Addressing Anxiety in Adolescence: A Case of an Integrated Approach to Treating Panic Disorder and Generalised Anxiety Disorder

Pure M. Mlambo
Registered Clinical Psychologist, Namibia

Abstract

This case study explores the assessment and therapeutic management of a 14-year-old female adolescent presenting with Panic Disorder and Generalized Anxiety Disorder. Utilising an integrated approach combining Cognitive Behavioural Therapy (CBT) and Person-Centred Therapy (PCT), the treatment focused on addressing her anxiety symptoms, cognitive distortions, emotional regulation, and social functioning. Assessment tools were employed to guide diagnosis and monitor progress, including the Structured Clinical Interview for DSM-5 (SCID-5) clinical version, the Screen for Child Anxiety Related Emotional Disorders (SCARED) for parent and child, the Beck Depression Inventory and the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). The Differential Aptitude Tests- Revised (DAT-R, Jung Personality Questionnaire (JPQ) and the Namibia Vocational Interest Inventory II (NAMVII) were administered. Results from these assessments guided a personalised treatment plan targeting Lulu's presenting symptoms and vocational uncertainty. The client was diagnosed with Panic Disorder and Generalized Anxiety Disorder, guided by DSM-5-Tr criteria, and her treatment was informed by these classifications to provide targeted and evidence-based interventions. Key interventions included psychoeducation on anxiety components, cognitive restructuring, relaxation techniques, and assertiveness training. The therapeutic process also addressed relational issues, including her ambivalent feelings toward her absent father and social challenges within her school and hostel environment. Progress was monitored through self-report measures, demonstrating reduced anxiety symptoms, improved coping strategies, and enhanced emotional insight. The case underscores the importance of collaborative, individualised treatment approaches in adolescent anxiety disorders and highlights the role of family involvement in successful outcomes. The client's consistent participation and active engagement throughout therapy significantly contributed to the positive treatment outcomes.

Keywords: Panic disorder, generalised anxiety disorder, adolescence, integrated therapy

Case Context and Method

Lulu, a young adolescent female was referred for psychological assessment and treatment following persistent symptoms of panic attacks and generalised anxiety. Raised as an only child by her mother, Lulu faced challenges related to familial dynamics, including an absent father with whom she had a strained and limited relationship. She also experienced difficulties adjusting to the new hostel environment associated with her schooling, which exacerbated her anxiety symptoms. Academic performance was generally good, but recent panic symptoms raised concerns about her ability to maintain focus and emotional regulation. The presence of menstrual-related physical discomfort was noted to worsen her anxiety during certain periods. A comprehensive clinical assessment was conducted. Initial information was gathered through clinical interviews with Lulu and her mother, supplemented by standardised psychometric instruments including the Screen for Child Anxiety Related Emotional Disorders (SCARED) child and parent versions and the Becks Depression Inventory. The Structured Clinical Interview for DSM-5 (SCID-5) was utilised for diagnostic clarification. Therapeutic intervention employed an integrative approach primarily grounded in Cognitive Behavioural Therapy (CBT), with elements of Person-Centred Therapy (PCT) to foster therapeutic alliance and support emotional processing. Key therapeutic components included psychoeducation on anxiety, cognitive restructuring, relaxation and breathing exercises, assertiveness training, and exploration of interpersonal relationships. Progress was monitored through repeated use of self-report measures, clinical observation, and ongoing dialogue with Lulu and her mother.

Client Demographic Information

Client Name: Lulu (Pseudonym)

Date of Birth: 10/12/2010

Chronological Age: 14 years 2 months 14 days

Gender Identity: Female

Education Level: Grade 9 student

Primary Language: English

Date of Assessment: 12 February 2025

Referred by: General Practitioner

Reason for referral: The patient experienced a second episode of brief loss of consciousness at school occurring during heavy menstrual cycle.

Background Information

Lulu, a 14 year-old female student, was brought in by her mother following a referral from their family doctor. This was her second time fainting at school while having heavy menstrual bleeding and cramps. She was a grade 9 student in boarding school. Lulu would frequently experience severe anxiety and panic attacks which she described as sudden loss of control, feeling like she was chocking, experienced heart palpitations and fainting. She would feel her jaws heavy, feeling anxious and biting her nails. This started at the beginning of 2023 when she moved to a new school and she struggled to adjust to the environment as it was her first time being away from home. She identified her triggers as moving to a new or unfamiliar area, engaging in arguments that lead to overthinking, sudden noises such as whistling or yelling, and perceived judgment from adults, teachers, and matrons. She reported that, whilst in a hostel, some teachers and hostel matrons would be giving out instructions in a harsh way, threatening to punish them should they be late or fail to complete given tasks. This made her struggle to pay attention and complete the assigned tasks. She also indicated that she distanced herself from her friends and, when anxious, would be dishonest with them, which made her feel uncomfortable. She felt that expressing her honest opinions during conversations might hurt their feelings, so she believed withdrawing would be a better option. Despite good academic performance, she was worried that recent panic attacks could negatively affect her. She also preferred doing work on her own when assigned any group work, as she was referred to as being bossy and these comments worried her. She was involved in extracurricular activities such as public speaking and choir, which she ended up quitting because she felt overwhelmed. She was also sleeping in class and struggled to fall asleep at night due to racing thoughts before bed. She expressed concern that she was easily influenced by others and unable to stand by her own decisions. As a result, Lulu reported having difficulties controlling her temper with other students, often unintentionally overreacting to their actions.

