinite blessing of Allah that bestowed me with the potential and ability to complete the clinical internship report in time and make a material contribution towards the deep oceans of knowledge already existing. My special praise for the holy Prophet Muhammad (PBHU) who is for even humanity as a whole.

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EJAZ AHMED KHAN

DEDICATION
TO
The Martyrs of
International Islamic University

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Case No: 1

300.4:

Dysthymic

Disorder

Demographic Data:

Name:	Mehnaz
Age:	35 Years
Gender:	Female
Marital Status:	Widower
Qualification:	Primary Education
Number of siblings:	One Daughter
Birth order:	First born
Brothers & Sisters	Nil
Monthly Income:	Nil
Address:	Islamabad
Name of Psychologist:	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The client was brought by her mother to the National Institute for Rehabilitation Medicine, Islamabad. The patient reported that she felt depress, tired and worthlessness. She suffered from headache, muscles counteraction and weeping episodes. She has feelings of hopelessness, sometime guilt and high stress. Her sleep and appetite also disturbed. She is sometime aggressive and has negative self-concept. She has lost of interest and pleasure in usual activity. She has slowed thinking and difficulty in making decisions.

History of Present Illness:

The patient told that she suffered from these problems from the last three years after the death of her husband in a road side accident. Her husband was a worker in a factory near by his home. She told that she always remains tense and uncertain about her future and her daughter's future due to sever bad economic conditions. She said that she has no hopeful signs about her present and she often remains in a state of fear and anger, She said it is not possible for him to bear all the difficulties of the time. She is so close to her daughter and

often she calls her the substitute of her husband. She has some misperceptions about the life of her beloved daughter. After her husband death she has no interest in her life. She also said that now she is living for her daughter. She told that her husband was his first cousin and died when their daughter was just three seven months old.

Past Psychiatric/ Medical History (If any):

She has not any psychiatric as well as medical history.

Prior Treatment:

She has not been received any type of psychological treatment.

Family History of Illness:

Her family has not any sings of mental and physical ailment.

History of Relationship:

She has good relationship with her mother and father. She has lot of love and care for her beloved daughter. She is very touchy about her daughter. She has also good relations with her other relatives. She has also a friend whom she discuss her problems often.

Mental State Examination:

She was not so talkative. She was weeping during the interview. She has some sense of hesitation due to this she several time hesitate to tell in detail. She can't concentrate on any event or incident for a long time. There was also some problems of forgetting with here. Some time she

remained mute. She was looking depressed due to the illness of her daughter.

Thoughts:

She often thought about her and her daughter's future. She thinks that her life is worthless and there are no solutions of his problems.

Affects:

She most of the time cried and remained depressed.

Sleep:

She has disturbed sleep. After awaking in the midnight it is very difficult for him to sleep again in the remaining night.

Strengths:

She has lack of motivation for combat with her worries.

Psychological Test Administered:

The following tests were administered for screening:

1. Standard Progressive Metrics (SPM)
2. Beck Depression Inventory (BDI)
3. Human Figure Drawing (HFD)
4. Manifest Anxiety Scale (MAS)

Findings:

The patient obtained 20 scores and 5th percentile which show that the patient may be intellectually impaired due to current mental condition.

The patient got 47 scores on BDI which show that she has severed depression.

Patient obtained 50 scores on MAS which showed that she has also severed anxiety.

According to the figure drawing test by patient she has poor social or cultural experience. She has dependency, immaturity, vague perception of the world, instability, and poorly integrated personality, regression due to emotional

disturbance, fear and suspiciousness. She has also inadequacy, shyness, feeling of inferiority complex, poor inner control, helplessness and feeling of insecurity. According to the result of the tests or interview the patient is diagnosed as Major Depressive Disorder, primary Insomnia and has also problem of social environment, inadequate health care services and poor economical condition.

Tentative Diagnoses:

- Axis I: 300.4 Dysthymic Disorder
 307.42 Primary Insomnia
- Axis II: V71.09 No Diagnosis
- Axis III: None
- Axis IV: Problem related to the social environment specify (death of husband,
 In adequate social support)
 Education problems specify (illiteracy) Economic problem specify
 (Extreme poverty, Insufficient welfare support)
- Axis V: GAF = 53 current

Prognosis:

The patient has some insight towards her problems. She can be recovering through proper attention or treatment. She can be take decision after proper guidance. She has courage and that's why she has chances of recovery.

Recommended Therapies:

- Rational Emotive Behavior Therapy
- Behavior Therapy
- Social Skill Training
- Family Therapy

Therapeutic Sessions

Sessions 1-4:

During these sessions intake information has taken and the history form was filled. Asked about her problems and show unconditional positive regard and empathy towards the client. It very important for building a good report at the beginning of the first session she was hesitating and in the state of withdrawal to share her problems. She was little bit confused. I assured that all the information were kept in secret and confidential and be relax and confident. After my words she felt comfortable and relaxed. After that she told me in detail about her problems and circumstances. But the factor of suspiciousness remained to some extent. She informed about herself and about her problems in detail and provides the all information for the intake session. After that a relationship of trust has developed. She realized that not only psychologist can understand his problems but also can give some solutions.

She discussed in detail. She told that she always feel lonely and sad. She thinks that she is the only reason of bad things which occurred during the past. She also reported that the neighbors looked at her in an awful manner and speaks stupid about her and her daughter. All these things are painful for me and I much disturbed by the negative remarks of the people. She wished several time to die but the concept of her daughter force her to live. In her view that the world is cruel and the life of widower is very difficult. She some times thinks about to get second marriage but at the same time she afraid about the safe future of her daughter.

Sessions 5-7:

During these sessions intelligence test and other tests applied to see the intellectual level and the inner feeling of her personality. She hesitate a little bit but after passing some instructions she willing to do this. Due to current mental condition she was intellectually impaired. She complains about the difficulty of the test but she also gave remarks of her interest. In these sessions some psychological test also administered to see the level of her problem. During the

doing test she reported one thing that her mother some times also fed up from her and curse herself for the main reason of problems. When her daughter fell ill she has no money for medicine. It also boost up his hopelessness about the life. She started weeping and said some people including her friend advised her to get second marriage. She told that she has not any interest in other male.

Sessions 8-10:

In these sessions she again and again describes that there is no any solution of his problems. She needs social security and protection against the negative attitude of the people. Human Figure Drawing test was applied. The patient was not willing to do this test due to her low level of education. She denied drawing a human picture. But after encouraging she started to draw a picture. She told that this is her daughter's picture.

She was looking confuse. She has dependency. Immaturity, vague perception of the world, instability, and poorly integrated personality, regression due to emotional disturbance, fear and suspiciousness. She has also inadequacy, shyness, feeling of inferiority complex, poor inner control, helplessness and feeling of insecurity. She said that the world is cruel and alone woman became the easy victim of its rituals. She also reported that some time she thinks that something can be wrong with her at any time.

Sessions 11-13:

In these coming sessions psychological therapies were applied on the patient. REBT used. Patient has irrational ideas and thoughts about her personality and about the whole world. She has negative self concepts. So by using this therapy she made some realization that nobody is worthless in this world. It is our own thinking and perception. She assured that all of us have some importance for others and especially for our family. She assured that her health and existence is essential for her daughter and parents. This hint strikes her misperceptions and she got realization about the value of her life and health. At that time she relaxed and promised that next time she will take interest in herself and other daily doings.

Sessions 14-17:

She got realization about the nature of the circumstances and learned how to live and told her to ignore all types of people's wrong attitude and negative remarks. She also realized to change her inner self. She got it that she can take decision on the basis of her past experience. She was encouraging to be social and to gain power for fighting against the irritating attitudes of the people. She assured that she has the ability to change her fate by facing the problems of life bravely. She understands this notion and feels confidence in herself. She was reinforced for her positive behavior. At the end she admitted that it is useless to sit and curse the darkness. She should adopt the positive way of thinking and try to face the problems with reality.

Termination of the Sessions:

After the application of different therapies patient was stable. She reported that she takes interest in her daily routine work and also take care her daughter properly.

Case No: 2

312.81:

Conduct

Disorder

Demographic Data:

Name:	Akram
Age:	15 y
Gender:	Male
Religion:	Islam
Marital Status:	Single
Education:	9 th Class
Birth order:	3 rd
Brothers	One
Sisters	Tow
Address	Rawalpindi
Psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

Patient was brought by his parents to the National Institute of Rehabilitation Medicine, Islamabad. Patient was persistently lying and stealing. The patient reported that he disregarded for the norms and rules of the society. He also told that he has a problem of sleep talking. He often becomes hyper and breaks things at homes. He was aggressive sometimes and he has feelings of worthlessness. He has difficulty to paid attention to any work. He has poor reading and writing abilities. He also ran away from his home for a number of times. In school he physically tortures his class fellows and disobeys his teachers.

History of present illness:

The patient told that he is suffering from this problem from the last three years. It is his greatest desire to love by his father. He has lot of reservations about the attitude of his father. He tried his best to do things in order but failed. He reported that most of the time he neglected by his father. When ever his father love him he feels good. He remains furious. He often steal things of his class fellows. He has

only one friend only that his friend knows him very well. He has also suicidal thoughts but he did not made any attempt. Several time he physically beaten by his father. His mother and uncle also criticize him on his habits and deeds. He also suffered from Asthma when he was a younger child. His mother reported that he made some fictional stories based upon his ideas. He fed up from the investigated attitude of his parents.

Past Psychiatric/ Medical History (If any):

He suffered from asthma at the age of three years. He had not any psychiatric or disturbed emotional history.

Family History of Illness:

His parents are hypertensive. His mother is diabetic.

History of Relationship:

The patient has poor relations with his father, uncle and older sister. He reported that his uncle treated him harshly and father did not paid attention properly. He often quarrels with his sisters as well as with his younger brother. He also some clashes with his classmates and teachers. He has only one friend.

School History:

His grades showed that he was an average student. He has not been interested in studies due to the strict environment of the school. He often skips from the class. After beaten by his teacher he used to ran away from the class. He enjoyed by stealing things of his calls fellows.

General Mental state Examination:

In the beginning he hesitates to talk but after time passing he openly expressed his thought and sentiments. He has tendency to become social easily. He has some problems of concentration. Although he was not intelligent but seems very active during the whole interview. He has beautiful dreams and plans for his

future. He thinks most of the time how to get money and power to tease others. His thoughts were irrational and negative. He has also guilt feeling and suicidal thoughts. Some time he showed aggression. He has sleep problems like walking and talking during sleep also bed wetting.

Strengths:

He has great amount of motivation. He has an ability to do some thing but without doing hard working.

Psychological Tests Administered:

1. Standard Progressive Matrices (SPM)
2. Slooson Drawing Coordination Test (SDCT)
3. Human Figure Drawing Test (HFD)
4. Thematic Apperception Test (TAT)

Findings:

The patient got 26 scores, 5 percentile and V grade which indicate that he may be intellectually impaired due to current mental condition.

On Slooson Drawing Test he obtained 100 scores which show that he has strong eye hand coordination.

Human Figure Drawing Test revealed that the patient has anxiety in real life and some imaginations of freedom, poor inner control, immaturity, aggressive needs, striving for love and power, His has poorly integrated personality and psychosomatic signs.

According to the patient's TAT stories, he has the characteristics of inducement, conflict, physical danger, dejection, affiliation, achievement, rejection and emotional aggression. He has also passivity, lacks, loss. He uses some defense mechanism like sublimation, repression, reaction formation to repress his anxiety.

Conclusion:

According to the results of the psychological tests and intake interview the patient diagnosed as conduct disorder (Child-onset type). Reading disorder, disorder of written expression and has a problem with primary support group.

Tentative Diagnosis:

AXIS I: 312.81 Conduct Disorder, Childhood-Onset Type (Moderate)
315.00 Reading Disorder
315.2 Disorder of Written Expression.

AXIS II: V71.09 No Diagnosis

AXIS III: None

AXIS IV: Problem With primary Support Group.

AXIS V: GAF= 31 Current

Prognosis:

Patient has an insight towards his problem. So he has a chance of recovery. He can be recovered through proper attention or treatment.

Recommended Therapies:

- Interpersonal Psychodynamic Therapy
- Rational Emotive Therapy
- Family Therapy
- Behavior Therapy

Sessions:**Sessions 1-3:**

During these initial sessions information has been taken and filled the history form. In these sessions I talked to him about his problems in detail and showed unconditional positive regard and empathy towards him. It is very helpful for rapport. At the beginning of the session he was withdrawal and hesitating to share his problem but with some reinforcement and empathy he looked confident and shared some problems. He was confused about his sharing of problem. He assured that his information will be confidential. I tried to keep him confident and relax. After that he feels comfortable and discussed in detail about him. He introduced himself in detail and provide all intake information. He was realized

that psychologist is a well wisher of him and he could be given him better solution of his problems. He told that he always feel lonely. He always thinks that people try to control him. He told that he always think about running away from the class and home. He told that he often break the things when he was criticized.

