

# Clinical Internship Report

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5-FSS/MSPSY/F08

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# Psycho diagnostic and Therapeutic Report

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5-FSS/MSPSY/F08

Supervised By: DR ASGHAR ALI SHAH

*Asghar Ali*

DEDICATION  
TO MY LOVING  
PARENTS

# **Acknowledgement**

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

My grateful thanks are given to honorable, cooperative teacher and also my supervisor Sir Dr. Asghar Ali Shah chairman of department of psychology Faculty of social sciences International Islamic University Islamabad for providing all possible help, valuable suggestions and sympathetic attitude throughout my report writing.

I extend my warm thanks to my very dear teachers Dr. Muhammad Javed, Dr, Mzahr Iqbal Bhatti and my dear fellow Mr. Ejaz Ahmad khan, Mr.Masood Akhter, Mr.Umair Ahmed, Mr.Faiz Muheedin, Mr. Ghulam Mustafa Niazi, who encouraged my efforts.

Once again I pay my heartiest thanks to all who directly or indirectly supported me throughout the work

**MUHAMMAD AKBAR**

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**Case No.1**

**300.23**

**Social Phobia**

## Demographic Data

Name	Imran Sattar
Sex	Male
Age	25 years
Education	FA
Occupation	cloth shop
Marital status	unmarried
Siblings	6 (brothers 4, sister 2)
Birth order	3 <sup>rd</sup>
Family structure	joint
Socio economic status	Middle
Financial status	Dependent
Father education	Metric
Mother education	None
Language known	Urdu
Mother tongue	Punjabi
Religion	Islam
Address	Jhang
Date of Assessment	11 July 2009
Name of clinical psychologist	Muhammad Akbar karim
Referral source	Fatima ward DHQ (OPD) Faisalabad

## Reason for Referral

Mr. Imran Sattar himself referred to Fatima psychiatric ward (OPD), DHQ Faisalabad with worried mood and anxiety.



## Test Administered

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

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

## FINDINGS

On mental state examination (MSE), the client was looking a young man of 25 years. Apparently he was having a sound health and normal height. He was looking cooperative, attentive. He tried to maintain his eye contact but on some stages he loses his confidence. His volume of speech was clear, but some time due to the blockage of thoughts flow he stopped his communication during interview. He remained obedient and submissive during interview. He was insight oriented and his memory remained normal he explained all his life experiences and events. He complained the some time, loss of memory or amnesia. His thoughts and perception about the time, place, and date was correct. He knew each and every thing about his past. During interview he seemed attentive.

For neurological assessment Slooson Drawing Coordination test was administered on the patient, but no neurological impairment found in the client, and test shows the normal neurological coordination in the client.

For intelligence measurement the SPM was applied on the patient, and he got score of 50<sup>th</sup> percentiles on this test which reveals that the he is having averaged intellectuality ability. The patient explained that he has some unrealistic fears, for this purpose MAS and stress scale applied on the patient, both test indicate that the client has stress in his mind and having a sever anxiety, because client score on both tests 40, and 30 which indicate the anxiety and stress in the client.

For measuring the depression level in the client, Beck Depression Inventory (BDI) administered

on the patient who shows that the patient is having depression level, he scored on this test 32.

Projective techniques HFD, and TAT, were applied for personality assessment, on HFD test, shows emotional indicators that are over emphasis on hair, over shading, poor integration, improper place of organ, showing of joint of the body, petals type fingers of foot, and over extended hand, open mouth, reveals immaturity, oral eroticism, body narcissism, shyness, helplessness, poor inner self control, insecurity anxiety, inadequacy of feeling, socially withdrawn and sexual conflicts. While TAT, indicate worried ness, need for progress and achievement, need for success, passivity and conflicts in the patient.

The patient's medical history shows that he was born normal. Before coming here he consulted different well-known psychiatrists and he took drugs. He also took EEG. The school history of the client indicates the he was a normal student in the school days. He studied up to the intermediate class. He participated in every school activities. He has not any sort of communicational problem in school days. His academic performance remained satisfactory.

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

Sexual history of the patient indicates that he has some sexual problems like impotency. He was much worried about his marriage which was holding soon. He has fears about sex how he will perform his sexual activities at the time of marriage, he is of the view that his impotency is mainly associated with the taking drugs for psychological rehabilitation. He also expressed that he had committed masturbation many times in past.

His occupational history shows that he works on a cloth shops with his father. He feels communication problem with the customers. He has lost his confidence at the dealing with the customers on the shop. He can not express the quality of cloth to the customers in a good

manners. He feels hesitation during conversation with the customer on the shop or barraging time

The client history of present illness shows that the client has taken a lot of exercise for improving the mental activities. Due to these imagery based exercise he loses his confidence. He can not express his feeling with others. He feels restlessness when some one meats with him. He can not communicate with others face to face. He does not like to mix up with the people. He does not like gathering, functions. He does not like to participate family functions.

### **Tentative Diagnosis**

AXIS I	300.23	Social phobia
	302.72	Erectile dysfunction disorder
AXIS II	301.6	Dependent personality disorder
AXIS III		Not diagnose
AXIS IV		Problem related to social environment
AXIS V	GAF	current 71

### **Prognosis**

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

### **Recommendations**

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

1. Behavior therapy
2. Cognitive Behavior therapy
3. RET
4. Family therapy
5. Interpersonal psychodynamic therapy

## **Summary**

Mr. Imran Sattar referred to Fatima ward OPD, DHQ, Faisalabad as a client was much worried and consulted the clinical psychologist for recommendations. Client was leading normal life, but from the last two years he is facing the communication problems. He feels shyness and cannot face the people. He thinks that he cannot do any thing. He has not confidence, he cannot fluently express his thoughts, a blockage of thoughts occur in his mind. Different psychological test batteries were administered on the client for assessment. The client is under treatment, and above said psychotherapeutic techniques is going on the client. The client is cooperative and motivated. His family is providing his full support in this regard. During running sessions he in improving himself.

## **Psychotherapeutic Sessions**

### **Session 1-2**

During these sessions intake information has taken and filled the history form. In these sessions also asked about his problems and show unconditional positive regard and empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the session he was withdrawal and hesitating to share his problem but with some reinforcement and empathy he looked confident and shares some problems. He was confused about his sharing of his problem. He was made assured that his information will be confidential. Tried to keep him confident and relax. So after that he feels comfortable and discussed about him. He introduces himself in detail and provides all intake information. He was realized that psychologist has a better understanding about his problem so become comfortable and tells about all problems. He realized that psychologist is a well wisher of him and he could be given him better solution of his problem. He believes and discusses more about himself. He said that he feels worried about to face the people. He feels that he can not discuss with others and feels hesitation to shares his feelings with others. At the end of this sessions patient has some confidence and most necessary information has taken that was relevant to him.

### **Sessions 3-4**

In this session tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worried. He wanted to discuss his problem but worried how to share himself. But he was so confident and relaxes when used unconditional positive regard and showed empathy towards him. In these sessions rapport was successfully developed. Patient has developed some association or attachment. Now patient was full willing to discuss himself. He told about his personal matters without any hesitation. He told that he is unable to communicate his feelings with fluently with others. He faced this problem not only in home environment as well as in his occupation. He stated that he cannot communicate about the rates of cloths on the shop to the customers. He becomes nervous when some one tries to share his problems with him. He feels shyness when he gets opportunity to participate in the social meeting. He thinks that he cannot do any thing with his own willing. He stated that his illness is started from the last six years. He himself tried hard to over come his problem and for this purpose he used different self made strategies to over coming his problem. He told that the attitude of his father is hard and have an authoritative style of life. He likes loneliness and when ever he is isolated he feels satisfaction. The process of developing a rapport was completed during the session of 1-4 sessions. All necessary information about the patient in these sessions has gotten.

### **Session 5-6**

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

In these sessions the client was taught relaxation exercises, and makes him relaxed. During these therapeutics sessions patient was very attentive. He has better understanding. His attitude was

positive and he was also very serious in become healthier person. He was interested to change his thoughts and to modify his running thoughts.

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

### **Session 7-8**

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

### **Sessions 9-10**

In these sessions it was tried to change the irrational thoughts and beliefs which was established that he can not do any thing, he has not ability to do some thing in front of others. So Rational Emotive Behavior Therapy was used. Patient said that he is worthless. He has lack of self esteem, he is inferior to others, and he has not ability to communicate with others. He was assured that no body in this world in worthless, it is our own thinking and all of us has some importance in this world. We can do each and every thing. We have a hidden qualities we should utilize our potentials for over coming our problems. God has created every human being in this world with greater qualities and it our duty to apply our potentials in this regard. He was giving home work assignment that he has try to communicate and discuss his feeling with his mother

and siblings. In family therapy his father was asked to give him spare time and communicate with him and share his feelings.

### Session 11-12


In these sessions interpersonal psychodynamic therapy was used to explore the patient's complexities, his problems and emphasized on the patient's relationship with his colleagues on his cloth shop, with peers and siblings. He was encouraged to make specific behavioral changes. In this therapy, keeps the concentration on the patient's current interpersonal difficulties and discuss them.


### Termination Session

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

### Comments of Supervisor

*Psychodynamic oriented approaches are applied in long term psychotherapy. Cognitive and supportive psychotherapies seems to be successful for such patients.*

Signature of Internee 

  
Signature of Supervisor:-

# **Case NO.2**

296. XX

## Major Depression



## Demographic Data

Name	M. Salman
Sex	Male
Age	24 years
Education	M.A (Arabic)
Occupation	unemployed
Marital status	unmarried
Siblings	2 (one sister, one brother)
Birth order	1 <sup>st</sup>
Family structure	joint
Socio economic status	Middle
Financial status	Dependent
Father's education	B.Sc. (Electrical engineer)
Mother's education	BA
Language known	Urdu
Mother tongue	Punjabi
Religion	Islam
Address	Nshatabad, Faisalabad
Date of assessment	29-07-2009.
Name of clinical psychologist	M.Akbar Karim
Referral source	Fatima ward (OPD), DHQ,

## Reason for Referral

Mr. Salman refers to Fatima ward (OPD), DHQ, Faisalabad with his father with depressive and worried mood to psychiatric department for recommendations and consultations.

## **Test Administered**

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

1. Beck Depression inventory (BDI)
2. Standard Progressive Matrices (SPM)
3. Thematic Apperception test (TAT)
4. Padua Inventory for OCD

## **Findings**

Mental state examination indicates that the client was passive cooperative and remained submissive during interview. The health and height of the client was normal, physically he was weak. He was not proper maintaining eye contact, and facial expression seemed passive. Pessimistic appearance was looking. Volume of speech was low. His father was with him. He told that the client is much aggressive. He quarrels with his sibling in the home. Perception of the client was normal, orientation about time place and space was normal (e.g. date, place, time etc)

His memory was normal, and was giving full attention and concentration. He discussed his past events and experience at home and school etc. His insight was bright and he knew about his problem. The following test battery was applied for neuropsychological assessment which was consisted on Slooson Drawing Coordination Test (SDCT) which indicates that the patient has not any neurological problem.

For intelligence measurement, Standard Progressive Matrices (SPM) was applied, which shows that the patient was intellectually averaged.

Beck Depression Inventory (BDI) was also administered on the client. He gained score 35 which shows a sever depression.

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

On stress scale client obtained score 32 which reveals the client is under great level of stress.

While on TAT test need for autonomy, achievement need, need for aggression, and frustration conflicts desire for future which reveals the core aspects of the client's personality.

The client medical history shows that he remained admit under the treatment of a psychiatrist Dr. Imtiaz Dogar for the period of two months. The client's uncle remained suffered in psychotic illness and died. He reported that his birth was normal but after some months he suffered in mersmis disease, and continuously remained under medical treatment and recovered.

The client present illness shows that his problem started from the last three years. When he said his prayers, negative thoughts against the society are being occurred in his mind. He tried hard to throw out such thoughts from his mind, but in vain. Suspiciousness' occur in his mind. He thinks that people are not living their lives according to Islamic principles. He tried to stop such activities from his family and society, but his family did not like his, such thoughts, due to these clashes client often quarrels with his siblings. Client thinks that there is great hipocracy and contradiction among the thoughts of the people and their style of life, so client feels sadness and tingling in him self. Client was aggressive he fights with his brothers and sisters, and some time with his parents when they try to do against the thoughts and wishes of the client. His mood remains irritable and depressed.

The client family history indicates that he has two siblings consisted on one sister and one brother. They live in joint family system. He was older among his brother and sister. His father is an SDO in WAPDA, and is a cooperative person. His was worried about his son. His mother was very supportive loving and caring lady. His brother loves him but some time due to his attitude he becomes annoyed from the client. Home environment is friendly.

No other deep family member has psychopathology except his uncle who remained psychotic and died.

The client educational history shows that client is M.A in Arabic, and in these days he is doing his B.Ed from Islamia University Bhawalpur. His schooling remained normal, but in co education set up at master level, he remained up set. He dislikes co education. He did not like female class mates. He thinks that there should not be co education. He also did not like female teachers at university level. He tried to avoid from the mixing up with the females. He always tried to live separate from females at university level. He did not like fashion in the class room. He becomes restless when female teachers teach him in classes. He remained depressed in

master level. Some time he felt himself under deep depression. He has also some somatic complaints in the visceral form

### **Tentative Diagnosis**

AXIS I	296.xx	Major Depression
	298.9	Psychotic disorder NOS
	302.71	Sexual desire disorder
AXIS II	301.7	Anti social personality disorder
AXIS III		No Diagnosis
AXIS IV	V 68.6	sibling relational problem
AXIS V	GAF	current 31

### **Prognosis**

With proper attention and treatment the patient can recover himself.