Lulu was the only child born to her mother. She was black African from a medium income household. She lived with her mother, who worked as a human resources manager. Her parents were not married, and her father had another family, and she did not have a close relationship with them. Her mother stated that her father was not actively involved in the child's life, and that attempts to discuss the matter with Lulu would result in her becoming tearful. She first met

her father when she was 5 years old and would visit him during the holidays where he lived with his wife and children. She was bullied by the other children for not being able to speak their language and the visits stopped. She recalled meeting him a total of 6 times. Although he did check in occasionally by phone, she felt it was insufficient, especially since he lived close to her home town but still did not visit her. She believed he did not put in enough effort to build a relationship with her, despite her attempts to get to know him and her half-siblings. She had a strong, close relationship with her mother. She described her childhood as safe and happy. Her mother ensured that she had all that she needed emotionally and financially. Lulu's mother described her as a very well behaved child. She would spend time at her aunt's house and no complaints were ever made about her conduct. Lulu had no significant medical history, except for menstrual cramps, which her gynaecologist considered to be worsened by anxiety. Neither the general practitioner nor the gynaecologist had given Lulu medication to alleviate the anxiety symptoms. She was only advised to continue with pain medication during her menstrual cycle. There was no known family history of mental illness. Lulu was born via normal vaginal delivery, with all developmental milestones reportedly achieved on time.

Assessment

History of the presenting problem

Lulu was placed in a school hostel after her mother encountered difficulties transporting her to and from school daily. This was Lulu's first experience living away from home, and she struggled to adjust to the new environment. She reported that the hostel matrons communicated harshly and frequently used threats of punishment, which contributed to her heightened anxiety. As a result, Lulu experienced persistent worry and fear, often accompanied by somatic symptoms such as heart palpitations, shortness of breath, and dizziness. Her menstrual cycle, previously manageable with mild cramps, became increasingly distressing, with the onset of panic attacks during this period. In response to these stressors, Lulu engaged in maladaptive coping behaviours, including avoidance, lying to reduce social pressure, and nail-biting. These behaviours were reported to intensify during times of increased academic or social stress.

Clinical interview

A clinical interview formed the basis of the assessment, to inquiry any areas of difficulty. Information was initially obtained from Lulu's mother, who was considered a reliable informant based on the corroborating details provided by the client.

Results from the Mental State Evaluation (MSE) revealed Lulu as an alert, attentive individual who tracked conversation well, with good attitude. She appeared well dressed in her school uniform. Her eye contact was appropriate, although she appeared nervous, frequently tapping her leg and fidgeting with her finger ring, which she stated helped to calm her. She articulated herself well, with noticeable variations in vocal tone, particularly raising her pitch when describing certain events at school. Her mood was anxious, as she expressed concern about whether being in therapy indicated that something was wrong with her. Her affect was congruent with her mood. Her memory was intact, with good insight and awareness, as evidenced by her ability to clearly articulate the presenting problem. Her thought process was coherent, and thought content revealed no evidence of delusions, hallucinations, or suicidal/homicidal ideation.

Structured clinical interview

The Structured Clinical Interview for DSM-5 Disorders (SCID-5) Clinician Version was administered. Based on the findings, Lulu met the full diagnostic criteria for panic disorder, which is the presence of recurrent unexpected panic attacks, which are abrupt surges of intense fear or discomfort that reach a peak within minutes (American Psychiatric Association, 2022). She reported experiencing palpitations, feeling dizzy, fainting, feeling like she was chocking and shortness of breath, with persistent worry about having the panic attacks, resulting in avoidance situations she thought would make her panic. She also met the full diagnostic criteria for generalised anxiety disorder (GAD), which is characterised by excessive anxiety and worry (apprehensive expectation), about a number of events or activities such as work or school performance (American Psychiatric Association, 2022). She found it difficult to control the worry, experienced difficulties in concentrating, had sleep disturbances, and was irritable. Lulu reported experiencing these symptoms persistently for one year prior to her assessment. These negatively impacted her extracurricular activities, interactions with friends and peers, had her worried about academic performance although she managed to maintain good grades.

Self-report tools

- Screening for Child Anxiety Related Disorders (SCARED) Child Version
- Screening for Child Anxiety Related Disorders (SCARED) Parent Version
- Becks depression inventory

Results and interpretation

The Screen for Child Anxiety Related Emotional Disorders (SCARED) Child Version was administered to assess the presence and severity of anxiety symptoms across five key domains.