Sessions 4-6:

During these sessions I tried to get patient's confidence and encouraged him to be happy and relax. He was encouraged to discuss all of his problems and worries. He wants to share his all problems and conflicts but hesitated to do so. After assuring him that your all information keep secret he showed his willingness to tell .He told his problems with out any hesitation. He told that he often steal things from home and the school and he never feel and shame or guilt feelings. He tried to tease every body including his teachers in school. He feels himself smart and he think that he can do all things without any help. He worried about his bad performance in the class. He feels that no one loves him due to his bad habits. He told about his poor relations with his parents. After getting all necessary information some psychological tests applied for his assessment.

Sessions 7-9:

After the psychological assessment and testing some psychological therapies were applied on the patient. In these sessions interpersonal psychodynamic therapy was used. This therapy use to explore the patient complexities of present day problems, with emphasize on the patient relationship with others, The patient was encouraged by the therapist to brought some specific behavioral changes. In these sessions the main focus was to address the patient's current interpersonal difficulties and discussing with the patient or even teaching some techniques how to built good relations with others. During these sessions the patient remains attentive and active. Some home assignments also given to the patient related to his interest. The patient reported that now he feels a positive change in his mood and behavior.

Sessions 10-12:

During these sessions the patient's family also involved in the therapeutic process. For this purpose Family Therapy was used. This therapy is necessary for the awareness of the family members. The family members taught that how deal with the patient. Especially the parents encouraged to change their thoughts and attitudes towards the patient. In these sessions other family members have also realized that their behavior will play a vital role in the treatment of the patient. So they have also needed to modify their own behavior for the sake of the patient. They also realized that it is the greatest wish of the patient to get their attention and love. They should develop a loving and caring attitude.

Sessions 13-16:

In these sessions a set of behavioral therapy techniques used to modify the undesired behavior of the patient. It is related to social training of the behavior. It involves in the management of the depression and anxiety. In this process a comparison has been done between normal and abnormal person. Behavioral therapy used to realize the patient that his behavior is not according to the realities. He was suggested that he needs to change his behavior. He was encouraged to take healthy steps for healthy life. Therapist described the characteristics of a balanced personality to him. He was reinforced for his good attitudes and positive thoughts. The patient has irrational thought and ideas about his personality and about relations with others. To break this mind set Rational Emotive Behavioral Therapy used successfully. Patient again and again described that his life is worthless. His father does not like him due his habits. He has low self esteem. By using REBT he assured that nobody is worthless in this world. Every one has his own aims and goals. To achieve his targets nature gifted every one some abilities and capabilities. So it is his duty to adopt the right path for achieving the ultimate goals. He assured that his life and his future is essential for his parents and they love him very much. Finally he got realization about his value for his parents and others. He understands. He was relaxed and felt light.

Termination:

After application different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires much sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it but ultimately it ends with good signs. Patient was informed during the therapeutic session that it is a professional relation that will be ended after the completion of therapy. So at the end of the therapy he was again realized that I'm his psychologist or therapist, and will be available when he need. He was also assured that he could contact for his problems if he has.

Case No: 3

304.80

Polysubstance

Dependence

Disorder

Demographic Data:

Name:	Lahrasib Khan
Age:	32
Gender:	Male
Religion:	Islam
Marital Status:	Single
Education:	9 th Class
Birth order:	1st Child
Brothers	Three
Sisters	Nil
Occupation	Labor
Family System	Joint Family
Socio Economic Status	Middle Class
Father's Occupation	Shopkeeper
Address	Rawalpindi / Peshawar
Psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

Patient was brought by his father to the National Institute of Rehabilitation Medicine, Islamabad. He reported that he is drug addicted. He uses alcohol, heroin, smoking, and cannabis. He has been addicted for the last seven years. His eyes and nose were running with trembling hands and feet. He has pain in legs and back. He also complained of headache, nausea, low appetite, disturbed sleep, and aggressive behavior. His heart beat was fast and he feels uneasy. His face was flat and looks sad. He feels worthless. His memory and decision power was also disturbed due to addiction.

History of Present Illness:

He has been addicted for the last seven years. Due to low education he earned money by different physical labor. He worked as a driver also but due to rough driving he was punished. He reported that his friends were used some kind of drugs. He also started just for fun and joke. By and large he used these drugs

regularly. He has aggressive behavior towards his family. At present he was in with drawl condition.

Tests Administered:

1. Standard Progressive Matrices (SPM)
2. Manifest Anxiety Scale (MAS)
3. Rotter's Incomplete Sentence Blank (RISB)
4. Human Figure Drawing (HFD)

Findings:

The patient scored 21 points, which shows the intellectual functioning in an average. It may be impaired due to current mental condition.

On Anxiety Scale the patient scored 34 that show the high level of anxiety.

On Rotter's Incomplete Sentence Blank the patient scored 146 that showed the maladjustment behavior. The patient had pleasurable stories of the past and enjoys most of the time by recalling them. He was much depressed due to the current life events. He also reported that his father blame him for the family poor condition.

The results on the Human Figure Drawing Test show that the patient has poor social and cultural experiences. He has some strong sexual wishes as well. He has the feelings of shyness, guilt, hopelessness, worthlessness and distorted thoughts. There is also sense of insecurity.

Tentative Diagnosis:

AXIS I:	304.80	Polysubstance Dependence Disorder
	296.90	Mood Disorder Not Otherwise Specified.
AXIS II:	No Diagnosis	
AXIS III:	No Diagnosis	
AXIS IV:	Problem related to the social environment	
AXIS V:	GAF=15	

Prognosis:

The patient has insight towards his problems. He has bright chances of recovery. He can be recovered through proper attention and treatment.

Recommendations:

On the basis of neuro psychological assessment and intake interview the patient recommended using drug therapy under the supervision of a medical officer. On the psychological perspective the following psycho therapies should be utilized.

1. Family Therapy
2. Cognitive Behavior Therapy
3. Interpersonal Psychodynamic Therapy
4. Rational Emotive Therapy

Summary:

The patient belongs to a middle class family. His father is a shopkeeper in the suburbs of Peshawar. They belong to middle class family having family system. Due to low level of education and bad environment he used drugs. His father blames him for the poor condition. Only the mother has a supporting attitude towards him. This only ray of hope for him, Tow months ago his father admitted his in a drug rehabilitation center in Peshawar where he got the treatment. Now he want to come back in his normal life and want to enjoy the all colors of life with full enthusiasm. He has strong desire to be cured completely.

Psychotherapeutic Sessions:**Sessions 1-4:**

During this session the intake interview has been conducted and gets the maximum information about the patient and his illness. The bio data form completed. The therapist asked about his current and past problems and showed unconditional positive regard and empathy towards him. In the beginning he hesitated to tell. After giving assurance that all the information should be kept in secret, the patient told about his past and current circumstances. He introduced

himself in detail and provides all required information. He also realized that psychologist has the better understanding about his problems. So feel easy and be relaxed. He told that most of the time he feel loneliness, sad, no interest in life, fear of death and guilt feeling. He also reported that he is the main cause of the disturbance and want to comet suicide. He was confused about his future and blame himself for the destruction of personality. He told about his love with a girl who left him due his addiction habit.

In these sessions therapist explored about his job and working. He told that after running from the school he started to work in a hotel as a washer boy. He met there with some criminals who convinced him to become their companion but he refused. He reported that fist he started smoking just for fun but after some time he used heroin and cannabis. For relaxation he used alcohol regularly. He became fully addicted and his physical and mental health declined day by day. Finally his father admitted him in a drug rehabilitation center. Now he left all types of drugs except the medicines recommended by the medical officer. Now he wants to be treated fully to start a new life.

Sessions 5-8:

In these sessions some psychological test were applied to find out the causes of the problems. After getting all the information the therapist explored the past events of his life. The patient reported that before the victim of drug addiction he often remained isolated with low mood, passive and restless. The Manifest Anxiety Scale administered. The result confirmed that the patient has severed anxiety level.

The therapist advised the client to continue the medicines and also visit him.

The therapist examined that now the patient has courage for change and his physical health looks good, gave some suggestions to enhance his reasoning for acceptance the realities of life. At this stage the family therapy used. As history revealed that patient was criticized by the all family members except his mother, now he needs social support for combating his fears of isolation and worthlessness. Assurance and reassurance from his father gained for the quick recovery of the present stat of the patient.

Sessions 9-12:

In these coming session therapist analyzed the recovery process of the patient mental stability and also examined the social support factors from the family members. The results were extraordinary fine. Therapist advised the stakeholders to continue their moral support for the betterment of the patient's present and future life.

Sessions 13-17:

Therapist focused on the interpersonal relationships among the family and friends and also on some rational believes as well. The patient reported that now he started to share his feelings with his father and brothers and also takes part in the home assignments given by the therapist. This showed the remarkable progress in the better and stable condition of the patient. The patient was realized that he has the abilities to change his fate. His family will always support him. He accepted that he shell try his best to make a good relationship with his father and brothers. He was encouraged to take healthy steps for healthy life. He was reinforced for his good attitudes and thoughts.

Termination of the Sessions:

Finally the therapist got the feedback from the family and also from the patient. Patient reported that he had developed a strong interaction with his all family members. He also takes part in the social activities. He helps with his father to share the burden. At the end the therapist strengthened the motivation to become a gentleman.

Case No: 4

315.9:

Learning

Disorder

Demographic Data:

Name:	Fahad
Age:	10Y
Gender:	Male
Religion:	Islam
Education:	3 rd Class
Birth order:	1st Child
Brothers	Nil
Sisters	Nil
Socio Economic Status	Middle Class
Father's Education	B.A
Mother's Education	Matric
Father's Occupation	Assistant in CDA
Address	Rawalpindi
Psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

Patient was brought by his parents to the National Institute of Rehabilitation, Islamabad. They reported that he is weak in his studies. His attitude looks with drawl and sad. He has difficulty in receptive and expressive language. His vocabulary is limited and made errors in tenses. He has difficulties in reading, writing and speaking. He can not make concentration for a long time.

Tests Administered:

1. Colored Progressive Matrices (CPM)
2. Human Figure Drawing (HFD)

Findings:

He got 10 scores less than .V percentile, Grade V and his IQ about 60, which indicates that he is mild mentally retarded.

His results on Human Figure Drawing show that he has poor and social experiences. He has instability, poor inner control, depress and low esteem. He has also feeling of inferiority complex, helplessness, insecurity.

The patient is ten years old and the single child of his parents. His father is an employee in CDA, and mother is house wife.

The patient medical history shows that he born normal. But after the one month of his birth he suffered from fever. After some medication he recovered. The consultant doctor can not diagnose his disease. Actually he was hemi paresis. He has left hand and leg week. He started late walking and talking at the age of 4 years. He was not energetic and active. He has also got some kind of physiotherapy but discontinue due to expensive. Due to single child he remains most of the time mute. He got toilet training at the age of eight years. The patient entered in a special children school where he is studying. He has poor learning skills. He is also slow learner: He is not good in his studies. He has some difficulties in communication with his class fellows.

On Mental State Examination the patient remains calm and silent. Although he has some problems but at the time of intake session he was attentive and looking sharp. He maintained proper eye contact with the therapist and had some attractive facial expressions. His speech was clear and the pronunciation was also good. His orientation about the environment was excellent. He showed full interest and concentration in the intake session.

Conclusion:

According to the results of the tests and interview the patient id diagnosed a learning disorder, mixed receptive expressive language disorder and problem with primary support group.

Tentative Diagnosis:

AXIS I: 315.09 Learning Disorder Not other wise Specified.
 315.32 Mixed Receptive-Expressive Language Disorder

AXIS II: No

AXIS III: Hemi Paresis

AXIS IV: Problem with primary support group
AXIS V: GAF= 35 Current

Prognosis:

The patient has bright chances of recovery by caring and individual sessions and doing some exercises recommended by the physiotherapist.

Recommended Therapies:

On the basis of psychological assessment and clinical intake interview the following facilities are needed for the treatment of the patient.

1. Speech Therapy
2. Family Therapy
3. Social Skill Training
4. Positive Reinforcement

Summary:

The patient referred to the NIRM for treatment because he was the only child of his parents. Although he born normal but due to some problem he can not start walking an talking on time. His developmental history showed that he grew as a normal child despite his illness at the age of one month. He showed interest in books and school. He copied his teachers. These sings show that proper care and attention should be beneficial for him.

Sessions:

Sessions 1-5:

During theses session intake information has taken and filled the history form. The therapist showed unconditional positive regard and ask about the patient problems. The initial remarks are very helpful for building rapport. At the beginning of the session the patient was quit nervous and hesitates for telling some thing about him. But the time passing he began to speak. Although his speak was not clear but when therapist showed affection he correctly

pronounced the words. This was first break up of his fears and shyness. He reported that in the class some class fellows made jokes upon him due to his partial disability and he feel inferiority complex. One of his teachers also neglected him due to his poor performance in the tests. He told that he wants to play like other children but can not play due to his weakness. He reported that he has no friend and there is no other child whom he plays with him. Therapist makes realization that he is a good boy and he can do every thing by doing a little effort. The patient also referred to the speech department for consultation. The therapist also gave some guide lines to the parents that how they appreciate their child on the positive reactions. The token economy is one of them. The parents advised to full fill the appropriate wishes of the patient when he done things according to the demands of the time and nature. The patient made realization that he has the ability to change his fate by adopting some positive ways of acting.

