PSYCHO-DIGNOSTIC REPORTS AND PSYCHO-THERAPEUTIC SESSIONS

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DATA ENTERED

By

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An internship report (Semester III) submitted to Dr. Asghar Ali Shah

Department of Psychology, Faculty of Social Sciences

International

Islamic University, Islamabad.

In partial fulfillment of the requirement for the degree of MS

In

Psychology (Clinical)

January 2010

DATA ENTERED

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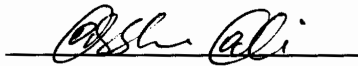
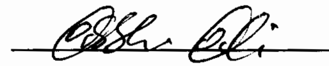
Approved by



Supervisor

CERTIFICATE

It is certified that MS Clinical Psychology, Psycho-diagnostic and Therapeutic Reports are prepared by Ghulam Murtaza Bodla Roll No, (04-FSS/MSPSY/F08). It has been approved for submission.



Supervisor

Dr. Asghar Ali Shah

ACKNOWLEDGEMENT

I wish to express my countless thanks to Almighty Allah. Further I would like to extend my gratitude to my supervisor and head of Psychology department of International Islamic University Islamabad (IIUI) Dr. Asghar Ali Shah for his help and constant encouragement on the planning and completion of this internship report. His guidance was source of inspiration and priceless learning experience for me.

I am also grateful to whole faculty members of Psychology department of International Islamic University Islamabad (IIUI) and I must say thanks as well to my colleague who helped me for completion of this report.

Ghulam Murtaza Bodla

Report # 01:

Case of Mental retardation

Demographic Data:

Name of the patient:	Qasim
Sex:	Male
Date of birth:	5th August 1989
Age:	19
Education:	None
Occupation:	None
Marital status:	Single.
Siblings:	(Brothers: - 7)
Birth order:	5th
Family structure:	Joint
Socio-economic Status:	Middle
Financial Status:	Dependent
Father's Education:	M.A in Economic and Political Science
Mother's Education:	B.A
Language known:	Urdu
Mother tongue:	Punjabi
Religion:	Islam
Address:	Islamabad
Date of Assessment:	27th June 2009
Name of Psychologist:	Mr. Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mr. Qasim referred to Psychology department OPD as the mother of the client was very worried about the client's behavior and consulted the Psychiatric department for recommendations.

Presenting Complaints

- Behavior Problems
- Stubbornness
- Anger
- Moody

History:

The client medical history shows that he was born normal but after 3 months he fell from the bed as a result he was unable to breath and his eyes moved upwards. He was almost unconscious. He did not achieve his developmental milestones at the appropriate ages. He became mentally retarded after the brain injury. He did not get proper treatment from the hospital and education from school due to bad experiences and now is afraid of hospital and school. In hospital doctors used to handle him harshly and in school too he was given bad temperaments of teachers who used to beat him badly. That's why he now fears to go to school and hospital because he thinks that the doctors and teachers will beat him badly. Client's family is very supportive and taught him necessary tasks at home. He now can perform his own tasks by himself and does not take help from anyone. Client was not aggressive and stubborn, he was a calm and cooperative child who was always willing to learn new task and obey elders. But he is showing aggressive behavior and stubbornness since 8 to 9 months. He fights with his brothers and shows anger when he is asked to switch off the television or from any other activity.

He does not listen to any one; he gets defensive and tries his level best to convince others by anger and stubbornness. The duration of this problem remains for 1 to 1 and the half hour. And now he feels a lot that he is not normal like his other brothers

and shows anger in a bad manner, fights with his younger brothers that why he is not normal. His mood remains irritable and melancholy but when someone supports him he forgets all his sadness. And sometimes he also cries over himself that why he is not normal. He has starting feeling the fact that he is mentally retarded and cannot be cured and when he sees his other brothers involved in different activities which he cannot do, he feels this more and cry over himself. He also does not take part in social activities because he is very shy and whenever he goes to some relative's house or to the market place he shows clinging behavior with mother. He is not confident at all. He is shy and not confident since childhood.

Medical History

He got brain injury but doctors did not recommend any test nor gave him any sort of treatment. And when he participated in race in a special children school he got problem in spinal cord but was cured less than 15 days otherwise no other serious injury or illness is faced by the client.

History of Present Illness

The client history of present illness shows that Client got brain injury when he was 3 months old. He did not get any treatment because of the carelessness of the doctors.

Family History

The client family history indicates that he belongs to the middle class family. He lives with his parent. Client is having good relations with his family. His father died 4 years ago. After his death he got disturbed but after few months with the help of family support he got fine. His mother is a house wife and is very supportive, loving and caring. He has 7 brothers. His birth order is 5th in number. The elder brother teaches him Quran and he also taught him to offer namaz. But he can offer namaz and read Quran under the

supervision of the family member as he do mistakes. Rests of his brother's are also friendly, caring, cooperative and supportive. As the rest of the family members are concerned they are also very cooperative and client has good relations with everyone. So, home environment is very friendly. No other family member has psychopathology.

Educational History

As the clients educational history is concerned it shows when he was 6 he started going to the school of deaf children in H.8 but the environment influenced him. He started talking on fingers instead of words. After 1 month he got an admission in a special children school. There he started talking and learnt few words. But he did not use to talk in sentences. And environment was also not good. Teachers over there used to beat the children very badly. The client got scared from the environment and refused to go to school. When his parents forced him to go to school he used to shout a lot and get fainted. Then again his school got changed. Then he started going to another special children school. Over there he participated in race. Teachers made him run so long that he got problem in spinal cord. Doctors suggested him complete bed rest. After 15 days he joined the school again but did not participate in race. Teachers over there were very strict and used to beat the children. One day a teacher beated to another child so badly that he died. After this incident client totally refused to go to school and remained scared for 1 week and. And the school was also sealed. From then onwards he never went to school and parents also never forced him to go to school because already he was very much disturbed due to the harsh treatment in hospital and death incident at school. He started perceiving hospital and school where people are punished badly. He preferred to stay at home where his family is very much loving, caring and supportive. His memory is good. Whenever he sees his other brothers going to school, he at once says to them that he also used to go to school and at school his friend died. This incident is still fresh in his mind. He was taught by his father at home. He knows ABC and 123 but he cannot read sentences and words. Home environment is friendly and supportive.

Tests Administered

For the purpose of psychological assessment following methods were being used.

1. Mental State Examination.
2. Bender Gestalt Test (BGT).
3. Standard Progressive Matrices (SPM).
4. Human Figure Drawing (HFD).

Findings:

On Mental State Examination the client was appearing a teenage boy of 19 years. Apparently he was normal I height and health was also good. He showed no restless behavior, showed full attentive behavior and cooperation. But he was very shy and did not leave his mother's hand for a second. He maintained proper eye contact and facial expressions were also normal. During the interview session he was comfortable but shy. His speech was not clear. 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 mother and asking who is she?). He showed full attention and concentration. His memory was good. He remembered all of his experiences at home, school. His insight was bright and was fully aware about his problem.

To assess the neurological assessment Bender Gestalt Test (BGT) was used. The test shows that client has problem in neurological.

For assessment of intelligence Standard Progressive Matrices (SPM) was used. The client lies below 5th percentile which shows that he is intellectually impaired and I.Q is 76.

On personality test Human Figure Drawing (HFD) shows emotional indicators that are sketchy lines, omission of feet, omission of neck, monster figure, hands cut off, tiny figure, poor integration of parts and these indicators reveals fearfulness, insecurity, feelings of inadequacy, anxiety, stubborn, shyness, helplessness, immaturity, poor inner controls, aggressiveness, borderline intelligence, regression due to emotional

disturbances. Special class or brain injured pupil draw monster figures, hands cut off and poor integration of parts.

Tentative Diagnosis:

Axis II: 317, Mild Mental Retardation

Axis II: NA

AxisIII: Epileptic Fits

Axis IV: disturbed social interaction

Axis V: 50-60 (GAF)

Recommendations:

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

1. Psycho-education of parents
2. Vocational therapy
3. Social skill training
4. Speech Therapy.
5. Behavior therapy

Recommendations for parents:

- Rewarding or Positive Reinforcement
- Vocational Training
- Family Therapy

Summary:

Mr. Qasim referred to psychology department OPD as the mother of the client was very worried about the client's behavior and she has already consulted the Psychiatrist for recommendations. Client was born normal after he fell down from the bed his brain got injured from then onwards he became mentally retarded and faced problems mentioned above. He is getting stubborn and aggressive because he feels a lot

that he is not like his other brothers and cannot perform tasks like them. That's why he fights a lot. And he is shy since childhood. Although the client has Mild Mental Retardation that cannot be cured but the client is trainable and educable. His I.Q is 76. Client is cooperative and motivated. He has good **prognosis** as he also has family support. In this way he can improve himself and his life also. He is 19 years old and can learn some work for independent living.

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Supervisor

Report # 02:

Case of Bipolar Affective Disorder

Demographic Data:

Name:	Mr. Liaqat
Age:	25 Years
Gender:	Male
Religion:	Islam
Marital Status:	Single
Qualification:	Master (Islamic Studies)
Father's Name:	Abdul Qayum
Mother's Name:	Mrs. Qayum
Number of siblings:	7
Birth order:	Third born
Monthly Income:	20 thousand
Address:	Islamabad
Date of Assessment:	3rd July 2009
Name of Psychologist:	Mr. Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mr. Liaqat referred to Psychology department from PIMS

Presenting Complaints

- Anger
- Adjustment problems
- Disturbed relationship
- Resentment
- Restlessness
- abusive

History:

Mr. Liaqat is a 25 years old male belongs to "Pashto" speaking family. He is third born among seven siblings. He was working in Federal Secondary School as Khateeb. He was casually dressed and was comfortably seated on his bed. He was able to maintain his eye contact easily. He was speaking very fastly and seemed to be very anxious. Mr. Liaqat was initially reserved and asked therapist about reason of visit and questioning. Later on after rapport building he became expressive and talkative and gave intake interview very enthusiastically in detail.

Medical History

Once he was admitted in Psychiatry ward of PIMS from four months earlier and taken consultation as well.

History of Present Illness

His present problem first aggravate at the age of 20 years old.

Work History

He reported that he recently resigned from the job when he was in fit like condition. 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 also told that at that time he was feeling very energetic and he started excessive walk in night also. He told that he is used to perform his duties and chores at night also as he has complaint of insomnia also. Liaqat told that his family members do not understand him that's why he becomes aggressive with them.

Social History

He told that he is very expressive and has many friends, but he like to prefer friendship with females. He also told that females are usually very caring and understand him. They do not argue with him.

Tests Administered

Following tests were administered for screening:

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

Findings:

The client's test results on Standard Progressive Matrices (SPM) is "47" that falls in "defiantly above average intellectual capacity". That correlates with his academic achievement as he completed his Master from university of Punjab in Islamic Studies and he is Hafiz-e-Quran also.

His results on Human Figure Drawing (HFD) test shows signs of overtly aggressive, instability, poorly integrated personality, impulsivity, neurological impairment, regression due to serious emotional disturbance.

His result also indicates anxiety, psychosomatic complaints, guilt feelings for aggressive impulses, impulsivity, physical awkwardness, physical inadequacy, acting out behavior, conflict. His protocol indicates that he has striving for love and affection, ambition for achievement, guilt over failure and possibility of castration anxiety &

helplessness. There is sign of escaped from reality into fantasy, socially withdrawn and tends to deny problems.

His test finding also reflects emotional immaturity, dependency, overt aggression and egocentricity 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. Liaqat'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: 296.40 Bipolar Affective Disorder

Axis II: NA

AxisIII: NA

Axis IV: disturbed social interaction

Axis V: 60-70 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that he needs individual psychotherapeutic sessions along with psychiatric medication. It is also helpful to include his family in therapy in order to resolve his disturbed family and interpersonal relationships.

Considering the present state of the client with supportive therapy and in future combination of *cognitive therapy* and *family counseling* could be suggested to alter her existing negative schemas. So that he can think more realistically and rationally

Summary:

Mr. Liaqat. was referred to Psychology department due to complaints of aggressive behavior in work setting and at home that is due to his psychological problem for which he needs psychiatric medication along with therapeutic sessions.

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.

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Supervisor

Report # 03:

Case of Depression

Demographic Data:

Name:	Mrs. Fariha
Age:	24 Years
Gender:	Female
Religion:	Islam
Marital Status:	Married
Qualification:	B.Sc
Husband's Name:	M. Farman
Number of siblings:	2
Birth order:	Last born
Monthly Incom:	15 thousand
Address:	Islamabad
Date of Assesment:	9th July 2009
Name of Psychologist:	Mr. Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mrs. Fariha was referred to Psychology department by her Physician.

Presenting Complaints

- Crying spell
- Lack of appetite
- Lethargicness
- Insomnia
- Loss of interests and hopelessness.