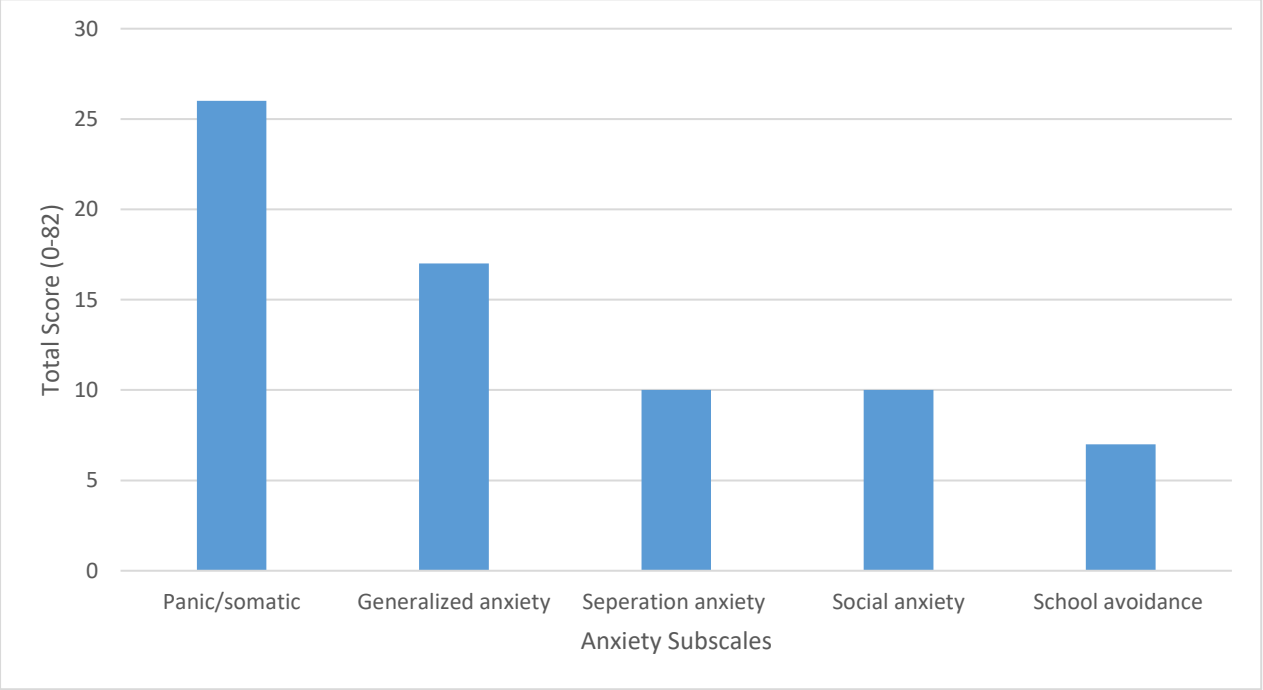

***Figure 1*: Scores on the SCARED Subscales as Reported by Lulu**

Total score of 70 out of 82 was well above the clinical cut off, indicating that Lulu was experiencing severe anxiety symptoms across multiple domains. The most concerning subscales were the panic/somatic symptoms and generalised anxiety.

The Screen for Child Anxiety Related Emotional Disorders (SCARED) Parent Version was administered to further screen for anxiety disorders across five domains. This was completed by Lulu's mother.

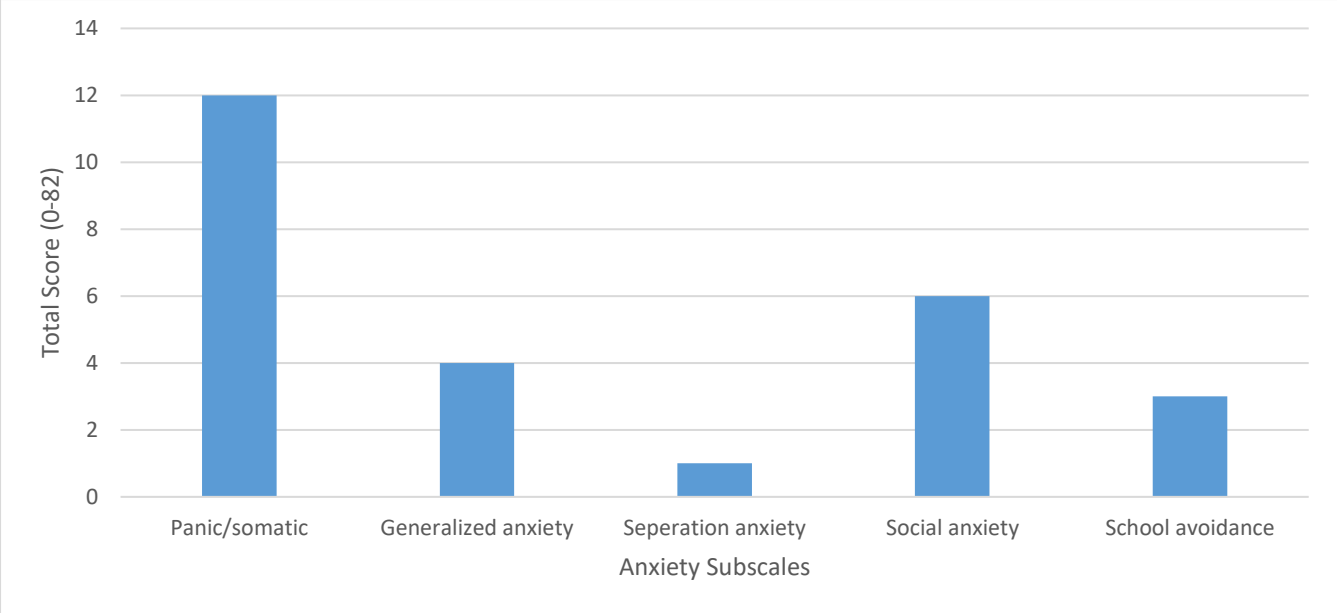

***Figure 2*: Scores on the SCARED Subscales as Reported by Lulu's Mother**

A total score of 26 out of 82 indicates mild overall anxiety, particularly panic/somatic and social anxiety.