Sessions 6-9:

After some family support the patient reported that now he feels good. He started to go to school and his teacher also encouraged him for his positive attitude. Report from the speech department was also positive. This was rectified by the performance of the patient in front of the therapist. In these sessions therapist formulated a plan for the maternal care training so that the patient build a trust on his parents. School teacher was also engaged in the process of therapy. The feed back was excellent. The improvement was in a right direction. Parents were advised to follow the therapeutic plan.

Sessions 10-12:

Family therapy was introduced from the first session brought tremendous change in the behavior of the patient. Now the patient feels comfort and enjoys the friendship of his class fellows as well. The patient also changed his school and now he is studying in a normal school. His teachers were satisfied over his performance in the tests. The patient done his home work on time. His approach towards himself totally changed and he has feelings of his value.

Termination:

After the application of different therapies patient was stable. The feedback was to a very high degree. Most of his problems regarding difficulties of reading, writing and speaking were removed successfully. A termination session is very sensitive process. It is a time for saying goodbye to each other. It is painful for the patient to accept this segregation, but after some better realization he accepted it. The patient made assured that he can contact if he has some problems again. Therapist will give the better solutions of his problems.

TH 7590

Case No: 5
Bipolar
Disorder

Demographic Data:

Name:	Zeshan
Age:	28 Years
Gender:	Male
Religion:	Islam
Marital Status:	Single
Qualification:	Master (Politics)
Father's Name:	Ahmed Ali
Mother's Name	Mussrat Bibi
Number of siblings:	4
Birth order:	Second born
Monthly Income:	20 thousand
Address:	Islamabad
Name of Psychologist:	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The patient was brought by his father to the National Institute of Rehabilitation Medicine with the complaints of aggression, distress and impairment in social and occupational environment.

Tests Administered

Following tests were administered for screening:

1. Standard Progressive Matrices (SPM)
2. Human Figure Drawing (HFD)

Findings:

The patient's test results on Standard Progressive Matrices (SPM) is "49" that falls in "defiantly above average intellectual capacity". The patient's results on Human Figure Drawing (HFD) test show signs of aggressive, instability, poorly integrated personality, impulsivity, neurological impairment, regression due to serious emotional disturbance.

His results also show anxiety, psychosomatic complaints, guilt feelings for aggressive impulses, impulsivity, physical awkwardness, physical inadequacy, acting out behavior, conflict. His thought and ideas reflecting that he is striving for love and affection, a desire for achievement, guilt over failure and possibility of castration anxiety & helplessness. There are also signs of escapism from reality, socially withdrawn and tends to deny problems.

The patient was 28 years old male belongs to middle class family. Initially the patient was admitted in Psychiatry ward of PIMS. He is second born among four siblings. He was teaching in a local college. He was casually dressed and was comfortably seated on his bed. His eye contact was good. He was speaking very gently and seemed to be very anxious. The patient was initially reserved and asked therapist about the reason of his visit. He asked some questions to the therapist regarding the psychological treatment. Later on after rapport building he became expressive and talkative and gave intake interview very keenly in detail. He was cooperative during the administration of psychological tests.

The patient reported that he recently resigned from the job due to some clashes with the administration of the college. He also told that some time he feels very energetic and enthusiastic. Often he started excessive walk in night also. He told that he is used to perform his duties on time. He complained about the disturbed sleep. The patient told that his family members do not understand him that's why he becomes aggressive with them. He also mentioned poor working relationship with authority figures. He told that he does not tolerate his boss instructions because he knows well how to perform his duties and tasks. He told that he is very expressive and has many friends, but he likes to prefer friendship with females. He also told that females are usually very caring, loving and understand him. They do not argue with him.

His score on Standard Progressive Matrices (SPM) falls in "defiantly above average intellectual capacity" that correlates with his academic achievement as he completed his Master from Quid-e-Azam University, Islamabad. His results on Human Figure Drawing (HFD) test shows signs of instability, immaturity and poorly coordinated personality, as his case history also shows his instability at

work and family environment. His test finding also reflects emotional immaturity, dependency, overt aggression and ego centrality that correlate with his history as he reported that he has complaint of disturbed relationship with authority figures and used to become physical with others in extreme anger. The patient's drawing also shows signs of body anxiety, guilt, negativism and vague perception of world as he was anxious in beginning and asks several questions about therapist and reason for coming and asking questions from him. His test reflects striving for love and affection as his history shows that he used to make female friends because they understand him and are caring by nature.

Tentative Diagnosis:

AXIS I:	296.89	Bipolar II Disorder
AXIS II:	301.6	Dependent Personality Disorder
AXIS III:	Not Diagnosed	
AXIS IV:	Not Diagnosed	
AXIS V:	GAF=50	Current

Prognosis:

Prognosis for the client is mildly favorable as he has no insight of his problem and he is not ready to change himself. He needs proper and extensive care and treatment for the outcomes

Recommendations:

On the basis of psychological assessment and clinical intake interview the following therapies should be applied.

1. Family Therapy
2. Rational Emotive Therapy
3. Supportive Therapy
4. Cognitive Behavior Therapy

Sessions: 1-4

In the preliminary sessions the patient showed a little bit resistance towards the psychotherapeutic process. He assured that all the information should be kept in secret and it is the therapist duty to make it confidential. Finally the patient agreed for psychotherapy. In initial session following history was taken by the therapist that the Mr. Zeshan is a 28 years old single. He has three brothers and lived in a joint family system. His father is a grade one officer in a bank. After doing his M.A in Political Science the patient started to teach in a local college. He has great ambitions about his future. But due to some hurdles he can not fulfill his all wishes. Most of the time the patient remained depress and sad. The therapist explored that the patient had been suffering from periods of depression or low mood from the eight or nine months. The patient developed an attitude of quarreling with family members as well as with the administration of the college. The patient lost interest in daily life activities.

In the third session the therapist find out that, patient had always had a difficult relationship with his parents especially with his father, but the relationship had been worse over the last two months. The patient reported that he likes a girls and he want to marry her but his father did not allowed.

In the forth session the therapist find out that the patient had some dreams about the luxurious life but due to the shortage of sources he can not fulfill his all dreams. Although the patient started a job but salary was to short. The patient realized that by adopting positive ways of earnings he can enjoy the life. At this stage some insight developed and a little ray of hope showed from the patient to accept the instructions given by the therapist.

Sessions 5-7:

In these sessions the therapist explored that the patient brought to the psychiatric department of the hospital where he saw a psychiatrist. He diagnosed him as having manic depression and prescribed some medicine which was mood stabilizing drug. However the patient only took it for 5 days as he describes that it made him feel like a "zombie". The patient went back to see the psychiatrist after one week. The patient gradually felt better over time but after ending the drug

therapy he again experienced the same conditions. The therapist advised him to take the medicine regularly with the consultation of his psychiatrist and also tried to change his inner world by adopting positive thinking. In these sessions relaxations techniques also administered on the patient and he was assigned some behavioral changes.

Sessions 8-10

In these sessions the patient was quite happy to give me feedback about her psychotherapy treatment. The patient reported that at the first session he had felt quite worried and self-conscious. He had felt keyed up as he felt that he may not give the right responses. The patient first reaction following the therapy was relief that he had actually "done it". The patient said that he started to feel better about 2 days after the session. When he got up in the morning on the second day he stated that he felt a deep sense of peace and felt surprised that the depression had lifted so much. The patient was able to concentrate on his daily routine activities.

Sessions 11-13:

In the eleventh session the patient told that he became irritated that psychotherapist forgets about him, and he complained that the therapist does not take interest in him. Finally the patient terminated the sessions because he felt that both he and the therapist are wasting their time.

Again the patient started to take the sessions he told that he feels that his problems are underpinned by the fact that he is a lone. The patient continued the sessions regularly and he reported that there is a significance positive change in his behavior and thoughts. He also reported that now he has good relation with his father and younger brothers: The therapist realized him that face the realities with wisdom and bravery. This is the way of success rather than adopting a short cut. The therapist encouraged the patient to take initiatives to make good working relationships with his previous colleagues. He was also advised to keep him busy in economic activities.

Sessions 14-16:

In these sessions the patient come with positive feed back after one week and he told that he involved himself in different activities and now he realize that he lose hope and this leads her toward lethargic ness. So he settled some leisure activities with his family and friend on weekend that gives good impacts on his mental health and physical concerns.

Termination:

After applying different psychotherapies techniques the patient was able to continue his normal life. He was assured that there was a psychotherapeutic relationship and the aim of this relationship was to develop and enhance the capabilities of the patient so that he can build an insight towards his problems. By doing this approach now he is able to understand the realities of his circumstances.

Case No: 6
Case of Social
Phobia

Demographic Data:

Name	Hamid
Sex:	Male
Age:	22
Education:	B.A
Occupation:	Clerk
Marital status:	Single
Siblings:	(Brothers: - 2 Sisters: - 2)
Birth order:	2 nd
Family structure:	Joint
Socio-economic Status:	Middle Class
Financial Status:	Independent
Mother tongue:	Punjabi
Religion:	Islam
Address:	Islamabad
Name of Psychologist:	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The client was referred to the Psychology department of the National Institute of Rehabilitation Medicine, Islamabad. The patient was brought by his father with the complaints of problems related to social situations.

Tests Administered

For the purpose of psychological assessment following psychological tests were applied.

1. Mental State Examination (MSE)
2. Standard Progressive Matrices (SPM)
3. Human Figure Drawing (HFD)
4. Social Anxiety Scale

Findings:

The Mental State Examination results show the following observations that are apparently. He was tall and healthy. The patient had not any signs of restlessness behavior. He showed full attention, cooperation and motivation throughout the test administration process. He maintained proper eye contact and facial expressions were also normal. During the interview session he was comfortable and open. His speech was clear and fluent; volume of speech was normal, response time was quick and did not use profane or abusive language. He showed no distorted perception or thoughts. His orientation about time, place and person was normal, as he was able to tell about the time (e.g.; is it day or night?), place (what is this place?), and person (pointing towards his friend and asking who is he?). He showed full attention and concentration. His memory was good. He remembered all of his experiences at home, school and other social situations. His insight was bright and was fully aware and concerned about his problem. His results on Standard Progressive Matrices (SPM) show that he lays 30th percentile which shows that he is intellectually average. His findings on Human Figure Drawing (HFD) shows emotional indicators that are big head, big figure, vacant or non seeing eyes, sketchy or broken lines and these indicators reveals that client has vague perception, emotional immaturity, ego centrality, dependency, features of depression, fearfulness, insecurity, inadequacy, anxiety, stubborn, and negativism. Social Anxiety Scale was administered to the client and the score also reveals that he is suffering from Social Anxiety. The patient is 22 years old boy and is facing social phobia (anxiety) since 8 months. When the patient goes out to any public place he gets upset, feels difficulty in speaking, he feels that something is stuck in his throat, his hands starts trembling, starts sweating, heart beat gets increased, so as breath, gets confused and do mistakes because of confusion. Then his senses stops working. He tries his level best to avoid the situation but fails to do so. He thinks that the other person in front of him is an extra ordinary person and feels about himself that he is worthless man. He does not have confidence in himself. He gets very upset in social situation. Then he remains sad till the end of the day, has troubles in

sleeping at night, gets sick of the life, and thinks a lot what happened the whole day throughout the night.

Useful information also collected through his mother by an informal and unstructured interview. An interview was also conducted with the client's friend. The interview information revealed that the client has no family problem and never faced any sort of problem in school and home. But when he went to Lahore to stay with his uncle for further studies then he faced problems related to social situations. His friends also criticize and make fun of him. Criticism killed his self-confidence. As the interview behavior is concerned the client was dressed up neatly. He was tall and his health was also good, he was not weak. During the interview session client was very relaxed, motivated and cooperative and did not feel any sort of hesitation. He was fully attentive and did not show distractible and restless behavior during the session. As far as his speech is concerned he was fluent and clear. He also maintained proper eye contact.

Before the present illness and past psychological problem, client was leading a healthy life. He was good in studies and had good relations with peers, friends and teachers. Home environment was also healthy, cooperative and friendly. He never faced any difficulty related to social situations or education. Even if he had any kind of problem family was there to support him and help him solve the problem. He started facing problems when he was in Matric and was living with his uncle in Lahore who used to criticize him in everything. Before coming to Lahore he was leading a normal life.

Client is facing social problems for at least 8 months. For the purpose of study he started living with his uncle in Lahore when he was 16 years old and was in Matric. He was away from his home and family. His uncle used to criticize him a lot in each and every matter, why are you wearing trousers, you eat a lot, you wake up late, why your friends visit home, where and why are you going out, even he criticized him on why he goes to school and underestimated him a lot that you are a worthless person and cannot become a successful person in future. So from then onwards client started feeling that he has no confidence and is worthless. He cannot do anything but is a trouble maker. He also tries his best

to impress other people but every time he feels that he is worthless and every one is making fun of him and criticizing him as well.