History:

Mrs. Fariha is a 24 years old female belongs to "Punjabi" speaking family. She is last born among two siblings. She got married eight months before. She reported that she has history of miscarriage 3 months before. She said that she has love marriage and his husband is cooperative but she has disturbed relationships with her mother in law. She told that she does not like her way of working and has very critical opinion about her.

She said that she was shocked when her mother in law take her jewelry after two months of her marriage and said she will not give back. She also told that after this she started criticizing her on small mistakes. She told that she has same attitude with all daughters in laws. She said that she is in her mother's house from last two months as she feels very upset after miscarriage. She also said that her husband used to come in her mother's house and asks about her health. She said that she is loosing interest day by day in activities of daily living and avoid social interactions with her friends and family members also.

History of Present Illness

Her present problem first aggravate after miscarriage 3 months before. She visited Psychiatry Department OPD of PIMS along her mother 2 weeks before.

Medical History

After psychiatric consultation she was referred to Psychotherapist for psychological testing and therapy. She was properly dressed and was comfortably seated on chair. She was not able to maintain her eye contact easily. She was speaking very slowly and seemed to be very lethargic.

Social History

Her mother reported that she was very talkative and social girl from last few months she is becoming dull and avoid to talk with others. She also told that she is very much attached with me but now she often avoids me and try to hide her in laws problems from me and I forcefully bring her to hospital as his husband asks me again and again. She refused him also to visit a hospital.

Tests Administered

Following tests were administered for screening:

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

Findings:

Her score on Beck Depression Inventory (BDI) is “52” that falls in “Sever depression”.

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

Her result also indicates psychosomatic complaints, insecurity, withdrawn, passive resistance, refusal to communicate with others, fears and depression. Test protocol shows that she has limited ability, do not dare to strike out at others, turn her anger inward toward herself, and feel threatened by others, adults and parents.

Her score on Beck Depression Inventory falls in “Sever depression” that correlates with her state as she has insomnia, lack of appetite & interests. Her results on

Human Figure Drawing (HFD) test shows signs of immaturity and insecurity, as she is last born and was pampered child and she was attached with her mother now she has feelings of insecurity due to her mother in law's behavior and attitude.

Her result also shows that she has maladjusted and has obsessive compulsive tendencies as her case history also relates that she is still preoccupied with her mother in law's behavior as she took her jewelry. She said that, she is tense due to her critical thinking.

Her results also reflect that she is socially isolated, tends to deny problems and refused to face the world and escaped into fantasy. Her result also depicts poor adjustment, person who does not strike on other turn her anger inward toward herself feel threatened by others and world and under pressure. As her history also shows that she has lose her interest in social activities and remain isolated at home. She now does not like to share her problem.

Tentative Diagnosis:

Axis: I, 311 Depression

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions along with psychiatric medication.

Cognitive therapy can also be beneficial to amend the wrong condition of the client and his misperception of the events as over threatening. Her cognition need to be altered so that he can comprehend the situations logically.

Above all the *Marital therapy* is also recommended because it is also helpful to include her husband in therapy in order to resolve her conflicts with her mother in law.

Summary:

Mrs. Fariha was referred to Psychology department due to complaints of crying spell, lack of appetite, lethargic ness, insomnia, loss of interests and hopelessness for which she needs psychiatric medication along with individual psychotherapeutic sessions. The **prognosis** of the client is highly favorable because she is educated wanted to be cured. So if the drug therapy along with other therapies is continued the chances of improvement are very much there.

Supervisor

Report # 04:

Case of Conversion Disorder

Demographic Data:

Name:	Mrs. S.A.R
Age:	23 Years
Gender:	Female
Religion:	Islam
Marital Status:	Married
Qualification:	Primary
Husband's Name:	M. Arif Hussain
Number of siblings:	8
Birth order:	Second last
Monthly Income:	8 thousand
Address:	Chakaar, Bagh
Date of Assesment:	15 th July 2009
Name of Psychologist:	Mr. Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mrs. S.A.R was referred to Psychology department by Physician

Presenting Complaints

- Fits
- Headache
- Faintness

History

Mrs. S.A.R is a 23 years old female belongs to "Putohari" speaking family. She is married and has one daughter 3 years old. She was admitted in Psychiatry department from last three days. She was casually dressed and was lying on her bed. She was able to maintain her eye contact easily. She was speaking slowly and fluently. She seems to be very reserved and defensive. As she initially refused for psychological testing and after a lot of efforts she was prepared to answers the personal questions asked by the Psychologist.

Family History

She also said that after marriage she lived in Karachi with her husband for 4 to 5 months later on she come back to her in laws as she was pregnant. After that she is staying with her in laws and her husband visit her after very long time. She mentioned that now her husband come 3rd time after birth of her daughter. She also said that she wants to live with her husband but her in laws do not allow her. She told that she often feels lonely and disturbed. Her family talked with her in laws and they did not pay attention toward this issue. She said that she is worried about her husband as if he gets married in Karachi. She also requested to Psychologist that kindly guide her husband to bring her with him.

Medical History

She told that her husband and brother bring her here as she was having frequent complaints of headache and one week before she suddenly fell down and became unconscious then her family bring her to district hospital from where she is referred to NIRM. Her MRI report was normal and neurological consultation showed no sign of neurological problem. She reported that from last week she had sudden fits and become unconscious. She also said that she was able to listened voices in surrounding during fit but was unable to respond and comprehend them. She told that she has tension about her husband as he is not paying attention to her.

History of Present Illness

Her present problems first aggravate 3 weeks before.

Test Administered

Following test was administered for screening:

1. Human Figure Drawing (HFD)

Findings:

Her results on Human Figure Drawing (HFD) test shows that she has poorly integrated personality, regression due to serious emotional disturbance. It also depicts that she is overtly aggressive, hysteric and poorly adjusted

Her test result shows signs of maladjustment, intellectual inadequacy to resolve problems, immaturity and insecurity. She also has tendency to be shy, helpless and feeling of having no feet to stand on.

Her test result shows that she has poorly integrated personality, regression due to serious emotional disturbance. It also depicts that she is overtly aggressive, hysteric and poorly adjusted. Her drawing reflects that she has rigid inner control, lacking flexibility, passive, very defensive and has striving for love and attention.

Her test shows that she is shy, insecure, and helpless and has feeling of having no feet to stand on. Her case history strongly correlate with her results as she reported that

she is tensed about her husband and has complained about lack of attention and love. Her history also shows that she has insecurity and complains regarding second marriage of her husband. Her initial attitude toward concerning psychologist also shows her defensive nature and rigid inner control.

Tentative Diagnosis:

Axis I, 300.11, Conversion Disorder

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions. It is also helpful to include her husband in therapy in order to convey her problems to her husband.

Considering the present state of the client *cognitive therapy* could be suggested to alter her existing negative schemas. So that she can think more realistically and rationally rather fantasy.

Summary:

Mrs. S.A.R was referred to Psychology department due to complaints of sudden Unconsciousness, fits and headache. Her problem was ruled out of psychological nature as her medical tests results were normal and depicts toward hysterical fits. Her marital life is disturbed due to un satisfaction of her libidinal desires. The **prognosis** of the client is moderately favorable as she is ready to change herself and to lead a normal and a healthy life for the sake of her children.

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Supervisor

Report # 05:

Case of Somatization

Demographic Data:

Name:	Miss Samia
Age :	Forty-four years
Gender:	Female
Religion:	Islam
Education:	Matriculate
Occupation:	House wife
Socio-economic status:	Middle class
Dependent/Independent:	Dependent
Parent's alive/Dead:	Dead
Number of siblings:	Five (Four brothers and one sister)
Birth order:	Youngest one
Marital status:	Married
Husband name:	Mr. Y
Husband age:	Fifty-seven years
Husband education:	M.A
Number of offspring:	Two daughters
Referral source:	Daughter
Informant:	Miss X herself
Address:	Attock
Referral source:	NIRM (OPD)
Date of Assessment:	22nd July 2009
Name of Psychologist:	Ghulam Murtaza Bodla

Reason for Referral

Ms. Samia was referred to Psychology department OPD by herself

Presenting Complaints

- Headaches
- Back aches
- Pain In Joints
- Nausea
- Diarrhea
- Irregular menses
- Lump in throat
- Weakness and palpitation of heart.

History

Miss Samia is forty four years old woman and belongs to a middle class family living in a village of Attock. 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.

Family History

She got married at the age of seventeen. Her relationships with her in-laws were not a very amenable. 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.

At last 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. 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.

She reported 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 enjoy indoor games.

History of present illness

Her present problem starts 6 years before.

Tests Administered

Following tests were administered for screening:

2. Manifest Anxiety Scale (MAS)
3. Rotter's Incomplete Sentence Blank (RISB)

Findings:

Manifest Anxiety Scale (MAS) the client scored "29" 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.

Rotter's Incomplete Sentence Blank (RISB) the client scored "141" that indicates borderline adjustment problem. She seems to posses a healthy memories of past. Though

the client is unsure about the illness but is preoccupied with illness. Her complaints were physical problems only.

She was neatly dressed and was comfortably seated. She was able to maintain her eye contact easily. She was speaking very fluently and in a loud voice. She seemed very anxious about herself and wanted to be cured as soon as possible.

Tentative Diagnosis:

Axis I, 300.81, Somatization

Axis II: NA

Axis III: NA

Axis IV: Socially Interactive

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that *cognitive therapy* could be suggested to alter her existing negative schemas. So that she can think more realistically and rationally.

Family therapy is also best in her condition to make her in-laws realize the gravity of her problems. She needs assurance and assistance from her family to overcome her fears and anxieties.

Summary:

Ms. Samia was referred to Psychology department due to complaints of headaches, back aches, pain in joints, chest and abdomen, nausea, diarrhea, irregular menses, lump in throat, weakness and palpitation of heart. **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.

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Supervisor

Report # 06:

Case of Social Phobia

Demographic Data:

Name:	Miss Anam
Age:	Twenty- one years
Gender:	Female
Religion:	Islam
Education:	B.A
Occupation;	Student
Socio-economic status:	Upper middle class
Dependent/Independent;	Dependent
Parent's alive;	Alive
Father's occupation:	Government job
Number of siblings:	Four (two sisters two brothers)
Birth order:	Last born
Marital status:	Unmarried
Address:	Islamabad
Referral source:	NIRM (OPD)
Date of Assessment:	5th August 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Ms. Anam was referred to Psychology department by Physician

Presenting Complaints

- avoidance and distress in the feared social or performance situation
- loss of interest in usual activities
- heart palpitations
- sweating, spells of dizziness
- stomach problems
- sensation of losing consciousness

History

The client is a young girl of twenty-one and belongs to an upper middle class family, living in Islamabad. She has four siblings, two brothers' two sisters all of whom are older than her.

Throughout her childhood, restrictions were imposed on her. Her every action was scrutinized by her mother and siblings. She felt her father was the only one who loved her. Whenever she tried to initiate conversation with others, her mother scolded her remain quite. Her mother constantly criticized her for being too talkative. She was restrained from expressing herself freely by her mother. She was slapped occasionally by her mother if she talked contrary to her mother.

Educational History

The client was an average student during her academic period. She also faced similar problems during college years and became accustomed to remain quite. After graduation, she attended university for a while but was unable to cope with the situation. She felt overpowered by her classmates and felt uncomfortable in their presence.

Social History

The client presently feels excessive anxiety in the company of others and can not converse with them. Whenever she is expected to talk in public places and parties, she feels an impending doom. She prefers to remain quite and isolated.

Premorbid Personality

The client premorbid personality was an unsociable, and a rigid person. She was also stubborn, and dependent on her mother besides being an average student. She remained sensitive to criticism and humiliation throughout her life. Studies were her passion. Her life was reserved to alienated activities.

History of Present illness

Her history shows precipitating event was her childhood as client passed her childhood in a threatening and scrutinizing environment. Continuous dominance by mother led her to perceive environment threatening and uncongenial. The problem is deep-rooted in the client's past life. She was probably thirteen years old, when her mother slapped her first time. Then, it became continuous and prolonged slapping to the child characterized by criticism of mother that's why she talked this way or that way led her to fearful. This fear was then internalized and became threatening for her. Later, this fear hindered her adjustment in college life; hence, she left her Post-graduation. Therefore, criticism of mother disturbed her lot leading to unsocialzed life of the client.

Tests Administered

Following tests were administered for screening:

1. Standard Progressive Matrices (SPM)
2. Manifest Anxiety Scale (MAS)

Findings:

The client's test result on Standard Progressive Matrices (SPM) is "42" that yields 50th percentile her grade is III +, that falls in "average intellectual capacity".

The performance of the client shows that she is an average. She might have clear thinking and observational sense. Intellectually, she is capable enough to adjust to her environment.

Manifest Anxiety Scale (MAS) the client scored "36" 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.

She was properly attired. Eye-contact was not maintained by the client throughout the interview session. She was also anxious and jittery. She was constantly changing her posture and moving her legs. Initially, she hesitated but gradually responded to the questions. Her speech was dear and audible. She wants to be cured.