The level of concern in her mother's report is not elevated as compared to Lulu's report. This could be a difference in how the child perceives and experiences her anxiety symptoms. She could also be reporting on symptoms which are not outwardly observable, also taking into account that she spends most of her time in a hostel. However, both indicated high levels of distress in the panic/somatic subscale.

Becks depression inventory score of 8 indicated minimal depression.

Analysis of assessment and diagnosis

The SCID-5 findings aligned with clinical observations and self-reported data. Based on clinical presentation, history, and standardised assessments, the client meets criteria for the following DSM-5-TR diagnoses:

Panic Disorder (F41.0) evidenced by recurrent and unexpected panic attacks, accompanied by persistent concern about having additional attacks, and behavioural changes such as avoidance of triggering situations.

Generalised Anxiety Disorder (F41.1) indicated by chronic excessive worry and physiological symptoms including restlessness, muscle tension, and sleep disturbance, persisting for more than six months and causing significant impairment in functioning

Medical consideration were also excluded as all the blood tests done by the gynaecologist were normal.

Case Formulation

Predisposing factors

Lulu was raised by her mother as an only child, which may have contributed to increased emotional dependence on her. Although they had a close relationship, it limited her exposure to a wider social support systems and hindered the development of autonomy. Additionally, having never been away from home for extended periods, Lulu may not have developed strong coping strategies for dealing with transitions, unfamiliar environments, or emotionally challenging situations.

Precipitating factors

Lulu's placement in a hostel environment triggered her current psychological distress. She was struggling to cope with the unfamiliar hostel culture, where hostel matrons frequently shouted, and she was required to adjust to a new routine, including scheduled sleep times and a lack of personal privacy. Her menstrual difficulties worsened her ability to adjust during this transition.

Perpetuating factors

Lulu's panic attacks and anxiety were maintained by negative thoughts such as believing she was being disliked by her peers and judgement from the hostel matrons. These cognitions contributed to feelings of anxiety and emotional discomfort. In response, she engaged in avoidant behaviours, withdrawing from friends, extracurricular activities and suppressing her emotions to preserve relationships.

Protective factors

Despite the challenges, Lulu demonstrated insight into her difficulties and articulated her concerns clearly. She maintained a close, supportive relationship with her mother, who is actively involved in her therapeutic process. She also highlighted resilience through her academic performance, which had remained good.

Goals of therapy

The therapeutic goals for Lulu aimed to reduce psychological distress, strengthen coping mechanisms, enhance self-understanding, and support her emotional and relational development. These goals were flexible and responsive to her needs, allowing for a holistic and person-centred approach to her care.

Treatment Plan

Treatment was anchored on the Cognitive Behavioural Therapy (CBT) approach. It included psychoeducation, relaxation techniques and cognitive restructuring. Intervention for Lulu's negative internalised belief of the self were drawn from the person-centred approach to encourage a deeper understanding of the sense of self.

Course of the Therapy

Sessions 1, 2 and 3 were focused on introducing Lulu to therapy and building rapport. Therapy was normalised by identifying and debunking common myths and misconceptions about the therapeutic process. Goals for therapy were established, which were associated with positive treatment outcomes. As we discussed the history of the problem, we examined the chain of events leading to the panic attacks and episodes where she fainted. Assessment tests were administered during these sessions. Psychoeducation was done on anxiety, focusing on panic attack and generalised anxiety disorder. To help her understand and differentiate the two diagnoses, we looked at the symptoms she experienced and the events before that. Her panic attacks were more consistent with her menstrual cycle and the GAD was mostly related towards her hostel matrons, friendships and how other people viewed her. The therapist and client collaboratively identified the symptoms that were most distressing to Lulu, which helped guide the prioritisation of therapeutic goals, primarily focusing on managing her negative thoughts. Psychoeducation on the three components of anxiety, that is, physical symptoms, thoughts, and behaviours was provided, using examples from her own experiences to enhance understanding.

The client had fainted once whilst in class. She found the experience confusing, as it was her first time encountering such symptoms during a lesson, with no apparent trigger. She described the preceding day, noting that it was consistent with her usual routine. Information on subconscious triggers was explained, how her brain may associate certain places, people or any other context with past experiences of distress involving fear or worry even if no clear threat was immediately present. Journaling was introduced as a part of self-monitoring and to help

understand triggers. This was a task which she had to present as homework in the following session.

Session 4, 5 and 6: Addressing client's questions

Lulu completed her homework on the trigger monitoring. She also went ahead and came up with a list of questions she wanted to be addressed during the sessions. These were acknowledged and we categorised them into sections based on similar themes. During these sessions, an integrated approach was used to respond to her concerns.

