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VOLUME 1

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INDIVIDUAL PSYCHOLOGICAL REPORT

REPORT 4: PARASUICIDE

Date of Report: 23 April 2024

Counselling location: Four (4) Online + One (1) In-Person Sessions

1. CLIENT DEMOGRAPHIC INFORMATION

Name	Meki Matibiri*
Gender	Female
Date of Assessment	04 March 2024
Date of Birth	14 January 2004
Chronological Age	19years 10months 7days
Nationality	Zimbabwean
Marital Status	Single
Occupation	Unemployed
Academic Level	Advanced Level

*Pseudo name

2. CLIENT HISTORY

Referred by: Self.

Reason for Referral: To help the client address and resolve her suicidal ideation emanating from her childhood trauma and abandonment.

Referral details: Meki alleges that she was abandoned by both her mother and father when she was only eight years of age. Her mother relocated to South Africa leaving her behind in the care of her father who went on to re-marry and had another family which the client eventually became a part of. The client stated that as a result of this, she had been exposed to a myriad of difficult and heart-wrenching situations and experiences at a very young age. The gruelling state of affairs had left her thinking that her only way out was taking her own life. Consequently, the client had begun harbouring suicidal thoughts which had continued to escalate as she grew up, resulting in mental distress and failure to cope with her day-to-day life. This prompted her to seek support from a therapist.

Childhood History

The client remembered her childhood being one that was riddled with lies, deceit and abandonment following her parents' divorce when she was only one (1) year old. The client's mother left and relocated to South Africa in search for greener pastures in 2012. Her father went on to remarry and had a new family. Moving in with the new family was something that the client said she was looking forward to until she started receiving accusations for theft in the house. The client also experienced insensitive name calling which she eventually became accustomed to.

Family Background.

The client is the only child her mother and father had following the death of her other sibling in 2003. She said her late brother's cause of death was kept a secret from her by her parents. Following her parents' divorce, her mother remarried and had three more children whilst her father also re-married and had two more children. Presently, Meki is visiting her mother's new family in South Africa. Her father is an artisan miner, and her mother works as a child minder in South Africa. Her siblings from her father's side are aged eighteen (18) years, whilst the siblings from her mother's side are aged seven (7) years, five (5) years and one (1) year.

Social Status

Because she was unable to finish school, Meki was in between menial jobs so she could be able to take care of herself and contribute financially towards the upkeep of her new family – something she had learnt how to do at an early age.

Use and abuse of substances.

The client revealed that she had experimented with cannabis in an attempt to cope and/ or stop her troubling and suicidal thoughts.

Mental health History

The client claims that three members of her paternal family had mental health problems, with one of them having a bipolar disorder diagnosis.

3. GENERAL OBSERVATIONS

Appearance	Well kempt.
Behaviour	Anxious, nervous, and afraid.
Attitude	Pessimistic.
Level of consciousness	Very Alert.

Orientation	Client was oriented to self, place & time.
Speech and Language	Coherent.
Mood	Upset and broke down several times.
Affect	Great eye contact & energy levels. However vocal & facial expressions told a very sad story.
Thought process	Maladaptive thoughts
Thought content	Normal but pre-occupied.
Attention span	Very Attentive.
Suicidal & homicidally	Suicidal.
Intellectual functioning	Good reasoning and comprehension.
Memory	Excellent.

4. HISTORY OF PRESENTING PROBLEM

When the client was just one year old, her parents got divorced. After that, she spent her childhood living with her mother, who then moved to South Africa in 2012, promising her daughter a better life and an excellent education. Meki stated that she was in between schools during the time she was in grade six (6). Meki didn't care about these changes, though, because she thought they were just temporary. Following her mother's departure, the client was advised that she would be going to stay with her father's new family in Norton. Everything appeared to be going smoothly until Meki alleges, she started receiving accusations of theft and prostitution from her new family. At the time of all this, the client was in seventh grade. The client stated that during the first days of her relocation, her mother would call her frequently and she would send her basic needs as well as school items. Meki attained seven units when she sat for her grade seven examinations, and she was confident that she was definitely going to her dream school, Queen Elizabeth for her high school education.