Tentative Diagnosis:

Axis I, 300.23, Social Phobia

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that therapy which seems to be best recommended for the client is family therapy because she developed social phobia due to her mother strict behavior.

With social phobia, cognitive methods combined with social skills training are promising. Cognitively, the client may be persuaded by the therapist to more accurately appraise people's reaction to herself and to rely less on approval from others for maintaining a sense of self-worth.

Summary:

Ms. Anam was referred to Psychology department due to complaints of avoidance and distress in the feared social or performance situation, loss of interest in usual activities, heart palpitations, sweating, spells of dizziness, stomach problems, and sensation of loosing consciousness. With social phobia, cognitive methods combined with social skills training, family involvement is promising. The client's **prognosis** is moderately favorable because she wants to be cured as her anxiety interferes with her social and occupational functioning. Thus, she can be helped with parent's assistance and assurance.

Supervisor

Report # 07:

Case of Generalized Anxiety Disorder

Demographic Data:

Name:	Mr. Bilal
Age :	Thirty-five years
Gender :	Male
Religion:	Islam
Education:	B.A
Occupation:	Construction Contractor
Socio-economic status:	Upper-middle
Dependent/Independent:	Independent
Father alive/dead :	Alive
Father's occupation:	Politics
Mother alive/dead:	Dead
Mother occupation:	House wife
Number of siblings:	Six (three bothers and three sisters)
Birth order:	Fourth
Marital status:	Married
Address:	Sargodha
Date of Assessment:	12th August 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mr. Bilal was referred to Psychology department OPD by Physician

Presenting Complaints

- Restlessness
- Difficulty concentrating or mind going blank
- Sleep disturbance (difficulty falling or staying asleep)
- Muscle tension
- Irritability.

History

The client is a thirty-five years old man belonging to a rich family of Sargodha. He is married. He has acquired education up to B.A. He has six siblings. The client is fourth borne. Three sisters and a brother of the client are married. According to the client, his family atmosphere was very religious and orthodox.

The 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. 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. 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.

Family History

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. He was greatly inspired by a very famous politician of Pakistan, Zulfiqar Ali Bhutto. He was very impulsive and emotional by nature and went to jail twice due to his political activities during his college life.

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.

Pre Morbid Personality

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.

History of Present Illness

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. After that, he felt the similar symptoms again when he lost election for Nazim's seat by only six votes one year ago. After that he had constantly been complaining restlessness, difficulty in concentration, irritability and apprehension. His situation became so worse that he referred himself to the NIRM to seek treatment.

Tests Administered

Following tests were administered for screening:

1. Manifest Anxiety Scale (MAS)

Findings:

The client scored thirty one on the scale indicating his being highly anxious. 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 client 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 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.

Tentative Diagnosis:

Axis I, 300.02 , Generalized Anxiety Disorder

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 70-80 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that ***Psychoanalytic therapy*** could be considered best in order to help the client confront the true source of his conflicts and resolving those conflicts. Only encounter with his repressed thoughts can relieve the client's symptoms.

Cognitive therapy can also be beneficial to amend the wrong condition of the client and his misperception of the events as over threatening.

Above all the family therapy is also recommended because when he gets the knowledge that his father is no longer as strict and threatening as he used to be, he might improve and start developing a friendly relationship with his father. Only when he gets full support and attention from his family, he can recover from his long standing symptoms.

Summary:

Mr. Bilal was referred to Psychology department due to complaints restlessness, difficulty concentrating or mind going blank, sleep disturbance (difficulty falling or staying asleep), muscle tension, irritability. The **prognosis** of the client is moderately favorable because he was self referred and wanted to be cured. So if the drug therapy along with other therapies is continued the chances of improvement are very much there.

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Supervisor

Report # 08:

Case of substance related disorder (Cannabis)

Demographic Data:

Name:	Mr. Yaseen
Age :	Twenty three years
Gender :	Male
Religion:	Islam
Education:	B.A
Occupation:	Unemployed
Socio-economic status:	Middle class
Dependent/Independent:	Dependent
Parent's alive:	Alive
Father's occupation:	Business
Number of siblings:	Five (Three brothers, two sisters)
Birth order:	Fourth
Marital status:	Single
Referral source:	Elder brother
Informant;	Mr. Y
Address:	Rawalpindi (recent) Peshawar (NWFP) (Permanent)
Date of Assessment:	26th August 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mr. Yaseen was referred to Psychology department by Physician

Presenting Complaints

- Watery eyes and nose
- Trembling hands and feet
- Pain in legs and back
- Headache
- Nausea
- Low appetite
- Disturbed sleep
- Lethargic
- Aggressive behavior

History

Mr. Yaseen is twenty-three years old young boy belonging to a middle class family living at Rawalpindi. He has three brothers and two sisters and his birth order is fourth among them His father is alive and lives with him. His father was an extremely autocratic and dominating person. His father always crushed his emotions and aspirations. Whenever the client wanted anything and asked his father to get it, he used to thwart him badly. That ruthless attitude made him very anxious and isolated.

On the other hand his mother was a being lady who always supported him in every walk of life. So the client was very attached to her mother and thought her as his rescuer. His mother motivated him to study hard and get a good job to become an independent man.

History of Present Illness

His mother died letting his life more miserable 3 years before. He felt entirely isolated and thwarted with no one at his side to support him any longer. Firstly, he started

smoking, occasionally intake of alcohol and in the last but not the least intake of heroin for one year. He became entirely addicted and his health declined day by day.

School History

With her mother support he passed his matriculation and then got his graduation degree at the age of twenty.

Work History

After matric he sought job everywhere but all his efforts were fruitless. He became so desperate with the prevailing scenario which encompassed his life completely.

Social History

At this crucial time some of his friends tried to engage him in bad activities. The client felt being comforted by them and did whatever they asked him to do.

Medical History

His brother got him admitted in Drug addiction centre where he is being treated. Now after one month treatment he has recovered a bit and wants to be cured completely to start a new life.

Tests Administered

Following tests were administered for screening:

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

Findings:

The intellectual functioning of the client shows that he is an average. He is enable to seek assurance, and assistance for the sake of improvement. Intellectually average

functioning is quite suitable for many activities. As a result, adapt well to new life situations.

On Manifest Anxiety Scale (MAS) the client scored 32 on the scale. It shows high level of anxiety in individual. The client is anxious about the tiresome and inability to work. The client also possesses certain physical health problems along with being anxious.

On Rotter's Incomplete Sentence Blank (RISB) the client scored 148 that shows his maladjusted personality. The client had pleasant memories of the past. He seemed to be concerned with his parents most. In addition, he seems to be depressed by the events of his life. The specifically, client is overwhelmed by the neglect of his parents. These neglected feelings are generalized to situations other than the home environment. The responses reflect the client's being feeling inferior and alienated.

He was neatly dressed and was lying on the bed. He was able to maintain his eye-contact easily and spoke fluently. He was very cooperative during the interview session though was a bit anxious and wanted to be cured as soon as possible. Before being the victim of drug addiction, the client was an isolated, passive, and restless person. He was a submissive boy who obeyed his father's iron rule against his own will.

Tentative Diagnosis:

Axis I, 304.30, Substance related Disorder (Cannabis Dependence)

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 40-50 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview the client is recommended to continue his drug therapy in order to make his condition better. Antagonist drugs have best healing effects for such clients and if the client keeps on taking these drugs, there are chances that he will recover soon. Once he is physically

capable to cope with his situation, he will have the courage to comprehend his state more logically to take further steps towards his betterment.

Considering the present state of the client ***family therapy*** is best recommended so that the root cause of the problem could be eradicated. The client needs his family support and assistance to recuperate. Above all assurance and reassurance on the part of his father is extremely essential to ameliorate the client's present state.

Summary:

Mr. Yaseen was referred to Psychology department due to complaints of watery eyes and nose, trembling hands and feet, pain in legs and back, headache, nausea, low appetite, disturbed sleep, lethargic, aggressive behavior. The **prognosis** with treatment seems to be favorable the client has positive signs of getting better because he has strong desire to be cured completely.

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Supervisor

Report # 09:

Case of Somatization disorder

Demographic Data:

Name:	Miss Seema
Age :	Forty five years
Gender :	Female
Religion:	Islam
Place of origin ;	Rawalpindi
Education;	Uneducated
Occupation:	Housewife
Socio-economic status:	Lower middle class
Dependent/Independent:	Dependent
Parent's alive;	Alive
Number of siblings;	Nine (four brothers, 5 sisters)
Birth order;	Fourth
Marital status:	Married
Husband name:	Mr. J
Husband occupation:	Retired Hawaldar
Number of offspring's:	Seven (three sons, four daughters)
Referral source;	Elder son
Informant;	Client himself
Date of Assessment:	9th September 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Ms. Seema was referred to Psychology department by Physician

Presenting Complaints

- Pain in heart chest, joints, backache
- Headache
- Difficulty in breathing
- Weakness
- Nausea
- Diarrhea
- Irregular menses
- Loss of memory.

History

The client was forty five years old woman. She was neatly dressed and was lying on the bed. 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 old woman belonging to a lower-middle class family living at Rawalpindi. She was uneducated but had a strong desire to study.

She was neatly dressed and was lying on the bed at NIRM ward. 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 had three sons and four 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.

History of Present Illness

Her problem starts 7 years before

Family History

The client parents were alive and adored their children too much. Her father was a shopkeeper. Her mother was a house wife. The client reported that she led a relatively better and very peaceful childhood. She has four brothers and five sisters and her birth order is fourth among them. All are happily married. Her relationship with her siblings was not good at all as her brother's spouses dislike her.

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 retired hawaldar working in Fauji foundation. 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.

Medical History

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.

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 client scored 29 on 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 26 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 client test result on House, Tree, Person (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.

Tentative Diagnosis:

Axis: I, 300.81, Somatization Disorder

Axis II: NA

Axis III: NA

Axis IV: Socially Interactive

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions. Considering the

present state of the client ***cognitive therapy*** could be suggested to alter her existing negative schemas. So that she can think more realistically and rationally.

Family therapy is also best in her condition to make her in-laws realize the gravity of her problems. She needs assurance and assistance from her family to overcome her fears and anxieties.

Summary:

Ms. Seema 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.

Supervisor

Report # 10:

Case of Acute Psychotic Disorder

Demographic Data:

Name:	Ms. Zaeema
Age:	18 Years
Gender:	Female
Religion:	Islam
Marital Status:	Married
Qualification:	Matric
Father's Name:	M. Javeed
Number of siblings:	4
Birth order:	First born
Monthly Income:	10 thousand approximately
Address:	G- 7/ 4, Islamabad
Date of Assessment:	23rd September 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (Ward)

Reason for Referral

Ms. Zaeema was referred to Psychology department due to complaints of sudden burst of abusive speech, aggressive behavior, weeping episode and flight of ideas.

Presenting Complaints

- Sudden burst of abusive speech
- Aggressive behavior
- Weeping episode
- Flight of ideas.

History

Ms. Zaeema is 18 years old female belongs to "Punjabi" speaking family. She was admitted in Psychiatry ward of NIRM from last week after psychiatric consultation. She is first born among four siblings. Her father is working in Police Department. She was poorly dressed and was uncomfortable seated on the bench. She was unable to maintain eye contact. She was speaking very fastly and abruptly without logical association between. She was very lethargic as she did not take food from last night and was wandering in the whole ward and repeating same statement.

Her mother reported that she was alright and she was arranging her engagement ceremony suddenly she started talk to herself. When her fater said her to behave formally her problem aggravates and she started that "is ny mar dia hy". On further probing mother told that Ms. Zaeema was interested in her maternal cousin but his father does not allow her to remain in contact with that cousin and he arranged her engagement with her paternal cousin without telling her. When she heard that her Phophoo is coming for engagement she become isolated and does not answer to my question as I was asking what happened to her.

Then suddenly she started roaming in the house and finally outside then her father bring her at home and finally to the hospital as her condition becoming worse.

Her mother also reported that she was very sensitive girl from her childhood and had very few friends in her school. She was attached with her maternal cousin as he was

living with them recently he shifted as he took admission in the college for studies at Lahore.

After her shifting she was not happy and become socially withdrawn 2 months before my sister came from Lahore and asked for her proposal that was harshly rejected by my husband by saying that he settled her marriage with his sister son's.

Her mother also told that Ms. Zaeema said she will not marry with her paternal cousin and she will only marry with her maternal cousin. In response to this her fathers become angry and immediately arranged Nikha at home confidentially. Due to such distressing situation the client suffered with acute episode of Psychosis

History of Present Illness

Her problem aggravate 3 weeks before

Tests Administered

Following test was administered for screening:

1. Mini Mental State Examination (MMSE)

Findings:

She was initially not responded to Psychologist later on abruptly started walk here and there in the ward after seeing her mother who was coming toward her. Later on Psychologist bring her in separate room behind the general ward and administered MMSE. She was not responding appropriately to the questions of the psychologist. She was repeatedly speaking a statement that was "Inhon ny mar dia hy". The Psychologist asked to whom they killed, she repeat that statement again and again and started to wander in the room. The client's scored "03" on Mini Mental State Examination (MMSE) that reflect highly disturbed cognitive functioning of the client.