This problem was not severe at that time but after 2 years this problem got severe, as he is away from home so he perceives the world as a criticizer because all his friends and colleagues criticize him. When he goes to any public place or social situation he gets upset, feels difficulty in speaking, he feels that something is stuck in his throat, his hands start trembling, starts sweating, heart beat gets increased, so as breath, gets confused and do mistakes because of confusion. Then his senses stop working. He tries his level best to avoid the situation but fails to do so. He thinks that the other person in front of him is an extraordinary person and feels about himself that he is a worthless man. He does not have confidence in himself. He gets very upset in social situations. He remains in the same situation when he stays in the public place and as soon as he leaves for home he becomes normal and does not feel all this. He is not at all scared of crowd and people in fact he tries to impress every one. And when he leaves home for work he goes with great determination that today he will show every one that he is a competent person. But when he reaches a public place or any social situation he starts feeling as if he is not having confidence, is worthless and cannot do anything. He gets nervous and confused and only because of confusion and nervousness he does mistakes, which leaves him in a depressive mood. His problem in social situations is affecting his occupation. The patient is working in an office as a junior clerk. He cannot face the boss and often gets criticized for his poor performance. His colleagues make jokes about him. This situation has left upon him a bad effect and he remains sad till the end of the day. The patient has troubles in sleeping at night, gets sick of life, and thinks a lot about what happened the whole day throughout the night. He even wishes to cry over his mistakes and problems which he faces in office. He also feels guilty that why he is like this. And cannot take decisions by himself. If he has a good day and no mistake is done by him even then he feels melancholy with no reason. According to the client he feels melancholy all the time without any reason. And sometimes he gets frustrated of life. And one thing is out of his mind that he is friendly and frank with his own family but why he is not like this in other social situations. He has

only one friend who support him and encourage him, the rest makes fun of him and criticize him a lot.

Tentative Diagnosis:

AXIS 1	300.20 Social Phobia with Depressive Symptoms
AXIS 2	301.6 Dependent Personality Disorder
AXIS 3	None
AXIS 4	Problem related to social environment
AXIS 5	GAF=51

Recommendations:

On the basis of psychological assessment and clinical intake following possible suggestions and recommendations can be made for the client:

1. Relaxation therapy:-
2. Confidence building exercises:-
3. Assertiveness Training:
4. Systematic desensitization:-
5. Cognitive Behavior Therapy

Summary:

The client was referred to the Psychology department with the complaints of problems related to social situations for which he needs psychiatric medication along with therapeutic sessions. Prognosis is fair and there are chances that client can come out of the problem which he is facing because he is intellectually average, highly motivated and energetic.

Session 1

In intake session the therapist took history that shows client is facing social problems for at least 8 months. He has problem of excessive heart beat and sweating in front of people. He also told that he wants to remain isolated in social settings. He told that in classroom discussions he is good. Before the present illness and past psychological problem, client was leading a healthy life.

He was good in studies and had good relations with peers, friends and teachers. Home environment was also healthy, cooperative and friendly. He never faced any difficulty related to social situations or education. Even if he had any kind of problem family was there to support him and help him solve the problem. He started facing problems when he was in Matric and was living with his uncle in Lahore who used to criticize him in everything. Before living with his uncle he lives a normal life.

Session 2

In this session the therapist explored that for the purpose of study he started living with his uncle when he was 16 years old and was in Matric. He was away from his home and family. His uncle used to criticize him a lot in each and every matter, why are you wearing trouser, you eat a lot, you wake up late, why your friends visit home, where and why are you going out, even he criticized him on why he goes to school and underestimated him a lot that you are a worthless person and cannot become a successful person in future. So from then onwards client started feeling that he has no confidence and is worthless. He cannot do anything but is a trouble maker.

Session 3

In this session the therapist find out that he tries his best to impress other people but every time he feels that he is worthless and every one is making fun of him and criticizing him as well. This problem was not severe at that time but after 2 years this problem got severe, as he is away from home so he perceives the world as a criticizer because all his friends and colleagues criticize him. When he goes to any public place or social situation he gets upset, feels difficulty in speaking, he feels that something is stuck in his throat, his hands starts trembling, starts sweating, heart beat gets increased, so as breath, gets confused and do mistakes because of confusion. Then his senses stops working. He tries his level best to avoid the situation but fails to do so.

Session 4

In this session the therapist find out that he thinks that the other person in front of him is an extra ordinary person and feels about himself that he is worthless man. He does not have confidence in himself. He gets very upset in social situation. He remains in the same situation when he stays in the public place and as soon as he leave for home he becomes normal and does not feel all this. He is not at all scared of crowd and people in fact he tries to impress every one. And when he leaves home for work he goes with great determination that today he will show every one that he is a competent person. But when he reaches to a public place or any social situation he starts feeling as if he is not having confidence, is worthless and cannot do anything. He gets nervous and confused and only because of confusion and nervousness he does mistakes, which leaves him in a depressive mood.

Session 5

In this session the therapist find out that his problem in social situation is effecting his occupation. He works in a office and his boos in not satisfied with his performance. The patient criticized for late coming and his submissive attitude. This situation affected him and he remains sad till the end of the day, has troubles in sleeping at night, gets sick of the life, and thinks a lot what happened the whole day throughout the night. He also feels guilty that why he is like this. And cannot take decisions by him. If he has a good day and no mistake is done by him even then he feels melancholy with no reason.

Session 6-7

In this session according to the client he feels melancholy all the time without any reason. And sometimes he gets frustrated of life. And one thing is out of his mind that he is friendly and frank with his own family but why he is not like this in other social situations. He has only two friends who support him and encourage him, the rest makes fun of him and criticize him a lot.

In this session the therapist explored predisposing factors of the illness as the client was leading a normal life when he was living with his family. When he

started living with his uncle where the environment was very criticizing and discouraging then he started feeling problems socially. He then started perceiving every person as a criticizer, discouraging and a fun maker. His self confidence got shattered because of continuous criticism and started perceiving himself as a worthless person. That's why he feels anxiety in social situations that other people will also perceive him as a worthless person and will criticize him. And as he has no self confidence and feels worthless that's why he remains in a melancholic mood. His friends also criticize him and make fun of him. And this entire situation is influencing his occupation.

Session 8-9

In this session the therapist explored precipitating factors that shows no other such event was faced by the client which made him think negative about himself, stay in a melancholic mood and feel anxiety in social situations. Only the change in environment which is very criticizing is the reason of his problems.

In this session the therapist explored maintaining factors that Client is not able to solve his problem and lead a normal life due to the criticizing environment. And client thinks too much negative about himself that he is worthless and is not able to do anything. Also he stay is a melancholic mood because of the overall situation. Instead of thinking positive and strategies to solve the problem he keep on thinking what happened the whole day.

Session 10

In this session the therapist used Relaxation techniques include behavioral therapeutic. The primary goal was usually non-directed relaxation. Deep and brief methods were used. Deep methods include autogenic training, progressive muscle relaxation (PMR), and meditation (although medication was prescribed by Psychiatrist).

Session 11

In this session the therapist used brief methods include self-control relaxation, paced respiration, and deep breathing. Brief methods generally

require less time and often represent an abbreviated form of a deep method. Other relaxation techniques that were told him to use while problem were include deep breathing/breathing control, passive muscle relaxation, and refocusing. Applied relaxation was also told him that involves imagination of relaxing situations, with the intention of inducing muscular and mental relaxation.

Session 12

In this session the therapist used Cognitive-behavior therapy that is very useful in treating social phobia. The central component of this session was exposure therapy, which involves helping patient gradually become more comfortable with situations that frighten him. This exposure process involved three stages. The first involved introducing people to the feared situation. The second level was to increase the risk for disapproval in that situation so he builds confidence that he can handle rejection or criticism. The third stage involved teaching him techniques to cope with disapproval. In this stage, was guided to imagine his worst fear and are encouraged to develop constructive responses to his fear and perceived disapproval.

Session 13

In this session the therapist used Cognitive-behavior therapy for anxiety management training, teaching him techniques such as deep breathing to control his levels of anxiety. Another important aspect of this session was called cognitive restructuring, which involved helping him identify his misjudgments and develop more realistic expectations of the likelihood of danger in social situations.

Session 14

In this session the therapist used Supportive therapy such as family therapy to educate significant others about the disorder. So mother was guided about his problem, as the therapist hope will be helpful.

Session 15

In this session the therapist focused on some of the most common confidence problems include, being afraid to do public speaking, being afraid to engage in a conversation with others, not being able to say no to others, not believing in your self, and also being afraid to go out there and take risks because your lack of confidence is holding you back. In order to regain confidence, confidence building exercises were used that were include in sseveral confidence building exercises are variations on a theme of standing up, closing his eyes and an imagining a circle into which he can step and feel empowered and able to do the risky things he wouldn't dare to do otherwise. And, with each time he steps into the circle, his confidence should grow. Other confidence building exercises were included learning how to 'feel' your audience and mastering breathing and relaxation techniques to control shyness and fear.

Session 16

In this session the therapist focused on enhancing self image of the client the initial objective in this session for improvement process was to deal with the distorted thinking, feelings and behaviors that are a consequence from the basis of low self-esteem. Through self-assessment, the client was exposed to recognize his coping skills, positive and negative traits and self-esteem traits and this will assist him hopeful Self-awareness; that will help him out to spot his own feelings. Another area which was focused in this session was empowerment; that makes him able to see himself as being able to manipulate people and events around him. He was also told about affirmations; the ability to state his beliefs and goals, and bonding himself as being connected to a group and awareness of others.

Termination:

After applying therapeutic session the patient was able to face the people. He reshaped his self image and there is no fear of facing the crowd. His performance in the office increases and his colleagues also appreciate him on his positive attitude.

Case No: 7
Case of
Obsessive
Compulsive
Disorder

Demographic Data:

Name:	Mohsin Ali
Age:	24 Years
Gender:	Male
Religion:	Islam
Marital Status:	Single
Qualification:	Graduate
Birth order:	2 nd born
Occupation:	School Teacher
Monthly Income:	13 thousand approximately
Address:	Rawalpindi
Date of Assessment:	7 th October 2009
Name of Psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The patient was referred by his friend to the to the Psychology department at National Institute of Rehabilitation Medicine, Islamabad OPD due to complaints of repetitive hand washing, cloth changing before going to wash room, obsessions of cleanliness.

Tests Administered

Following tests were administered for screening:

1. Human Figure Drawing (HFD)
2. Thematic Apperception Test (TAT)

Findings:

The patient results on Human Figure Drawing (HFD) test shows signs of anxiety, immaturity, instability, impulsivity, pathological aggression and acute anxiety and fears. The result also indicates, guilt feelings, acting out behavior, conflict and anxiety relates to hands and feet. The patient has also signs of shyness, helplessness, and feelings of having no feet to stand on.

The result on Thematic Apperception Test (TAT) shows following interpretations of patient's stories.

CARD 1

In the story the hero is a boy. The boy has a fondness for playing violin. Due to parental criticism and rigidity, he plays it secretly. The beginning of the story seems to be sad but the outcome is hopeful and happy but still the end has a sense of fear of failing to achieve the goals.

The themes elicited by the story include achievement, parental pressure, a conflict between the parental demands and the desires of the subject. A fear of failure despite being achievement oriented is also apparent.

The forces of pressure in her environment are *p* Dominance, *p* Aggression, *p* Lack of desired act. The story reflects that he has desires, which are kept to himself and may be he do them or carry them out in solitude. The patient's motives are influenced by his parents. The patient has deep concern about his academics, occupation and responsibilities in future. He has a desire to be successful in life so that he could be independent and do whatever he desires to. The patient would take care of his parents in a better way and be a responsible person.

CARD 4

The story begins with a sad feature of infidelity. The story involves a love triangle where the wife has an extra marital affair and got caught on the spot of dating with another man. But then the story shifts to a hope and constructive outcome, which is moderately happy in terms that even after separation the husband is able to manage himself and would start doing a job for his livelihood. The hero of the story is the woman/wife. In environmental pressures *p* Lack, *p* Loss, *p* Rejection, *p* Exposition, *p* Cognizance, *p* Aggression are present. The themes of the story are centering on pressure from partner, lack of trust and a sort of competition.

The subject feels his environment to be dominative and pressure forcing. He perceives a sense of aggression from his outer world and has desires to vent

out her own aggression as well. He feels insecure regarding relations and may have difficulty in building intimate relationships. He gives importance to career. He has a lot of concern for the unseen future where he might be facing new and different situations. .

The patient is 23 years old male belongs to middle class. He is unmarried. He entered into the room with his friend. The patient was formally dressed and very conscious about his surroundings. He was able to maintain his eye contact. He was speaking fluently in low tone and asked the Psychologist to send other people out of the room. After that he told that he is in habit of repetitive hands and legs washing after using washroom as he feels that there must be little drops of water at his clothes and feet. He reported that initially it was minor thought that he did not wash properly lets try again. Later on this habit increased day by day. Now he changes his clothes before going to washroom and after using washroom as it is unbearable for him to remain in the same dress due to feelings of dirtiness and filthiness.

The patient also reported that he usually avoid to go to washroom in public setting and at school. He told that his obsessions make shis life very problematic as he has waste her lot of time in such activities. He told that when he was giving exams of B-Ed he was very depressed because he was wasting his time in these activities like washing hands and feet again and again. But he tried to involve his in study finally he passed .

The patient said I wasn't to get rid from these obsessions as I know that affect my performance at my workplace and academics. The patient reported that some times I over come on my problems but suddenly this problem arise again.