Meki had dreamed of attending an all-girls school in Harare and living on campus when it came time for her to start high school. This was until she received a message from her mother saying that it was no longer possible for her to go to Queen Elizabeth High School and as a result, she now had to consider attending a local school. Meki said that she was still happy with how things had turned out and she remained hopeful that one day she will have the opportunity to attend her dream school. The client stated that it was during this time when her relationship with her father soured. The client's father had ceased assuming his responsibility as a father

towards her daughter. Meki claimed that her aunt later told her to quit "nagging" her father as it was obvious that she would not be attending boarding school due to her father's lack of resources and that she was not worth the sacrifice. The client reported that it was during this time that she would create her own world in her head imagining herself in a different set up. It was here that she recalled her first suicide attempt. Time went by and the client recalls that it was almost school opening and yet she still had not managed to secure a place for her high school.

It was only a week before the schools opened that Meki realised that she had to go and look for a place for her Form One place on her own. She did manage to secure a place at a local high school in Norton. The client also stated that it was during this period that she signed up for public speaking to escape her distressful situation and she enjoyed it.

The client eventually got mixed up with the wrong crowd and got suspended from school and the name calling at home escalated. During the same period, her mother started to slowly withdraw the support she once extended her. Meki stated that this really hurt her, and she would cry all the time. When the client was now in her Form Two, she reports that she started to save a few dollars to be able to buy herself bathing soap as well as sanitary wear. The client also began to write letters to God, to herself, to her father, to her mother on her life in general. On the other hand, the client alleges that she was being emotionally and physically abused by her sibling sister and her stepmother would always take her younger sister's side. To this day, the communication between herself and her father is strained, stated Meki.

Meki eventually sat for her Form Four examinations, and she performed well despite the fact that the exams were written during the COVID19 peak period. Meki stated that she remembers asking both her mother and stepmother for money for extra lessons and the response that she always received from the two was that they were going to assist her. However, there was never any follow ups from both parents. It is then that Meki decided to relocate to Domboshava where she stayed with maternal grand aunt. Little did she know that things were about to take a turn for the worst. It was in Domboshava that the client first experimented with drugs and illicit substances. Meki stated that during this time she had multiple sexual relations with different men who claimed to love her, and she believed them. The client stated that she would abscond school to go home and sleep as she would be under the influence of drugs. At home, the client would find a peaceful and quite place where she would sleep for hours on end. Other times she

would be on her phone in her room isolating herself because she often heard a voice in her head telling her that she was a burden, and that no one loved her. Meki stated that the voice grew louder and louder which eventually resulted in her attempting suicide for the second time.

Meki said that she felt no one in her family cared to find out the specifics of what was going on with her when she was going through psychological distress. Rather, her relatives would quickly draw the conclusion that she was lazy and disrespectful. By this time the client's mother would not call or send her daughter any form of assistance. When the client would call her mother, she would be told about how her mother's other children needed the money more than she did. The client then started asking herself if she had become an adult that everyone expected her to provide for herself. Upon realising that she was not going to get any assistance from either of her parents nor her family, Meki decided to find ways to make ends meet.

During her Advanced Level, the client won a full year scholarship which meant that her parents only had to cater for her school transportation and extra lessons. However, this was not the case. As a result, Meki would attend school two to three days in a week to balance the little money she had for transportation. The client recalled telling her mother that it appeared like she had abandoned her. The mother allegedly cursed at her and told Meki's great aunt that Meki was unappreciative and that she didn't like the thought that her mother had remarried. Then the client's final examinations came, and her scholarship only paid for her registration. She then turned to her father and stepmother to assist her financially with transport money, but they did not heed her call. Instead, they gave her excuses and yet the client alleges that she witnessed her other siblings being taken care of.

The client's mother gave birth to her third child from her second marriage in 2022. However, the pregnancy journey was life threatening, and it almost cost the client's mother her life. Out of pity for her mother during this time, Meki made efforts to forgive both her parents for supposedly neglecting and abandoning her as a child and throughout her transition into adulthood. However, the client stated that the process had been extremely difficult for her as she kept going back into the past where she felt her parents hurt her in her way that's unforgivable & irreconcilable. Meki stated that there are some days when she asks God if whatever He is preparing her for is really worth it! And then there are some days when she feels she cannot carry on and just wants "peace" instead; the kind of peace she's convinced she can only get from taking her own life.