His results on test show signs of disturbed reality contact. As she was unable to comprehend most of the questions and she was not willing to answer the concerned psychologist.

Tentative Diagnosis:

Axis: I, 293, Acute Psychotic Disorder

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 60-70 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs psychiatric consultation and medication along with supportive psychotherapy.

Family therapy is also best in her condition to make her family realize the gravity of her problems. She needs assurance and assistance from her family to overcome her problem.

Summary:

Ms. Zaeema was referred to Psychology department due to complaints of sudden burst of abusive speech, aggressive behavior, weeping episode and flight of ideas. **Prognosis** for the client is moderately favorable as she is young and does not have family history of psychotic problems. Her mother was willing to cooperate for her daughter and wants her to lead a normal life. She needs proper and extensive care and treatment for the outcomes.

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Supervisor

Report # 11:

Case of Obsessive Compulsive Disorder

Demographic Data:

Name:	Ms. Dua
Age:	23 Years
Gender:	Female
Religion:	Islam
Marital Status:	Single
Qualification:	Graduate
Father's Name:	M. Rehman
Number of siblings:	4
Birth order:	3rd born
Occupation:	School Teacher
Monthly Income:	10 thousand approximately
Address:	G- 6/ 2, Islamabad
Date of Assessment:	7th October 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Ms. Dua referred to Psychology department OPD by Physician

Presenting Complaints

- Repetitive hand washing
- Cloth changing before going to wash room
- Obsessions of cleanliness.

History

Ms. Dua is 23 years old female belongs to "Punjabi" speaking family. She is single. She entered into the room with her mother. She was formally dressed and very conscious about her surroundings. She was able to maintain her eye contact. She was speaking fluently in low tone and asked the Psychologist to send other people out of the room. After that she told that she is in habit of repetitive hands and legs washing after using washroom as she feels that there must be little drops of water at her clothes and feet. Now she changes her clothes before going to washroom and after using washroom as it is unbearable for her to remain in the same dress due to feelings of dirtiness and filthiness.

She also told that she usually avoid to go to washroom in public setting and at her workplace. She told that her obsessions make her life very problematic as she has waste her lot of time in such activities. She told that when she was giving exams of B-Ed she was very depressed because she was wasting her time in these activities like washing hands and feet again and again. But she tried to involve her in study finally she passed but lost her position in the class.

She said I wasn't to get rid from these obsessions as I know that affect my performance at my workplace and academics. She said that it was finished in winters but suddenly this problem arises again. She asked again and again that have you seen such type of problems, can I improve my condition?

History of Present Illness

Her problems aggravate 5 years before.

Medical History

She doesn't have any medical history for problem. She reported that initially it was minor thought that she did not wash properly lets try again. Later on this habit increased day by day.

Tests Administered

Following tests were administered for screening:

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

Findings:

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

Her result on Thematic Apperception Test (TAT) shows following interpretations of her 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 out come is hopeful and happy but still the end has a flavor of fear of failing in 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 for fail despite being achievement oriented is also apparent.

The forces of press in her environment are *p* Dominance, *p* Aggression *p* Lack of desired act. The story reflects that she has desires, which are kept to her and may be she do them or carry them out in solitude. Her motives are influenced by her parents. She has concern about her academics occupation and responsibilities in future. She has a desire to be successful in life so that she could be independent and do what ever she desires to. She would take care of her parents in a better way and be a conscientious person.

CARD 4

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

The subject feels her environment to be dominative and pressure forcing. She perceives a sense of aggression from her outer world and has desires to vent out her own aggression as well. She feels insecure regarding relations and may have difficulty in building intimate relationships. She gives importance to career. She has a lot of concern for the unseen future where she might be facing new and different situations. She feels alarming for how would she deal with it? She desires to be successful so she won't has to look on to others for satisfaction of her various needs and do as she wishes to. A sense of disappointment and worry is also apparent.

Tentative Diagnosis:

Axis: I, 300.3, Obsessive compulsive Disorder

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 70-80 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions.

The ***psychoanalytic theory*** regards the source of obsession and anxiety as an unconscious conflict between the ego and the id impulses. So it is effective to find out the hidden cause of this unconscious conflict for exposure of hidden and alternate anxieties.

In this case the ***cognitive therapy*** that emphasizes the perception of not being in control as a central character of OCD is effective. 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.

Summary:

Ms. Dua 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 she has insight of her problem. She is ready to change herself and to lead a normal life. She needs proper and extensive psychotherapeutic sessions for better outcomes.

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Supervisor

Report # 12:

Case of Social Phobia with Depressive Symptoms

Demographic Data:

Name of the patient:	Mr. Imran
Sex:	Male
Date of birth:	8th December 1988.
Age:	19
Education:	F.A
Occupation:	Works in a stall at Damane Koh.
Marital status:	Single.
Siblings:	(Brothers: - 2 Sisters: - 5)
Birth order:	6th
Family structure:	Joint
Socio-economic Status:	Middle
Financial Status:	Independent
Father's Education:	B.A
Mother's Education:	Matric
Language known:	Urdu and Punjabi
Mother tongue:	Punjabi
Religion:	Islam
Address:	Islamabad
Date of Assessment:	21st October 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

The client was referred to the Psychology department from Pakistan Institute of Medical Sciences (PIMS) by Dr Nasir Nekakhtar with the complaints of problems related to social situations.

Presenting Complaints

- Heart Palpitation
- Panicky
- Shortness of breath
- Social avoidance

History

Client is 19 years old boy and is facing social phobia (anxiety) since 8 months. When he goes to any crowdy 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.

When he goes to any crowdy 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. 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 crowdy 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 a crowdy 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 situation is effecting his occupation. He works at the stall in Damane Koh. Instead of taking full amount from the customers he takes half amount and this behavior makes the owner of the stall angry. And as a response he scolds him a lot. 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. He even wishes to cry over his mistakes and problem which he faces in a crowdy place. 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 two friends who support him and encourage him, the rest makes fun of him and criticize him a lot.

Family History

An informal and unstructured interview with the client's mother was done. And 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 Kamalia 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 health was also good, he was not weak. During the interview session client was

very relax, motivated and cooperative and did not feel any sort of hesitation. He was fully attentive and did not show distractive and restless behavior during the session. As far as his speech is concerned he was fluent and clear. He also maintained proper eye contact.

School History

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 Kamalia who used to criticize him in everything. Before coming to Kamalia he was leading a normal life.

History of Present Illness

Client is facing social problems for at least 8 months. For the purpose of study he started living with his uncle in Kamalia village 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. 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.

Medical History

She doesn't have any medical history for problem

Tests Administered

For the purpose of psychological assessment following methods were being used.

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

Findings:

The client's result on Mental State Examination shows following observations that apparently he was tall and health was also good. He showed no restless behavior, showed full attentive behavior, cooperation and motivation. 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 centricity, 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.

Tentative Diagnosis:

Axis: I, 300.01, Social Phobia with Depressive Symptoms

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 80-90 (GAF)

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 to improve his personality, educated, cooperative, his own family is supportive and before coming to Kamalia he was leading a normal life.

Supervisor

Report # 13:

Case of Multiple Disabilities

Demographic Data:

Name of the patient:	Hummera
Sex:	Female
Date of birth:	20th July 2002
Age:	6 years
Education:	Prep
Occupation:	None
Marital status:	Single.
Siblings:	(Sisters: - 2)
Birth order:	1st born
Family structure:	Joint
Socio-economic Status:	Middle
Financial Status:	Dependent
Father's Education:	Msc Engineering
Mother's Education:	Msc Psychology
Language known:	Urdu and Punjabi
Mother tongue:	Punjabi
Religion:	Islam
Address:	Rawalpindi
Date of Assessment:	28th October 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

The client was referred to the psychology department by Physician

Presenting Complaints

- Short attention span
- Slow Learner
- Lack of confidence

History

Client's medical history shows that she has poor eye sights and impaired hearing from birth. She is getting treatment from the clinic of Dr Irfan Ahmed and Dr Nadeem Mukhtar. They have given hearing aid to her and suggested an operation at the 7 years of age. And for the eyes she is getting treatment from the clinic of Dr Hanif Malik Al-Shifa hospital. He has given her eye drops name Axavonit. She is getting the treatment since 4 years. Otherwise there is no other serious medical history. Client never faced serious illness or injury

Developmental History

Client was born through caesarian and after the birth doctors suspected that she is having poor eye sights and eyes were squint also. And it was confirmed after 2 months that eye sights of the child was very poor and was partially deaf also. She achieved her motor milestones at appropriate ages but she started speaking late because she was unable to hear properly and was clumsy since birth. Due to poor eyes sights and hearing she faced problems. She used to hit things, break things and hurt herself. She was given hearing aid and glasses at the age of 1. Through glasses and hearing aid she was able to see and hear. Squint ness of the eyes got improved with the help of the glasses and eye drops. In the beginning because of hearing aid her ear got infected but after few days it was cured. She used to wear hearing aid all the time but even then she was not able to get full instructions given by parents and family. When she started going to school she faced problems related to education. She was not able to understand and follow the instructions

given by the teacher. She even shows restlessness while sleeping; she keeps on moving and sleeps for a short period of time. She is a very social girl, enjoys social gatherings and is confident also. She likes to do painting and take keen interest in drawings. She is pampered child, does not do things by her own, stubborn and also aggressive. She does not participate in school functions. She likes to play cricket and with dolls. She likes to read story books but take least interest in listening to them by others. She also enjoys cartoons but only when they are played at the top of the volume of television.

History of Present Illness

Client's history of present illness shows that she has by birth impaired hearing and poor eye sights.

School History

And when she started going to school at the age of 4 in play group. She showed problems in group play and was not able to hear properly to the teachers. Teachers were cooperative and individually used to give instructions and attention to her. At the age of 5 when she was promoted to class nursery she faced problems related to education. Because of hearing problem she did not understand the points explained by the teachers and also the concepts as a result she repeated class nursery. Her section also got changed because the teacher of the previous section was not cooperative at all. In the present section she was given full attention and instructions individually and the teachers used to speak to her very loudly so that she could hear. And now when the teacher explains a concept to the class she also gives special attention to the client because she has hearing problem and is unable to get full instructions. She pays less attention to the stories which teachers tell in class. She pays full attention to those tasks which she understands very well and pays no attention to those which are not understandable to her. She then indulges herself in other activities. Her speech is not clear and teachers sometimes feel difficulty to understand her. Her speech is unintelligent, and talks in words but not in full sentences. Teachers complain her parents that she has less attention span, shows

restlessness, indulge herself in other activities and cannot sit still. The duration of this attitude remains until she understands the task well. She cannot play in group because she is not able to understand what the other child is saying and wants her to do. But play very well alone. And she also faces problems related to education because of poor hearing. And she cannot do anything without her glasses because her sights are also weak. Because of her sensory problems she is weak in studies. At home also she pays less attention which makes the parents very angry. She speaks very loudly which is irritating for everyone. According to mother she does not walk properly, walks on toes and also hit herself with the items while walking and also get hurt. When any guest arrives her behavior is quite irritating. She disturbs them a lot by speaking aloud and do not let them talk to anyone and expects them that they should give her all the attention and listen to her only. She demands too much attention. She feels jealous of her younger sister who is 1 year old. Because her sister is given all the attention as she is normal. She does not have any disability. She feels neglected by the family and all the time they scold her when she does something wrong and shows irritating behavior. She beats her sister when she is angry because she thinks that she is neglected and beated by her father just because of her. She is getting complex day by day. Because before the birth of her sister, father used to give proper attention and was very loving but after the birth of the client's sister his attitude towards the client got changed. She is not at all friendly with her sister and also does not share her toys with her. Otherwise she is friendly with other kids. But because of the behavior of the father she is getting complex day by day. She remains sad and feels neglecting behavior a lot. She was not aggressive and stubborn before. But after the birth of her younger sister she became aggressive and stubborn because of the change in father's attitude towards her. Attitude of parents towards the client is not fair on her part. Mother is exaggerating the problem of her child and ignoring the fact that this is just because of the child's sensory impairment. She thinks that she pays less attention and is distractive and restless because of some psychological problem. Mother also neglects the fact that the child walks on toes only when she is in a mood to play otherwise she walks in a normal way. She even thinks that the child is aggressive and stubborn and all those behaviors which are irritating are due to some psychological problem. But client was not stubborn and aggressive before she became aggressive and stubborn after the birth of

younger sister because after then the attitude of father got changed and was neglected by him. And also father's attitude towards the client is very harsh and says that child is mentally retarded and therefore is weak in studies and has no potential to study or learn something. But the client does not have any psychological problem. And all the problematic behaviors which she is showing are just because of impaired hearing and weak eye sights. Client remains sad because of the poor relations with father. She shows clinging behavior and feels insecure while going to school because she fears that she will not understand the tasks.