Tentative Diagnosis:

Obsessive compulsive Disorder

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that the patient needs individual psychotherapeutic sessions. For this purpose the following therapies were used.

1. Cognitive Behavior Therapy
2. Rational Emotive Therapy
3. Supportive Therapy

Prognosis:

The patient was referred to Psychology department due to complaints of repetitive hand washing, cloth changing before going to wash room, obsessions of cleanliness. Prognosis for the client is highly favorable as he has insight of his problem. He is ready to change himself and to lead a normal life. He needs proper and extensive psychotherapeutic sessions for better outcomes.

Sessions:**Session 1-2:**

In initial sessions following history was taken by the therapist that the patient is a 24 years old young man who describes an intense fear of germs. He continually experiences thoughts about contracting an illness by coming into contact with things in the environment, such as doorknobs or seats in public places. The patient also reported that he hesitated to shake hands with others due to the fear of illness.

In the second session it was explored that the patient has intense fear of germs has resulted in repetitive hand washing. He describes brief relief after hand washing but, because his thoughts about contamination keep returning, he states that he "cannot help but wash again for hours a day." Both of his hands are red, raw and cracked and he wanted to leave his job because of his fear of sitting down in public places.

Sessions 3-4:

In these sessions it was explored that he has been taking a serotonin reuptake inhibitor for the last four months without any considerable effect. The patient did not aware that his thoughts and behaviors were irrational. He also showed also high level of impulsivity.

During these sessions the therapist gave him insight of his problem regarding thoughts about contamination and how his thoughts affect his performance and daily living. He admitted that he is very much worried about this repetitive thoughts and behaviors and was unable to control them in spite of taking psychiatric consultation.

Session 5

In this session the therapist explored his guilt's and unconscious conflicts and repressed feelings by asking him to express his painful feelings and events, whatever he faced in his early childhood onwards. Then he reported that his parents were very strict and he suffered a lot in his childhood. He also reported that his mother was very conscious about cleanliness as she used to beat him while toilet training.

Session 6

In this session the therapist continue to explore his previous repressed feelings that provoke guilt in him. He reported that he always felt pent up aggression toward his parents as they used to snub him on small mistakes. It was observed that client face was red and he seems to be angry while telling about his history of strict parenting. He also told that his father was an army officer who was also strict and were very perfectionist.

Session 7

In this session the therapist focused on cognitive therapy regarding his irrational thoughts of contamination and shift of germs from one place to another. The therapist guided him by utilizing Rational Behavior Therapy to break chain of his irrational thoughts and behaviors while using technique of thought stopping.

Session 8

In this session the therapist took feed back of assigned behavioral assignments to the patient. He reported that thought stopping technique was very

effective for him. This technique was helpful in order to reduce his compulsive behaviors.

Session 9

In this session the therapist recommend him to continue these behavioral assignments and try to strictly avoid his few irrational thoughts regarding death due to germs and contamination. As he got insight that now he is not repeating his most of compulsive behavior and he is safe and sound.

Session 10

In this session the therapist involved patients into social gatherings and interaction, as the client was preoccupied with his obsessions and compulsive behaviors he used to live alone and isolated. The therapist explored his relationship with his friends. The patient reported that he did not meet with his only friend from last three months. However he is living in same city. The therapist advised him to continue his therapeutic sessions along with medication and continue to practice behavioral assignments.

Termination:

After applying the above mentioned psycho therapies the patient was able to go out in the public places. He reported that now he has better social and working relationship with his colleagues and friends. He has not any fear of germs and totally over come his repetitive behavior. The patient was assured that if he has these problems again he can contact with the psychotherapist with confidence and trust.

Case No: 08
Case of
Generalized
Anxiety
Disorder

Demographic Data:

Name:	Wajahat
Age:	29 Years
Gender:	Male
Religion:	Islam
Marital Status:	Married
Children	Nil
Qualification:	MBA
Birth order:	2 nd born
Occupation:	Officer in a Bank
Monthly Income:	Thirty five thousand approximately
Status	Independent
Address:	Islamabad
Date of Assessment:	20 th October 2009
Name of Psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The patient was referred to Psychology department OPD at National Institute of Rehabilitation, Islamabad due to complaints of restlessness, difficulty concentrating or mind going blank, sleep disturbance (difficulty falling or staying asleep), muscle tension, irritability, and loss of appetite. His friend told him about the psychological services which can help him to get rid of his problems.

Tests Administered

For the psychological assessment the following test was administered for screening:

1. Manifest Anxiety Scale (MAS)

Findings:

The patient scored thirty four on the scale indicating that he has high level of anxiety. He seems to have no somatic complaints. In addition, the client might be highly obsessed with uncontrollable thoughts coming to his mind. There seems no specification for his anxiety.

The patient was a good looking, handsome and well dressed person. Eye-contact was maintained easily by the client throughout the interview session. He was a cooperative person and was extremely talkative and wanted to tell all about his past. If asked one particular question, he wanted to give an elaborate and unrestrained answer. While mentioning about his father's attitude towards him he became very anxious and restless and revealed his hatred through his body language as well. He was very motivated to get well as he was frequently asking about his improvements.

The patient is twenty nine years old man belonging to a high class family. He is married. He got his MBA from LUMS and currently working in a bank. The patient reported that his family religious mind. He was forced by his father to say the prayers regularly.

The patient was suppressed in childhood by his father. He had lot of conflicts with his father on his education and marriage. His father was an autocratic and dominating person, who always wanted to get his own way. He was also very strict in the educational matters of his children. He hired a tutor who used to come at home and teach the children because the father did not want his children to go outside. The sensitive nature of client made him more vulnerable to such a harsh behavior of his father. As a result the client developed feelings of dislike against him.

That mounting pressure of his negative feelings for his father, which he did not want to manifest, made him restless and agitated. Despite his compelling urge to despise his father, he was hesitant to harbor such contemptuous feelings against him. This hanging and tormenting situation lasted with him throughout his childhood as well as his later life. Apart from that, during all his academic life he actively participated in political activities. The patient got married with his beloved against the will of his father near about two years ago. He was still fruitless. He

has strong urges to become father. His wife is so cooperative, loving and caring. She take care him like a child. Before the onset of illness, the client was a very sensitive, friendly and giving person. He was very perfectionists in his work, and always concerned himself with the minute details.

Tentative Diagnosis:

300.02 Generalized Anxiety Disorder

Recommendations:

On the basis of psychological assessment and clinical intake interview the following psycho therapies applied.

1. Psychoanalytic Therapy
2. Cognitive Therapy
3. Rational Emotive Therapy.
4. Family Therapy

Sessions:

Session 1

In the intake session the therapist collect information about the patient. The patient is twenty nine years old and belonging to a rich family. He is married. He has got education up to MBA. The patient is working in a bank. He is still childless.

Session 2

In this session the therapist asked about childhood of the client, was a tempestuous period of great turmoil and conflicts with his father. His father was an autocratic and dominating person, who always wanted to get his own way. He exercised his iron rules by suppressing other's opinions and views. He was also very strict in the educational matters of his children. He hired a tutor who used to come at home and teach the children because the father did not want his children to go outside.

Session 3

In this session the therapist find out that the sensitive nature of client made him more vulnerable to such a harsh behavior of his father. As a result the client developed a profound hatred and detestation against him. He began portraying his father's image as a despot and a usurper who used to crash other's sentiments and feelings very ruthlessly.

Session 4

In this session the therapist explored that whenever the client wished to go outside and play with other children, his father inhibited him sternly which added into his anger and dislike against his father.

Session 5

In this session the therapist analyzed that mounting pressure of his negative feelings for his father; which he did not want to manifest, made him restless and agitated. Despite his compelling urge to despise his father, he was hesitant to harbor such contemptuous feelings against him. This hanging and tormenting situation lasted with him throughout his childhood as well as his later life.

Session 6

In this session the therapist find out that during all his academic life he actively participated in political activities. He was greatly inspired by a very famous politician of Pakistan, Zulfikar Ali Bhutto. He was very impulsive and emotional by nature and went to jail twice due to his political activities during his college life.

Session 7

In this session the therapist find out that he was a construction contractor by profession and proved to be a devoted and hardworking man in his profession. He got married with his cousin willingly and was bestowed with 3 daughters and a son by God. According to him, he loved his daughters but hated his son. He gave preference to his daughters over his son by taking the daughters for outing

off and on and by buying them precious gifts. On the other hand he never gave importance to his son. His wife often objected to that discrimination and tried to convince him that the son was also their child and that he should not treat him like that, but he never paid heed upon her complaints.

Session 8

In this session the client reported an event occurred in the client's life two years ago, which proved to be a triggering factor in his illness, when once he had contracted to build a school building and was waiting for the carpenter. The carpenter was very late and his presence was very essential. He did not come. The client suddenly felt helplessness and intense apprehension. His symptoms were so severe that he was hospitalized. His situation became so worse that he referred himself to the Rawalpindi General Hospital to seek treatment.

Session 9

In this session the client was asked about pre morbid personality he told that before the onset of illness, the client was a very sensitive, friendly and giving person. He was very perfectionists in his work, and always concerned himself with the minute details. The only pinching thing for him was his father's cruel attitude towards him. He was greatly interested in politics and was inspired by Bhutto's personality.

Session 10

In this session the client therapeutic goals were organized as he is thirty-five years old have six siblings. Obviously, the underlying cause of the disturbance is in unconscious, because he hated his father but suppressed that feeling of hostility. Thus that contempt became a part of his unconscious. However, when he himself had a son, the same feelings of dislike ness, turned towards his son. Then his son became the object of revenge for his childhood deprivations.

Session 11

In this session the therapist focused on *cognitive theory* that emphasizes the perception of not being in control as a central character of Generalized Anxiety Disorder. So the perceived helplessness and the overestimation of the negative events likelihood to occur in the future makes the person hang in a situation which results in persistent and uncontrollable anxiety. So in this case also the client misperceived the two situations as overly threatening and surrendered before the ever-present disorder to completely overwhelm him was discussed.

Session 12

In this session the therapist focused on repressed conflicts by observing the condition of the client and *Psychoanalytic therapy* was followed while confrontation in order to help the client confront the true source of his conflicts and resolving those conflicts. As only encounter with his repressed thoughts can relieve the client's symptoms.

Session 13 and Termination of the Therapy:

In this session the therapist focused on feed back from the client regarding his previous sessions that the patient reported that he got insight regarding to his problems and now he is satisfy. The patient was assured that if he faced this problem again he can contact with the therapist for help.

Case No: 9

Depression

Demographic Data:

Name: Ms. Erum
Age: 27 Years
Gender: Female
Religion: Islam
Marital Status: Single
Family structure: Nuclear
Qualification: B.A
Number of siblings: 01 Daughter
Birth order: First born
Address: Islamabad
Date of Assessment: 4th November 2009
Name of Psychologist: Ejaz Ahmed Khan

Presenting Complaints and Referral source:

The patient was referred to Psychology department at National Institute of Rehabilitation, Islamabad due to complaints of frequent crying jags, general unhappiness, low self-esteem, and helplessness about her family situation. The patient referred by her friend for psychological support.

Tests Administered

Following test was administered for screening:

1. Beck Depression Inventory (BDI)
2. Human Figure Drawing (HFD)

Findings:

The patient scored on Beck Depression Inventory (BDI) "60" that falls in "Sever depression".

Results on Human Figure Drawing (HFD) test shows signs of maladjustment, intellectual inadequacy to resolve problems, immaturity and insecurity. Her result

also indicates psychosomatic complaints, insecurity, withdrawn, Isolation, passive resistance, refusal to communicate with others, fears and depression.

The patient is a 27 year old woman, got education the B.A degree. The patient is working in multinational company at the post of customer's relations officer. She has many friends, and has always managed to be very high functioning in her life. She was referred to the NIRM by her friend because of concern about the frequent symptoms of crying jags, general unhappiness, low self-esteem, and helplessness about her family situation. The patient's depression had its roots in numerous unresolved emotional issues. She suffered from a deep sense of shame about her life and accomplishments, anger and frustration, and chronic helplessness. She did not want to go on medication because she didn't want to feel "weak" and "dependent" and she didn't want to be like her mother. The psychologist find out that basically patient had the most profound love pain imaginable...she "lost" her mother due to cancer. She told that she felt immediate relief in office and among her friends but remains skeptical about it lasting, and feels frustrated that she couldn't "cure" her mother. The patient had reported that her strongest feelings are...frustration, helplessness, hurt etc. She said that her friends and class fellows noticed moodiness in her, and she definitely noticed herself becoming more helpless. She had cognitive shifts around her worthlessness and esteem as well.

Tentative Diagnosis:

AXIS I: Depression

Recommendations:

After the complete psychological assessment the following therapies used for psychological support.

1. Cognitive Behavior Therapy
2. Rational Emotional Behavior Therapy
3. Family Therapy

Sessions:

Session 1

In the initial intake interview the therapist explored about the past event of patient's life. The patient reported that often she feels the general unhappiness, low self-esteem, and helplessness about her family situation. For this reason she can not pay full attention to her duties. She often thinks that she lost her job due to these conditions. Finally her friend encouraged for psychological support. During the whole session she told about herself in detail. She was assured by the therapist that all the information should not be disclosed to any one. After getting assurance she expressed all events in detail with confidence and trust.