### **Recommendations**

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

1. Cognitive Behavior Therapy
2. Catharsis technique
3. RET
4. Insight oriented approach
- 5 Family therapy

### **Summary**

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

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

## **Psychotherapeutic Sessions**

### **Sessions 1-3**

During these sessions intake information has taken and filled the history form and asked about her problems and show unconditional positive regard or empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the sessions he was withdrawal and hesitating to share his problem. He was confused about his sharing of problem. He was made assured that his information will be confidential. So after that he feels comfortable and discussed about his worries. He introduces himself in detail and provides all intake information. He was realized that psychologist has a better understanding about his problems so be comfortable and tell all of his problems. He was assured that psychologist is a well wisher of him. He believes and discusses more about himself. He said that he suffered these problems from the last three years when he was studying in master class. He told that he remained always tense over the uncertain conditions of the society. He reported that the society is going to be undermined. There are no Islamic values in society. He stated that he was worried about co-education system. He told that he got studied in a university level with co mates. He stated that he dislikes female education and female teacher who teaches male students at university and college level. He said that there should be Islamic system of life in our society. He feels loneliness during education level. He told that people have left their right path. They are going to be in the darkness.

### **Sessions 4-5**

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

all rites of the society who create contradiction with the values of Islam. He explained that his family does not follow the real values of Islam the follow the modern values so this action of his family hurt him. In these sessions the wrong cognitions which were built in the mind of client tried to change in the real cognitions. The patient was told that u have built wrong thinking. He was realized that Islam is not a conservative of rigid religion. It is the religion of moderation. So we should not think in this way that. We should try to carry on ourselves in moderation way not in rigid way. Realization about the real sprit of Islam began to occur in the mind of patient in this session. He was told that he should try to understand the demand of the society. And he was said that we are living in Islamic state and all laws of this country are built under the principles of Islam.

### **Session 6-8**

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

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

### **Session 9-12**

During these sessions the reality oriented approach applied on the patient. The patient was realized that u have built some irrational thought in your mind. It necessary to change his irrational thoughts into rational thoughts. Patient was asked that you are not worthless. You have equal importance in family. You should change negative self concept. You should not lose your self esteem. You should change your idea about the society. You should change the idea that there should not be system of co education in Pakistan. It is wrong thought which you have kept in your mind if we want to compete with the other people or nations. We can not live in the back age. It is necessary for development. He was also assured that his family loves him. He was also assured that he is essential for his parents and has great importance in his society. He got realization about his parents and others. He understands. He was relaxed and felt very light.

### **Session 13-15**

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world. Try to accept the facts which are going on in this world. Every man in this society has equal importance and is part of society. He should realized that deviation in thoughts bring damage ness for the man as well as in human being. Look at the bright aspects of society. Person should move in the society according to it structure. Person should change himself according to required conditions. Darkness creates distress in personality. It leads to troublesome in life. He was encouraged to meet other people and develop relations. He was encouraged that females are important part of this society try to interact with this sex. They are playing a core role in every field of life. Islam encouraged women. It has given proper rights to women. We should not look down upon them. Try to create confidence in the patient. After these sessions patient gain confidence and he was agreed that he will change his life style and feeling about society and women. These sessions developed emotional stability practical change in the patient.

## Termination Session

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. He realized during the therapeutic sessions that we have only professional relationships and nothing. So in the termination of the sessions told him that I'm his psychologist or therapist. He was made assured that psychologist always available for him if he has some sort of problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient of psychologist relationship


## Comments of Supervisor

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Signature of Internec: 

Signature of Supervisor:-



**Case No.3**

**300.29**

**Specific Phobia**

## Demographic Data

Name	Shahid Ali
Sex	Male
Age	35 year
Education	BA
Occupation	Police constable
Marital status	Married
Siblings	8 (2, brothers 6, sisters)
Birth order	2 <sup>nd</sup>
Family structure	Joint
Socio economic status	Middle
Financial status	Independent
Father's education	None
Mother's education	None
Language known	Urdu
Mother language	Punjabi
Religion	Islam
Address	Millat colony
Date of assessment	19-07-2009
Name of clinical psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ) Faisalabad

## Reason for Referral

Mr. Shahid referred himself to the Fatima psychiatric ward (DHQ) Faisalabad as a client and consulted the psychiatric department for better recommendations

## **Test Administered**

The following battery of psychological tests were administered on the client

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

## **Findings**

In MSE the client apparently have sound health and having normal height. He showed less communicative, but he showed good behavior and cooperation. He was slow speech, his facial expression were some worried. During interview volume of speech was low; response time was not sharp and quick. He showed no distort of perception or thought. The orientation and insight about (time, space, place etc) was normal. His memory was normal. He remembered the main events of his life history class family. He is living with his parents. His father suffered in the disease of hepatitis and mother is suffering from blood pressure. Client is having good relations with his other family members. He respects his parents. Client is to assessing Slooson Drawing Coordination Test was administered over the client who shows that the client has not any neurological problem. For the intelligence assessment standard progressive matrices (SPM) was used the client gains the 50<sup>th</sup> percentile which indicates the client is having average intellectuality. On personality tests HFD shows emotional indicators, over emphasis hair over writing, shading, broken lines, closed hands, jointing of hands. He has not best relations with his spouse. His wife does not obey and respect him. According to the client she is greedy and lusty lady. The client is not satisfied about his sexual relationship with his wife because she does not cooperate with him in this regard. So client is not satisfied with her. These indicators reveal that the client has fearfulness, insecurity, body narcissism anxiety, unrealistic fear. The stress scale indicates that the client has severed stress in him. Client obtained score on this scale 25 which reveal the stress level in the client, No medical history is found from the client.

Prior treatment of the client indicate, the client remain admit in the psychiatric ward of DHQ, for treatment under psychiatrist. The client family history indicates that he born normally in middle. His wife has not good relations with his mother they daily quarrel with each other, such situation creates a disturbance in the client. The siblings of the client are living separately; they are much caring about the client. They gave him respects, regard and love. Overall the home environment

of the client is not so satisfactory. The client educational history remained not satisfactory. His teachers were much authoritative. They gave him undue punishment in school days. He remained avoided from the teachers. Once he was beaten harshly by the teachers which create a fear in him. It was his bitter experience. According to the daily activities in the occupational perspective he dislikes his job, because his thinks that it is a stereo type job and there is not any creativity in it, because client likes that there should be some creativity in life. At sleeping time client often suffered the fear of unrealistic thing like mystery of universe, purpose of stars, gravitational force, he thinks that he is losing gravitational force and he will be fly in the space. The client explained that four moths ago one day when he was studying suddenly strange types of fear occur in him, he cannot easily distinguish among such fears. He remained suffered such un realistic fears many times from the last some months. These are un known fears which create physically and psychological disturbance in the client.

### **Tentative Diagnosis**

AXIS 1	300.29	Specific Phobia
	302.71	Sexual desire disorder
AXIS 11		No Diagnose
AXIS 111		No Diagnose
AXIS 1V	V61.1	Partner relational problem
AXIS V	GAF	No Diagnose

### **Prognosis**

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

### **Recommendations**

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

1. Cognitive behavior therapy
2. Catharsis technique

3. Behavior therapy
4. Rational Emotive Behavior therapy
5. Family therapy

## **Summary**

Mr. Shahid referred to Fatima ward (DHQ) Faisalabad himself having some unrealistic fears and some emotional disturbances client born normally having normal relations with family. He has some un realistic and irrational fears about universe, gravitational force of earth, and about some thing is happening immediately with him. He often thinks about the role of human being on earth and in the universe. Different psychological test batteries were administered on the client who indicates psychological illness in the client. Client is cooperative and self motivated. Therapeutic sessions are going on over the client. The client is improving rapidly, and will come out from the illness in future.

## **Psychotherapeutic Sessions**

### **Session 1-4**

During these sessions positive relation ship rapport was built. At the beginning of the sessions he was with drawl and hesitating to share his problem but giving some empathy he looked confident and shares his some problem. He was confused about his sharing problem. He was made assured that his information will be confidential. Tried to keep his confident and relaxed. So after that he feels comfortable and discussed about his worries and problem. He introducers himself in detail and provides all information about his problem. In these sessions he was realized that psychologist has better understanding about his problem so be comfortable and tell all of his problems. He was assured that psychologist is a well wisher of him. He believes and discusses more about himself. He was made assured that psychologist gave him a better solution for his problem. He said that his problem is from the last one year when one day he was sitting on the roof of his house and he was looking on the sky in the evening time. Suddenly a fear occur in his mind that what are these things what is the purpose of this universe how these stars and moon standing on the sky what kind of force which is working behind this system who is holding it. What is the end of this universe? What is gravitational forces what is it work. What is the main

purpose of this creation? From this time frequently such fears occurs in his mind. Due to this fear I have lost my confidence. I feel great fear in mind, due to this fear I feel different somatic complaints. He further told that he feels that he is losing gravitational force and he is flying in the air, his heart is become to close. He also discusses some of his domestic problems and worried. Patient said that he has not best relations with his wife. In these sessions the cognitive therapy was applied on the patient. The patient was asked that u should come to this point that this universe is going on from the time of immemorial and it is working under such divine forces. The controller and creator is only almighty Allah and he the only creator of this universe and human being. You should not think in this way that the universe or sky will fell down on us. So be realistic and the idea that you are losing your gravitational forces so you should look on the different existing objects of the earth, all are in static form and working properly according to their function

#### **Session 5-9**

During these sessions catharsis technique of psychoanalysis was also applied. In these sessions the patient was listening attentively under his domestic problems. He said that his wife is not cooperative and she is quarreling person. I dislike her because she does not give him respect and regard properly. In these sessions patient was given relaxation exercises because patient felt anxious and was very afraid. Through this therapy keep him relaxed and calm. It was very effective in the relaxation of patient. He experienced breathing exercise and some other specific body movements. After this therapy patient felt comfortable. His irritation or fear about something doing bad to him was reduced.

#### **Session 10-14**

Patient need Behavioral therapy. It is related to systematic desensitization which is considered effective in the removal of irrational fears or phobias. For this purpose the hierarchy of his fear was constructed and gradually in these sessions the patient was taken imaginatively one by one according to its intensity in the situation which creates fear in the patient. It creates positive effects on the patient. During these sessions the patient was encouraged to take healthy steps for healthy life and described a normal personality in front of him. The patient was reinforced for his good attitudes and thoughts. During theses sessions the relaxation training exercise was also

continued deep breathing exercises was also administered on the patient. After these sessions the patient was relaxed and felt comfortable. During these sessions, I have focused on the social relations of the patient with his wife, parents and siblings. He was avoidant. He was depressed by the attitude of these relations. He was given realization that you should try to understand the feelings and status of their relatives, and you have rights over your wife and your wife has right over you so you should not try to avoid from the fulfillment of their rights participate in the completion of their rights. The patient was agreed and understands and said that he is feeling well.

### **Session 15-19**

The patient was interested to make specific behavioral changes that make his personality healthier. Patient has irrational thoughts about his relations and personality. So Rational Emotive Behavioral therapy was applied. Patient said that some forces are lying about this phenomenon and all such elements are going to be under destructions. And he is also becoming worthless and he is unable to handle this problem. And further he said that his wife thinks that he is mad and he is unable to survive in this world. He was asked that you have worth and you have equal status as the others have in this world. You should try to avoid thinking such elements. The feelings which you have in yourself are worthless and there is no reality about such phenomena so is relaxed and nothing will occur soon. He was told that death is fact and every one will die sooner or later. This world is mortal and be realistic. He was also said that you have importance for your family. During these sessions the family therapy was also applied on the patient. His wife was given realization that his husband has some psychological problems. He needs your help, you should try to avoid from creating any conflict with his husband. Give him equal importance and respect and regard to you husband. She was asked that you can play a significant role in the rehabilitation in her husband's recovery.

### **Termination Session**

After application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of wending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. During the session patient

develop some transference. He made realization that we have only professional relationship and nothing. So in the termination of sessions again realized him that I'm his psychologist or therapist. He was made assured that psychologist always available for him if he has some problems. He was also made assured that he could contact for his problems. He must be gotten better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

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Signature of Internee:- *MA  
CCTD*

Signature of Supervisor:-



**CASE NO 4**

**296.89**

**Bipolar 11 Disorders**

## **Demographic Data**

Name	Shahzad Ali
Sex	Male
Age	23 years
Education	FA
Occupation	None
Marital status	single
Sibling	6(5, brother, 1 sister)
Birth order	last
Family structure	joint
Socioeconomic status	lower class
Financial status	low
Father, education	none
Mother's education	none
Language known	Urdu
Mother tongue	Punjabi
Address	Nazimabad Faisalabad
Date of assessment	15-8-2009
Name of clinical psychologist	M.Akbar krim
Referral source	Fatima ward (DHQ) Faisalabad

## **Reason for Referral**

Mr. Shahzad Ali 23 years old referred himself to Fatima ward department of psychiatry (OPD), DHQ Faisalabad was worried about his illness and consulted psychiatric department for recommendation

## **Test Administered**

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

- 1 Standard progressive matrices (SPM)
2. Slooson drawing coordination test (SDCT)
- 3 Thematic Apperception test (TAT)
- 4 Human figure drawing (HFD)
- 5 Beck Depression Scale (BDI)
- 6 Padua Inventory for OCD

## Findings

According to MSE (mental state examination) the client was appearing a 23 years of age. Apparently, he was normal and weak health. He was full attentive behavior and cooperative. He was much worried about his health. Volume of speech was normal; response was not very quick. His perception or thoughts were normal. He was insight oriented about time, place, and space. He showed full attention and concentration. His memory was good. He remembered all his experiences and events of home and out side the home. For diagnosing, the test battery was applied on the client. On SPM client lies below 5<sup>th</sup> percentile which shows that client is intellectually not much sound. Padua inventory of OCD reveals the obsessive compulsive tendency in the client. For the measurement of depression level in the client BDI scale was used on the client, the client obtained score 33 on this scale which reveals that the sever tendency of the depression in the client.