Nonetheless, Meki stated that she knows that she cannot afford to give up and that there are times when she is grateful for her life because she still believes that she has a chance to make it! Hence, she reached out because she wants to make it out alive!

ASSESSMENT

Assessment Tools

The following assessment tools were applied by the intern counselling psychologist after the initial interview with client:

- i. The Suicide Behaviours Questionnaire-Revised
- ii. Suicide Intent Scale (SIS)
- iii. Hamilton Depression Scale

In the **fourth** session, further assessments were carried out as follows:

- iv. Patient Health Questionnaire (PHQ-9)

Results

i. The Suicide Behaviours Questionnaire-Revised

Raw Score = 16

Interpretation of score: Significant Risk of Suicidal Behaviour

ii. Suicide Intent Scale (SIS)

Raw Score = 13

Interpretation of score: Medium Risk of Suicide

iii. Hamilton Depression Scale

Raw Score = 19

Interpretation of score: Moderate Depression

iv. Patient Health Questionnaire (PHQ-9) (*administered during the 4th session*)

Raw Score = 9

Interpretation of score: Mild Depression

Key symptoms

- Substance and drug abuse.
- Feeling trapped and abandoned.

- Withdrawing from friends and family.
- Command hallucinations to hurt self.
- Perceived burden on family and others.
- Persistent sad, anxious, and “empty” mood.
- Talking about wanting to die or hurting oneself.
- Exhibiting risky and/ or self-destructive behaviour such as the use of illicit substances.
- Expressing feelings of hopelessness due to perceived rejection by family members.
- Expressing feelings of helplessness due to perceived abandonment by her biological parents.
- Inability to effectively problem-solve, seek alternate solutions, or imagine a bright future.

Analysis of Assessment

Meki scored a 13 out of a possible 30 on the Suicide Intent Scale. The psychologist administered this tool to assess the client’s level of determination or seriousness to carry out a suicidal act. As such the client’s score indicated Medium Risk in terms of her intention to take her own life. This was reflective of how Meki’s suicidal ideation had translated to actual plans and/ or a genuine desire to commit self-harm as evidenced by her self-reported attempt at suicide.

The client had a moderate depression score of 19 out of a possible 52 on the Hamilton Depression Scale. An indication of moderate depression was consistent with the client’s prolonged exposure to the mental health challenges she presented with which had led to her active intent to commit self-harm. Hence the Hamilton Depression Scale was used to assess the client’s symptoms of depression to address the triggers that continued to perpetuate the depressive symptoms.

Meki’s score following the administration of the Suicide Behaviours Questionnaire-Revised was 16 out of a possible 18. The goal of administering this assessment tool was to identify the behaviours that maybe contributing to the client’s suicidal thoughts. Therefore, her score indicated that the client was at a high risk of both exposure to suicidal behaviours as well as committing self-harm. Some of these behaviours included her attempt at suicide in the past,

long-term emotional neglect, lost relationships with her immediate and extended families, social isolation, and lack of support.

The client's depression was mild, as shown by their Patient Health Questionnaire score of 9 out of a potential 27. The client testified that these symptoms were residual depression brought on by the delay in securing money for her to return to school which she anticipated would provide her with more career options. Furthermore, while her relationship with her mother had much improved, she still had a strained relationship with her father.

Diagnosis

In terms of DSM-5-TR, Meki receives a provisional diagnosis of a *Moderate Major Depressive Disorder with mood-congruent psychotic features including guilt, suicidal ideation, and personal adequacy.*

The dialogue between Meki and the therapist shows that Meki presented with the following possible positive depressive symptoms as she appeared to be exhibiting:

Presence of thoughts of death and/ or suicidal ideation

Meki reported that as a result of the challenges that she had gone through as a child as well as at the time she was transitioning into an adult, she was harbouring thoughts of death and even went to the extent of attempting suicide. The client stated that when she attempted suicide, she had a wish not to awaken in the morning and believed that her parents and family would be better off if she were dead. When Meki decided to seek therapy, she was now having recurrent thoughts of committing suicide, especially having attempted, and failed in the first instance. She alleges that her motivations for suicide included a desire to give up in the face of perceived insurmountable obstacles as well as an intense wish to end her suffering.

Presence of a depressed mood most of the day, nearly every day, as indicated by Meki's reporting feeling sad, empty and hopeless and she appeared tearful.