Session 2

In this session the therapist explored that, the patient had been suffering from periods of depression or low mood for the six months. Her mother passed away one year ago. She has been suffering from depression since then.

Session 3

In this session the therapist find out that, She had always had a difficult relationship with her mother but the relationship had been worse over the last few years when her mother became physically and mentally dependant and had to go into a hospital. The patient had been feeling guilty because of this.

Session 4

In this session the therapist find out that the patient first suffered from depression when she was criticize for her poor performance by the company head. After that incident she had been suffering from low mood and sadness. The only person who was of any help was her younger brother who ignored the fact that she seemed ill and just treated her as normal which she very much appreciated.

Session 5

In this session the therapist explored that, the patient had visited a psychiatric of a private hospital. He diagnosed her as having manic depression and prescribed Lithium which is a mood stabilizing drug. However she only took it for 5 days. She went back to see the psychiatrist after 2 weeks who told her to go away and get better on her own as she obviously wasn't manic depressive. She gradually felt better over time but after some times she again got spells of the previous symptoms.

Session 6

In this session the patient expressed her interest in the therapist talk. She had been interested in the power of psychotherapy for a long time but had never tried it before. She said that she had felt for a long time that she needed more than medication and felt that psychotherapy may give her what she needed.

Session 7

In this session the patient was quite happy to give me feedback about her psychotherapy treatment. She said that at the first session she had felt quite apprehensive and self-conscious. She had felt keyed up as she felt that she may not give the right responses. Her first reaction following the therapy was relief that she had actually "done it". The patient said that she started to feel better about 2 days after the session. When she got up in the morning on the second day she stated that she felt a deep sense of peace and felt surprised that the depression had lifted so much. She was able to concentrate on her job and his colleagues and boos were once again satisfied with her work.

Session 8

In this session she told that she only took the medication for a short time as again it made her feel like a robot. She had often wondered if the late anti-depressant drugs such as Prozac might help her but had never asked her psychiatrist for them and she had never been offered them.

Session 9

In this session she told that she feels that when she gets a bout of depression something usually triggers it, for example guilt feelings associated with her mother. The therapist introduced rational emotive therapy in this session. The patient advised to bring rational change in her irrational ideas and thoughts. She also assigned some home assignments.

Session 10-11

In this session she told that she became irritated that counselor forgets about her, this was using up most of the hour that was allocated. Eventually the patient terminated the sessions because she felt that both she and the therapist were wasting their time.

The patient also complained that she feels some soft corner for the therapist and she did not have any interest in male.

Session 12-13

In this session she told that she feels that her problems are underpinned by the fact that she is alone. She criticized herself for loneliness. For the first time she admitted that in his university days she has some affection for a boy. But due to some social restrictions he can not forward.

In this session she told that she got help from her colleague but he did not give her the solutions of the problem. Now she has build trust on therapist and sees him the liberator of his all sins.

Session 14-16:

In these sessions the patient reported that she feels tremendous change in her thoughts and attitude. The therapist introduced progressive relaxation exercise followed by a supportive therapy script which encouraged the patient to get rid of all her guilt.

Session 17

In this session the patient reported that even though initially she was going to cancel her sessions because she felt so much better she found it of even more benefit than the previous sessions. She said that she was more relaxed now than previous sessions. She also expressed her feelings that she was amazed at the benefit of the last session of behavior therapy which asked her to picture a shower which washed away all her guilt feelings while relaxation exercise.

Session 18 and Termination of the Therapy:

The patient concluded by stating that psychotherapy has been of great benefit to her; more effective than she thought it would be. The words she used were that "it was so easy". She had the feeling that she was receiving treatment rather than having to make any effort and in her own words stated that she "felt that the conscious element had been removed". The patient was of the opinion that psychotherapy was value for money and that if she had any psychological problems in the future she would go straight to a psychotherapist rather than to the psychiatrist.

After getting the feed back from the patient now it is the right time for separation from the psychological treatment process. The therapist assured the client that the relationship was temporary and professional, so don't bother about it. Take it normal.

Case No: 10
Somatization
disorder

Demographic Data:

Name	Mrs. Zaineb
Sex	Female
Age	44years
Education	Middle
Occupation	House wife
Marital status	Married
Children	Two Sons
Socioeconomic status	Middle Class
Financial status	Dependent
Address	Wah Cantt
Name of psychologist	Ejaz Ahmed Khan

Reason for Referral

The patient was referred to Psychology department of National Institute of Rehabilitation Medicine due to complaints of pain in heart, chest, joints, backache, and headache. The patient has also difficulty in breathing, weakness, nausea, diarrhea, irregular menses, and loss of memory.

Tests Administered

Following tests were administered for screening:

1. Manifest Anxiety Scale (MAS)
2. Beck Depression Inventory (BDI)
3. House, Tree, Person (HTP)

Findings:

The Patient 32 Manifest Anxiety Scale reflecting excessive concerns with body. She mostly complains stomachache, headache and is overwhelmed with the anxiety, fears, and apprehensions that adds to her incapacitating and ineffectiveness, behavioral tendencies.

The client scored 28 on Beck Depression Inventory indicating moderately high level of depression. She perceives herself ineffective, desperate and pessimistic about future. Inventory points the client depression tendencies and concerns with the body.

The patient score on HTP shows that she has low self-concept and tends to be anxious, shy, withdrawn, inaccessible, and initially aloof. The client also seems to have high need for achievement and primarily concerned with stability, nurturance, and a sense of belonging. She seems to be exposed to others people and attempting to control her emotions rigidly.

The client was forty three old woman. She was neatly dressed . She was able to maintain eye-contact easily and spoke fluently. She was very cooperative during the interview session though was a bit anxious and wanted to be cured as soon as possible.

The client was forty three years belonging to a middle class family living at Wah Cant. She got education only middle class level. But she has desire to study. The client reported that when she was fifteen years old her parents got her married which was totally arrange marriage. She was not happy with her marriage because she was not in the favor of getting married at very young age. But after the conception of first she adjusted herself. Her husband was not caring and loving person and was not too much concerned about his family affairs and economic issues. Her husband was a supervisor in a factory. His earning was not enough to carryout the needs of a large family. He used to spend most of his time with his friends. The client felt too much depressed because of her husband careless behavior.

The client had three sons and tow daughters. Her two sons were married and unemployed. She remained very upset due to her son's unemployment. Her daughter was not happy with her married life because she was often beaten and abused by her in laws. The client was under a lot of stress due to her daughter's marriage and son's unemployment.

When the client was thirty eight years old she underwent the birth control operation. She never wanted to go for it but circumstances and financial stress

made her compromise. She sometimes felt depressed and does not enjoy sexual relationship. For this reason she consulted a lady doctor for checkup who advised her for birth control operation. After that she underwent for birth control operation. All her piled up worries and tensions met their climax after her operation and she turned their direction towards herself by overly being concerned about her health. She started experiencing physical problems such as headache, backache, pain in chest, nausea etc. She has been visiting the hospital for last seven years after her operation but has not found any relief so far.

Tentative Diagnosis:

AXIS I: 300.81 Somatization Disorder

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions. The following therapies also applied,

1. Cognitive Therapy.
2. Rational Emotive Therapy
3. Family Therapy

Summary:

The patient was referred to Psychology department due to complaints of Her problem was ruled out of psychological nature as her medical tests results were normal and depicts toward psycho somatic complaints. Her Problem is more concerning with primary support group, loss of a child. Prognosis for the client is moderately favorable as she is ready to change herself and to lead a normal life. She needs proper and extensive care and treatment for the outcomes.

Sessions

Session: 01

In the initial session rapport was established with the client by asking informal question, the client reported that she is forty tow Years old woman; she belongs to a remote area of Attock. She is married and has acquired education up to matriculation level. The client is assumed to have Somatization disorder. Her illness started when her first borne baby died immediately after his birth. She converted her concerns, fears and apprehensions into bodily aches.

Session 02

In this session the client was explored for detailed personal history and she reported that she has four brothers and one sister and all of them are happily married. Her parents adored her very much. When she was fifteen years old her mother passed away which was a great blow for the client because she was very much attached to her and could not even think to lose her. The client was in matriculation and was afraid that her brothers might stop her from going to school any longer. The same thing happened and she was forced to quit her studies and get married. She was very desperate and wanted to study further but was extremely helpless. This made her very anxious and pessimistic.

Session 03

In this session the client told that she got married at the age of seventeen. Her relationships with her in-laws were not a very amicable. However, her husband was very caring and cooperative. As the time passed by she was being accused by her in-laws of not bringing forth a child. That period of three years after her marriage was really an agonizing and crucial time for the client.

Session 04

In this session the client described that when she gave birth to her first male baby, her gaiety was febrile. But her happiness did not last long and the son unexpectedly died shortly after his birth. That revelation shook her existence and she became greatly depressed. After that she got two twin daughters but her

fears and apprehensions were great enough to make her restless that she would soon loose them as well

Session 05

In this session the client reported that gradually all her piled up worries and tensions met their climax and she turned their direction towards herself by overly being concerned about her health. The client started experiencing pain the different parts of her body with no apparent reasons. She visited many doctors but could not be convinced that she was not suffering from any disease. She complained of headaches, backaches, joint pains, sleeplessness and gas troubles.

Session 06

In this session the client's pre morbid personality was explored by the therapist, and then she told that, before onset of illness Miss X was kind hearted person and had good relationships with her siblings and peers. She was not confident person and had inferiority complexes. She was fond of studying books and magazines and always enjoys indoor games.

Session 07

In this session the client did catharsis and told about onset of illness of her problem by mentioning that, the problem began when she lost her first male baby. That revelation shook her existence and she became greatly depressed. After that she got two twin daughters but her fears and apprehensions were great enough to make her restless that she would soon loose them as well. All her piled up worries and tensions met their climax and she turned their direction towards herself by overly being concerned about her health. The client started experiencing pain in the different parts of her body with no apparent reasons. She visited many doctors but could not be convinced that she was not suffering from any disease. She complained of headaches, backaches, joint pains, sleeplessness and gas troubles.

Session 08

In this session the client's session was taken by using cognitive therapy in order to propose insight into the client regarding her physical complaints without medical complications that Somatization disorders are forms of "communication": through them people manage to express emotions such as anger, fear, and depression in a "physical language of bodily symptoms". Similarly, you have also formed a way to communicate her fears and apprehensions through her bodily symptoms .

Session 09-12

In these sessions the client was assigned some behavioral assignment as involving herself in small house hold activities as she improved now. She was also encouraged to take initiative in walk and leisure activities when feel lethargic.

Session 13-15

In these sessions the client come with positive feed back after one week and she told that she involved herself in different activities and now she realize that she lose hope and this leads her toward lethargic ness. So she settled some leisure activities with her family on weekends that gives good impacts on her health and physical concerns.

Case NO.11
300.23: Social
Phobia (Social
Anxiety
Disorder)

Demographic Data

Name	Muhammad Nawaz
Age	28 years
Education	BA
Occupation	Clerk
Marital status	Married
Birth order	3 rd
Address	Islamabad
Date of Assessment	11 July 2009
Name of clinical psychologist	Ejaz Ahmad khan

Reason for Referral

The patient was referred to the psychology department at National Institute of Rehabilitation Medicine, Islamabad, The patient himself referred for psychological support.

Test Administered :

For the client's psychological assessment the following test battery was used.

1. Standard Progressive Matrices (SPM)
2. Manifest Anxiety Scale (MAS)
3. Human Figure Drawing test (HFD)
4. Thematic Apperception Test (TAT)

FINDINGS:

On mental state examination (MSE), the client was looking a young man of 28 years. Apparently he was having a sound health. He did not maintain his eye contact and he loses his confidence. His volume of speech was low, but some time and he stopped his communication during interview. He remained obedient and submissive during interview. He was insight oriented and his memory remained normal he explained all his life experiences and events. His thoughts

and perception about the time, place, and date was correct. He knew each and every thing about his past. During interview he seemed not much attentive.

For intelligence measurement the SPM was applied on the patient, and he got score of 60th percentiles on this test which reveals that the he is having averaged intellectuality ability. The patient explained that he has some unrealistic fears, for this purpose MAS was applied on the patient, which indicate that the client is having sever anxiety, because client score on both tests 40.

Projective techniques HFD was applied for personality assessment, on HFD test, shows emotional indicators that are over emphasis on hair, over shading, poor integration, improper place of organ, showing of joint of the body, petals type fingers of foot, and over extended hand, open mouth, reveals immaturity, oral eroticism, body narcissism, shyness, helplessness, poor inner self control, insecurity anxiety, inadequacy of feeling, socially withdrawn and sexual conflicts. The patient's medical history shows that he was born normal. The school history of the client indicates the he was a normal student in the school days. He studied up to the intermediate class. He participated in every school activities. He has not any sort of communicational problem in school days. His academic performance remained satisfactory.

The client's family history indicates that, he belongs to a middle class family. He lives with his parents. He has six sibling consisted on two sisters and four brothers. His birth order is third. He is having good relations with his siblings. His father is having an authoritative attitude and style of life in the family. His mother is nice lady. She takes full care of him. His elder two brothers are married and lead separate life. Some time when his younger brothers do not, obey the patient shows aggression with them. He does not like to go to the relatives homes because he feels shyness and hesitations, especial with girl of their families. He dislikes female.