For personality assessment, TAT and HFD were applied. HFD shows emotional indicators, that are omission of neck, big head, poor integration of parts, poor self image, improper place of organs, breast emphasis, open mouth, no eyes, no neck reveals fearfulness , oral eroticism, hopelessness, helplessness, immaturity poor inner self, anxiety ,insecurity, shyness, withdrawn from society lack of self control and aggression were found in the client. On personality test TAT client reveals conflict anxiety aggression need for achievement, need for security were the key aspects of the client. SDCT was administered on the client for neurological assessment and no neurological impairment was found in the client.

The client medical history indicates client suffered in the disease of TB at the age of nine, but with one year treatment for such disease the client had been recovered. Client also remained

under psycho treatment from Dr.Tariq from the last six months and he is taking medicines for manic psychosis

The family history of the client indicates that, he belongs to lower middle class family. He lives with his mother and his elder brother. Client is jobless; he thinks that he can not do any thing because he is psychologically ill. His other brothers are living separately. They have not best relations with the client. His father works in a Kaleen factory and earns a sound income. Client has built some sexual relations with his bhabhi. Often he conducted sexual relation with her. The relation ship between mother and father of the client is not good. Mother lives with his son including with the client. Mother and father of the client live separate. One of the sisters of the client died with psychotic feature she was the patient of schizophrenia. It was the sad event of his life because he loves with his sister.

The client history of present illness shows that, he was becoming Hafiz e Quran in a Madrissa, during reciting the verses of Quran, suddenly negative and sexual thoughts occur in the client's mind, and after that such thoughts occur frequently in the mind of the client and become the part of the client. Then he left Madrissa and went to Karachi without the permission of his parents. When he reached Karachi then he feels guilt that he has done wrong. After he came back and told the wrong stories to the parents that he was kidnapped by the gangsters and he was took to Karachi but he trapped them and come back. This incidence has created a great guilt feeling in the client. He often thinks that he has committed wrong, and he repent over this incidence and it pinches the client.

One of the client sisters has some illegal sexual relations with her neighbor and client played a middle man role between his sister and her beloved. Once they caught red handed and they were punished harshly. The client was much frightened about this activity and was feeling ashamed on the role of middle man. When ever he thinks over this role he feels sever guilt. He always feels afraid ness from the people of his Mohallah because they think that the client has not good character.

The client school history indicates that he got admission in a local school after passing he was admitted in a Madrissa for hafiz, after six month he left the Madrissa. Then he started his education in college and passed his intermediate. Then he was again admitted into the Madrissa for hafiz but from this period he leaves the madrassa and went to Karachi. He is of the view that his school days were not very good. He felt boredom during the madrassa time

## Tentative Diagnosis

AXIS I	296.89	Bipolar II disorder
	300.3	Obsessive Compulsive disorder
	302.71	Sexual desire disorder
AXIS II	301.6	Dependent personality disorder
AXIS III		Not Diagnose
AXIS IV		Not Diagnose
AXIS V	GAF	50 current

## Prognosis

The patient has insight towards his problems. He has a great chance of recovery. The patient can be recovering through proper attention, care and treatment.

## Recommendation

On the bases of psychological assessment and clinical interview the following therapeutic plan is suggested for the treatment of problem

1. Rational Emotive therapy (RET)
2. Cognitive behavior therapy
3. Emotional catharsis
4. Behavior therapy
5. Family therapy

## Summary

Mr. Shahzad Ali referred to psychiatric department Fatima ward in district head quarter hospital Faisalabad with sad mood and complaints about future and consulted with the clinical psychologist for recommendations. The client born normal and belongs to poor family, his family member are living separately they have not best relation with one another. He lives with his mother and elder brother he thinks that he cannot do any thing. He is jobless he escaped from his home and then he come back. He thinks that he has different illness in himself, like hypochondrias, depression, OCD etc but on psychometric measurement he was diagnosed

bipolar disorder. The therapeutic sessions are carrying on. Client is self motivated. He is cooperative and is improving himself. His family especially his mother is cooperative. In this way he can improve himself.

## **Psychotherapeutic Sessions**

### **Session 1-5**

In these sessions a good rapport was tried to build the patient was given positive regard and empathy. It is considered very helpful in developing a good rapport. At the beginning of the session the patient was withdrawal and hesitating to share his problem but with reinforcement of positive attitude and thought he looked confident and shares some problems. He was confused about his sharing of problem. He was made assured that his information will be confidential. Tried to keep him confident and relax. So, after that he feels comfortable and discussed about him. He introduces himself in detail and provides all intake information. He was realized that psychologist has better understanding about his problems so become comfortable and tells about all problems. He was assured that I'm his well-wisher and I can provide you better solution of his problem. He believes and discusses more about himself. He said that he is suffering from different psychological illness. He cannot do any thing in this world. He remained admit twice in this hospital. No one can understand me. I feel lonely. He thinks that there is no one of mine in this world. I'm living alone only my mother help me, my sibling thinks that I'm burden over them. There are clashes between my mother and my father. They avoid caring me. My school history is not remained well in the past. In his discussion verbal or non verbal cues reinforced him to discuss more. At the end of the session patient has some confidence and most necessary information has taken.

### **Session 6-9**

In these sessions tried to get patient's confidence and encouraged him to be happy and relaxed. He was also encouraged to discuss all of his problems and worries. In these sessions Rational Emotive therapy was applied on the patient. The thoughts which kept in the mind of the patient that he can not do any thing in this world and he is unable to do. He has lack of potential in himself. He was much annoyed about education. He likes to get further education but a thought

set in his mind that he can not write and read. He was realized that you have potential in yourself you can do each and every thing in this world. Look around you many people who are disable and handicapped but they are surviving their self. So need not worry. During these sessions the patient was given home work assignment in educational perspective. He was asked write down your all daily activities which you performed up to the coming session. So gradually he promoted himself he came with his daily activities reports. Such reports create confidence in him. During therapy sessions patient was very attentive. He has better understanding. His attitude was positive and he was very serious about to become a healthier person. He was interested to make specific behavioral changes that make his personality healthier.

During these sessions a family therapy was also used. This therapy is necessary to aware the family members about the patient' feelings and acts. The family members especially siblings which have not best relations with the client are realized that they can play a very important role in the patient's life. So it necessary to modify their behavior towards the patient. And realized them that patient has a strong desire to get yours attention or love. They should be needed to develop a caring behavior toward the patient.

#### **Session 10-14**

During these sessions the relaxation trainings was applied because patient felt anxious and worried about his problem. Patient kept relax through this therapy. It was very effective in the relaxation of patient. He experienced breathing exercise and some other specific body movements under my instruction. After this therapy patient felt comfortable. His irritation or fear about something doing bad to him was reduced.

In these sessions cognitive behavior therapy was also applied on the patient and he was realized that this world is not against him. He provides help to those persons who make effort for their self. You should not think in this way that no one help him. The other phenomena that you can not do any thing or you have not any potential in him. The patient was asked that you have lot good qualities in yourself. You can do each and every thing for your future but the only thing is that you have to take an initiative and took a step a head for your future. You can get more education, you can get good job for your survival. During these sessions family members were also involved in this connection. They were asked that they should support the patient in home environment. With your proper support he can over come his problem. The patient was realized

that you have importance in your family. He was also assured that his family loves him; he was made assured that he is essential for his parents. He got realization about his value for his parents and others. He understands. He was relaxed and felt very light.

### **Session 15-20**

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. He has some negative feelings about his family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express. Due to these techniques the said each and every feeling, his frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced him in making positive behavior. He was realized that it is a poor time for her but he can make it bright.

### **Termination Session**

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



**Comments of Supervisor**

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Signature of Internee:- 

Signature of Supervisor:-

**Case No 5**

**295.70**

**Schizoaffective**

**Disorder**

### **Demographic Data**

Name of patient	Muhammad Jawad
Sex	Male
Age	20 years
Education	Metric
Occupation	Mobile Repairing
Marital status	single
Sibling	6. (4brothers, 2sister)
Birth order	3 <sup>rd</sup>
Family structure	joint
Socioeconomic status	middle
Financial status	dependent
Father's education	Metric
Mother's education	none
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Peer wala Faisalabad
Date of assessment	22-7-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad..

### **Reason for Referral**

Mr. Jawad the client 20 years of age referred to psychiatric department OPD with his mother and father with sever psychological illness. Parent of Mr.Jawad were much worried about the client's behavior and consulted the psychiatric department for recommendation

## **Test Administered**

For the purpose of psychological assessment following methods as test battery were being used

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

## **Findings**

On mental state examination the client was appearing teenage boy of 20 years. Apparently he was normal height and health was also good. He showed some restlessness behavior was submissive but lack of concentration seemed in the client. He did not maintained proper eye contact and facial expression was not soft. During interview the client was not comfortable. Volume of speech was normal, but response time was quick. The perception of the client was not accurate. The client was little insight oriented when he was asked about time, place and date, a little bit he responded accurately. His past memory was not much normal. He showed some attention and concentration. He remembered all of his experience about schooling mobile repairing. To assess the neurological assessment SDCT was used. The test shows that the client has not any neurological impairment. For assessing the intelligence the SPM test was administered on the client. The client showed below average intelligence on this test. Client gained below 5<sup>th</sup> percentile on this test which reveals the intellectually impairment in the client.

On personality test HFD shows emotional poor self image, poor integrity figure on a corner of the page, general instability, slanting figure, short arms, no nose, no mouth asymmetry in limb, these indicators reveals fearfulness insecurity feeling of inadequacy, anxiety, stubborn, helplessness, immaturity with drawn impulsive poor coordination general instability depressive feelings and emotional disturbances.

The TAT shows that conflicts need for achievement, need for aggression, no coordination with in thoughts, and poor coordination about reality and environment forces. On BDI the client obtained score 24 which shows that the patient has depression.

The client medical history show that the client remained under treatment from many psychiatrists from the last one year. When the client was at the age of 14 then he was admitted in the hospital for hernia operation. Client's cousin is suffered from the obsessive compulsive disorder.

The family history indicates that the client born normal in the middle class family. The father of the client works in factory, his attitude toward the client remained harsh. Client said that his father is a cruel man. He is much strict in the home affair. Many times he was punished by his father. He likes his mother because she is nice lady and takes much care about the client. The client dislikes the abusive behavior of his father. His two brothers are settled in abroad. They are well settled. They love him and care him much better as compared the father.

The occupational history of the client shows that he works on mobile shop and gets 5000 thousand monthly. He is a good repairing master cell phones. But he annoyed from the master of the shop because he did not do justice with him. The client history of present illness indicates that he has mental illness from the last one year. The client remained sleepless from the last six month, because he fell in the love of a girl. He daily at night continue chatting with her whole the night. It create a big mentally disturbance in the client. Due to sleeplessness the client is suffered in the hallucinations and delusions. Which are the psychotic symptoms? The client also started prayers regularly he thinks that prayers can over come all types of mental illness. Some time he feels some somatic problems in himself. Client stated that he often listen different voices of unknown thing. These voices discuss with each others. They ask him to say prayers regularly etc. he has some delusions of grandeurs he thinks that he can every mobile of the world, because he is the best repair master of the Pakistan.

The schooling history indicates that the client was not very good student in school days. Teacher's often punished him. He liked vagabonding rather than education.

### **Tentative Diagnosis**

AXIS I	295.70	Schizoaffective disorder
AXIS II	301.22	Schizotypal personality disorder
AXIS III		Not Diagnose
AXIS IV		Not Diagnose
AXIS V	GAF	current 40

## **Recommendations**

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

1. Behavior therapy
2. Family therapy.
3. Role playing technique
4. social skill training program

## **Prognosis**

The client has not much insight about his problem. But proper care attention and treatment client will become able to maintain his life style.

## **Summary**

Mr. Jawad referred to Fatima psychiatrist (OPD) District head quarter hospital Faisalabad with his father and was worried and much depressed and was consulted the psychiatrist department for recommendations. Client born normally. He got stubborn and aggressive behavior of his father in his child hood. He fell deep love with a girl. He daily rang her whole night consecutively three month. Due to sleeplessness he suffered in hallucination and delusions. He worked at a mobile shop. He could not properly manage his occupational activities. His vocational and occupational life become disturbs.

The said psychological test battery administered on the client which reflects the schizophrenic and major depression symptoms in the client. The client during interview some time remained submissive and passive and some time felt restlessness. None verbally communication ally he seemed pessimistic and depressive. The psychotherapeutic sessions are going on. The client is becoming responsive during interview. The client is also referred to the psychiatrist for chemo therapy. His family was also supporting the client.

## **Psychotherapeutic Sessions**

#### **Session 1-4**

In these sessions deep rapport was built with unconditional positive regard and empathy towards the patient, which remained very helpful in developing a good rapport. At the beginning of the session the patient was asked to share his problem. But patient was in the form of withdrawal and hesitating. But with some reinforcement and empathy he shared some information. He was looking afraid his speech was loudly and he has some understanding about world. He was treated with care and love. He was looking worried. But used token economy technique. He gives me some little bit information. He introduces himself in detail and told about his family. He told detail about his illness.