First, she identified repetitive and intrusive thought patterns as her main struggle. She elaborated on her experiences with this symptom, leading to the application of cognitive restructuring skills. The relationship between thoughts, feelings and behaviours was explored. Automatic thoughts, which are described as brief, involuntary thoughts that arise in response to specific situations and often reflect deeper core beliefs (Beck, 2011) were identified. These included: "People think I'm too loud', "Do people like me?" "I'm most likely to perform poorly because I didn't do well in the previous test", and "People think I'm not normal because I faint and panic a lot". As a result, she would tell lies, which she described as attempts to justify her actions, though she acknowledged using them as an excuse for not being honest with herself and her friends. She would then feel guilty about this and reflect on how she could have managed the situation differently, contributing to more overthinking. A further exploration highlighted the cognitive distortions, which are unrealistic, inflexible, or extreme interpretations of information that are caused by systematic errors in the logic of an individual (Pittard & Pössel, 2020). A checklist was used to label the distortion. Together we established mind reading, fortune telling and catastrophising. We looked at the evidence supporting the errors in logic and she reported that other students often moved away from her when she fainted and at times her friends would speak to other class mates, examining how strongly she believed this thought. Disputing questions were presented to challenge and reframe her automatic thoughts. The evidence against this was how helpful her teacher was and her mother would always come to the school and get her medical assistance. The alternative thought drawn was: *I had a panic attack, my cramps were intense and my body was overwhelmed, it does not mean I am weak*. We repeated this process, with Lulu leading and giving the examples.

During the next session, Lulu was eager to share how she had utilised the cognitive restricting techniques with her friends. She demonstrated improved social engagement by actively participating in conversations with her friends and classmates, focusing on their actual

statements rather than making assumptions about their intentions. She was also able to seek out their thoughts and opinions. Although negative automatic thoughts persisted, she made efforts to challenge them using the strategies discussed in therapy. Lulu also realised that speaking more slowly reduced her urge to lie, as it gave her time to reflect before responding. She was praised for these positive initiatives. However, she continued to experience difficulties feeling safe around the hostel matrons. Her struggle with sleep was noted, and through further exploration, the therapist identified that it was linked to a change in her bedtime routine. Also, the medication prescribed to her had helped her fall asleep earlier, but after it ran out, she struggled to maintain that sleep schedule. A sleep schedule was established based on realistic adjustments to school evening study period and hostel sleep hours.

For this session, Lulu was brought in by her mother following her teachers concern. Her mood was low and her teacher had noticed a difference in the way she was interacting with her peers. There was a reported incident in which Lulu shouted at another student for taking her textbook, an uncharacteristic response noted by her teacher. Upon discussion, it was revealed that she had been feeling emotionally low over the preceding days. She also described experiencing a panic-like reaction when her choir conductor expressed dissatisfaction with the group's performance, stating it was not their best. During this episode, she became tearful and reported difficulty breathing, with breathing techniques ineffective as she could not find any familiar face in the room. Additionally, she found preparing for a public speaking recital overwhelming and struggled to focus on her lines. As a result of these compounding stressors, she decided to withdraw from the choir, citing the conductor's intimidating demeanour and high expectations as contributing factors. The session involved a review and continuation of identifying emotional triggers and implementing appropriate coping strategies. We explored possible alternative responses to the identified triggers, with an emphasis on distinguishing between factors within her control and those beyond it. An in-session exercise revealed that chest breathing, rather than diaphragmatic breathing was limiting its effectiveness. The correct technique was practised, and she responded well to it. The grounding technique was introduced as an alternative relaxation technique and she indicated that the breathing technique was more efficient for her.

Session 7

The therapist initiated a discussion on Lulu's unhelpful ways of dealing with anxiety. Her perceived safety cues included the presence of familiar people, avoiding stressful situations,

nail biting, and withdrawing from others. Examples of these occurrences were drawn from the previous session's discussion, in which she described experiencing panic-like symptoms that led her to withdraw from the choir club. She also identified how these unhelpful coping mechanisms tended to appear when she felt unprepared for a specific activity or conversation, with nail biting serving as a form of distraction. A discussion followed on why such distractions might feel helpful in the moment, but ultimately hinder long-term management of fear. Consequently, cognitive restructuring through challenging negative thoughts and practising breathing techniques were reinforced, as these had shown to be effective. Additionally, concerns related to the anticipation of her menstrual cycle were addressed. She reported that, during her most recent cycle, regular use of prescribed pain medication alleviated her discomfort and anxiety culminating in fainting episodes.

Session 8 and 9

Exposure therapy was introduced, which is a psychological intervention that involves the systematic and repeated confrontation of feared stimuli, whether through real-life (in vivo), imagined, or interoceptive exposures with the goal of reducing anxiety responses and avoidance behaviours over time (Craske et al., 2022). This concept was explained to Lulu, emphasising the heightened discomfort or anxiety to the feared stimuli at the beginning with decreased anxiety after repeated exposure, by developing a new set of associations through conditioning. It was aimed to help her gradually face feared situations, such as participating in group activities and managing social interactions, which previously triggered panic-like responses. Lulu was guided through imaginary-based exposure where she visualised an interaction with her hostel matron who was shouting at them for being late, threatening to punish them. In response, she was biting her nails, appeared teary with mild difficulties in breathing. Diaphragmatic breathing was practised in session to support emotional regulation. Subsequently, the thoughts associated with the heightened emotional state were identified and cognitively restructured. She found the exercise overwhelming and was therefore encouraged to practice exposure exercises outside of the session, which would be discussed later.