His occupational history shows that he works as clerk. He feels communication problem with the customers. He has lost his confidence at the dealing with the people.

The client history of present illness shows that the client has taken a lot of exercise for improving the mental activities. Due to these imagery based exercise

he loses his confidence. He can not express his feeling with others. He feels restlessness when some one meets with him. He can not communicate with others face to face. He does not like to mix up with the people. He does not like gathering, functions.

Tentative Diagnosis:

AXIS 1	300.23	Social phobia
AXIX11	301.6	Dependent personality disorder
AXIS 111		None
AXIS 1V		Problem related to social environment
AXIS V	GAF	Current 71

Prognosis

The patient has an insight toward his problem. So he has a chance of recovery. He can be recovered thought proper attention or maintaining proper interaction with family, and occupational agents etc.

Recommendations

On the bases of neuropsychological assessment and clinical intake interview following facilities are needed for the treatment of the problem

1. Behavior therapy
2. Cognitive Behavior therapy
3. RET
4. Family therapy

Summary

The patient referred to NIRM as a client was much worried and consulted the clinical psychologist for recommendations. Client was leading normal life, but from the last two years he is facing the communication problems. He feels shyness and cannot face the people. He thinks that he cannot do any thing. He has not confidence, he cannot fluently express his thoughts, a blockage of

thoughts occur in his mind. Different psychological test batteries were administered on the client for assessment.

Psychotherapeutic Sessions:

Session 1-4

During these sessions intake information has taken and filled the history form. In these sessions also asked about his problems and show unconditional positive regard and empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the session he was withdrawal and hesitating to share his problem but with some reinforcement and empathy he looked confident and shares some problems. He was confused about his sharing of his problem. He was made assured that his information will be confidential. Tried to keep him confident and relax. So after that he feels comfortable and discussed about him. He introduces himself in detail and provides all intake information. He was realized that psychologist has a better understanding about his problem so become comfortable and tells about all problems. He realized that psychologist is a well wisher of him and he could be given him better solution of his problem. He said that he feels worried about to face the people. At the end of this sessions patient has some confidence and most necessary information has taken that was relevant to him.

Sessions 5-9

In this session tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worried. He wanted to discuss his problem but worried how to share himself. But he was so confident and relaxes when used unconditional positive regard and showed empathy towards him. In these sessions rapport was successfully developed. Patient has developed some association or attachment. Now patient was full willing to discuss himself. He told about his personal matters without any hesitation. He told that he is unable to communicate his feelings with fluently with others. He faced this problem not only in home environment as well as in his occupation. He stated that he cannot communicate about the rates of cloths on

the shop to the customers. He becomes nervous when some one tries to share his problems with him. He feels shyness when he gets opportunity to participate in the social meeting. He thinks that he cannot do any thing with his own willing. He stated that his illness is started from the last six years. He himself tried hard to over come his problem and for this purpose he used different self made strategies to over coming his problem.

Session 10-14

After psychological testing or assessment psychological therapies were applied on the patient. In these sessions cognitive behavior therapy was used to modify the wrong cognitions which were developed by the patient towards his problem. Through this therapy tried to explore the wrong cognitions of the patient and complexities of the problems, and emphasized the patient to change his cognitions which are developed in his mind.. He was encouraged to make many efforts to remove his hesitations. In this therapy keeps the concentration on the patient's current interpersonal relational difficulties. He was giving idea that he has potential, and can remove his hesitation during communication.

In these sessions the clients was taught relaxation exercises, and make him relaxed. He has better understanding. His attitude was positive and he was also very serious in become healthier person. He was interested to change his thoughts and to modify his running thoughts.

In these sessions family therapy was also used. This therapy is necessary to aware the family members about the patient's feelings and problem. The family member his father was taught that how to deal with the patient. Under this therapy father was realized that, he should support the patient in changing the wrong thoughts.. The father was asked to develop a caring behavior towards the patient.

Session 15-20

In these sessions behavior therapy was applied on the patient. In this therapy the patient was kept in relaxed state, and also gave him relaxation exercises. He was taught the deep breathing exercises, And other specific body movements.

After this therapy patient felt comfortable. His fear that he cannot do any thing become reduce. Reinforcement was also giving to the patient in the form of admiration which promotes the client's confidence and create a realization in the patient his problem can be minimized. Through this therapy the patient shows a good behavior. Systematic desensitization technique was also applied in these sessions. Hierarchy was constructed and from bottom to top one by one step was presented to the patient and he was asked to visualize or imagine that he is speaking with others; he is also facing people and gaining confidence. During these sessions he was encouraged to take healthy steps for health life and described his feeling in front of others. He was reinforced for good attitudes and thoughts.

Termination Session

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. But during the session patient develop some transference. He was realized during the therapies session that it is a professional relationship and nothing. So, in the termination of the session he was again realized that, I am his psychologist or therapist. He was made assured that psychologist always available for him if he has some problems. He was also made assured that he could contact for his problems. He will take better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

Case NO.12
296.3x: Major
Depression

Demographic Data

Name	M. Nasir
Sex	Male
Age	24 years
Education	FA
Occupation	Unemployed
Marital status	Unmarried
Siblings	2 (one sister, one brother)
Birth order	1 st
Financial status	Dependent
Religion	Islam
Address	Rawilpandi
Name of clinical psychologist	Ejaz Ahmad khan

Presenting Complaints and Referral Source:

The patient was referred to NIRM with his father with depressive and worried mood to psychiatric department for recommendations and consultations.

Test Administered

For the psychological assessment the following test battery was being used.

1. Beck Depression inventory (BDI)
2. Standard Progressive Matrices (SPM)

Findings

Mental state examination indicates that the client was passive cooperative and remained submissive during interview. The health was normal and physically he was weak. His facial expression seemed passive. Pessimistic appearance was looking. Volume of speech was low. He told that the client is much aggressive. He quarrels with his sibling in the home. Perception of the client was normal, orientation about time place and space was normal (e.g. date, place, time etc). He discussed his past events and experience at home and school etc.

His insight was bright and he knew about his problem. For intelligence measurement, Standard Progressive Matrices (SPM) was applied, which shows that the patient was intellectually averaged. Beck Depression Inventory (BDI) was also administered on the client. He gained score 30 which shows a depression. On personality testing Human Figure Drawing (HFD) test shows emotional indicators that are poor integration, cut off of hands and feet, emotional indicators reveals, poor inner control, aggressiveness, helplessness, insecurity feelings, fearfulness.

The client medical history shows that he remained admit under the treatment of a psychiatrist. He reported that his birth was normal but after some months he suffered in malaria disease, and continuously remained under medical treatment and recovered. Client thinks that there is great hypocrisy and contradiction among the thoughts of the people and their style of life, so client feels sadness and tingling in him self. Client was aggressive he fights with his brothers and sisters, and some time with his parents when they try to do against the thoughts and wishes of the client. His mood remains irritable and depressed.

The client family history indicates that he has two siblings consisted on one sister and one brother. They live in joint family system. His brother loves him but some time due to his attitude he becomes annoyed from the client. Home environment is friendly. His schooling remained normal.

Tentative Diagnosis

AXIS 1	296.3x	Major Depression
AXIS 11	301.7	Anti social personality disorder
AXIS 111		No Diagnosis
AXIS 1V	V 68.6	Sibling relational problem
AXIS V	GAF	current 31

Prognosis

With proper attention and treatment the patient can recover himself.

Recommendations

On the bases of neuropsychological assessment and clinical intake interview, following psychotherapeutic techniques are need for the treatment of this problem:

1. Cognitive Behavior Therapy
2. Catharsis technique
3. RET
4. Family therapy

Summary

The patient referred to NIRM with his father with worried and depressed mood. His father was much worried about his son. Client was suffering from somatic complaints and deep depression. He has not friendly relations with his brother and sister. His education especially at master level remained up set. He is religious minded and having religious thoughts. He dislikes society today's norms and anti religious values.

Psychotherapeutic techniques are going on the client. The client is taking session regularly. During sessions the attitude of the client is supportive, cooperative. Client is motivated and wants to improve himself.

Psychotherapeutic Sessions:

Sessions 1-5

During these sessions intake information has taken and filled the history form and asked about her problems and show unconditional positive regard or empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the sessions he was withdrawal and hesitating to share his problem. He was confused about his sharing of problem. He was made assured that his information will be confidential. So after that he feels comfortable and discussed about his worries. He introduces himself in detail and provides all intake information. He said that he suffered these problems from the last two years. He told that he remained always tense over the uncertain conditions of the society.

He reported that the society is going to be undermined. He told that people have left their right path. They are going to be in the darkness.

Sessions 6-10

In these sessions tried to get patient's confidence and encouraged him to be happy and relaxed. He was also encouraged to discuss all of his problems and worries. He wanted to discuss his problem but worried how to share himself. He showed confidence and seemed relaxed, when he was assured that he will be given privacy and all related information's about him will be confidential. In these sessions rapport was successfully developed. Patient has developed some association or attachment. Now the patient was completely willing to discuss himself. He told about his personal matters without any hesitation. In these sessions the wrong cognitions which were built in the mind of client tried to change in the real cognitions.

Session 11-14

During these sessions after developing a rapport catharsis technique of psychoanalysis was applied on the patient. In these sessions he was said that which kind of negative feelings which he keeps in his mind should keep out from his mind. The patient burst out about his education and special his period of co education at college and university level. During these session tried to explore the patient's complexities and problems. During catharsis he was encouraged to make specific behavioral changes during his every day life. During these sessions family therapy was also used. This therapy is necessary to aware the family members about the patient's feelings and acts. The family members are taught that how to deal with patient. In this therapy family members realized that they are playing a very important role in the patient's life.

Session 16-19

During these sessions the reality oriented approach applied on the patient. The patient was realized that u have built some irrational thought in your mind. It necessary to change his irrational thoughts into rational thoughts. Patient was

asked that you are not worthless. You have equal importance in family. You should change negative self concept. You should not lose your self esteem. You should change your idea about the society.. He was also assured that his family loves him. He was also assured that he is essential for his parents and has great importance in his society. He got realization about his parents and others. He understands. He was relaxed and felt very light.

Session 20-21

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world. Try to accept the facts which are going on in this world. Darkness creates distress in personality. It leads to troublesome in life. He was encouraged to meet other people and develop relations. Try to create confidence in the patient. After these sessions patient gain confidence and he was agreed that he will change his life. These sessions developed emotional stability practical change in the patient.

Termination Session

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. So in the termination of the sessions told him that I'm his psychologist or therapist. He was made assured that psychologist always available for him if he has some sort of problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient of psychologist relationship.

Case no: 13

303.00:

Alcohol

intoxication

Demographic Data

Name	Azmat Waqar
Sex	Male
Age	29years
Education	Matric
Occupation	Naib Qasid
Marital status	Married
Children	Two Sons
Siblings	4. (2 brothers, 1 sister)
Birth order	2nd
Socioeconomic status	Middle Class
Financial status	Independent
Mother's tongue	Punjabi
Address	Islamabad
Name of psychologist	Ejaz Ahmed Khan

Presenting Complaints and the referral source:

The patient was referred to the National Institute of Rehabilitation Medicine, Islamabad. The patient was brought by his father with somatic complaints and disturb mood, behavior and disturb sleep consulted the psychiatric department for recommendations.

Test Administered

For the purpose of assessment the following psychological tests were administered on the client.

1. Standard Progressive Matrices (SPM)
2. Human Figure Drawing Test (HFD)

Findings

On mental state examination the client was appearing, a young man of 29 years. Apparently he was looking weak with pale face. His mood was low. His behavior was restless, but seemed to cooperative. He was much disturbed. He was

complaining different body pains.. He showed distorted perception thoughts. His orientation about time place and person was not good. He was not showing full attention and concentration. For the assessment of intelligence, standard progressive matrices (SPM) were used. The client lies below 5th percentile which shows that he is intellectually impaired. On personality test Human Figure Drawing (HFD) shows emotional indicators that are, poor integration, of parts, , tiny figure, short arms, no nose, no mouth, no neck, and these indicators reveals instability, with drawn, , lack of self control, anxiety, emotional immaturity, impulsivity, closed mind ness, need for security, , and poor self image.

The client medical history indicates that he has treated himself twice for the treatment of drug addiction. The client has started his addiction with alcohol with peer pressure his cousins were addicted so he started his addiction with their pressure after Five years he started heroin and he is taking heroin.

The cline's family history shows that his birth remained normal. He belongs to a middle class family. He has best relations with his siblings. He has normal relations with his spouse. Some time his wife tries to stop him from addiction, and due to these instructions he quarreled with his wife. The schooling history indicates that he passed his primary from a local school. His school time was not pleasant; the attitude of the teachers was harsh.

Tentative Diagnosis

AXIS 1	303	Alcohol intoxication
AXIS 11		Not Diagnose
Axis 111		Not Diagnose
AXIS 1V		Problem related to the social environment specify
AXIS V	GAF	Current 51

Prognosis

The patient has fully in sighted about his running problem. He is self motivated and concentrating over his problems. With proper attention and treatment he can overcome his problem.