In these sessions behavioral techniques were applied on the patient especially role playing technique and reinforcement based technique were applied on the patient. The main purpose of these techniques was to create ability in the patient about his improving the conditions of the patient. This therapy was applied on the patient because the patient has not better hygiene conditions. He has not awareness about cleanness. But with the application of this therapy he tried to keep himself clean. When applying this therapy he was attentive and listening carefully. So this therapy was very effective in improving patient condition.

#### **Session 5-10**

During these sessions family therapy was also applied, this therapy is necessary to aware the family members about the patient's feeling and acts. The attitude of the patient's father remained harsh in the past and it was complained by the patient that his father beat him harshly in the past. Special sessions were taken by the father and he was realized that his son is psychological disturb patient so give him proper attention. He was also taught that how to deal with patient. In this therapy realized that he can play a very important role in the patient life. So he to modify his own behavior for the healthier personality of patient. Also realized him that patient has a strong desire to get his attention or love and told him that he should be needed to develop a caring behavior toward the patient.

Social skill training was given to him it involves to encouraging the patient not to evaluate his performance too harshly evidence support the effectiveness of a focus on enhancing overt social behaviors by this technique. He was also reinforced for his good attitudes and thoughts. He was encouraged to take healthy steps for healthy life.

## Termination Session

After the application of different therapeutic approaches on the patient was stable. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. During the sessions patient develop some transference. He made realization that we have only professional relationship and nothing. So in the termination of the sessions again realized him that I'm his psychologist or therapist he was made assured that psychologist always available for him if he has some problems. He was also made assured that he could contact for his problems. He must be gotten better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship. During this session family members especially father of the patient was asked that he will show kind behavior to the patient. And after a week he will bring the patient for follow up session.

## Comments of Supervisor

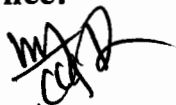
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Signature of Internee:-



Signature of Supervisor:-





**Case No 6**

**309. XX**

**Adjustment**

**Disorder**

## Demographic Data

Name of patient	Muhammad shahzad
Sex	Male
Age	28 years
Education	BA
Occupation	employee in WAPDA
Marital status	married
Sibling	4. (3brothers, 1sister)
Birth order	2 <sup>nd</sup>
Family structure	joint
Socioeconomic status	middle
Financial status	independent
Father's education	none
Mother's education	none
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Rashid Park Jaranwala
Date of assessment	23-7-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

M. Shahzad 28 years old himself referred to Fatima psychiatrist ward himself with much anxiousness, worried ness about his illness and consulted with psychiatrists department for consultation and recommendations

## Test Administered

For the purpose of neuropsychological assessment the following psychological test battery is applied on the client.

1. Human Figure Drawing test (HFD)
2. Standard Progressive Matrices (SPM)
3. Beck Depression Inventory (BDI)
4. Stress Scale
5. Thematic Apperception Test (TAT)

## **Findings**

According to mental state examination the client was appearing 28 years of age. Apparently he was looking excited, his healthy. He was cooperative and with full attentive behavior he was respond through the whole assessment process,

He was worried about his mental illness. Volume of speech was much loud and he was giving much quick responses. His perception about time, place, and space was much normal. He showed full attention and concentration. His memory was good. He remembered his entire life experience and events fluently about home and out side the home. Under diagnosing perspective the above mentioned tests were applied on the patient, which reveals the following. On SPM the client lays himself intellectually averaged lies on grade III and gained 50<sup>th</sup> percentile which show that the client is average intellectual. For personality assessment HFD test was administered on the client. HFD shows the following indicators big figure, long arms, no feet, no neck, were the valid emotional indicators while client also shows some invalid emotional inciators

Like wearing cap, foppish clothing, vacant eyes, broken lines, shoulder round, uniformed personality, all emotional indicators reveals the client has grandiosity, need for auto anomy, insecurity feelings, lack of impulse control, immaturity, self intelligence, aggression, lack of self control, need for greater status, unsatisfying social status, anxiety and high self esteem were the major components of the client personality.

On TAT need for superiority, conflicts, aggression need for achievement, need for autonomy, feeling of superiority and need for security were reflected from the client.

On BDI the client gain scores 10 which reveal that the client has not any kind of depression. While on stress scale he gained score 15 which indicates that the client has not much stress in himself. The client family history indicates that he is independent in his family. His other

brothers are living separately. His mother is living with him. He has not best relations with his spouse. Often client and his wife quarrel with each other. Client is not satisfied with his matrimonial life. His wife wants to dominate over the client, but client did not like all this. His home environment is not satisfactory. Client has also not best relations with his in laws. He claims that his matrimonial life is disturbed with the involvement of in laws and especially with his mother in law which is not good lady. His father is expired; his relations with his siblings are good. They respect him. The client medical history reveals that he remained admit in mental hospital Lahore twice, one time in Ganga Ram Hospital for mental illness treatment. He was also taking medicines from a long period. He is also taking drugs recently.

The client school history indicates that he did not remain satisfied during his school days. The teachers were much strict he had been beaten harshly by the teachers in school days. A great fear was in the client in school time. He did not maintain eye to eye contact with others due to the attitude of the teachers. He felt shyness. From the school days client had over expectations about his future and remained excited. Client is of the view that he wants to become a supernatural thing in the world. He has powers to modify the system of government in the Pakistan. He wants to do some thing for the welfare of the client. The client remained paranoid and suspicious in the past. He has habit to complete every thing quickly and speedily, he thinks that he has limited time and problems are lot of.

### **Tentative Diagnosis**

AXIS I	309.xx	Adjustment disorder
	296.89	Bipolar 11 disorder
AXIS 11	301.87	Border line personality disorder
AXIS 111		Not Diagnose
AXIS 1V	V62.81	Relational problems NOS
AXIS V	GAF	current 70

### **Prognosis**

The client has insight about his problem. But proper care attention and treatment client will become able to maintain his life style.

## **Recommendations**

On the basis of tentative diagnosis the following psychotherapeutic techniques were recommended

- 1 Catharsis technique
- 2 Cognitive behavioral techniques
3. Rational emotive therapy
4. Family therapy
5. Behavior therapy

## **Summary**

Mr. M.Shahzad referred to Fatima psychiatrist ward DHQ, Faisalabad himself having some over expectations and with excited mood and with psychotic symptoms he has some emotional problem, he has also having delusions, suspiciousness flight of ideas. He has sound health, the client was intellectually averaged. He has not best relations with his spouse. The home environment of the client was not satisfactory. He has some irrational ideas that he can do every thing for the nation and for the Pakistan. He wants to become supernatural thing. He works in wapda as clerk his pay is small but he thinks that he should get a big job and eradicates all the problems of the countrymen. His psychotherapeutic sessions are going on. The client is cooperative and is highly motivated to overcome his problem.

## **Psychotherapeutic Sessions**

### **Session 1-4**

During these sessions intake information has taken and write the information. In these sessions also asked about his problems and show unconditional positive regard and empathy towards the patient. It was very helpful in developing a rapport. At the beginning of the session he was with drawl and hesitating to share his problem but with some reinforcement and empathy he looked confident and shares some problems. He was confused about his sharing of problem. He was made assured that his information every thing which will discuss with me will be kept secret and confidential. Tried to keep him confident and relaxed. So after that he feels comfortable and discussed about him. He introduces himself in detail and provides all intake

information. He was realized that psychologist has better understanding about his problems so become comfortable and tells about all problems. He realized that psychologist is a well wisher of him and he could be given him better solution of his problem. He discussed more amore about himself.

The catharsis technique of psychoanalysis applied on the patient, because he has negative technique about society set up and the segregation among the society. He discussed in detail the segregational aspects of society. He dislikes rich people; he was of the view that there is no life of poor people in Pakistan. Poor people living in low standard living system. Rich people are looting all the things of this Pakistan. He was against this system. He was of the view that this system must be changed. If change this cruel and humiliating system then we can become a developed nation. All his feeling was listening and he was giving more chance to say more and more in this reference. In his discussion of problems verbal or nonverbal cues reinforced him to discuss more. At the end of the session patient has some confidence and most necessary information has taken that was relevant to him.

#### **Session 5-9**

During these sessions after developing good rapport I applied cognitive behavior therapy to explore the patient complexities of present illness. The patient was of the opinion that these all circumstances are due to ill minded politicians and their wrong polices there is every where in Pakistan. There is much corruption in this country. He wants of get a good and excellent job here but there is not justice. The patient was asked that it is your wrong cognition. Hundred of people are getting height level of job on merits. High level institutions like FPSC, PPSC etc are providing jobs to the candidates on merit bases. There is not bribery in these institutions so you should work hard and appeared in the competitive examinations. You can fulfill your dreams.

During these sessions some time the patient become hyperactive then he was given muscular relaxation exercises. During these sessions patient was very attentive. He has better understanding. His attitude was positive and he was looking serious about to become a healthier person. He was interested to make specific behavioral changes that make his personality healthier. The patient was also dissatisfied with his matrimonial life. His wife was not cooperative. She has not best relations with his mothers. She does not accept his views and does not give him proper respect and regard. For this purpose the family therapy was also used. This

therapy is necessary to aware the family members about the patient's feeling and acts. The wife was taught that how to deal with his husband (patient). In this therapy wife was realized that she can play a very important role in her husband life. So she should need to modify her own behavior for the healthier personality of patient and also realized them that patient has strong desire to get your attention or love and sympathetic attitude. She should be needed to develop a caring behavior toward the patient.

### **Session 10-15**

The patient was needed behavior therapy. It is related to social training in its distinctly behavioral approach to training depression. It involves from the empirical findings of a component analysis study. It involves to compare the normal people with the problematic person or if the problematic person show positive behavior than he is reinforced for his positive or good behavior. Behavioral therapy used to realize patient that his behavior is not normal. He was suggested that he needs to change his behavior. He was encouraged to take healthy steps for healthy life and described a normal personality of him that is very useful to realize him. After description patient was encouraged and showed positive of normal behavior. He was reinforced for his good attitudes and thoughts.

The patient has irrational thoughts about that he should need some rich and powerful people who provide him assistance to get such job easily. And the people who power all others salute him and give them respect. And such status they have gain from their fore fathers. But I have not such status and my forefathers were not much power full and rich. The patient was realized that those who work hard and are sincere to their self can get high level status. You should not think in this way that you should follow the example of those people who got their status with hard working. You are not worth less. Do not think negative way and not create negative self concept. So through this therapy he was assured that nobody is worthless in this world it is our own thinking and all of us have some importance for our family. He was also assured that he is essential for society. He understands and was relaxed and felt very light after these sessions.

### **Termination Sessions**

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of



sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. But during the session's patient develop some transference. He was realized during the therapies session that it is professional relationship and nothing's so in the termination of sessions he was again realized that I'm his psychologist or therapist. He was made assured that psychologist always available for him if he has some problems. He was also made assured that he could contact for his problems. He will take better solution for his problem. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

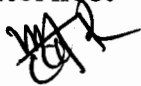
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**Signature of Internee:-**



**Signature of Supervisor:-**

**Case No. 7**

**296. XX**

**Bipolar 11**

**Disorders**

## Demographic Data

Name of patient	Amir Mukhtar
Sex	Male
Age	36 years
Education	BA
Occupation	employee in wapda
Marital status	married
Children	4. (3 sons, 1 daughter)
Siblings	10. (7 brothers, 3 sisters)
Birth order	5th
Family structure	joint
Socioeconomic status	middle
Financial status	independent
Father's education	Matric
Mother's education	Matric
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Amin town Faisalabad
Date of assessment	13-08-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Amir Mukhtar 36 year's young man with worried ness low mood, low confidence, and memory loss with aggression referred himself to Fatima psychiatric ward DHQ, Faisalabad for consultation and recommendations.

## Test Administered

For understanding and diagnosing the client the following test battery is being used on the client.

1. Human Figure Drawing test (HFD)
2. Thematic Apperception test (TAT)
3. Standard Progressive Metrics (SPM)
4. Beck Depression Inventory (BDI)

## Findings

On mental state examination the client was apparently have sound health and Normal height. He showed best communication and good behavior. He was cooperative. He has normal mood at the time of interview. He responds in good manner. During interview volume of speech was normal. Response time was not much sharp. He was not having proper thoughts to communicate all his feelings. On some moments he stopped talking. He was not having proper eye to eye contact during interview. His head remained low during interview. The orientation about time space and place were normal. He was feeling problem of old memories.

To assessing the client the above mentioned test applied on the client. The tests reveal the following results. On HFD the valid emotional indicators were poor integration, slanting figure, short arm, no mouth, while invalid emotional indicators were big ears, long neck, long nose, vacant eyes, all such indicators shows that client is having brain problem, suspicious tendency, general instability emotional immaturity, depressive feelings, hopelessness, sexual difficulties, helplessness conflicts over ideation, and hearing problems.

While on TAT the client shows need of aggression, depressive mood, avoidance form people, need for achievement, need of attraction, need for recognition. On SPM the client gained score 50<sup>th</sup> percentile and lies on grade III, which indicates that the client is intellectually below averaged.

While the client gained score on Beck Depression Inventory 24 which reveals that the client has depression . The client medical history shows that he has not any medical problem in the past.

The client family history indicates that client is living separately. His wife is not well educated. She has not much manners about domestic affairs. Client is not satisfied with his matrimonial problems. He blames that his wife is not fit for matrimonial activities. His father is

expired and mother is living with him. He has not best relations with his brothers and sister. According to client these all people are selfish and greedy. They have not loved for him.