Growing up the client was always told that she was not worth her parents sacrificing their lives for her. In addition, whenever, Meki reached out to her biological parents for financial support, other family members including her parents would tell her that their other children were more of a priority to them than she was. Consequently, the client felt rejected and began to feel worthless leading to unrealistic negative evaluations of her self-worth. The sense of worthlessness left the client with recurrent thoughts of death.

Impaired ability to think, concentrate, or make even minor decisions followed by a precipitous drop in school grades.

Due to the recurrent depressive episodes that the client was having, she also reported having started having trouble thinking, concentrating, or making decisions at the time. For example, Meki reported that she was finding it increasingly difficult to pay attention in class and would sometimes abscond school to go home and sleep, a reflection of poor concentration. As a result, her school grades began to drop as evidenced by the 3 out of a possible 15 points she attained at Advanced Level (A 'level).

Presence of substance-induced hypersomnia

The client also reported that she was now sleeping excessively nearly every day, for a consecutive period of time due to the illicit substances (cannabis) that she was now taking. Meki stated that she would sleep for six (6) hours on end, indicating substance-induced hypersomnia.

Presence of a loss of interest in almost all activities that the client had previously enjoyed.

Meki reported feeling less interested in hobbies, “not caring anymore,”. She said that she no longer felt any enjoyment in activities that she previously considered pleasurable including school, spending time with family and friends and public speaking. There was a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day as exemplified by the client absconding school and sleeping all day. The client also displayed signs of social withdrawal and neglect of pleasurable avocations, that is, a formerly avid public speaker who now found excuses not to participate in public speaking activities.

Presence of a significant sense of loss and rejection.

The client reported that she had experienced loss of her childhood as she was inadvertently forced to grow up before her time and assume the responsibilities of an adult when she was only a child. Another loss was that the client reported was when her parents allegedly abandoned her, that is, her mother relocated to South Africa where she eventually started a new family and her father also re-married and expanded his family and the client felt that both her parents' decisions resulted not only in her losing them but also in them ceasing to be responsible for her well-being as a child.

5. PROBLEM FORMULATION

The client may have been predisposed to the mental health issues she was now experiencing due to a number of variables. Firstly, the client may have been genetically pre-disposed to mental ill-health owing to a history of mental illness in her family. Secondly, the alleged abandonment and betrayal she experienced when her parents divorced also contributed to her psychological distress. Resultantly, these negative experiences which were rooted in her past

trauma had become emotional tiggers significantly impacting her emotional wellbeing especially her interaction with herself as evidenced in the way saw herself as being unworthy of love and care. Meki continued to experience deceit, lies, betrayal and rejection even during her transition into adulthood; thereby perpetuating her vulnerability to mental ill health. To help with reducing the severity of her poor mental health, the client stated that her stepmother had provided a protective and supportive environment for her. She showered Meki with unconditional love despite how she perceived herself and how she was treated by her biological mother and father. Having this type of support was going to help promote healthy and adaptive functioning for the Meki.

Formulation summary: The client's childhood trauma had resulted in her adopting maladaptive thoughts about herself and her future, causing her to drift further away from reality as well as developing mental and emotional distress.

6. COUNSELLING APPROACH/ THEORY USED

The following counselling approaches were used by the therapist and a brief description of each is provided below:

1. Motivational Interviewing (MI) – *It establishes a supportive relationship between the therapist and the client with the goal of helping the client develop a positive attitude towards change by making the client feel empowered to take positive actions in addressing their mental and/ or emotional health issues.*
2. Problem Solving Therapy (PST) – *The effectiveness of PST in patients with suicidality centres on the idea that individuals who are suicidal have a deficit in problem solving skills and in interpersonal problem-solving skills, thus an exploration into what the client can do other than contemplating suicide when feeling extremely distressed, is required.*
3. Dialectical Behavioural Therapy (DBT) - *A type of cognitive behavioural therapy (CBT). Its main goals are to teach individuals how to live in the moment, create healthy strategies to cope with stress, regulate their emotions, and improve their relationships with others.*

The counselling sessions were split into four sessions as highlighted below:

Session 1: *Ethical Issues, establishing rapport & collection of client's background information.*

In order to safeguard the wellbeing of both the client and the therapist, the therapist recognises the significance of upholding strict ethical standards in counselling and therapy.