Recommendations

On the bases of psychological assessment, clinical intake interview and mental state examination the following facilities are need for the treatment of the problem.

1. Behavioral techniques
2. Cognitive behavior therapy
3. Emotional catharsis technique
4. Family therapy

Summary

The patient was referred with his mother for the treatment of drug addiction to NIRM with body pains, worried mood. He started his drug addiction from taking alcohol under peer pressure. After two years he indulged himself in heroin addiction. He remained in jail round about two years over a murder case. Client has body complaints; disturb sleep, lack of appetite, fatigue and general weakness. Client is self motivated, and cooperative. He wants to overcome this problem.

Psychotherapeutic Sessions

Sessions 1-4

During these sessions a deep rapport was built with the client with showing unconditioned regard to the patient. First the patient showed hesitation and withdrawal to share his problem but with reinforcement and empathy he looked confident and shares some of his problem. He was confused about his sharing of problem. He was made assured that his all types of information will be kept in confidential. He was realized that psychologist has better understanding about his problems so be comfortable and tell all of his problems.

During these sessions the behavioral based reinforcement and aversive techniques were applied on the patient. Relaxation training was applied on the patient. He has some muscular problems.

In this session behavior therapy was applied on the patient. In this therapy the patient was kept in relaxed state, and also was giving relaxation exercises. Reinforcement was also giving to the patient in the form of admiration which promotes the client's confidence and create a realization in the patient his problem can be minimized.

Session 5-10

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique ,A good attitude and relaxation exercises were applied for behavioral change. Due to these techniques the said each and every feeling, his frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced him in making positive behavior. He was realized that it is a poor time for him but he can make it bright.

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world.. Look at the bright aspects of society. Darkness creates distress in personality. He was giving side effects of these drugs on his body mechanism, he was giving the examples of those people who suffered under through this monster and have destroyed or ruined their future of their self their coming generation.

Termination of the therapy:

After the application of different therapies patient was stable. A termination session is very sensitive process. But during the session patient develop some transference. He was realized during the therapies session that it is a professional relationship and nothing. He was also made assured that he could contact for his problems. He will take better solution for his problems.

Case no.14

300.29:

Specific

Phobia

Demographic Data

Name	Nadeem Akhtar
Sex	Male
Age	35 year
Education	BA
Occupation	Business
Marital status	Married
Siblings	4 (2, brothers 2, sisters)
Birth order	2 nd
Family stricture	Joint Family System
Financial status	Independent
Mother language	Punjabi
Address	Rawalpindi
Name of psychologist	Ejaz Ahmed Khan

Presenting complaints and referral source:

The patient referred himself to the NIRM Islamabad as a client and consulted the psychology department for psychological support and guidance

Test Administered

The following battery of psychological tests were administered on the client

1. Standard progressive matrices (SPM)
2. Slooson drawing coordination test (SDCT)
3. Human figure drawing (HFD)

Findings

In MSE the client apparently have sound health and having normal height. He showed less communicative, but he showed good behavior and cooperation. He was slow speech, his facial expression were some worried. During interview volume of speech was low; response time was not sharp and

quick. He showed no distort of perception or thought. The orientation and insight about (time, space, place etc) was normal. His memory was normal. Client is to assessing SIssoon Drawing Coordination Test was administered over the client who shows that the client has not any neurological problem. For the intelligence assessment standard progressive matrices (SPM) was used the client gains the 50th percentile which indicates the client is having average intellectuality. On personality tests HFD shows emotional indicators, over emphasis hair over writing, shading, closed hands, jointing of hands. These indicators reveal that the client has fearfulness, insecurity, body narcism anxiety, unrealistic fear. The stress scale indicates that the client has severed stress in him. Client obtained score on this scale 25 which reveal the stress level in the client, No medical history is found from the client.

The client family history indicates that he born normally in middle. His wife has not good relations with his mother they daily quarrel with each other, such situation creates a disturbance in the client. The siblings of the client are living separately; they are much caring about the client. They gave him respects, regard and love. Overall the home environment of the client is not so satisfactory. The client educational history remained not satisfactory. He runs his business. He suffered such un realistic fears many times from the last some months. These are un known fears which create physically and psychological disturbance in the client.

Tentative Diagnosis

AXIS I	300.29	Specific Phobia
AXIS II		No Diagnose
AXIS III		No Diagnose
AXIS IV	V61.1	Partner relational problem
AXIS V	GAF	No Diagnose

Prognosis

The patient has insight about his problem. With proper treatment and attention he can over come his problem soon.

Recommendations

On the bases of psychometric assessment and clinical intake interview following psychotherapeutic facilities are required for the treatment of the problem

1. Cognitive behavior therapy
2. Catharsis technique
3. Rational Emotive Behavior therapy
4. Family therapy

Summary

The patient referred to NIRM Islamabad himself having some unrealistic fears that some thing is going to be happened. He often thinks about the role of human being on earth and in the universe. Different psychological test batteries were administered on the client who indicates psychological illness in the client. Client is cooperative and self motivated. .

Psychotherapeutic Sessions

Sessions 1-4

During these sessions positive relation ship rapport was built. At the beginning of the sessions he was with drawl and hesitating to share his problem but giving some empathy he looked confident and shares his some problem. He was confused about his sharing problem. He was made assured that his information will be confidential. He introducers himself in detail and provides all information about his problem. He said that his problem is from the last one year when one day he was sitting on the roof of his house and he was looking on the sky in the evening time. Suddenly a fear occur in his mind that what is happening with him. Due to this fear I have lost my confidence. I feel great fear in mind, due to this fear I feel different somatic complaints. Patient said that he has not best relations with his wife. In these sessions the cognitive therapy was applied on the patient.

Session 5-10

During these sessions catharsis technique of psychoanalysis was also applied. in these sessions the patient was listen attentively under his domestic problems.

He said that his wife is not cooperative and she is quarreling person. I dislike her because she does not give him respect and regard properly.

Sessions 10-14

During these sessions the patient was encouraged to take healthy steps for healthy life and described a normal personality in front of him. The patient was reinforced for his good attitudes and thoughts. During these sessions the relaxation training exercise was also continued deep breathing exercises was also administered on the patient. After these sessions the patient was relaxed and felt comfortable. During these sessions the I have focused on the social relations of the patient with his wife, parents and siblings. He was avoidant. He was depressed by the attitude of these relations. He was given realization that you should try to understand the feelings and status of their relatives, and you have rights over your wife and your wife has right over you so you should not try to avoid from the fulfillment of their rights participate in the completion of their rights. The patient was agreed and understands and said that he is feeling well.

Sessions 15-19

The patient was interested to make specific behavioral changes that make his personality healthier. Patient has irrational thoughts about his relations and personality. So Rational Emotive Behavioral therapy was applied. he was asked that you should try to avoid thinking such elements. The feelings which you have in yourself are worthless and there is no reality about such phenomena so is relaxed and nothing will occur soon. He was also said that you have importance for your family. During these sessions the family therapy was also applied on the patient. His wife was given realization that his husband has some psychological problems. He needs your help, you should try to avoid from creating any conflict with his husband. Give him equal importance and respect and regard to you husband. She was asked that you can play a significant role in the rehabilitation in her husband's recovery.

Termination Session

After application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity.. During the session patient develop some transference. He made realization that we have only professional relationship and nothing. So in the termination of sessions again realized him that I'm his psychologist or therapist. He was made assured that psychologist always available for him if he has some problems. He was also made assured that he could contact for his problems. He must be gotten better solution for his problems.

Case No: 15
296.3x: Major
Depression

Demographic Data

Name	Kashif Rana
Sex	Male
Age	25 year
Education	MBA
Occupation	Manager
Marital status	Married
Siblings	4 (2, brothers 2, sisters)
Birth order	2 nd
Family stricture	Joint Family System
Financial status	Independent
Address	Faisalabad
Name of psychologist	Ejaz Ahmed Khan

Presenting Complaints and Referral Source:

The patient reported to NIRM with improper sleep, lack of appetite, fatigue, and irritation, and consulted the psychologist for psychological support.

Test Administered

The following batteries of psychological tests were administered on the client.

1. Standard progressive matrices (SPM)
2. Human figure drawing (HFD)
3. Beck Depression Inventory (BDI)
4. Slooson Drawing Coordination Test (SDCT)

Findings

Mental state examination indicates that the client was passive cooperative and remained submissive during interview. Physically he was weak. He was not proper maintaining eye contact, and facial expression seemed passive.

Pessimistic appearance was looking. Volume of speech was low. Perception of the client was normal, orientation about time place and space was normal (e.g. date, place, time etc).The patient memory was normal, and was giving full attention and concentration. He discussed his past events and experience at home and school etc. His insight was bright and he knew about his problem. The following test battery was applied for neuropsychological assessment which was consisted on Slooson Drawing Coordination Test (SDCT) which indicates that the patient has not any neurological problem. For intelligence measurement, Standard Progressive Matrices (SPM) was applied, which shows that the patient was intellectually averaged.

Beck Depression Inventory (BDI) was also administered on the client. He gained score 41 which shows a sever depression.

On personality testing Human Figure Drawing(HFD) test shows emotional indicators that are poor integration, internal body organ, genital area, cut off of hands and feet, doted eyes, emotional indicators reveals, poor inner control, aggressiveness, helplessness, insecurity feelings, body or somatic delusions, fearfulness.

The client present illness shows that his problem started from the last three years. His mood remains irritable and depressed. The client family history indicates that he has four siblings .They live in joint family system. He was older among his brother and sister. No other deep family member has psychopathology except his uncle who remained psychotic and died. The client educational history shows that client is MBA.. His schooling remained normal,

The occupational history indicates that the client works in a export and import company as manager. The job environment is not satisfactory. The height ups dislike his works. Often the high ups snub him. He is disappointed and feels hopelessness and helplessness. He is of the view that death is better than this job. He fully disappointed.

Tentative Diagnosis:

AXIS I	296.xx	Major Depression
AXIS II	301.7	Anti social personality disorder

AXIS III		No Diagnosis
AXIS IV	V 68.6	Sibling relational problem
AXIS V	GAF	Current 31

Prognosis

With proper attention and treatment the patient can recover himself.

Recommendations

On the bases of neuropsychological assessment and clinical intake interview, following psychotherapeutic techniques are need for the treatment of this problem

- 1 Cognitive Behavior Therapy
- 2 Catharsis technique
- 3 RET
4. Family therapy

Psychotherapeutic Sessions

Sessions 1-5

During these sessions intake information has taken and filled the history form and asked about her problems and show unconditional positive regard or empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the sessions he was withdrawal and hesitating to share his problem. He was confused about his sharing of problem. He discusses more about himself. He said that he suffered these problems from the last three.. He told that people have left their right path. They are going to be in the darkness. They do not respect others the have rude behavior. Think that they are right. There is no equality in this society. There is segregation in the society. I am much afraid from this system. I am fully hopeless that this society will be quite up to the mark.

Sessions 6-10

In these sessions tried to get patient's confidence and encouraged him to be happy and relaxed. He was also encouraged to discuss all of his problems and

worries. He wanted to discuss his problem but worried how to share himself. He showed confidence and seemed relaxed, when he was assured that he will be given privacy and all related information's about him will be confidential. In these sessions rapport was successfully developed. Patient has developed some association or attachment. Now the patient was completely willing to discuss himself. He told about his personal matters without any hesitation. He dislikes all the system of the society. In these sessions the wrong cognitions which were built in the mind of client tried to change in the real cognitions. The patient was told that u have built wrong thinking. It is the religion of moderation. So we should not think in this way that. We should try to carry on ourselves in moderation way not in rigid way. Realization about the real sprit of our thinking has begun to occur in the mind of patient in this session. He was told that he should try to understand the system of the society.

Session 11-15

During these sessions after developing a rapport catharsis technique of psychoanalysis was applied on the patient. In these sessions he was said that which kind of negative feelings which he keeps in his mind should keep out from his mind. The patient burst out. During these session tried to explore the patient's complexities and problems. During catharsis he was encouraged to make specific behavioral changes during his every day life. In this therapy keeps the concentration on the patient's current interpersonal difficulties. During these session patient was very attentive. He has better understanding. His attitude was positive and he was also very serious about to become a healthier person. He was interested for specific change in his personality.

During these sessions family therapy was also used. This therapy is necessary to aware the family members about the patient's feelings and acts. The family members are taught that how to deal with patient. In this therapy family members realized that they are playing a very important role in the patient's life. So they have also needed to modify their own behavior for the healthier personality of patient and also realized them that patient has strong desire to get yours

attention or love. They should be needed to develop a caring behavior toward the patient.

Session 16-20

During these sessions the reality oriented approach applied on the patient. The patient was realized that u have built some irrational thought in your mind. It necessary to change his irrational thoughts in to rational thoughts. Patient was asked that you are not worthless. You have equal importance in family. You should change negative self concept. You should not lose your self esteem. You should change your idea about the society. Y He was also assured that his family loves him. He was also assured that he is essential for his parents and has great importance in his society. He got realization about his parents and others. He understands. He was relaxed and felt very light.

Termination Session:

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. He realized during the therapeutic sessions that we have only professional relationships and nothing.