Lulu continued to expose herself to anxiety-inducing situations at school, supported by a close friend. Over time, the intensity of her psychological distress decreased. She also took the initiative to use the office stairs, previously a feared trigger, instead of the elevator to reach the therapy room, and reported feeling positive about this achievement. She was praised for her proactive effort. Exposure therapy has been consistently shown to be highly effective in

reducing symptoms of anxiety disorders, including panic disorder and generalised anxiety disorder, by helping clients gradually face feared situations and learn that anxiety naturally decreases over time (Cuijpers et al., 2020). This approach aimed to reduce avoidance behaviours and reinforce her capacity to tolerate distress, thereby improving overall emotional regulation.

Session 10 and 11

In session 10, we discussed Lulu's father. She appeared sad and tearful for most of the session. Lulu expressed that she does not like talking about him, as it brings up painful emotions. She shared that, when she was younger, she often thought about him and made considerable effort to maintain contact, calling him and asking to spend holidays together. She also indicated that she sometimes feels angry with him for not visiting her at the hostel, even when he was informed of her being unwell. Their conversations, she noted, remained surface-level, usually limited to inquiries about her schoolwork. Lulu recently saw him at a funeral and had hoped to have a meaningful conversation and tell him about her therapy, but he dismissed her, stating that it was not an appropriate time or place for such discussions. As a way of coping, she was avoiding talking to him. A reference to unhelpful coping mechanisms was done to help Lulu process her emotions in a positive way. We identified and acknowledged the emotions she had about her father, and discussed her expectations of him. She expressed unmet expectations regarding her father's role in her life, and a realistic perspective was encouraged to promote acceptance and emotional processing. She was calmer at the end of the session, but revealed she still felt sad.

Lulu requested to have an earlier follow up session. Following previous discussions, Lulu reflected on the potential psychological impact of her father's absence and expressed concern about whether it could lead to what is referred to as 'daddy issues', a term she understood to mean difficulty in forming healthy relationships with boys. She described this concept as something commonly discussed among her peers. Lulu shared that she had a close male friend and had begun to question whether her bond with him was built on honest connection or an unconscious attempt to fill the emotional void left by her father. Although she did not report any accompanying physical symptoms, she experienced difficulty in challenging this negative thought and sought reassurance. A deeper understanding of the term was explored in session, and psychoeducation was provided to help differentiate between peer-based interpretations and clinical relevance. Her relationship with her friend was explored, emphasising the qualities she

admired in him and her perception of the mutual efforts involved in maintaining the relationship.

Session 12

A family session was conducted with Lulu and her mother. The client had indicated that she felt her mother limited her access to spending time with family and friends. While she understood her mother's safety concerns regarding visiting friends, she expressed that being unable to visit her cousins was unfair. Prior to the session, Lulu had discussed this with her mother, who explained that the family relationship was complicated and marked by ongoing conflicts. She expressed concern that Lulu might be mistreated due to these tensions. It was also noted that communication regarding Lulu's father was limited, as discussions about him often became centred on the mother's experiences. During the session, it was agreed that Lulu's mother would allow her to communicate with her aunts and cousin, and she would consider permitting visits if she felt it was safe to do so. Her mother also emphasised the importance of open communication should Lulu experience any mistreatment during these visits. Lulu's mother became emotional during the session as she reflected on her own relationship with her family, but was able to maintain focus on her daughter's concerns. Following the session, it was suggested that Lulu's mother consider attending individual therapy sessions for her own support.

Session 13

In this session, a routine check-in was conducted. Lulu reported a notable reduction in intrusive thoughts, had improved sleep routine, and good academic performance. Her mother also noted significant improvements, stating that the client was no longer crying, appeared more emotionally engaged in conversations, and had managed the recent school-out weekend at home without any issues. Furthermore, there were no concerns raised by teachers or hostel matrons at the time of school pick-up, which was considered a positive change. The client expressed how she was now less susceptible to peer influence. She described experiencing internal conflicts when invited to participate in social activities she did not genuinely wish to attend. Her discomfort stemmed from not wanting to hurt her friends' feelings, which often led her to agree despite her reluctance. In response, assertiveness training was introduced, with a focus on supporting her ongoing efforts to unlearn the pattern of dishonesty. Replacement responses were explored, helping her with the guilt and fear she felt after considering to say

no. To address the internal conflicts, insight on self-awareness was done and she was given a task to further reflect on this.

Session 14 and 15: Career assessment

In response to Lulu's inquiries regarding potential career paths, a discussion was initiated, followed by a psychometric assessment to support career exploration and decision making. Three psychometric tests were administered. Test 1 was the Jung Personality Questionnaire (JPQ), which is aimed at providing vocational guidance based on personality traits that are revealed in the questionnaire. Test 2 was the Differential Aptitude Test (DAT), which is aimed at measuring the potential for success of an individual when their natural ability is nurtured and developed. Test 3 was the Namibian Vocational Interest Inventory (NAMVII), which was developed to provide guidance on the interests of individuals for different fields of study.