The client gave the therapist their informed consent prior to the start of the counselling sessions, and they both decided to proceed with the therapy thereafter. An informed consent form was filled out by the client and signed. The therapist and the client also talked about confidentiality, which is another crucial factor in counselling. The client received assurances from the therapist regarding the confidentiality of all personal information, including disclosures made during sessions. The therapist also pointed out to the client the few instances in which confidentiality might be breached, such as when the therapist had good reason to believe that the client or someone close to them was at risk of harm. That being said, most of the topics that were going to be covered in the sessions would remain confidential.

A therapeutic relationship is much like any other and works best when there is a connection between the therapist and the client. As a result, the client and the counselling psychologist intern used the initial part of the treatment session to get to know one another. The therapist would also be able to get a sense of their communication style through this. In addition, by asking the client what needs or concerns she wanted to address in her treatment as well as what they had done in the past to manage their mental health, the therapist also attempted to understand the client's motivation for seeking therapy. In order to determine how to best assist the client, the therapist also briefly discussed what had worked and what had not.

Session 2: Collection of Client's History of Presenting Problems, Administration of Assessment Tools & Goal Setting.

With knowledge of the client's history and present mental health problems detailed in Section 4 of this report, the counselling psychologist intern was able to help Meki come up with her goals for therapy. The client was able to set the following goals:

- To be able to forgive her parents for their supposed failure to take care of her.
- To be able to improve empathy in self-communication and to allow herself to feel safe, accepted, validated, and understood.
- To learn how to limit self-judgment and replace limiting beliefs or judgments about self with ones that are enriching.
- To identify new strategies for problem solving, identifying, and replacing old habits, self-destructive coping strategies with enriching ones.

Motivational Interviewing made it simple to set the therapeutic goals mentioned above (MI). The therapist felt that MI was relevant because it would enhance the client's personal motivation for and commitment to their therapy goals by eliciting and analysing the client's own motivations for change within an environment of acceptance and compassion. In addition, the counselling psychologist intern conducted the psychological tests that are described in this report's Section 5. The evaluations helped identify the underlying reasons of Meki's problems and provided the framework for creating an individualised treatment plan for her.

7. SHORT TERM GOALS/ INTERVENTIONS

Session 3: Implementation of Short-Term Interventions

The client identified the following as her short-term goals:

a) Building her self-confidence

Using the Alternatives to Suicide technique, the psychologist was able to assist the client with identifying positive coping skills that would aid her rebuilding her self-confidence. For example, Meki had highlighted that she was very passionate about poetry and public speaking. As such, the psychologist believed that these two activities would help the client by empowering her to take positive action when she is faced with what she views as distressing triggers. In this case, Meki was assisted by the therapist to come up with a list of the things that she would do instead of killing herself. Meki indicated poetry and public speaking as some of her alternatives to suicide. The psychologist also believed that by teaching the client how to use affirmations and positive self-talk, such as telling herself that she is worthy, attractive, and deserving of all the wonderful things in life, Meki would be able to reaffirm her confidence in herself.

b) Establishing a firm and deep relationship with God.

The client shared that she had started taking the following steps in her endeavour to establish a firm and deep relationship with God:

- Spending time in praise and worship.
- Spending time with individuals that she believed had a firm standing in their Christian beliefs.
- Learning what she considered the deeper secrets and meanings of being a Christian.

- Spending more time reading the bible. She had even gone a step further and purchased a physical copy of the bible for ease of access to studying bible scriptures.
- Praying and conversing with God more after realising that there is no schedule or guidebook for doing so. She felt as though she could now speak with God anywhere and at any moment.

c) *Taking cooking and baking classes to learn new skills.*

Meki said that she would like to take culinary and baking classes in the near future to help her learn new skills that might also lead to other sources of income. Additionally, Meki thought that these were constructive coping mechanisms as opposed to idleness.

d) *Finding a job to help her save up for school.*

The client had started chatting with friends and family about possible job openings. She had also joined a number of employment groups in an effort to widen her search for work and better explore her options. The psychologist believed that the client needed to be made aware of the possibility that things might not turn out as she had hoped and that it was okay. Having resorted to committing self-harm in the past when she was overwhelmed by psychological distress, suggested that Meki may not have had a high threshold for distress. Therefore, by using the distress tolerance technique the client was able to learn how to enhance her ability to tolerate stress by learning how to accept herself, manage her situation and handle difficult emotions. For instance, the psychologist suggested that the client practises distraction by becoming more involved in poetry and public speaking, two activities that she had previously mentioned being passionate about. The two healthy coping strategies would then assist the client to take her mind off her feelings of distress and suicidal thoughts.