In occupational perspective the client is working as medical representative in a pharmaceutical company and earn sound amount as salary. He feels shyness and low confidence in his office, when ever any meeting of his department held he can not express his all activities. His body trembled and he cannot share his all sort of feelings with his colleagues during meetings.

The sexual history reveals that he feels some sexual problem. He is suffering from ejaculation problem. Many time he tried to quarrel with his wife over this issue. He is facing adjustment problem with his family members. This problem is continuing from the last sixteen years.

The school history reveals that he was not a good student in school days. The attitude Of the teachers was not good; they were harsh and beat him often.

### **Tentative Diagnosis**

AXIS 1	296.xx	Bipolar 11 disorder
AXIS 11	301.6	Dependent personality disorder
AXIS 111		Not Diagnose
AXIS 1V		Not Diagnose
AXIS V	GAF	Current 31

### **Prognosis**

The client has insight about his problem. But with Proper care, attention and treatment client will become able to maintain his life style.

### **Recommendations**

On the basis of psychometric assessment, mental state examination, and clinical intake interview the following psychotherapeutic facilities are required for the treatment of the patient.

1. Cognitive behavior therapy
2. Catharsis technique

3. Rational emotive therapy
4. Family therapy

## **Summary**

Mr. Amir Mukhtar a young man of 36 referred himself to DHQ, Fatima psychiatry ward with low mood low confidence and with memory problem. He was having emotional disturbances. He was worried about his future, he was also upset about his family set up, and he is also having some adjustment problems. He is self motivated and wants to over come his problem. The psychotherapeutic sessions are going on and he is improving gradually. And he well come out from the illness in future.

## **Psychotherapeutic Sessions**

### **Session 1-5**

During these sessions a deep rapport was built with the client with showing unconditioned regard to the patient. First the patient showed hesitation and withdrawal to share his problem, but with reinforcement and empathy he looked confident and shares some of his problem. He was confused about his sharing of problem. He was made assured that his all types of information will be kept in confidential. Tried to keep him confident and relaxed. So after that he feels comfortable and discussed about his problems. He was realized that psychologist has better understanding about his problems so be comfortable and tell all of his problems. After that catharsis technique was applied on the patient the different negative thoughts which were laying in the mind of patient were given chance to come out from the patient's mind. He was asked that say each and every thing which you have about your family, about your occupational and other aspects of personality which are becoming the source of your illness and you think that such aspects are creating irritation in your self. He told that his boss and high ups do not like his work. They do not have not any insight about my work. They always snub be at every moment. He conducts his work honestly but they do not like to praise his work, in spite of this they snub him. During these sessions his face was looking in anger. At that time he was giving relaxation macular and deep breathing exercises. Due to these exercises he experienced breathing and some

other specific body movements under my instructions. After this therapy patient felt comfortable. His irritation was reduced.

### **Session 6-10**

During these sessions behavioral therapy was applied on the patient. Through systematic desensitization. His shyness and lose confidence tried to eradicate. For this purpose a hierarchy was constructed and one after another problem takes under systematic desensitization technique. Gradually patient was gained confidence and removing the element of shyness. This therapy is related to social training in its distinctly behavioral approach to remove depression. It was used to realize the patient that his behavior is not normal and he was suggested that he needs to change his behavior. He was encouraged to take healthy life. After some effort patient showed positive behavior. He was reinforced for his good thoughts and attitudes.

In these sessions cognitive behavior therapy and Rational Emotive therapy was also applied on the patient the wrong concept which was kept the mind of patient that his high ups are wrong. He was tried to give him proper insight that you're high up are not against you. It is their official duty to handle their subordinates and it is the requirement of the job for the betterment and nourishment of their institution. Such trend of high ups is found every where in the country. You should not think in your mind that all officials are against him. Be realistic and try to understand the official demands of their high ups. You should try to over come your deficiencies and promote your self in this regard. If you will committee your duties then your efforts will be appreciated.

### **Session 11-15**

During these sessions the above said therapeutic techniques are continued. The patient was given home work assignment , under this techniques he was asked that you will have to present yourself as good sub ordinate to your boss, this attitude must be kept in your office and as well as in your home. You should display a good attitude to your fellows, officials, and family members. In these sessions relaxation exercise are continued. During these session family therapy is also applied on the patient the family members and are realized them that, they should play a core

role in the rehabilitation of the patient. They were realized, the patient needs your help love and sympathy they were also assured that patient is essential for them.

### **Termination Session**

After the application of different therapist patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands about it. But during the session that it is a professional relationship and nothing. So in the termination of the sessions he was again realized that I'm his psychologist or therapist. He was made assured that psychologist always available for his problems. He will take better solution for his problems.

### **Comments of Supervisor**

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**Signature of Internee:-**

**Signature of Supervisor:-**



**Case No. 8**

**296.2 X**

**Dysthymic**

**Disorder**

## Demographic Data

Name of patient	Liaqat Ali
Sex	Male
Age	60 years
Education	None
Occupation	Rickshaw Driver
Marital status	married
Children	7. (4 sons, 3 daughters)
Siblings	5. (4 brothers, 1 sister)
Birth order	3rd
Family structure	joint
Socioeconomic status	middle
Financial status	dependent
Father's education	none
Mother's education	none
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Faisalabad
Date of assessment	13-07-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Liaqat Ali referred to psychiatric ward District Head Quarter Hospital Faisalabad with his son who was worried about the behavior of the client and consulted the psychiatric department for recommendations.

## Test Administered

For the purpose of psychological assessment the following test battery were being used.

1. Standard Progressive Matrices (SPM)
2. Human Figure Drawing test (HFD)
3. Thematic Apperception Test (TAT)

## Findings

On mental state examination the client was appearing the man of 60 years of age with sound health and good height. He seemed with less concentration low mood slow communication, talking himself most of the time. He maintains proper eye contact and facial expression were strict. Response was not quick and was using abusive language. His perception about time date and place was not accurate. His memory was normal. He remembered all his past events about family, home, and school. He was upset about his family setup and has contradictory thoughts about society and religion. He was also upset about the norms, and values of society.

For intellectual assessment SPM was used, the result indicates that the client has below average intellectual ability he placed on grade IV and gained 5<sup>th</sup> percentile

For personality testing the projective test HFD was administered on the client. On this test the following emotional indicators were revealed poor integration, asymmetry of limbs, transparencies, monster type figure, genitals, no arms, while the invalid emotional indicators were remained vacant eyes, broken lines, teeth shown, and joints shown. These indicators reveal fearfulness insecurity somatic tendencies, hopelessness, aggressiveness emotional disturbance, anxiety, sexual conflicts, regression, conflicts, inadequate feelings, psychotic tendencies.

The TAT indicates that attention seeking behavior, striving for existence, need for power and superiority ,sexual conflicts need of aggression, confusion, indecisiveness, low self esteem, reaction, need for sexual interaction, need for nurturance formation, conflict between id and ego were the main components of the client's were indicating thought this test.

The client medical history shows that he was born normal and he has not any medical history in the past. The client's present illness shows the client has not any authority in home environment, his wife is much dominant in family, and he lives in joint family system. He is neglected by his kids. His mood remained depressed in all the time in home. He always quarrels with his wife and his elder son. He is much worried about the well furnished home. Due to this

reason he always quarrels and shows aggression with his family members. Some time he thinks that his life is fully aimless. He is facing this problem from the last fifteen years. The client's family history indicates that he belongs to a middle class family. He lives in joint family system. His elder brothers also live in the same house. The client has much little space for his family in his house. He has five siblings, and four children, all are adult and working their own profession. His daughter work in fashion designing department of a firm. She wears new fashion, and client dislikes all this activity. His daughter did not obey him. His wife supports her children. Client dislikes all this. He always quarrels with his family members. He has normal relation with his siblings. The client occupational history indicates that he worked as rickshaw driver in the past and in these days he is performing his duties in a mosque as moazun, he is also performs the duty of giving the bath to the dead bodies. He has respect in Mohall a, but form the home environment he is dissatisfied. He is much worried about his future. The client is much religious, he sys proclaim (Azan) five times in the day in the mosque. He performs free of cost his duty to wash the dead bodies of the Muslim. He is of the view that such type of deed will support him in the time of hereafter. The client educational history indicates that he has not got any formal education.

The client sexual and matrimonial history indicates that he has not best relations with his spouse, his wife has dominant role. He has sexual urges but in this perspective his wife did not cooperate with him. Due to this reason client always feels irritation and aggression. The client's drug history indicates that before 1980 he suffered in alcohol drinking. He drank round about tow times daily.

### **Tentative Diagnosis**

AXIS 1	296.2x	Dysthymic Disorder
	300.81	Somatization disorder
AXIS 11	301.9	Personality Disorder NOS
AXIS 111		Not Diagnose
AXIS 1V		Not Diagnose
AXIS V	GAF	current 31

## **Prognosis**

The client has a little bit insight about his problem. With full concentration, proper attention and treatment and with family cooperation he can overcome his problem.

## **Recommendations**

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

1. Cognitive behavior therapy
2. Rational behavior therapy
3. Emotional catharsis.
4. Behavior therapy
5. Family therapy

## **Summary**

Mr. Liaqat referred to psychology department OPD with his elder son with worried mood and consulted the psychiatric department for recommendations. Client born normal in middle class family. He has sons and daughter. He is important less in his family. He has not best relations with his kids and as well as with his wife. He shows much aggression to his family members. He is working as moazun in a local mosque. He is also performing the duty of body washing of dead bodies. He has insomnia and suspiciousness tendency. He has also some somatic complaints. The psychological test battery applied over the patient. The results of these test and intake clinical interview, and presenting complaints as well as mental state examination shows that the client is suffering from depression with psychotic symptoms. The client is not much self motivated. The sessions of psychotherapy are going on. The client is improving himself. The family of client is also giving sessions in this regard. The client is cooperative. In this way he can improve himself.

## **Psychotherapeutic Sessions**

### **Session 1-4**

During these sessions a deep rapport was built with the client with showing unconditioned regard to the patient. First the patient showed hesitation and withdrawal to share his problem but with reinforcement and empathy he looked confident and shares some of his problem. He was confused about his sharing of problem. He was made assured that his all types of information will be kept in confidential. Tried to keep him confident and relaxed. So after that he feels comfortable and discussed about his problems. He was realized that psychologist has better understanding about his problems so be comfortable and tell all of his problems. After it the catharsis technique was applied on the patient the different negative thoughts which were laying in the mind of patient were given chance to come out from the patient's mind. He was asked that say each and every thing which you have about your family, about your occupational and other aspects of personality which are becoming the source of your illness and you think that such aspects are creating irritation in your self. The cognitive psychotherapy was applied on the patient. He was said that all type of problem which you are facing at this time is created by your own misperception and misunderstandings which you thought in yourself. You should come to under stand that your family members and especially your sons and especially your daughter which is working in ad advertising agency if she wears modern dress it is the requirements of her department and you should realize that only your daughter wears such type of dress, there are hundred of girl who are working in various departments wear such type of modern dresses. Catharsis technique was applied in these sessions. He was asked to say each and every thing about your family and the element that are considered the elements of your problem.

### **Session 5-10**

During these sessions family therapy was also apply, this therapy is necessary to aware the family members about the patient' feeling and acts. In these sessions tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worries. In these sessions Rational Emotive therapy was applied on the patient. The thoughts which kept in the mind of the patient that he can not do any thing in this world and

he is unable to do. He has lack of potential in himself. He was much annoyed about education. He likes to get further education but a thought set in his mind that he can not write and read. He was realized that you have potentials in yourself you can do each and every thing in this world.. The patient was given home work assignment, under this technique the patient was asked to do good communication with your kids, and the children of the patient was asked that his father has been given an assignment or a task that he will act as a kind father in the family and it is duty of all yours to behave as good children with your fathers. They were also realized that, your father needs your help for the rehabilitation.

In these sessions behavioral techniques were applied on the patient especially reinforcement based technique were applied on the patient. The main purpose of these techniques was to create ability in the patient about his improving the conditions of the patient.

#### **Session 11-17**

During these sessions the above said therapeutic techniques are continued. The client family history indicates that client is living separately. His wife is not well educated. she has not much manners about domestic affairs. Client is not satisfied with his matrimonial problems. Her wife was realized that patient is your husband he has rights over you. It is your ethical duty that pays him full attention and led with him proper matrimonial activities. With your proper attention he can gain good mental health. Relaxation exercise was continued and deep breathing exercises were also applied on the patient.

During these sessions the said therapies were used to explore the patient complexities of his problem and emphasized on the patient relation ship with his family members. During these sessions, it was focused on the social relations of the patient with his wife, parents and siblings. He was avoidant. He was depressed by the attitude of these relations. He was given realization that you should try to under stand the feelings and status of their relatives , and you have rights over your wife and your wife has right over you so you should not try to avoid from the fulfillment of their rights participate in the completion of their rights. The patient was agreed and understands and said that he is feeling well.

**Termination Session**

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

**Comments of Supervisor**

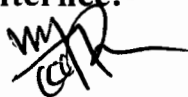
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**Signature of Internee:-**



**Signature of Supervisor:-**



Case No. 9

303.00

Alcohol Intoxication

## Demographic Data

Name of patient	Fayaz Ahmad
Sex	Male
Age	35 years
Education	Primary
Occupation	Zamindari
Marital status	Married
Children	3 (3 sons)
Siblings	4. (3 brothers, 1 sister)
Birth order	2nd
Family structure	joint
Socioeconomic status	Middle
Financial status	Independent
Father's education	None
Mother's education	None
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Faisalabad
Date of assessment	21-08-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Muhammad Fayaz referred to psychiatry department with his mother with somatic complaints and disturb mood, behavior and disturb sleep consulted the psychiatric department for recommendations.