Family History

Her family history depicts that she has having good relations with her mother. Her mother is cooperative, caring, loving and supports the child a lot. But she is very exaggerating also. She wrongly judges the behavior of the child when she jumps and screams aloud while playing and when she gets on the lap of any guest this irritates the mother. And mother is not letting the child to do things by her own. She is making her dependent. Child cannot perform tasks by her own. She cannot eat by herself, cannot change clothes and tie her own shoes. Mother is spoiling the child. The client does not have good relations with her father. Father's attitude towards his child is very harsh. He beats her and scolds her badly when she speaks or screams aloud, gets on lap of any guest and bothers him or her, walks on toes and fell down, do not hear and follow the instructions, shows problem in studies, beats her little sister, shows restlessness and pays less attention. Whenever the client show any behavior which is very irritating and annoying for father, he beats her and sometimes show hateful attitude that why she is in this world. He gives all his attention and affection to her little 1 year daughter and neglects the client. As the rest of the family's attitude is concerned they are sometimes cooperative and supportive and sometimes get angry over the attitude of the client. No other family member has psychopathology and sensory or physical disability.

Tests Administered

For the purpose of psychological assessment following methods were being used.

1. Mental State Examination.
2. Bender Gestalt Test (BGT).
3. Colored Progressive Matrices (CPM).
4. Human Figure Drawing (HFD).
5. Attention Deficit Hyperactive Disorder Checklist

Findings:

On Mental State Examination the client was a 6 years old girl. Apparently she was normal in height and health was also good. She showed restless and distractive behavior only when some instructions was out of her mind because her hearing is impaired and feels difficulty in hearing full instructions, she needs full attention and only hears when someone speaks to her very loudly. But she was a social girl and was not shy at all. She was cooperative, motivated and relax. She maintained proper eye contact and facial expressions were also normal. During the interview session she was comfortable cooperative, motivated. Her speech was not clear. Volume of speech was loud; response time was sometimes quick and sometimes late (when she did not understand something) and did not use profane or abusive language. She showed no distorted perception or thoughts. Her orientation about time, place and person was normal, as she was able to tell about the time (e.g.; is it day or night?), place (what is this place?), and person (pointing towards his mother and asking who is she?). She showed full attention and concentration and showed restlessness and distractive behavior when she did not understand the instructions. Her memory was good. She remembered all of her experiences at home and school. Her insight was bright and was fully aware about her problem that she cannot hear properly and cannot see without her glasses.

For neurological assessment Bender Gestalt Test (BGT) was used. The test showed that client does not have neurological problem.

For assessment of intelligence Colored Progressive Matrices (CPM) was used. The client lies in 90th percentile which shows that she is above the average in intellectually capacity.

Personality test Human Figure Drawing (HFD) shows emotional indicators that are vacant or non seeing eyes and broken or sketchy lines and these indicators reveals

guilt feelings, vague perception of the world, emotional immaturity, dependency, depression, fearfulness, insecurity, feelings of inadequacy, anxiety, stubbornness, negativism and anger.

ADD Checklist was administered to client's mother to see whether the client has Attention Deficit disorder or not. But the result shows that the client is not suffering from Attention Deficit disorder.

Tentative Diagnosis:

Axis: I, 302.85, Multiple Disabilities

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 60-70 (GAF)

Recommendations:

Following possible suggestions and recommendations can be made for the client:

Token Economy

Reinforcement

Speech Therapy

Counseling for Parents

Summary:

The client was referred to the psychology department with the complaints of short attention span and mental retardation. Client was born with impaired hearing and weak eye sights. When she started going to school then she faced problems related to education. She is aggressive because of the harsh attitude of father as he neglects her. And she is stubborn to get the attention. Precipitating event shows that Client was born with impaired hearing and weak eye sights. When she started going to school then she faced problems related to education. She is aggressive because of the harsh attitude of father as he neglects her. And she is stubborn to get the attention. Maintaining factors

shows that Sensory impairment is not letting the child to give proper attention and listen properly to others. And harsh treatment of father and his favor to his other daughter has made the child aggressive, stubborn and complex. If he does not change his attitude then there are chances that the client's behavior will become more problematic for the family.

Prognosis is fair because she has no psychological problem and the problem she is facing is just because of her sensory disabilities. Her deficiencies can be improved because she is getting the treatment at an early age. Her intelligence is also above the average and was cooperative as well. And if her family cooperates with her then the problematic behavior of the client can be improved.

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Supervisor

Report # 14:

Case of Depression

Demographic Data:

Name:	Ms. Kashifa
Age:	24 Years
Gender:	Female
Religion:	Islam
Marital Status:	Single
Family structure:	Nuclear
Qualification:	A level
Number of siblings:	I
Birth order:	First born
Monthly Incom:	50 thousand
Address:	Islamabad
Date of Assessment:	4th November 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Ms. Kashifa was referred to Psychology department by Physician

Presenting Complaints

- Frequent crying jags
- General unhappiness
- Low self-esteem
- Helplessness about her family situation.

History

Ms. Kashifa is a 24 year old woman, finishing a level and working in father's business. She has many friends, and has always managed to be very high functioning in her life. She was referred to psychiatry department by her friend because of concern about EN's frequent crying jags, general unhappiness, low self-esteem, and helplessness about her family situation.

Kashifa '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/

History of Present Illness

Her problem started one year back

Family History

Her mother was an active alcoholic for most of Kashifa 's childhood. She became sober when Kashifa was in her early teens, and sunk periodically into deep suicidal depression with threats to kill herself, and days on end without getting out of bed.

Kashifa said she knew her mother's alcoholism was not her fault; however she still felt worthless and deeply helpless.

Her mother had recently dipped into another deep depressive episode and Kashifa felt frightened and hopeless about herself. While interview she was tapping included phrases many times as follows:

- "Even though I feel depressed about my life... "
- "Even though I'm tired of feeling so helpless... "
- "Even though I hate feeling hopeless..."
- "Even though I'm afraid of being out of control... "
- "Even though I cry out of control..."
- "Even though I'm afraid I'm turning out like my mother..."
- "Even though I miss my mother...and never really had her anyway..."

The psychologist find out that basically Kashifa had the most profound love pain imaginable...she "lost" her mother to alcoholism. 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. Kashifa left with homework assignments given by school.

Social History

Kashifa 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.

Tests Administered

Following test was administered for screening:

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

Findings:

Her score on Beck Depression Inventory (BDI) is "60" that falls in "Sever depression".

Her 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. Her test protocol shows that she has limited ability to strike out at others.

Tentative Diagnosis:

Axis: I, 311, Depression

Axis II: NA

Axis III: NA

Axis IV: Socially isolated

Axis V: 80-90 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that she needs individual psychotherapeutic sessions along with psychiatric medication.

Cognitive therapy can also be beneficial to amend the wrong condition of the client and his misperception of the events as over reacting. Her cognition need to be altered so that she can comprehend the situations logically.

Above all the *Family therapy* is also recommended because it is also helpful to include her mother in therapy in order to resolve her conflicts with her mother.

Summary:

Ms. Kashifa was referred to Psychology department due to complaints of frequent crying jags, general unhappiness, low self-esteem, and helplessness about her family

situation for which she needs psychiatric medication along with individual psychotherapeutic sessions. The prognosis of the client is highly favorable because she is educated wanted to be cured. So if the drug therapy along with other therapies is continued the chances of improvement are very much there.

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Supervisor

Report # 15:

Case of Conversion (Whispered Aphonia)

Demographic Data:

Name:	Mr. Basit
Age:	24 Years
Gender:	Male
Religion:	Islam
Marital Status:	Married
Qualification:	Matric
Family structure:	Joint
Number of siblings:	3
Birth order:	First born
Monthly Incom:	6 thousand
Address:	Manshera
Date of Assessment:	11th November 2009
Name of Psychologist:	Ghulam Murtaza Bodla
Referral source:	NIRM (OPD)

Reason for Referral

Mr. Basit was referred to Psychology department by Physician

Presenting Complaints

- whispered Aphonic
- anxiety
- low self- esteem

History

Basit is a 24 years old male, completed his studies till Matric and was working as van conductor in Mansehra. He has no friends and peer interaction at all since his childhood. He was referred to psychiatry department by ENT department by clearing all her medical reports that do not clinical correlate with his symptoms.

His father was very worried as he told that his voice is lost 20 days before and he is not going at work so they have lot of financial constrains now.

Family History

The psychologist find out that basically Basit had overburdened as he reported that he has strongest worries regarding her family as he is only earning member. He also reported that he becomes frustrated and hurt when his colleagues make fun of him as shy person who do not participate in different lavish activities like them. He also told that his younger brother is 17 years old but he left studies and joined bad company. He also told that he can easily slap him and do not respect him and parents do not say him any thing just because of his aggressive behavior.

History of present Illness

Basit 's voice loss had its roots in numerous unresolved emotional issues like lack of social support and overburden to run her whole family along with her wife. He suddenly suffered from voice loss when he wakes up in the morning.

Tests Administered

Following test was administered for screening:

1. Manifest Anxiety Scale MAS
2. Human Figure Drawing (HFD)

Findings:

His score on Manifest Anxiety Scale MAS is "45" that falls in "Sever anxiety". His results on Human Figure Drawing (HFD) test shows signs of maladjustment, intellectual inadequacy to resolve problems, immaturity and insecurity. His result also indicates psychosomatic complaints, insecurity, withdrawn, Isolation, passive resistance, refusal to communicate with others, fears and depression. His test protocol shows that he has limited ability to strike out at others.

Tentative Diagnosis:

Axis: I, 300.81, Conversion (whispered Aphonia)

Axis II: NA

Axis III: NA

Axis IV: Socially interactive

Axis V: 60-70 (GAF)

Recommendations:

On the basis of psychological assessment and clinical intake interview it is recommended that he needs individual psychotherapeutic sessions

Confidence building exercises & Enhancing Self-esteem

Summary:

Mr. Basit was referred to Psychology department due to complaints of whispered Aphonia, anxiety, and low self- esteem for which he needs individual psychotherapeutic sessions. The **prognosis** of the client is highly favorable because he is young, educated and wanted to be cured. So if he continues his therapeutic sessions the chances of improvement are very much there.

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Supervisor

DIGNOSTIC CASE REPORT AND THERAPEUTIC SESSIONS

Conversion Disorder

(Case no. 1)

DEMOGRAPHIC DETAILS

Name	**X.Y.Z**
Address	**Rawalpindi**
Telephone no.	**Nil**
Education	**B.A**
Occupation	**Nil**
Age	**25 years**
Marital Status	**Married**
Religion	**Islam**
Date of Birth	**19**
Place of Birth	**Lahore**
Ethnic membership	**Nil**
Citizenship	**Pakistani**
Birth Order	**last among 5 siblings**
No. of siblings	**5**
Info. About parents	**Alive**
Living with parents	**No**
Date of History taking	**February to June, 2009**
Date of Assessment:	**25th February 2009**
Name of Psychologist:	**Ghulam Murtaza Bodla**
Referral source:	**NIRM (OPD)**

REASON FOR REFERRAL

Patient's recent admission to therapy session is characterized by Diagnosis of Conversion Disorder.

INITIAL INTERVIEW

The Woman with Conversion Disorder (married, age 25) showed having outstanding symptoms of functional attacks (fits), lack of sleep and physical complaints without medical evidences that confirm Conversion Disorder

INTAKE INTERVIEW (1-5 sessions)

The patient entered the therapy telling therapist she was referred by her doctor, who has seen her frequently over the years for a host of physical illnesses including severe headaches, stomach distress, and backache.

Th: what brings you?

Pt: I always have nervousness it's a constant thing from I wake up and remain severe headaches disturbed while sleep also.

Th: OK, let me tell the reason of visit, you say you've suffered from chronic severe headaches and fits. Tell me how you experience that condition.

Pt: Constant turmoil--- turmoil in my headache ---but that's not what scares me, because it lead toward fit like condition or unconsciousness.

Th: As along as you can remember you've had that?

Pt: As long as I can remember, since I was young---teen age. But now I feel it coming up into my whole body, like stomach, pain in legs etc. This is the stage of it now, that I become un conscious twice or thrice a week. There's pressure on my head and eyes. Sometimes I can't even remember things.

Th: Pressure and constriction in your head and eyes.

Pt: Yes, it has to be that, because I can actually feel it.

Th: You can feel it--- and what else do you feel while unconscious other than this pressure in your head and eyes?

Pt: weakness —and that's getting worse.

Th: Let's stay with feeling of unconscious for now.

Pt: Becoming unconscious with myself. That's happening more and more. I'll be talking with someone and I just fall down.

Th: Can you tell me about that condition, can you hear voices of people around?

Pt: Oh yeah, I can listen them but I can not answer them while unconscious.

Th: Can you tell me that you have this fit like condition in front of people or Were you alone most of the time?

Pt: Oh yeah, usually it happens in front of people and especially my husband

Th: How is your relationship with your husband?