Assessment results and analysis

Jung personality questionnaire (JPQ) result was Extraverted Thinking with Sensation (ETSP). The test showed that Lulu was an extraverted thinker with sensation; meaning that she was a practical, realistic person who dealt with facts. It also indicated a strength in organising activities. Personal characteristics include friendly, easy going and liked mechanical things such as cars and machines.

The Differential Aptitude Test (DAT-R) scores revealed Lulu as average in comparison and good in all the other 8 subtests.

Table 1: **DAT-R results**

Test	Score interpretation
English	Very good
Nonverbal reasoning	Very good
Mathematics	Very good
Verbal reasoning	Good
Comparison	Average
Calculations	Good
Spatial perception	Good
Mechanical insight	Very good

The Namibia Vocational Interest Inventory II (NAMVII) test results revealed that Lulu had a high interest for social science and caring (fields which are related to caring and service to

others), the biological and medical sciences (activities related to physical, biological and health phenomena), and fine arts (which are artistic in nature).

Conclusion

Based on the combined results obtained from the assessments, as well as information gathered from Lulu and her mother during the ongoing therapy, various career options were considered. These include occupational therapist, with combining caring, creativity, and hands-on problem-solving; biomedical technician, with practical, mechanical, and within the medical field; psychometrist or educational psychologist (with further education) aligning with her interest in social sciences and strong reasoning skills; physiotherapist who is active, practical, and service-oriented; technical instructor, in line with teaching mechanical or practical subjects; and industrial designer combining spatial, mechanical, and creative abilities. These options aligned with her suggested career preferences. Further discussion emphasised that career interests and available opportunities may evolve, and she was encouraged to remain open and flexible in response to such changes.

Concluding Evaluation of the Therapy Process and Outcome

Relapse prevention and termination

Session 16 focused on reviewing Lulu's overall progress, addressing ongoing challenges, and reinforcing the skills acquired during treatment. Lulu reported feeling more confident in herself and expressed a willingness to remain at her current school, reflecting increased emotional stability and adjustment. Self-report measures used to monitor her treatment progress also indicated a reduction in distress-related symptoms. Additionally, Lulu noted that her menstrual cycle had become less intense, and she no longer required pain medication as frequently as before. A significant milestone was achieved when Lulu initiated a conversation with her mother about her feelings regarding her father's absence, an issue she had previously avoided. She described experiencing a sense of relief and comfort in feeling understood and supported by her mother. Lulu was educated about the nature of relapse in emotional and psychological wellbeing, emphasising that occasional setbacks are common and not indicative of failure. Understanding this reduced potential guilt and self-blame, if symptoms re-emerge. Coping skills were reinforced with emphasis on diaphragmatic breathing techniques, thought challenging, and assertiveness communication. The therapist also supported the client in identifying her personal strengths such as creativity and consistency, which were integrated into the management strategies. We also identified her mother as her strong support system and

encouraged her to maintain open communication with her mother, and to reach out to her teachers or matrons when she noticed an early symptoms returning. The client and her therapist developed a plan for the next sessions aimed at maintaining skills gained from treatment.

Monitoring treatment outcomes

The Clinical Outcomes in Routine Evaluation-Outcome Measure CORE-OM) was used to evaluate the client's problem areas, symptom severity and monitor therapeutic outcomes. A 2020 study highlighted the CORE-OM's applicability in various cultural contexts, emphasising its role in capturing issues individuals aim to address in psychotherapy (Paz et al., 2020).