## **Test Administered**

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

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

## **Findings**

On mental state examination the client was appearing, a young man of 35. Apparently he was looking weak with pale face. His mood was low. His behavior was restless, but seemed to cooperative. He was much disturbed. He was complaining different body pains. Due to physical weakness his speech was not clear. Response was not quick. He showed distorted perception thoughts. His orientation about time place and person was not accurate. He was not showing full attention and concentration. For the assessment of intelligence, standard progressive matrices (SPM) were used. The client lies below 5<sup>th</sup> percentile which shows that he is intellectually impaired. On personality test Human Figure Drawing (HFD) shows emotional indicators that are sketchy lines, poor integration, of parts, slanting figure, tiny figure, short arms, genitals, no nose, no mouth, no neck, and these indicators reveals instability, with drawn, over aggressiveness, lack of self control, anxiety, emotional immaturity, impulsivity, closed mind ness, need for security, sexual discomforted, and poor self image.

On Thematic Apperception Test (TAT) the client reveals the need for recognition, depressive tendency, and somatic need, need for nurturance, need for achievement and desire for progress in future were the main aspects of personality.

The client medical history indicates that he has treated himself twice for the treatment of drug addiction. He remained admitted to Ahmad clinic for the treatment of drugs. The history of present illness shows that the client has started his addiction with alcohol with peer pressure his cousins were addicted so he started his addiction with their pressure after two years he has converted himself to heroin and he is taking heroin still now.

The cline's family history shows that his birth remained normal. He belongs to a middle class family. He suffered deeply in family affairs, he stated that he remained prison round about jail he has committed a murder. It was a bitter time for the client. After two years under a contract with

the opponent he bailed out. He has best relations with his siblings. He has normal relations with his spouse. Some time his wife tries to stop him from addiction, and due to these instructions he quarreled with his wife. He is also not satisfied with his sexual. The client, occupational history shows that he has 4 acre of land. He works on this land and earns his source of income. The schooling history indicates that he passed his primary from a local school. His school time was not pleasant; the attitude of the teachers was harsh.

### **Tentative Diagnosis**

AXIS I	203.00	Alcohol Intoxication
	296.90	Mood Disorder NOS
AXIS II		Not Diagnose
Axis III		Not Diagnose
AXIS IV		Problem related to the social environment specify
AXIS V	GAF	Current 51

### **Prognosis**

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

### **Recommendations**

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

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

## **Summary**

Mr. Fayaz referred with his mother for the treatment of drug addiction to psychiatry ward of DHQ Faisalabad with body pains, worried mood and consulted the psychiatry department for recommendations. Client was born normally in a middle class. He started his drug addiction from taking alcohol under peer pressure. After two years he indulged himself in heroin addiction. He remained in jail round about two years over a murder case. He has best relations with his siblings, but not has sound sexual relation with his spouse. Client has body complaints; disturb sleep, lack of appetite, fatigue and general weakness. Client is self motivated, and cooperative. He wants to overcome this problem. The psychotherapeutic sessions are carrying on. He is improving himself. His family is also supporting him. So he can improve himself.

## **Psychotherapeutic Sessions**

### **Session 1-4**

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

During these sessions the behavioral based reinforcement and aversive techniques were applied on the patient. Relaxation training was applied on the patient because the patient has some aggressive tendencies and due to this tendency he has some muscular problems.

In this session behavior therapy was applied on the patient. In this therapy the patient was kept in relaxed state, and also was giving relaxation exercises. He was also taught the deep breathing exercises. And other some specific body movements were conducted under my supervision. After this therapy patient felt comfortable. His fear about he cannot do any thing was reduce. Reinforcement was also giving to the patient in the form of admiration which promotes the client's confidence and create a realization in the patient his problem can be minimized.

### **Session 5-10**

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. He has some negative feelings about his family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express. Due to these techniques the said each and every feeling, his frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced him in making positive behavior. He was realized that it is a poor time for him but he can make it bright.

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world. Try to accept the fact which is going on in this world. Every man in this society has equal importance and is part of society. He should realized that deviation in such type of behavior bring damage ness for the man as well as in human being. Look at the bright aspects of society. Person should move in the society according to it structure. Person should change himself according to required conditions. Darkness creates distress in personality. It leads to troublesome in life. He was giving side effects of these drugs on his body mechanism, he was giving the examples of those people who suffered under through this monster and have destroyed or ruined their future of their self their coming generation. Their status in society family and in their occupation.

### **Termination Session**

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

his problems. He will take better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

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**Signature of Internee:-**



**Signature of Supervisor:-**

**Case No. 10**

**292.89**

**Substance**

**Intoxication**



## Demographic Data

Name of patient	Muhammad Javed
Sex	Male
Age	23 years
Education	Middle
Occupation	zameendari
Marital status	unmarried
Children	3. (3 sons)
Siblings	2. (one brothers, one sister)
Birth order	3rd
Family structure	joint
Socioeconomic status	Middle
Financial status	Dependent
Father's education	None
Mother's education	None
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Chak N0.113, Faisalabad
Date of assessment	16-9-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Javed referred with his cousin to psychiatry ward OPD with body complaints, worried mood, and hopelessness and consulted the psychiatric department for consultation and recommendations.

## Test Administered

For the purpose of psychological assessment following test battery were being used

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

## Findings

On mental state examination the client was appearing young man of 23, physically weak with pale eyes and with worried and depress mood. He showed depressed behavior, but showed attentive behavior and cooperation. He maintained proper eye contact and facial expression were sad. During the interview session he was uncomfortable. His speech was low. Volume of speech was low. Response time was not much quick. He showed not accurate perception and thoughts. His orientation about time, place, and person was not accurate. His memory was normal. He remembered all of his experience at home, school.

To assess the neurological Sison Drawing Coordination Test was applied on the patient. The result reveals that he is having normal neurological coordination. For the assessment of intelligence the Standard Progressive Matrices was being used on the client. The client gain less than 10<sup>th</sup> percentile which indicates that the client is intellectually below average.

On personality assessment the Human Figure Drawing test used on the client. This test shows the following emotional indicators that are sketchy lines, tiny head, less than five fingers, omission of neck, poor integration, poor self image, feet cut off. figure on one side of the paper, these indicators reveals fearfulness, insecurity feeling, conflict, helplessness, immaturity, poor inner controls, and emotional disturbance,

The client medical history shows that he has been taken treatment from Dr. Yasin Mumtaz before coming this ward.

The client history of present illness shows his mother died round about two years ago, and then he was in prison due to a dispute. His mothers died during his prison time, and he could not attend the funeral procession. This incidence discouraged him, so he became disappointed, sad and depressed. When he released on bail he started to take drugs, his peer asked him that drug can help u to come out from this trauma. The client started heroin as a drug.

The client family history indicates that he belongs to a middle class family. All his brothers are married and are living separately. All his brothers hate him due to addiction. They do not support him. His mother loved him. Now he is alone, and the only companion is drug.

As the educational history is concerned the client has middle as education. The school time was not good. He was not a good student in his school age.

The attitude of the teacher was not good. They punish him harshly. He has not much good memories about his school days.

### **Tentative Diagnosis**

AXIS I	292.89	Substance intoxication
	296.90	Mood Disorder NOS
AXIS II		Not Diagnose
Axis III		Not Diagnose
AXIS IV		Problem related to the social environment specify
AXIS V	GAF	Current 51

### **Prognosis**

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

### **Recommendations**

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

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

## **Summary**

Mr. Javed referred to psychiatry department OPD as the mother of the client with depressed mood about the client's behavior and consulted the psychiatric department for recommendations. Client was born normal in a middle class family. He was badly weak has body pains. He was much worried about his mother death. He loves very much with his mother. He was also worried about this drug addiction. The client was self motivated and cooperative. The psychotherapeutics sessions are going on. The client is improving himself.

## **Psychotherapeutic Sessions**

### **Session 1-5**

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

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. He has some negative feelings about his family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express. Due to these techniques the said each and every feeling, his frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced him in making positive behavior. He was realized that it is a poor time for him but he can make it bright.

### **Session 6-11**

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world. Try to accept the fact which is going on in this world. Every man in this society has equal importance and is part of society. He should realized that deviation in such type of behavior bring damage ness for the man as well as in human being. Look at the bright aspects of society. Person should move in the society according to it structure. Person should change himself according to required conditions. Darkness creates distress in personality. It leads to troublesome in life. He was giving side effects of these drugs on his body mechanism, he was giving the examples of those people who suffered under through this monster and have destroyed or ruined their future of their self their coming generation..

### **Session 12-15**

During these sessions the family therapy was also applied on the patient. His wife was given realization that his husband has some psychological problems. He needs your help, you should try to avoid from creating any conflict with his husband. Give him equal importance and respect and regard to you husband. She was asked that you can play a significant role in the rehabilitation in her husband's recovery.

### **Termination Session**

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

his problems. He will take better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

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**Signature of Internee:-**



**Signature of Supervisor:-**

**Case No. 11**

**300.11**

**Conversion**

**Disorder**

## Demographic Data

Name of patient	Waheeda
Sex	Female
Age	20 years
Education	Middle
Occupation	None
Marital status	unmarried
Siblings	7. (3, brothers, 4, sister)
Birth order	2nd
Family structure	joint
Socioeconomic status	Lower middle
Financial status	dependent
Father's education	zamindari
Mother's education	none
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Chak N0.483 khidar wala Faisalabad
Date of assessment	20-9-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Miss Waheeda referred to psychiatry department with his mother with respiratory and neck tightness, tension and muscular rigidity, and consulted the psychiatric department for recommendations.

## Test Administered

For the neuropsychological assessment following methods were being used

1. SI soon Drawing Coordination Test



2. Human Figure Drawing test
3. Thematic Apperception Test
4. Standard Progressive Matrices

## Findings

On mental state examination the client was appearing a teenage of 20 years. Apparently she was normal height and health was also good. She showed restless behavior, did not showing full attention behavior and cooperation. He did not maintain proper eye contact and facial expression were not much normal. During interview session she was uncomfortable. Her speech was not clear. Volume of speech was not much normal. Response time was not quick. Her perception and thoughts were not normal. Her orientation about time, place and person was not accurate. Her memory was normal. Her insight was not bright and was not fully aware about her problem

For assessment of intelligence Standard Progressive Matrices was used. The test shows that has below 5<sup>th</sup> percentile which, shows that she is intellectually impaired and I.Q is 77.

To assess the neurological assessment Sloan Drawing Coordination Test was used. The test shows that client has neurological problem.

On personality test Human Figure Drawing Test shows emotional indicators that are omission of feet, internal body organ, tiny figure, poor integration, poor self image, and these indicators reveals fearfulness insecurity, poor inner self control, regression.

On Thematic Apperception Test (TAT) the test indicates that the need for attention seeking behavior, conflict, need for dominance, need for sexual urges, need for aggression.

The client's family history shows that Miss Waheeda was brought up in a rigid family system where religious values were prevailed. She has 7 siblings consisted on 3 brothers and 4 sisters. Her birth order is 2<sup>nd</sup>. She has normal relations with her siblings. Her mother is caring lady. She loves her very much.

The pre morbid personality of the client indicates that she is very sensitive and has complexes from childhood. She has jealousy with her siblings from his child hood. She often thinks that she has not given proper attention as compared to her other siblings.

The client medical history reveals that she remained admit at the age in of six in a private hospital at Faisalabad.

The client's history of present illness shows that one year before one day she was sitting on the roof of her house suddenly she heard the voice of some unknown things. They were talking with her and saying to her that she has got some divine forces. She can do each and every thing in the world. After that his arms and body become rigid. Saliva came out from her mind. She began to feel body pains in herself. She used high potency drugs for such pain but the pain could not be controlled.

The educational history of the client indicates that she has got education up to 8<sup>th</sup> class in local middle school. Her time of schooling was not remained pleasant. She was not a good student in her schooling age.

### **Tentative Diagnosis**

AXIS I	300.11	Conversion Disorder
	302.71	Sexual desire disorder
AXIS II		Not Diagnose
AXIS III		Not Diagnose
AXIS IV	GAF	Current 31

### **Prognosis**

The client is not fully in sighted about her problem, but with full concentration and treatment, she can overcome her problem

### **Recommendations**

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

1. Relaxation exercises
2. Emotional catharsis
3. Cognitive behavioral therapeutic technique
4. Family therapy

## **Summary**

Miss Waheeda referred to psychiatry department OPD with her mother with somatic pains, restlessness, and irrational mood, discomfoted, and consulted the psychiatric department for recommendations. Different psychological test were administered on the client and calculate their results. The psychotherapeutic sessions are going on the client. The client is improving herself. She is cooperating and motivated, and hopes she will over come her problem.

## **Psychotherapeutic Session**

### **Session 1-5**

During these sessions positive relation ship (rapport) was built. At the beginning of the sessions she was in with drawl and hesitating to share her problem but giving some empathy she looked confident and shares her some problem. She was confused about her sharing problem. She was made assured that her information will be confidential. Tried to keep her confident and relax. So after that she feels comfortable and discussed about her worries and problem. She introducers herself in detail and provides all information about her problem. In these sessions she was realized that psychologist has better understanding about her problem so be comfortable and tell all of her problems. She was assured that psychologist is a well wisher of her. She believes and discusses more about herself. She was made assured that psychologist gave her a better solution for her problem. The catharsis technique was applied on the patient the different negative thoughts which were laying in the mind of patient were given chance to come out from the patient's mind. She was asked that say each and every thing which you have about your family

### **Session 6-10**

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. she has some negative feelings about her family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express: Due to these techniques the said each and every feeling, her frustration, in detail to me. This creates relaxed position in the patient. Such

techniques reinforced her in making positive behavior. She was realized that it is a poor time for her but she can make it bright.