Pt: Its not up to the mark (*moving her legs).*

Th: What is the reason behind this?

Pt: It our nature differences. When I went into anger it triggered fits.

Th: why you get angry?

Pt: My husband. I'm feeling very insecure with my husband. He wonders around me. These are the kinds of things that are going through my mind. Because its show off, he never loves me.

Th: How you know that he never loves you?

Pt: Because before marriage he was interested in her cousin and want to get married with her but his father was not willing to marry there.

Th. How you get to know about this?

Pt: Before marriage he told me and it started disturb me and got more and more, or I was aware of it and it got worse.

Th: Worried that he is unfaithful to you?

Pt: Yeah, because that happened.

Th: It has happened?

Pt: Oh, yes, as he was in love with her cousin.

This opening segment reveals clear history of ego weakness. The patient makes excellent contract with the therapist: looking her straight in the eye, sitting forward, and giving detailed information with full expressions about her presenting problems. All this bodes well for her ability to engage in, and benefit from, therapy. However, she reveals a history of unconsciousness and fits, which indicates a need for caution and careful assessment. The patient began to get fits around the age of 4 to 5 months after her marriage. In response to severe emotional distress being betrayed by her husband, her tendency to be unconscious continues in the present and seems to occur with aggravation of anger, in order to avoid her husband.

Examination of her pattern of Conversion

Th: So this is something you've always known and remembered about your husband, but you've not any evidence of this relation in present. You go into fits, you say. How long has this been going on?

Pt: I've been able to experience that after few months of my marriage. I remembered that he said to me that, he is not at all interested in me. He is here; it's just because of his father. This strikes my mind again and again when he comes near to me. I remember that feeling of being rejected. I still do it, and it's so embarrassing because now he tries to talking to me and I try to go away. It is not that I'm not interested in them but I can actually feel myself starting to go away. I can feel myself angry and leaving going out from his life. I used to fall down and become unconscious. That's why I'm having a hard time in my marital life.

Th: What do you think is that an adaptive way to become unconscious to handle your feelings of being rejected?

Pt: Might be its not right, because people don't take it as serious issue. In fact I can not do it intentionally. It happened automatically.

Th: Could you separate yourself from it --- distance yourself and calm yourself?

Pt: it's not right, because I can not distance and separate these feelings. I don't want to become unconscious now because now I want to live with my husband as he starts to care me. But ….

Th: So, It happened automatically ….but now the problem is, it is no longer something you're doing consciously and willfully but it seems to happen automatically and even when you don't want it to happen. So then it ends up depriving you. You want to be with your husband and you want to live happily but you can't take in the good stuff because you become unconscious.

Pt: Yeah, that's right. I'm not there. I can't take anything in and can't retain anything properly. People tell me something but I'm not really listening --- I'm not really there.

Original of the pattern of conversion— and catching it as it happens.

Pt: I can't remember anything after marriage. I remember the first fit in front of my husband when her mother was telling that her cousin is coming from abroad and we will go to pick them from airport and most of the encounters after that.

Th: So how many months after your marriage?

Pt: Five to six. I remember that first time, naturally, most people would, but I blocked out other things. But you know, I'm more upset with my mother in law than my husband. She ordered him to go and receive her. She said that there was no other alternative because my husband is only son and he has to take care off.

Th: So he is the only son, what happened after this news?

Pt: I' was in shocked, I wasn't expecting this. I hated that. I hated that the most. I knew he'd come home with her –and I had to take care of, and then I had to take care of my rival. I hated it when she entered in my house. I really did. I hated my husband & mother in law and this anger lost my consciousness.

Th: when you say you hated it, are you aware of the feelings?

Pt: sick to my head because I knew he'd be coming into my room.

Th: Which you say started when she arrived, and for some reason you block out these feelings of your husband constant absence--- leaving over and over again, going away and coming home with them.

Pt: Yeah.

Th: Then, within a couple of weeks she and her mother left. What's happening? Are you feeling as if he is still going away?

Pt: *(Staring off into space)* well, he is not going away now, but…

Th: Let's look at what makes you anxious?

Pt: I used to think about my husband. What if as he said he never liked me and *(starting to cry)*. I think I am in his life just because of his parents that's why he's accepting me. He would get mad after his parents especially father as he is my only supporter. I always felt so together. As long as this is the case, this stays me fragmented.

The patient was able to acknowledge her insecurities of being left alone after death of her in laws (parents). Again, Therapist sees that her defenses are easily relinquished in favors of the direct effect of emotional verbatim of her husband that do not correlates with the reality.

Examination of feelings in the therapeutic relationship

Th: As you're going through this, I find that you are irrationally obsessed with your fears and do not analyze the real situation that is contrary to your fears.

Pt: Uncomfortable. I think you are right.

Th: what else?

Pt: I don't want to believe it, until and unless my husband assures me.

Th: so you want your husband to make sure about her honesty and love.

Pt: No. I find it hard to believe. I don't absorb it.

Th: what would happen if you would not believe in it ?

Pt: I don't know. It makes me uncomfortable. I don't know if it's because I don't believe it or because there's some thing to it. Might be he pretends.

Th: Oh, you mean your husband emotions are not true? So you get a bit suspicious.

Pt: I don't know.

Th: On the other hand, you're not used to it. You didn't get much positive attention in your life.

Pt: right.

Th: some of the ache has to be about that.

Pt: I'm sure you're right.

Th: But there's also a part of you that's a little suspicious, which I'm sure have been the biggest threat to you. So, you pull away and have developed a guard there.

Pt: Oh, well what if he again said I do not bring you in my life?

Th: So again reluctance.

Pt: there wasn't love for me

Th: It was?

Pt: Yea, he is better now

Th: Then why you don't trust him

Pt: yeah, it's my preoccupation. It is different in reality.

The patient's ability to make links between the past and the present— her reluctance to accept her husband love, for example— reveals being alone. The results of this initial evaluation clearly suggest that despite severe and long-standing symptoms, this patient is motivated and capable of going the work.

gave to her husband; "I get angry and resentful that they have it better than I did and don't seem to appreciate it. " She said that the therapist reminded her about her husband, who is solid like a brick, and she feels jealous of this.

The therapist said that these feelings were quite understandable, but that they interfered with the felling good about what she had given her husband. "We need to face this anger head on ----otherwise you won't get to the positive."

Thus this patient had been able (1) to speak openly about the transference; (2) to bear her mixed feelings both about the therapist and her husband; (3) to begin to face long-buried feelings about the past; and (4) to make spontaneous linked between past and present. All this suggest that she will be able to make good use of suggestions. Attempt to help her understand what she was experiencing; therapist explained to her the effects of repeated traumatic feelings of being rejected and displacement of feelings.

SESSION 11-15

The patient came in reporting that she feels "better than I have in past" which she attributed to what happened in the last session. She said that hearing me talk about the effects of traumatic feelings of being rejected and displacement of feelings was enormously helpful. She felt the need to understand things—not just what happened but how it affected her--- and no one ever can took her husband. In addition to being confused and scary, much of her feelings were incomprehensible to her. This settled, she raised the issue of anger with her mother in law. Therapist used this current example to do some restructuring, getting through anxiety and defense to the experience of her anger. She decided to speak to her husband, as soon as possible, in order to clear up the current tension between them. So, here therapist sees *charter change*---- from functional fits, avoidance and passivity in her interactions with her husband to constructive self-assertion.

SESSION 16-20

The patient entered this session with a very high level of anxiety. She reported having problem breathing and feeling highly restless, as if she might explode. She had been crying all day and could not focus or function at work. When asked what precipitated these feelings, she reported having discussion with her husband was problematic. She felt that her husband might get upset as if he think that I don't believe him when he assured me several time. Here therapist confronted her by asking that what his husband reaction was when she discussed. She reported that he was silent initially then said Thank God u got it and laughed at her. Here the therapist asked her to make me clear what make you conscious that he will not believe in you as you are telling he was in good mood. Then she replied that yeah he was fine but I felt. The therapist work vigilantly to remove the regressive defense and face the underlying impulses.

SESSION 21-25

The patient came into the next session reporting on her progress. She felt much better and internally stronger. She had been able to declare her needs at home and found her husband was giving her pure attention now after her discussion. For example, instead of just repressing, repressing, repressing her feelings of rejection, while building up resentment about how easy he has got it, she decided to sit down with him and tell him how she was feeling. He ended up by reassuring her that now her mind is totally change and he think you are better option for partner than her. She was pleased with that outcome. Further sessions were focused on cognitive restructuring as she some time took things over sensitively.

These changes speak for themselves. Since facing her feelings of dejection, rage, and grief, all her symptoms have disappeared. Furthermore, there was evidence that healthy alternatives were taking their place.

FINAL SESSION/ OUTCOMES/ TERMINATION

(Session 26-27)

All the massive changes were reviewed she had made and how they happened .All of her symptoms, fits were gone and had been replaced with healthy alternatives. There was sufficient evidence that her passivity had been replaced with self-assertion. There was good information on her marital relationship at the time of termination. Now she finds her husband being loving, caring and supportive. The shift in her self- esteem and self worth, along with the assurance that she would not settle for neglect or mistreatment form her husband, still, this could only be ascertained by follow-up.

FOLLOW-UP

(Session 28-30)

Appearance and behavior

At the follow-up after termination, the patient entered the therapy room looking younger and significantly more attractive than when she entered treatment nearly previously. In this interview she was utterly sincere, at times deep in to her feelings, while at other times she and her therapist shared great pleasure.

She has leanrt skills like, Management of fits and self-assertion, ability to express her feelings appropriately and use constructive self-assertion, Increased self cognitive restructuring relating to her own views and needs.

She told the therapist that she is preparing for family. She also reported that she has very good relationship with her mother in law. She told that now she used to talk with her husband cousin normally without feeling of rivalry whenever she calls her. Rest of follow up sessions also gave positive adjustment evidences.

Case no 2: Generalized Anxiety Disorder

(Sessions: 31-90)

Session 01- 05

Mr. T is a 31 years old man living in Rawalpindi. At *his* initial interview, he was dressed in clean but filthcr shilbby "college clothes" (a T-shirt, jeans, and an old, worn warm-up jacket). Terry's manner and posture revealed that he was very apprehensive about therapy; his eyes nervously scanned the interview room, he held himself stiffly rigid and stayed by the, door, and his speech was barely audible and marked by hesitations and wavering. After some brief introductions, Terry and the therapist each took a seat. The therapist began the session, asking, "What is it that brings you here today?" Terry's reply was very rapid and forced. He stated that his Problems began during his residency after graduating from medical school. Being an internal medicine resident involved constant pressure and responsibilities, the schedule, involving 36-hour on-call periods, daily 6:00 am rounds, and constant emergencies, was grueling and exhausting.

Session 05 - 10

In second session he reported that gradually he began to notice that he and his fellow residents were making a number of small errors and oversights in the care they provided their patients. Although none were remotely life-threatening, still he found himself ruminating about these lapses; He began to hesitate in making decision. His anxieties steadily worsened until he begin calling in sick and avoiding particularly stressful situations at the hospital. As a result he was not completing many of the assignments given to him to the program head.

Session 11 - 15

In these sessions 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 16 - 25

In these sessions 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 26 - 46

In these sessions 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 47 - 67

In these sessions 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 68- 88

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 89 - 93

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 94 - 105

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 4: Case of Obsessive Compulsive Disorder

(Sessions: 106-115)

Session 1

In initial session following history was taken by the therapist that Mr. A is a 32-year-old 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.

Session 2

In this session it was explored that Mr. A's 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 had to leave his job because of his fear of sitting down in public places.

Session 3

In this session it was find out that He has been taking a serotonin reuptake inhibitor since age 26 without any appreciable effect. Mr. A did not recognize that his thoughts and behaviors were irrational. He also exhibited a high level of impulsivity.

Session 4

In this session the therapist gives 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 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 3 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.

Case no 5: Case of Depression

(Sessions: 115-133)

Session 1

I visited Mrs. N in private ward of NIRM approximately three weeks following her second consultation as she very kindly agreed to be the willing client for psychotherapy. In initial session following history was taken by the therapist that Mrs. N is a 60-year-old divorced woman with 2 married daughters aged 38 and 32 years. She has a brother and had a twin sister who died at 4-days old from pneumonia. She has known about her twin sister for most of her life but none of her family ever talked to Mrs. N about her.

Session 2

In this session the therapist explored that, Mrs. N. had been suffering from periods of depression or low mood since 1979 when her husband left her for an older woman. Her mother died at the end of 1998 and 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. Mrs. N had been feeling guilty because of this. Mrs. N also felt that her mood was worse after Christmas each year when there was less daylight.

Session 4

In this session the therapist find out that, Mrs. N first suffered from depression in 1979 and at that time she felt that she was in a deep pit that she just couldn't get out of. She pushed family and friends away even when they tried to help. The only person who was of any help was her younger daughter 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, Mrs N visited her GP who referred her to the psychology department of the 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 as she describes that it made her feel like a "zombie". 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 since then Mrs. N has visited her GP several times with depression and was prescribed various antidepressants.