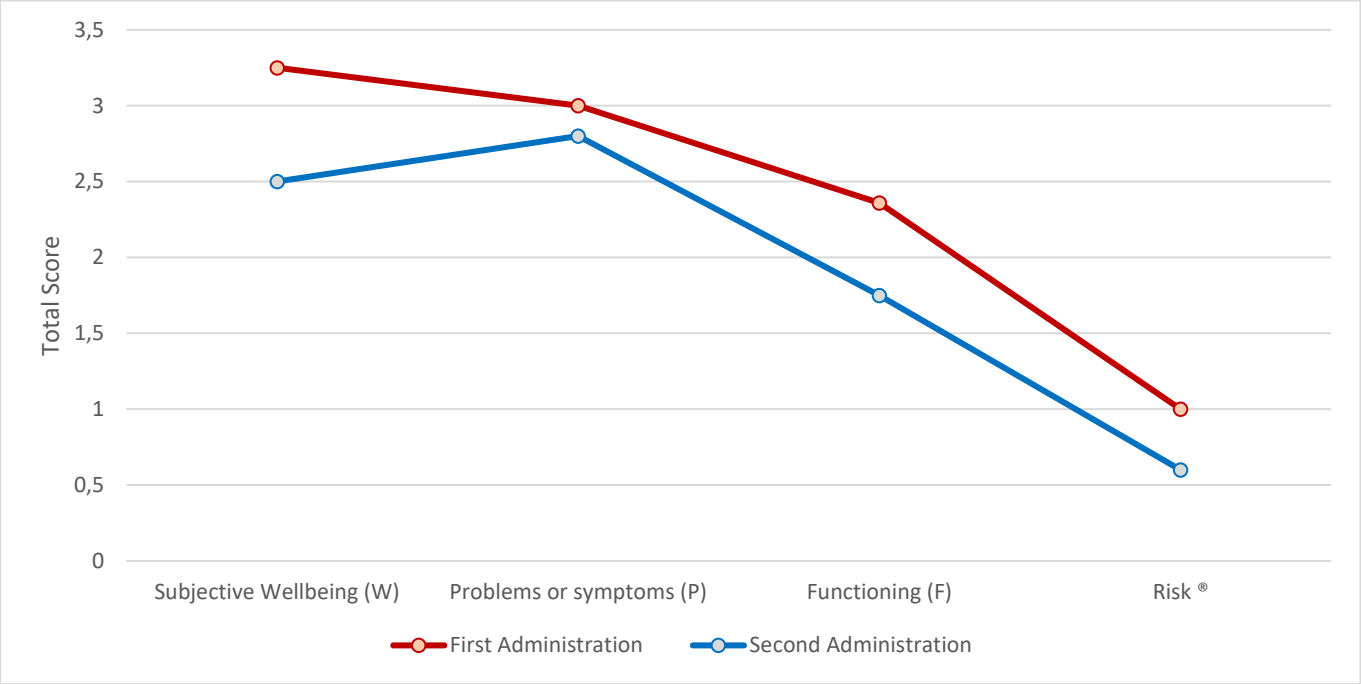

Figure 3: **CORE-OM results on two administrations**

The second administration of the CORE-OM revealed a general reduction in psychological distress. Scores across well-being, symptoms, functioning, and risk domains all showed improvement, indicating positive client progress. While symptoms remained in the elevated range, the downward trend in scores reflected the beneficial impact of therapeutic interventions.

Alternative strategies to consider

If positive outcomes had not been achieved during therapy, the client would have been referred to pharmacotherapy for the panic attacks and generalised anxiety. A comprehensive review by Garakani et al. (2020) highlights that SSRIs and SNRIs are considered first-line treatments for

various anxiety disorders due to their favourable balance between efficacy and tolerability. An alternative intervention involving a change in environment had been considered. Although Lulu initially expressed a desire to be withdrawn from the hostel, she demonstrated a willingness to remain after acquiring and applying coping mechanisms.

Ethical Considerations

The primary ethical consideration was maintaining confidentiality. While Lulu's mother was involved, she respected the boundaries by not probing into the specific issues discussed during sessions. The therapist ensured that information shared with the mother was limited and necessary to support Lulu's overall wellbeing. Given Lulu's age as a minor, informed consent was obtained from her legal guardian (mother), while assent was sought from Lulu herself to ensure her voluntary participation and understanding of therapy processes. Also, minimising harm was crucial during activities such as exposure therapy.

Cultural factors

A difference in cultural backgrounds between the client and the therapist was noted. This did not influence the treatment outcomes in any way as the client was comfortable and clearly articulated herself in a language understood by both the therapist and Lulu. There was no conflict in cultural beliefs and mental health or expectations from the therapeutic process.

Conclusion

The case demonstrated the effectiveness of a collaborative therapeutic approach in the treatment of Panic Disorder and Generalized Anxiety Disorder. While Cognitive Behavioural Therapy (CBT) served as the primary intervention, the integration of Person-Centred Therapy proved beneficial in addressing the overlapping symptoms associated with both diagnoses. Consistency in therapy sessions played a pivotal role in Lulu's progress. Regular attendance, engagement in in-session activities, and continued practice of therapeutic skills contributed to the stabilisation of her anxiety symptoms. The predictable structure of sessions and a secure therapeutic relationship provided her with a reliable space to process difficult emotions and build resilience.

Recommendations

Continued psychological support was reiterated to reinforce coping strategies learned during therapy and to address emerging stressors or emotional challenges.

Ongoing parental support, particularly from her mother, was encouraged to ensure open communication and emotional validation at home.

Through Lulu's mother, school-based support was recommended such that the hostel staff and her teachers were to continue monitoring her should the symptoms re-emerge.

School personnel (teachers and hostel staff) were to create a supportive environment that minimises anxiety triggers and allows for academic and emotional monitoring.

Ethical Approval Statement

This case study was conducted in accordance with ethical guidelines for research involving human subjects. Informed consent was obtained from the client's legal guardian, and assent was obtained from the client. No identifiable personal information was disclosed in the case study.

Conflict of Interest Statement

The author declares no conflict of interest related to this case study.

Data Availability

The data supporting the findings of this case are not publicly available due to privacy and confidentiality requirements, but may be made available from the corresponding author based on a reasonable request and with appropriate ethical clearance.

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Biodata of Author

Pure Mlambo is a registered Counselling Psychologist (AHPCZ) and a Clinical Psychologist (HPCNA). She holds an MSc in Counselling Psychology from Great Zimbabwe University and a BSc (Honours) in Psychology from Women's University in Africa. Pure has experience in diverse clinical settings and university teaching. Her clinical focus includes trauma, anxiety, depression in adolescents and adults.