During these sessions family therapy was also apply, this therapy is necessary to aware the family members about the patient' feeling and acts. In these sessions tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worries.

#### **Session 11- 16**

In these sessions cognitive behavior therapy was also applied on the patient and she was realized that this world is not against him. She provides help to those persons who make effort for their self. You should not think in this way that no one help him. The other phenomena that you can not do any thing or you have not any potential in her. The patient was asked that you have lot good qualities in yourself. You can do each and every thing for your future but the only thing is that you have to take an initiative and took a step a head for your future. You can get more education, you can get good job for your survival. During these sessions family members were also involved in this connection. They were asked that they should support the patient in home environment. With your proper 'support he can over come his problem. The patient was realized that you have importance in your family. She was also assured that her family loves her; she was made assured that she is essential for her parents. She got realization about her value for his parents and others. She understands. She was relaxed and felt very light.

#### **Session 17-19**

During these sessions the family therapy was also applied on the patient. Her parents were given realization that her daughter has some psychological problems. She needs your help, you should try to avoid from creating any conflict with her daughter. Give her equal importance and respect and regard to your daughter. She was asked that you can play a significant role in the rehabilitation in her daughter's recovery.

## Termination Session

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

## Comments of Supervisor

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Signature of Internee:-



Signature of Supervisor:-

**Case NO.12**

**292.89**

**Substance**

**Intoxication**

## Demographic Data

Name of patient	Nasir Abass
Sex	Male
Age	36ears
Education	Middle
Occupation	zamindari
Marital status	Married
Siblings	7. (2 brothers, 5 sister)
Birth order	6th
Family structure	joint
Socioeconomic status	Middle
Financial status	Independent
Father's education	zamindari
Mother's education	none
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Chak N0.Jhumara Faisalabad
Date of assessment	13-10-09
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Nasir Abass referred to psychiatry ward OPD with his younger brother with restlessness and with drawl conditions and consulted the psychiatric department for recommendations.

## Test Administered

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

1. Mental state examination
2. Slooson Drawing Coordination Test

3. Standard Progressive Matrices
4. human figure drawing test

## **Findings**

On mental state examination the client was appearing 36 years of a young man. Apparently he has not sound health. He showed restless behavior, showed full attentive behavior and cooperation. He proper maintained eye to eye contact, and facial expressions were sad and depressed. His perception and thoughts were normal. 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 younger brother and asking who is he?). He showed full attention and concentration. His memory was normal. 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 SI soon Drawing Coordination Test was used. The test shows that client has not neurological problem.

For assessment of intelligence Standard Progressive Matrices (SPM) was used. The client lies at 50th percentile which shows that the client is having average intellectual ability.

For personality assessment Human Figure Drawing Test shows emotional indicators tiny figure, tiny head, armless, omission of feet, poor integration of body parts, no mouth, no nose, reveals that the fearfulness, general instability, poor self concept, depression, helplessness, immaturity, somatic and impulsivity, poor self control.

The client medical history shows that client has been suffering from T.B disease since the last two years and he remained under treatment. Now he is full recover from this disease.

The client family history shows that he has seven siblings consisted on five sisters and two brothers. His relations with his siblings remained normal in the past, but after taking drugs his siblings especially his brothers hate him and are non cooperative. His birth remained normal. His father is died and his mother is alive. His mother loves and cares him. She gives him money for addiction. Client matrimonial history is not satisfactory. He has beaten many time his wife over addiction. He wants to get the ornaments of his wife for drug purchasing, but she refused this act over this he beat his wife. He has only one son who is school going.



The history of present illness of the client is that he stated drug addiction under peer pressure. For this purpose his peers gave him some dozes of drugs free and after he got drugs with money. For this purpose he stole many things from his home.

The school history of client is not satisfactory. He passed only middle form a local high school. He dislikes his teacher because they were cruel and harshly punish him in school time.

The work history of the client shows that he has only 5 acre land, he himself cultivate on this land and get his earning, but due to drug dependency he is not giving proper attention to his cultivations.

### **Tentative Diagnosis**

AXIS I	292.89	Substance intoxication
	296.90	Mood Disorder NOS
AXIS II		Not Diagnose
Axis III		Not Diagnose
AXIS IV		Problem related to the social environment specify
AXIS V	GAF	Current 51

### **Prognosis**

The client is fully in sighted about his problem, but with full concentration and treatment he can overcome his problem

### **Recommendations**

On the basis of psychological assessment and clinical intake interview following psychotherapeutic techniques are recommended for the treatment of the problem

1. Emotional catharsis
2. Cognitive behavioral technique
3. Behavioral therapeutic technique
4. Family therapy

## **Summery**

Mr. Nasir Abass referred to psychiatry department DHQ Faisalabad, wit his younger brother with body complaints depressed and worried mood and consulted the clinical psychologist for recommendations. Different psychological test are administered on the client who reveals different neurological, mental and psychological aspects of personality of the client. The client is self motivated a and cooperative. The psychotherapeutic sessions on the client are still carrying on. The client is improving himself. His family is also giving family counseling for the support to the client.

## **Psychotherapeutic Sessions**

### **Session 1-4**

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

During these sessions the behavioral based reinforcement and aversive techniques were applied on the patient. Relaxation training was applied on the patient because the patient has some aggressive tendencies and due to this tendency he has some muscular problems.

In this session behavior therapy was applied on the patient. In this therapy the patient was kept in relaxed state, and also was giving relaxation exercises. He was also taught the deep breathing exercises. And other some specific body movements were conducted under my supervision. After this therapy patent felt comfortable. His fear about he cannot do any thing was reduce. Reinforcement was also giving to the patent in the form of admiration which promotes the client's confidence and create a realization in the patient his problem can be minimized.

## **Session 5-10**

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. He has some negative feelings about his family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express. Due to these techniques the said each and every feeling, his frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced him in making positive behavior. He was realized that it is a poor time for him but he can make it bright.

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about his life, his role in society. He was in sighted that his future is precious for his parents, for his nation as well as for himself. He should change his mood and try to probe into the reality of world. Try to accept the fact which is going on in this world. Every man in this society has equal importance and is part of society. He should realized that deviation in such type of behavior bring damage ness for the man as well as in human being. Look at the bright aspects of society. Person should move in the society according to it structure. Person should change himself according to required conditions. Darkness creates distress in personality. It leads to troublesome in life. He was giving side effects of these drugs on his body mechanism, he was giving the examples of those people who suffered under through this monster and have destroyed or ruined their future of their self their coming generation. Their status in society family and in their occupation.

## **Termination Session**

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

his problems. He will take better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

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**Signature of Internee:-**



**Signature of Supervisor:-**

**Case NO.13**

**300.11**

**Conversion**

**Disorder**

## Demographic Data

Name of patient	Sumaira Naureen
Sex	Female
Age	25ears
Education	intermediate
Occupation	house hold
Marital status	unmarried
Siblings	None
Birth order	1st
Family structure	joint
Socioeconomic status	Middle
Financial status	dependent
Father's education	Business
Mother's education	House wife
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Razaabad, Faisalabad
Date of assessment	29-08-09
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Miss sumaria Naureen referred to psychiatric department OPD with her mother with headache, restlessness irritable mood and muscular pains and behavior disturbance and consulted the psychiatric department for recommendations

## **Test Administered**

For neuropsychological assessment the following test battery are administered on the client.

1. Standard Progressive Matrices (SPM)
2. Beck Depression Inventory (BDI)
3. Human Figure Drawing Test (HFD)

## **Findings**

On mental state examination the client was appearing a young girl of 25 years. Apparently she was keeping normal health. She showed restless behavior, should less attentive behavior. Her facial expression was normal. During interview session she was not much comfortable. Her speech was normal. Response was quick. Her perception and thoughts were normal. Her orientation about time place and person was normal, as she was able to tell about the time, place, and person when she was asked about what is time, date, and the person who was with her?

Her memory was normal. She remembered all of her experiences at home, school, and college. To assess the psychological assessment the different psychological tests were administered on the client.

For the assessment of intelligence standard progressive matrices was used. The test shows that client gain 25<sup>th</sup> percentile on this test which reveals that the client is average below intellectual ability.

On Beck Depression Inventory the client gain 36 score which indicates that the client has sever depression.

On personality testing Human Figure Drawing, shows emotional indicators that are, poor integration, asymmetry of limbs, big hands, vacant eyes, open mouth, emphasize on hair, ear emphasize, and open arms, indicates the pessimism, socially withdrawal opposite sex viewed, aggression need for autonomy was revealing in the client.

The client medical history reveals that she has been suffered from the last 8 years in the disease of TB, but with consecutively remaining under the treatment, she is now fully recover, but any illness in the family is not found.

The family history of the client indicates that she is the only one child of her parents. His father has business and her mother is house wife. Both love her. Her relations with her other relatives

is normal. Two or three time her parents quarrel on the issue of the client marriage, because mother likes to marry her with her nephew while father likes to marry her daughter in his relatives. This situation has depressed the client.

The history of present illness started fifteen days ago, when client was sitting in his room; suddenly sever pain in head accurate once. From this day sever headache and nausea occurs two or three times frequently in a day. She loosed her concentration, some fear about something happening with her occur frequently.

The history of schooling indicates she has passed intermediate successfully. Her school time was remained normal; she has good memories about her school days. All the teachers like her and regard her. She likes education but her parents stops her education due to family pressure.

### **Tentative Diagnosis**

AXIS I	300.11	Conversion Disorder
	296. XX	Major depression
AXIS II		Not Diagnose
AXIS IV		Problem related to the social environment specify
AXIS V	GAF	Current 51

### **Prognosis**

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

### **Recommendations**

On the basis of psychological assessment and clinical intake interview following recommendations are need for the treatment of the problem

1. Emotional catharsis
2. cognitive behavioral therapy
3. Family therapy



## **Summary**

Miss Sumair Naureen referred to her mother in worried, confused, and restless behavior and consulted to psychiatric department for recommendations. Client was born normal; she is the only one child of her parents. Different psychological tests administered on the client and calculate the results, clinical intake interview, mental state examination the client was found she is suffering from dissociated with depression symptoms. Therapeutic session is going on. The client is self motivated. She is cooperative and her family is supporting her. She is improving herself.

## **Psychotherapeutic Sessions**

### **Session 1-5**

During these sessions positive relationship rapport was built. At the beginning of the sessions she was withdrawn and hesitating to share her problem but giving some empathy she looked confident and shares her some problem. She was confused about her sharing problem. She was made assured that her information will be confidential. Tried to keep her confident and relax. So after that she feels comfortable and discussed about her worries and problem. She introduced herself in detail and provides all information about her problem. In these sessions she was realized that psychologist has better understanding about her problem so be comfortable and tell all of her problems. She was assured that psychologist is a well wisher of her. She believes and discusses more about him. She was made assured that psychologist gave her a better solution for her problem. The catharsis technique was applied on the patient the different negative thoughts which were laying in the mind of patient were given chance to come out from the patient's mind. She was asked that say each and every thing which you have about your family

### **Session 6-10**

During these sessions behavior therapy and emotional catharsis techniques were applied on the client. Reinforcement technique in the form of praise, good attitude and relaxation exercises were applied for behavioral change. She has some negative feelings about her family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about his relatives express. Due to these techniques she said each and

every feeling, her frustration, in detail to me. This creates relaxed position in the patient. Such techniques reinforced her in making positive behavior. she was realized that it is a poor time for her but she can make it bright.

During these sessions family therapy was also apply, this therapy is necessary to aware the family members about the patient' feeling and acts. In these sessions tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worries.

### **Session 11- 16**

In these sessions cognitive behavior therapy was also applied on the patient and she was realized that this world is not against him. She provides help to those persons who make effort for their self. You should not think in this way that no one help her. The other phenomena that you can not do any thing or you have not any potential in her. The patient was asked that you have lot good qualities in yourself. You can do each and every thing for your future but the only thing is that you have to take an initiative and took a step a head for your future. You can get more education, you can get good job for your survival. During these sessions family members were also involved in this connection. They were asked that they should support the patient in home environment. With your proper support he can over come his problem. The patient was realized that you have importance in your family. She was also assured that her family loves her; she was made assured that she is essential for her parents. She got realization about her value for his parents and others. She understands. She was relaxed and felt very light.

### **Termination Session**

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of sensitivity. It is a process of ending the therapeutic relationship. It is difficult for patient to accept it at once but after some better realization he got it and understands bout it. But during the session patient develop some transference. He was realized during the therapies session that it is a professional relationship and nothing. Son in the termination of the session he was aging realized that I, am his psychologist or therapist. He was made assured that psychologist always

available for him if he has some problems. He was also made assured that he could contact for his problems. He will take better solution for his problems. Patient felt anxious at the start but after description he felt comfortable and he realized about the patient or psychologist relationship.