Session 6

In this session Mrs. N told me that she had been prompted to ring me in the first place as she had been very interested in my 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 Mrs. N 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". Mrs N 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 doing her tapestry that day which she hadn't been able to do for a while.

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 GP for them and she had never been offered them. Mrs. N thinks that her GP may not have offered these new drugs because she has been reluctant to take medication in the past.

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. Approximately 5 years ago Mrs. N was referred to a CMH Counselor for depression caused by these feelings of guilt.

The counselor asked her to sign a contract for 8 sessions, which Mrs. N did. However after the third or fourth session Mrs. N felt that she was wasting her time and money and asked to terminate the contract. The counselor agreed. Mrs. N had initially thought that the counselor was very good, especially at listening and giving the opposite point of view but after a while she felt that she knew nothing about the "lone twin" situation and that she wasn't gaining any benefit from the sessions. Mrs. N stated that she could have done what the counselor was doing for herself.

Session 14

In this session she told that in 1998 Mrs. N had a health scare when she coughed up blood and had many different tests which showed no abnormality. In January 1999, Mrs. N attended a seminar in which she met with a lady who told her about effectiveness of hypno-therapy and psychotherapy, she found this very beneficial and decided to take a formal appointment in NIRM

Session 15

I saw Mrs. N more than a month after her initial inquiry in ward and OPD as private patient on daily and later on alternate basis. We very quickly built up a rapport and following the history taking I explained to Mrs. N that I thought she would benefit from some ego strengthening under psychotherapy and she agreed. I started with supportive therapy and used the early learning sets prior to a general ego strengthening script.

Session 16

Mrs. N continued a second session on daily basis for approximately two weeks at this session the therapist used a progressive relaxation exercise followed by a supportive therapy script which encouraged Mrs. N to get rid of all her guilt.

Session 17

In this session Mrs. N said 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 were more like counseling than the last session. She said 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. Mrs. N said that without any apparent effort from herself the awful guilt feelings just melted away.

Session 18

Mrs. N 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". Mrs. N 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.

Session 19

In this session the therapist concluded with the client as she was moving abroad that she had suffered greatly over the years from the awful symptoms of depression and had tried to help herself as well as visiting her GP. She had tried various medications which had not helped. She had also visited 2 counselors for 10-12 sessions (terminated) in total before deciding to try psychotherapy.

Mrs. N said "I nearly cancelled after few sessions of psychotherapy as I felt so well. I felt better than I had felt in a long time. I would definitely turn to psychotherapy if I had any psychological problems in the future".

Case no 6: Case of Depression with Psycho somatic complaints

(Sessions: 134-143)

Session 1

Intake session with a 52-year-old man is seen by his Psychiatrist in NIRM, OPD with complaints of headache, fatigue, and generalized lower back pain that have been occurring intermittently during the past 4 weeks. He also reports that he has had repeated episodes of nausea and he is sleeping "a lot." He notes that he falls asleep quickly but wakes up repeatedly through the night and fails to feel refreshed on awakening in the morning.

Session 2

In this session the patient discounts a prior episode of depression 14 years ago, noting that it "was just stress" related to a corporate wide merger at the insurance company where he works. He does not feel sad but lately finds it increasingly difficult to cope with "the way people around me are acting." He denies history of abusing. Current medications include hydrochlorothiazide and captopril for treatment of mild hypertension.

Session 3

On further session, the patient's wife reports that for the past several months, her husband has been extremely irritable and difficult to rouse in the morning. She notices a definite increase in his alcohol consumption, estimating that he now has a few shots of alcohol every night. The patient disagrees and rebukes her sharply for "making a big deal about everything I do lately."

Session 4

The therapist looked twice at nonspecific somatic complaints, because somatic symptoms are so prominent in the presentation of depression to primary care physicians, depression should always be included in the differential diagnosis of multiple nonspecific musculoskeletal or gastrointestinal complaints. Of course, all somatic complaints must be considered individually and evaluated in the context of a careful history and physical examination, which includes a comprehensive structural review. For example, a backache that started after an acute sports injury or a fall has different diagnostic meaning than one that came on slowly or began after the onset of mood changes. History and physical findings dictate the course and extent of any further workup. Insomnia is a key finding in depression, particularly with multiple awakenings rather than difficulty falling asleep. In fact, it is this complaint, rather than mood changes, that drives many patients to their physicians. However, insomnia must be analyzed cautiously in a patient who appears to be drinking nightly, because alcohol may disturb normal sleep. Alcohol interferes with normal sleep architecture by intensifying delta-wave sleep.

Session 5-10

In these sessions with family involvement the therapist get clues as family members are an important source of corroboration or additional insights into the patient's mood or behavior, particularly when the patient denies any change. In this case, the wife confirmed her husband's increasing irritability. She also provided a different and concrete picture of how much and how often the patient drinks. This information could be clinically significant in considering the possibility of alcohol abuse. The family may also be helpful in providing critical information about the patient's history of depression. In this case, there appears to be a previous depressive episode of some sort, but the patient readily discounts it. His wife could provide more objective details that may challenge a negative history and therefore heighten the index of suspicion toward depression. She may also recall whether the patient received any specific antidepressant treatment and how the chief complaint of depressed patients in a primary care setting is often *not* their

dysphoric mood. Physical complaints are frequently the presenting symptom. Primary care physicians should include a depressive disorder in the differential diagnosis of patients complaining of multiple somatic symptoms, increase in alcohol or drug use, sleep and sexual dysfunction, or reports of anxiety. In the case of acute onset of depression, the physician should first rule out underlying medical illness or medication side effects as the etiology of the symptoms. So the patient was referred for detoxification in drug addiction centre.

Case no 7: Case of Depression with Psycho somatic complaints

(Sessions: 144-153)

Session 1

By intake interview the therapist found that the client was forty five years old woman belonging to a lower-middle class family living at Rawalpindi. She was uneducated but had a strong desire to study. The client parents were alive and adored their children too much. Her father was a shopkeeper. Her mother was a house wife. The client reported that she led a relatively better and very peaceful childhood. She has four brothers and five sisters and her birth order is fourth among them. All are happily married. Her relationships with her siblings were not good at all as her brother's spouses dislike her.

Session 2

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 retired hawaldar working in Fauji foundation. 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.

Session 3

In this session the patient discounts that she had three sons and four daughters. Her two sons were married and unemployed. She remained very upset due to her sons 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.

Session 4

In this session the patient reported that 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.

Session 5

In this session the patient reported that 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.

Session 6

In this session the therapist explored patients for premorbid personality then the patient reported that before the onset of illness the client was well- adjusted person and was very friendly and social. She was an organized house wife and took care of her family matters. She used to do embroidery and bead work.

Session 7

In this session the therapist explored onset of her illness she said that the client started experiencing problem seven years before when she 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. She again told that 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, diarrhea, irregular menses etc. She has been visiting the hospital for last seven years after her operation but has not found any relief so far.

Session 8

In this session the therapist formulates her case for therapy by analyzing as the client was married woman. She was uneducated. She led relatively a better childhood. She was not happy with her marriage life but after conception of first child she got adjusted. She had seven children all were married. The client was under a financial stress due to a large family and its expenses. She started experiencing somatic complaints seven years before after birth control operation. The client is assumed to have Somatization disorder. She converted her concerns, fears and apprehensions into bodily aches.

Session 9

In this session the therapists try to inculcate insight into the client about her somatic complaints as she was preoccupied with her concern regarding birth control operation and took this as a cause of her physical complications. She attached feelings of loss with that event and then generalizes them to physical signs and symptoms.

Session 10

In this session the therapists confront her about her excessive health concerns that does not have medical grounds and convince her that she adopted the role of sick individual that is not at all an appropriate way to reduce anxieties and tensions, Later on the therapist did cognitive restructuring as productive member of her house and indulge her in house chores.

Case no 8: Case of Social Phobia

(Sessions: 154-164)

Session 1

In intake session the client is a young girl of twenty-one and belongs to an upper middle class family, living in Islamabad. She has four siblings, two brother's two sisters all of whom are older than her. Later on therapist tries to establish rapport with the client by asking simple general questions.

Session 2

In this session the therapists explored about her history she told that throughout her childhood, restrictions were imposed on her. Her every action was scrutinized by her mother and siblings. She felt her father was the only one who loved her. Whenever she tried to initiate conversation with others, her mother scolded her remain quite. Her mother constantly criticized her for being too talkative. She was restrained from expressing herself freely by her mother. She was slapped occasionally by her mother if she talked contrary to her mother.

Session 3

In this session the therapists asked about premorbid personality of the patient then she told that, she was an unsociable, and a rigid person. She was also stubborn, and dependent on her mother besides being an average student. She remained sensitive to criticism and humiliation throughout her life. Studies were her passion. Her life was reserved to alienated activities.

Session 4

In this session the therapists find out that the client was an average student during her academic period. She also faced similar problems during college years and became accustomed to remain quite. After graduation, she attended university for a while but was unable to cope with the situation. She felt overpowered by her classmates and felt uncomfortable in their presence.

Session 5

In this session the therapists find that the client presently feels excessive anxiety in the company of others and can not converse with them. Whenever she is expected to talk in public places and parties, she feels an impending doom. She prefers to remain quite and isolated. But she wants to be cured.

Session 6

In this session the therapists explored the onset of illness then the client reported that she passed her childhood in a threatening and scrutinizing environment. Continuous dominance by mother led her to perceive environment threatening and uncongenial. The problem is deep-rooted in the client's past life. She was probably thirteen years old, when her mother slapped her first time.

Session 7

In this session the therapist analyze by Clint's responses that due to strict parenting and physical abuse by her mother, her anxiety increases gradually then, it became continuous and prolonged slapping to the child characterized by criticism of mother that's why she talked this way or that way led her to fearful. This fear was then internalized and became threatening for her. Later, this fear hindered her adjustment in

college life; hence, she left her Post-graduation. Therefore, criticism of mother disturbed her lot leading to unsocialzed life of the client.

Session 8

In this session the therapist focused on learning social skills as they help the client to learn what to say or do in social situations. Moreover, Systematic Desensitization was also used to make the client imagine a series of humiliating remarks and rejected situations while in state of deep relaxation.

Session 9

In this session the therapist took feed back of previous behavioral assignments then the client told that this reduced the client's sensitivity to other's rejection and criticism. She practices deep breathing when she exposed to social criticism and lacks her confidence.

Session 10

In this session the therapist involved mother in counseling and did cognitive restructuring regarding her daughter. Mother was counseled to know the client's problem and better ways to interact with the client in different situations.

Session 11

In this session the therapist took feed back from the client regarding her mother behavior. She told that her mother start to change her attitude that give her strength and confidence while interacting.

Case no 9: Case of Conversion Disorder with Delusion

(Sessions: 165-199)

Session 1

The Patient's recent admission to therapy session is characterized by Diagnosis of Conversion Disorder with Bizarre Delusions. The Woman with Conversion Disorder married, age 42, show to an extra-ordinary degree the power of inner strength to rise above the most appalling trauma --- so much so that events showed her to be not merely having outstanding symptoms of Conversion Disorder but having Bizarre Delusions.

Session 2

In this session the patient entered the trial therapy telling me she was referred by her doctor, who has seen her frequently over the years for a host of physical ailments including severe headaches, stomach distress, and backache. She told that, I always have anxiety ---it's a constant thing from the minute I wake up until I go to bed at night. This opening segment reveals both current ago strength and a clear history of ego weakness. The patient makes excellent contract with the therapist: looking her straight in the eye, sitting forward, and giving detailed information about her presenting problems.

Session 3

In this session the therapist find out that all her symptoms bodes well for her ability to engage in, and benefit from, therapy. However, she reveals a history of dissociation going back to childhood, which indicates a need for caution and careful assessment. The patient began to dissociate around the age of 8 or 9 years (both ages are given by the patient in therapy) in response to severe trauma--- beatings by both of her parents, being raped and sodomized by her father, and observing the beating and torture

of her siblings. Her tendency to disconnect continues in the present and seems to occur without provocation at this time.

Session 4

In this session the therapist find out that the patient was thinking about her brother. She never liked him and used to beat him up terrible *(starting to cry).* she think that's why he's slow, mentally slow. She told that he would get mad when he was younger and get into so much trouble with my mother. She hated that boy, she just hated him. She busted his lip and did terrible things. I always felt so together. As long as this is the case, she stays fragmented. Very rapidly, however, as the therapist persisted in having the patient examine her own words, the patient was able to acknowledge her wish to kill her mother and protect herself and her siblings. Again, we see that her defenses are easily relinquished in favor of the direct experience of previously unbearable affect.

Session 5

In this session the patient's chances for prognosis were assessed by her ability to make links between the past and the present--- her reluctance to accept compliments, for example--- reveals more strength. The results of this initial evaluation clearly suggest that despite severe and long-standing symptoms, this patient is motivated and capable of going the work.