8. LONG TERM MANAGEMENT/ INTERVENTIONS

Session 4: Identification of Long-Term Interventions.

Meki established the following as her long-term goals:

- To forgive and find healing from her childhood trauma.
- To own a small food business (a small café shop in her residential area).
- To further her studies.

The above goals shall be explained in detail below:

a) *To forgive and find healing from her childhood trauma.*

Meki stated that there was a time when she hated her mother for supposedly abandoning her when she relocated to South Africa. Meki's mother had promised her daughter a good quality education as well as provision for her financial needs. However, when the mother arrived in South Africa, she eventually became distant, did not send her daughter money for school and for some time she had stopped communicating with Meki. During this period, the client felt abandoned, unwanted, and unworthy. However, instead of continuing to wallow in self-pity and hating her mother, Meki took a bold step to visit her mother in South Africa. Upon her arrival in South Africa, the client saw that her mother's new life and family were not what she had assumed them to be. Meki learned that her mother was supporting her new family including her husband, who wasn't working at the time, by working as a housekeeper. Meki felt a sense of empathy and forgiveness for her mother after learning this, as she now knew the reason for her mother's inability to pay for her education. Thus, without realising it, the client had used the emotional regulation approach, which helped to lessen her emotional vulnerability, which she then traded for more positive experiences, like forgiving her mother. The client was made aware of this by the psychologist.

b) To own a small food business

Meki mentioned that she wanted to own a small food business in the future so that she could pay for her studies. She believed that the baking and culinary classes she planned to enrol in would help her become more skilled and perform better in this area. Eventually, the client's small business would help her become self-sufficient and self-reliant, which would be a cure for some of her mental health issues including her present financial dependence on her parents and their incapacity to provide for her necessities.

c) To further her studies

In addition, the client was committed to continuing her education even though she had left school since there was not enough money for it at the time. By pursuing her education, the client would increase her self-confidence and be encouraged to think critically and positively about her future.

9. TERMINATION OF SESSION OR RELATIONSHIP

Session 5: Termination of Therapy

The termination of therapy was conducted in two phases. The two phases comprised the administration of the Patient Health Questionnaire (PHQ) and evaluating the client's preparedness to end therapy, respectively.

i. Administration of the Patient Health Questionnaire (PHQ) Depression Test

The therapist also administered the Patient Health Questionnaire Depression Assessment (PHQ) in the fourth session. With a test score of 9 out of a possible 27, the client's depression was mild. This meant that the client's prior mention of adopting self-care tips and receiving social support from family and friends, along with the tools she had already learned from psychological therapy sessions, would be some of the ways she would manage her mild depressive symptoms going forward.

ii. Assessment of Client's Readiness to End Therapy

Even though the client's mental health had much improved, the therapist believed it would be prudent to determine when the client was ready to terminate therapy. The client was given an exercise to perform in-session in this regard. It was the client's testimony that she no longer thought of herself as unworthy as she previously did. Whenever that thought crosses her mind, she now told herself that she did not need anyone to validate her worthiness. Meki also stated that she was now learning to love and forgive not only her parents but herself as well. When asked about how she felt about ending therapy, the client could not state exactly how she felt, instead she said she had mixed feeling about it as she feared the unknown. Nevertheless, Meki was certain that the skills, tools, and knowledge she had gained in therapy would enable her to overcome any future difficulties.

CONCLUSION & RECOMMENDATIONS

The therapist determined that the client could now cope and manage the issues that had first motivated her to seek therapy. She now felt better about herself and her relationship with her parents, which helped to improve her personal life. Meki demonstrated her resolve and dedication to enhancing her mental health and overall wellbeing by her plans to further her studies, work towards healing from her childhood trauma, and prioritise self-care. In order to provide the client with an opportunity to utilise her newly found self-motivation for future personal growth and improvement, the therapist suggested ending the therapy sessions.

NEXT REVIEW DATE:

17 May 2024

INTERN'S SIGNATURE:

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SUPERVISOR'S SIGNATURE:

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