**Comments of Supervisor**

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**Signature of Internee:-**



**Signature of Supervisor:-**

# **Case NO.14**

309.24

Adjustment  
Disorder with  
Anxiety

## Demographic Data

Name of patient	Rehana Afzal
Sex	Female
Age	14ears
Education	8th
Occupation	None
Marital status	unmarried
Siblings	5. ( 2 sisters, 3 brothers)
Birth order	4 <sup>th</sup>
Family structure	joint
Socioeconomic status	upper class
Financial status	dependent
Father's education	Doctor
Mother's education	teacher
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Rehman city, Faisalabad
Date of assessment	10 -08-09
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Miss Rehan Afzal referred himself with his mother to psychiatric ward OPD with low mood, headache, nausea, and macular restlessness, consulted the psychiatry department for recommendations

## Test Administered

The following test battery was administered for the assessment of the client

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

## Findings

On mental state examination the client was appearing a teen age of 14 years. Apparently she was looking confused, worried, low mood, restlessness, body macular tension. She showed restlessness, and showed full cooperation. She did not maintain eye to eye contact, and facial expression was sad. During interview session she was uncomfortable and shy. Her speech was not much clear. Volume of speech was low. Response time was not quick. Her perception and thoughts were normal. Her orientation about time, place, and person was normal when she was asked about running time date and the person who was with her. Her memory was good. She remembered all his experiences at home, and school. She was fully insight oriented.

For the assessment of intelligence Standard Progressive Matrices was used. The test showed that the client gain 50<sup>th</sup> percentile which indicates that the client has an average I.Q level.

On the personality testing, the Human Figure Drawing test was administered on the client, shows emotional indicators that are shading face, tiny figure, short arms, no mouth, music instrument, these indicators reveals socially with drawn, aggression, manifestation of anxiety, low self esteem, conflicts, preoccupation of sexual fears, romantic feelings and lack of energy.

On personality test TAT, reveals that attention seeking behavior, need for nurturance, need for aggression, conflict, un known fear were the dominant aspects of personality.

The client medical history indicates that the client has not any medical history, in spite of an accident faced the client six months ago when she was coming back from the school on motor cycle with her brother when her bike struck against a car and she was lightly injured and after few day she fully recovered.

The client family history indicates that she lives with her parents with her two sisters and three brothers. They lived in joint family system. Her father is an MBBS doctor and her mother

worked in a local teacher. Parents are cooperative with each others. They gave her full attention. Her sister is cooperative to her but some time she becomes aggressive. Client is much disturb about her attitude. Her sister knows some secrets of the client; she threatens the client often that she will disclose the whole secret of the client. This threat makes the client depressed.

The history of school indicates that client is very good student of her class. She passed her six and seventh class in a one year and now she is in class 8<sup>th</sup>. She reads in co educational institution, she like her class mate and she fell in his love. Her class fellow has left this school two month ago and not gave him his contact, this action of her beloved make him depressed and she is confused from the last two months. This secret is known by her sister and she threatens her much time about the love story of that boy with her sister to parents. Due to this incidence she has lack of sleep and loss of appetite. Her teacher likes her very much and she is considered the best student of her class. She stood first in her class last year and won a prize over this success. Her other class fellows male and female tease her on her love story. All this make her much disturbs. She is losing her confidence and can not maintain her eye to eye contact with her fellows.

The client history of present illness reveals that her problem of illness started from the last two month, when her dear class fellow Natasha got angry with her. She loves her very much and she is not speaking with her, it makes her worried and depressed, I shared my every problem with her. So I m much upset about her attitude and over this the attitude of my sister also make me disturb.

### **Tentative Diagnosis**

AXIS 1	309.24	Adjustment disorder with anxiety
AXIS 11	301.6	Dependent personality disorder
AXIS 111		Not Diagnose
AXIS 1V		Not Diagnose
AXIS V	GAF	Current 51

## **Prognosis**

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

## **Recommendations**

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

1. Rational emotive therapy
2. Emotional catharsis
3. Cognitive behavior therapy
4. Family counseling

## **Summary**

Miss Rehana Afzal referred to psychiatric department OPD with her mother with low mood and worried ness, and consulted the clinical psychologist for recommendations. Client was born normal, and she is good student. She reads in class 8<sup>th</sup> and in co education system. She has not best relations with her class mate and with her sister, she is much worried from his sister, she is also depressed over the departure of her beloved class fellow to other school. The said psychological test battery was applied on the client and gets its results which reveal the aspects of the client. The psychotherapeutic session on the client are carrying on. She is self motivated and wants to improve herself. During sessions she is improving her self.

## **Therapeutic Sessions**

### **Session 1-5**

During these sessions positive relation ship rapport was built. At the beginning of the sessions she was with drawl and hesitating to share her problem but giving some empathy he looked confident and shares her some problem. She was confused about her sharing problem. She was made assured that her information's will be confidential. Tried to keep her confident and relax. So after that she feels comfortable and discussed about her worries and problem. She introducers



herself in detail and provides all information about her problem. In these sessions she was realized that psychologist has better understanding about his problem so be comfortable and tell all of her problems. She was assured that psychologist is a well wisher of her. He believes and discusses more about her. She was made assured that psychologist gave her a better solution for her problem.

### **Session 6-10**

During these sessions emotional catharsis techniques were applied on the client. She has some negative feelings about her family members, so for the removing of such feeling the patient was asked to say each and every positive or negative feeling that have about her relatives express. Due to these techniques the said each and every feeling, her frustration, in detail to me. This creates relaxed position in the patient. She was asked that she should told each and every thing which is related to her school, her colleagues, and about your sister. She expressed each and every thing in detail. Such technique creates calmness in the patient. She was relaxed in these sessions.

Special sessions were taken by her sister and she was realized that her sister is psychologically disturbing patient so give her proper attention. She was also taught that how to deal with patient. In this therapy realized that she can play a very important role in the patient life. So she to modify her own behavior for the healthier personality of patient. Also realized her that patient has a strong desire to get her attention or love and told her that she should be needed to develop a caring behavior toward the patient.

### **Session 11-15**

During these sessions cognitive psychotherapy was applied on the patient. She was given some insight about the family set up. She was told that your family members are not against you. Your sister is you're really sister and she will never disclose your secrets. You should be reliable over her. She was also given insight that it is our system that many of your colleague come and go during school day, so you should realize that it is our system so do not become disturb over the departure of your class fellow.

During theses session her father was also called and he was asked who was doctor that he should take full attention to your daughter. The mother was also convinced that she should go to

patient's school and meet the Nitasha who is the class fellow of patient, and has cut off with the patient. She was asked that try to make help in creating again friendship with Nitasha

### **Session 16-20**

During these sessions some insight oriented approaches were applied on the patient. Insight was oriented about her life, her role in society. He was in sighted that her future is precious for her parents, for her nation as well as for him. He should change her mood and try to probe into the reality of world. Try to accept the facts which are going on in this world. Every man in this society has equal importance and is part of society. He should realized that deviation in such type of behavior bring damage ness for the man as well as in human being. Look at the bright aspects of society. Person should move in the society according to it structure. Person should change himself according to required conditions. Darkness creates distress in personality. It leads to troublesome in life. She was giving side effects of these drugs on his body mechanism, she was giving the examples of those people who suffered under through this monster and have destroyed or ruined their future of their self their coming generation.

### **Termination Session**

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

**Comments of Supervisor**

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**Signature of Internee**



**Signature of Supervisor:-**

**Case No.15**

**296XX**

**Major Depression**

## Demographic Data

Name of patient	Muhammad Sattar
Sex	Male
Age	30ears
Education	8th
Occupation	None
Marital status	unmarried
Siblings	6. (3 sisters, 3 brothers)
Birth order	3rd
Family structure	joint
Socioeconomic status	Middle class
Financial status	Dependent
Father's education	Business
Mother's education	House wife
Language known	Urdu
Mother's tongue	Punjabi
Religion	Islam
Address	Nankana sahib
Date of assessment	24-11-2009
Name of psychologist	M. Akbar karim
Referral source	Fatima ward (DHQ), Faisalabad

## Reason for Referral

Mr. Sattar referred himself with his brother to psychiatry department OPD with backache, nausea vomiting, restlessness, abusive, and depressed mood and consulted the clinical psychologist for consultations and recommendations

## Test Administered

For the purpose of psychological assessment the following test

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

## Findings

On mental state examination the client was appearing a young man of 30 years. He showed restless behavior, the facial expression was sad, shivering, and fatigue was looking from the face of the client. He was looking semi coma. During interview he seemed uncomfortable. The volume of speech was very low. The speech was not clear. Repose time was not much quick and was using abusive language. He showed distorted perception or thoughts. His orientation about time, place, and person was not normal. He showed least attention and concentration. His memory was not good. He was unable to remember all of his experiences at home school. His insight was not bright about his problem.

For the assessment of psychological aspects of personality the above said psychological test were applied on the client.

For the assessment of intelligence Standard Progressive Matrices (SPM) was use the client lies below 5<sup>th</sup> percentile which shows that he is intellectually impaired and I.Q was 70.

For personality test Human Figure Drawing (HFD) show emotional indicators that are big picture, tiny head, poor, integration, no arms, no feet, no legs, no neck, fatty drawing, monster type picture, these indicators reveals psychotic features in the client.

On Slooson Drawing Coordination Test indicates that the client has some neurological impairment, he gained score on this test 09.

The client medical history indicates that the client suffered round about two years ago in the disease of meningitis due typhoid fever, he remained admit in district head quarter hospital round about 3 weak, and after this time he recovered himself.

The history of present illness started one weak ago when he went for a domestic work and there he fell on the ground and fall in to coma. Then he was taken to a medical officer he gave him medicines. After this incidence different thoughts occur in his mind. Ideas about suicides occur in his mind frequently. He was asked to check himself to a psychologist or psychiatrist.

The family history of the client indicates that he 6 siblings consisted on three sisters and three brothers. They are living together and have good relations with one another. His parents are much caring and they look after every member of family in good manners.

The educational history shows that his school was not good. The attitude of the teachers was not good. Often he was beaten by his teachers. He was not a good student in his school time. He was a good sports man. He was the member of school foot ball team. Once he was injured in a match. It was a tragic incidence of his school age.

### **Tentative Diagnosis**

AXIS I	296xx	Major Depression
	295xx	Schizophrenia
	300.19	Factitious Disorder
AXIS II		Not Diagnose
AXIS III		Not Diagnose
AXIS IV		Problem related to the social environment specify
AXIS V	GAF	Current 51

### **Prognosis**

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

### **Recommendations**

On the basis of neuropsychological assessment and clinical intake interview following therapeutic recommendations are need for the treatment of the problem.

1. Behavior psychotherapy
2. Social skill training
3. Emotional catharsis
4. Family therapy

## **Summary**

Mr. Sattar referred to psychiatry department OPD with his brother of the client with worried and disturb behavior, and consulted with the clinical psychologist. Client has aggressive behavior and have body complains. Suspiciousness and suicidal thoughts occurred frequently in the minds of the client. Different psychological tests are administered on the client who reveals the different shades of the client's personality. The family is much disturb and worried about the situation of the client. The client is not much motivated and not much cooperative. The psychotherapeutic sessions are going on. It is hoped that the client will improve himself in future.

## **Therapeutic Sessions**

### **Session 1-5**

In these sessions deep rapport was built with unconditional positive regard and empathy towards the patient, which remained very helpful in developing a good rapport. At the beginning of the session the patient was asked to share his problem. But patient was in the form of with drawl and hesitating. But with some reinforcement and empathy he shared some information's. He was looking afraid his speech was loudly and he has some understanding about world. He was treated with care and love. He was looking worried. But used token economy technique. He gives me some little bit information. He introduces him self in detail and told about his family. He told detail about his illness.

In these sessions behavioral techniques were applied on the patient especially role playing technique and reinforcement based technique were applied on the patient. The main purpose of these techniques was to create ability in the patient about his improving the conditions of the patient. This therapy was applied on the patient because the patient has not better hygiene conditions. He has not awareness about cleanness. But with the application of this therapy he tried to keep himself clean. When applying this therapy he was attentive and listening care fully. So these therapies were very effective in improving patient condition.

### **Session 6-10**

During these sessions patient was very attentive. He has better understanding. His attitude was positive and he was looking serious about to become a healthier person. He was interested to



make specific behavioral changes that make his personality healthier. The patient was needed behavior therapy. It is related to social training in its distinctly behavioral approach to training depression. It involves from the empirical findings of a component analysis study. It involves to compare the normal people with the problematic person or if the problematic person show positive behavior than he is reinforced for his positive or good behavior. Behavioral therapy used to realize patient that his behavior is not normal. He was suggested that he needs to change his behavior. He was encouraged to take healthy steps for healthy life and described a normal personality of him that is very useful to realize him

### **Session 11-17**

In these sessions there were try to realized the patient that this world is not against him. He provides help to those persons who make effort for their self. You should not think in this way that no one help him. The other phenomena that you can not do any thing or you have not any potential in her. The patient was asked that you have lot good qualities in yourself. You can do each and every thing for your future.. During these sessions family therapy was also apply, this therapy is necessary to aware the family members about the patient' feeling and acts. In these sessions tried to get patient's confidence and encouraged him to be happy and relax. He was also encouraged to discuss all of his problems and worries. He was also given insight that the people of your village are not against you. They do not want to harm you and not want to quarrel you they are your well wisher. You should try to control your aggression. He was encouraged to take healthy steps for healthy life

### **Session 18-22**

During these sessions catharsis and behavioral techniques were continued on the patient. The family sessions were also conducted during these sessions. The family was asked that they should give him proper respect and regard. They should try to avoid with any quarrel with the patient. They should not create any tough situation for the patient.

### **Termination Session**

After the application of different therapies patient was stable. A termination session is very sensitive process. This session was started with a lot of care because it requires a lot of

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

**Comments of Supervisor**

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**Signature of Internee:**



**Signature of Supervisor:-**