Session 6

In this session the patient's treatment was started in following domains, Children as therapist hope that she may be able to retain her good relation ship with her children and handle difficulties with them as best she can. Studies as therapist hope that she will be able to focus on developing goals for herself, especially in her studies, to enable her to have something for herself and enhance her self—esteem. Attitude to past events,

irrational guilt she should be able to regard past events as something extremely distressing that happened, which no longer affect her life. She should no longer feel irrationally guilty and responsible for her part in them. Symptoms loss of all symptoms (in addition to conversion): constant anxiety; inner turmoil; physical symptoms of headaches, gastrointestinal distress, backache; depression.

Session 7- 10

In these sessions the patient's began by saying that she was anxious about coming to day. What emerged was that she had received reassurance and approval form the therapist but was angry that she was only getting it now. She then linked this with the love that she gave to her daughters; "I get angry and resentful that they have it better than I did and don't seem to appreciate it. " She said that the therapist reminded her of one of her daughters, who is solid like a brick, and she feels jealous of this. The therapist said that these feelings were quite understandable, but that they interfered with the felling good about what she had given her daughters. "We need to face this anger head on ---- otherwise you won't get to the positive." This led to anger with the patient's mother. She said that it was like her anger with her husband---"I could kill her ".Thus this patient had been able (1) to speak openly about the transference; (2) to bear her mixed feelings both about the therapist and her daughters; (3) to begin to face long-buried feelings about the past; and (4) to make spontaneous linked between past and present. All this suggest that she will be able to make good use of suggestions. Attempt to help her understand what she was experiencing; I explained to her the effects of repeated childhood trauma on the central nervous system (CNS).

Session 10 – 15

In these session the patient came in reporting that she feels "better than I have in past" which she attributed to what happened in the last session. She said that hearing me talk about the effects of trauma on the CNS was enormously helpful. She felt the need to

understand things—not just what happened but how it affected her--- and no one ever supplied this information to her. In addition to being chaotic and terrifying, much of her childhood experience was incomprehensible to her. This settled, she raised the issue of anger with her eldest daughter. We used this current example to do some restructuring, getting through anxiety and defense to the experience of her anger. She was able to experience the visceral anger towards her daughter and then made a spontaneous link to her mother. When she realized that she had been viewing her daughter (and reacting to her) as a stand-in for her mother, she immediately differentiated one from the other. Her mother was totally inaccessible and irrational. Her daughter was not. She imagined telling her daughter directly what she was upset about, and she had the sense it would go well. She decided to speak to her in person, as soon as possible, in order to clear up the current tension between them. So, her we see *charter change*---- from withdrawal and passivity in her interactions with others to constructive self-assertion.

Session 15- 20

In these sessions the patient entered in sessions with a very high level of anxiety. She had cancelled the previous session due to a snow storm, which kept her from getting to the office. She reported having trouble breathing and feeling highly agitated, as if she might explode. She had been crying all day and could not focus or function at work. When asked what precipitated these feelings, she reported having discovered more evidence that her husband was, in fact, having an affair. She found a gift and card from her husband to the woman in question. She confronted her husband, who made light of her concerns and laughed at her.

Session 20-25

In these sessions the patient came into the therapy reporting on her progress. She felt much better and internally stronger. She had been able to declare her needs at home and at work and found they were getting met. For example, instead of just doing, doing, doing for her daughters, while building up resentment about how easy they've got it, she

decided to sit down with them and tell them how she was feeling. They ended up devising a plan in which they could all pitch in with household duties. She was delighted with that outcome.

She contrasted the responses she got from her daughters with that from her husband. While she felt frightened about the divorce and all the changes it would entail, she reminded herself, “You’ve survived much worse than this”. Her husband had an affair earlier in their marriage. She had been willing to stick it out and work through it at the time but told him, in no uncertain terms, that if it happened again, the marriage would be over. She was sticking to her guns, standing her ground, and refusing to let him off the hook.

Session 25-30

In these sessions the patient‘s all the massive changes were reviewed she had made and how they happened .All of her symptoms were gone and had been replaced with healthy alternatives. There was ample evidence that her passivity had been replaced with self-assertion. There was no information on her sexual functioning at the time of termination, since she had decided to divorce. She still could not quite imagine liking sex, but she could imagine being tender and feeling love and support from a partner. The shift in her self- esteem and self worth, along with the conviction that she would not settle for neglect or mistreatment form a man again, suggested that she would be able to function sexually in such a way as to increase her own pleasure .

Session 30-35

In these follow-up sessions after termination, the patient entered the interview looking younger and significantly more attractive than when she entered treatment nearly previously. In this interview she was utterly sincere, at times deep in to her feelings, while at other times she and her therapist shared great pleasure. She has learnet how to management of Aggression and self-assertion, ability to express anger appropriately and use constructive self-assertion. Increased self-assertiveness relating to her own view and

needs. She told the therapist that she is preparing for graduation and that she had met the new man 2weeks before. He is 47, unmarried, though with at least two previous relationships with happens--- that when this middle-aged man finally fell in love, he fell with a crash. He told the patient that he had waited for her al his life; he phones her every day, and he remembers the day and the exact time when he first told her he loved her.

Almost everything that she said about him was positive. The thing that stands out is his sense of humor. "I laugh so hard my ribs hurt. To me, that's his most endearing quality. I love it. I love It. "She loves the way he communicates. They share all sorts of things and are very honest with each other. They share social life and have the same friends. Another very important factor is that her children like him, and he likes them. She is able to be crazy, and he shares this with her, and its fun.

Almost her only reservation is that he has some health problems, which in fact did not seem to be particularly serious.

Case no 10: Case of Generalized Anxiety Disorder

(Sessions: 200-213)

Session 1

In intake session the client is a thirty-five years old man belonging to a rich family of Sargodha. He is married. He has acquired education up to B.A. He has six siblings. The client is fourth borne. Three sisters and a brother of the client are married. According to the client, his family atmosphere was very religious and orthodox.

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, Zulfiqar 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. After that, he felt the similar symptoms again when he lost election for Nazim's seat by only six votes one year ago. After that he had constantly been complaining restlessness, difficulty in concentration, irritability and apprehension. 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 premorbid 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

In this session the therapist focused on feed back from the client regarding his previous sessions that the patient reported that he get insight regarding his disliking and now try to avoid displacement on her sons.

Case no 11: Case of substance related disorder (Cannabis)

(Sessions: 214-224)

Session 1

In intake session the client is was twenty three years old. He was neatly dressed and was lying on the bed. He was able to maintain his eye-contact easily and spoke fluently. He was very cooperative during the interview session though was a bit anxious and wanted to be cured as soon as possible.

Session 2

In this session the therapist explored that the patients is twenty-three years old young boy belonging to a middle class family living at Rawalpindi. He has three brothers and two sisters and his birth order is fourth among them His father is alive and lives with him. His father was an extremely autocratic and dominating person. His father always crushed his emotions and aspirations. Whenever the client wanted anything and asked his father to get it, he used to thwart him badly. That ruthless attitude made him very anxious and isolated.

Session 3

It was found that on the other hand his mother was a benign lady who always supported him in every walk of life. So the client was much attached to her mother and thought her as his rescuer. His mother motivated him to study hard and get a good job to become an independent man. So with her support he passed his matriculation and then got his graduation degree at the age of twenty.

Session 4

In this session the therapist explored that he sought job everywhere after graduation but all his efforts were fruitless. He became so desperate with the prevailing scenario which encompassed his life completely. Meanwhile his mother died letting his life more miserable. He felt entirely isolated and thwarted with no one at his side to support him any longer. At this crucial time some of his friends tried to engage him in bad activities. The client felt being comforted by them and did whatever they asked him to do. Firstly, he started smoking, occasionally intake of alcohol and in the last but not the least intake of heroin for one year. He became entirely addicted and his health declined day by day.

Session 5

In this session the therapist find out that his brother got him admitted in PIMS where he is being treated. Now after one month treatment he has recovered a bit and wants to be cured completely to start a new life.

Session 6

In this session the therapist explored the premorbid personality of the client he told that before being the victim of drug addiction, the client was an isolated, passive, and restless person. He was a submissive boy who obeyed his father's iron rule against his own will.

Session 7

In this session the therapist recommended the client to continue his drug therapy in order to make his condition better. Antagonist drugs were using to give best healing

effects to this client .It seems that he was physically capable to cope with his situation; and hope he will have the courage to comprehend his state more logically to take further steps towards his betterment.

Session 8

In this session while considering the present state of the client family *therapy was* also used to eliminate the root cause of the problem to eradicate. As history showed that client needs his family support and assistance to recuperate. Assurance and reassurance on the part of his father is extremely focused by the therapist to ameliorate the client's present state.

Session 9

In this session the therapist focused on interpersonal relationship between father and client and client was motivated to share his feelings with their family members' rather bad community. He was also realized that his family is nurturing him at the time of need. He accepted it and make sure that he will try to strengthen his relationships with his father and siblings.

Session 10

In this session the therapist took feedback from the client he told that he is developing a good interaction with his family and father especially. He also told that he discussed about jobs with his father because he want to share burden of his father.

Session 11

In this session the therapist strengthens his motivation by positive regard and focused on cognitive restructuring regarding problem solving solutions rather avoidance and dependence.

Case no 12: Case of Depression

(Sessions: 225)

Session 1

A 63-year-old woman seeks medical care because of headache, soreness in her neck, and increased urinary frequency. She notes that she has a difficult time falling asleep and generally feels as if she is "all wound up" and weepy at the same time. Although she has previously been normotensive, her blood pressure at this visit is 144/94mmHg and her pulse rate is 92 beats per minute. The patient is not currently taking any medication. She was hospitalized for severe depression at age 23 years. Recently, osteoarthritis developed in several joints. She was referred for Medical Consultation in Ortho department. She was unable to continue sessions as she belongs to Abbottabad.

Case no 13: Case of Conversion disorder

(Sessions: 226-235)

Session 01

After detailed history in the initial session rapport was established with the client by asking informal question, her speech was not clear she was answering most of questions by writing. Client reported that she is twenty four years old woman; she belongs to a remote area of Mandibahuddin. She is unmarried and has acquired education below matriculation level. The client is assumed to have conversion disorder. Her illness started when she quarrelled with her younger brother and he slapped her. She converted her concerns, fears and apprehensions into speech restriction /aphasia.

Session 02

In this session the client was explored for she reported that she has three brothers and one sister and all of them are getting education. She is too much attached with her father but having conflict with her mother. She belongs to a rigid family; her brother was too much rigid. The client was in middle class 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. She was very desperate and wanted to study but was family restriction did not allow her. This made her very anxious and she stopped talking, and starts lisping.

Session 03

In this session the client told that she her mother is all the time annoyed on her. Her relationships with her mother were not a very friendly. However, her father was very caring and cooperative. All the time her mother teas her due to not doing any household activity and use abusive language about her. Due to her mother bad relationship she all

the time crying a lot and misbehave with her. Client is too much attached with her aunty and shares her feeling with her.

Session 04

In this session the client described that no body lived her all family member admire her sister a lot. She mentioned that she worked from day to night but nobody appreciates her except her father. She stopped talking to her family members as according to her they don't need her.

Session 05

In this session the client reported that gradually all her negative thinking worries and tensions met their climax and she turned their direction towards herself by speech restriction. The client started experiencing pain in throat with no apparent reasons. She visited many doctors but could not be convinced that she was not suffering from any disease. She complained of restricted speech, throat pain, dry mouth, headaches, sleeplessness and stomach problem.

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 soft spoken, kind hearted and had good relationships with her siblings and peers. She was very sensitive and low self confidence and had inferiority complexes. She was fond of sewing clothes, embroidery studying books and magazines.

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 quarrel with her brother and all at a sudden she lost her speech. That revelation shook her existence and she became greatly depressed. All her worries and tensions met their climax and she turned their direction towards herself by speech restriction. The client started experiencing pain in the throat with no apparent reasons. She visited many doctors but could not be convinced that she was not suffering from any disease. At the end she went to a neurologist then he referred her to Psychologist.

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 conversion disorder 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 language restriction. In this session her mother was also involved. Family therapy was done.

Session 09

In this session relaxation exercise is administered on the client she is 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 10

In this session the client come with positive feed back after 15 days her speech was normal she talked in a very good way with no slurring and lisping, 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 14: Case of Social Phobia with Depressive Symptoms

(Sessions: 236-251)

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 Kamalia who used to criticize him in everything. Before coming to Kamalia he was leading a normal life.

Session 2

In this session the therapist explored that for the purpose of study he started living with his uncle in Kamalia village 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 crowdy 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 crowdy 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 a crowdy 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 at the stall in Damane Koh. Instead of taking full amount from

the customers he takes half amount and this behavior makes the owner of the stall angry. And as a response he scolds him a lot. 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. He even wishes to cry over his mistakes and problem which he faces in a crowdy place. 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.

Session 6

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.

Session 7

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

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.

Session 9

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.