

Navigating adjustment challenges: A Case Study of migration-related stress in Zimbabwe

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Abstract

This article presents the therapeutic journey of Tee, a 34-year-old woman from Zimbabwe experiencing adjustment difficulties following her husband's relocation to the United Kingdom. To assess the client, the therapist used the Clinical Interview, Beck Depression Inventory- II (BDI-II), Generalized Anxiety Disorder (GAD-7), Parental Stress Scale (PSS) and Adjustment Disorder New Module (ADNM-20). The scores revealed mild depressive symptoms, moderate, high parental stress and risk of adjustment disorder respectively. A multimodal therapeutic approach integrating Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) was used to address her emotional distress, parenting challenges and reduced social engagement. Over the course of therapy, the client demonstrated improved coping strategies, reduced parental stress, and enhanced emotional resilience and re engagement in social support systems. The case highlights the importance of integrating culturally relevant and evidence-based interventions in supporting the clients facing migration related stressors.

Key words: adjustment disorder, parental stress, migration stress

Confidentiality: There are no personal details that could lead to the identification of the client in this report. All identifying information has been altered to protect the client's privacy.

Client Demographic Information

Name:	Tee (Pseudonym)
Date of Birth:	12 December 1990
Date of Assessment:	19 June 2025
Chronological Age:	34 years, 6 months and 19 days
Nationality:	Zimbabwean
Marital Status:	Married
Profession:	Baker
Academic level:	ZIMSEC Ordinary level
Religion:	Christian

Client History

Referred by: Sister

Reason for Referral: To support the client in adapting to significant life changes and manage emerging psychological distress.

Referral details: The client was referred by her sister due to noticeable symptoms of anxiety, parental stress and difficulty coping with daily responsibilities following her husband's relocation to the United Kingdom. She was reported to be struggling with solo parenting demands, emotional exhaustion and social withdrawal which were affecting her overall wellbeing.

The client had pressure from her family and in laws, who mistakenly believed she is financially comfortable since her husband is abroad. She reported that their endless expectations created additional stress as she struggled to manage on her limited income. The absence of her husband had strained their relationship leading to infrequent and challenging communication. She sometimes questioned his commitment to the relationship which added to her emotional burden and increased her worry about potential disconnection. The client was worried that her emotional state may negatively impact her children's development, leading to feelings of guilt. Despite these challenges she identified her children as a source of strength and sometimes finds solace in prayer.

Assessment

The assessment process combined standardized tools with a culturally sensitive approach. Recognizing the client's limited formal education, the therapist explained the assessment items and feedback was simplified to ensure comprehension without compromising validity. The assessment was conducted online which required careful consideration of confidentiality, stable connectivity and the client's comfort in her home environment. Despite minor challenges such as interruption from child care and internet stability, the online sessions allowed flexibility and accessibility. It enabled the client to engage meaningfully in the therapeutic process.

Assessment Tools

- Clinical interview
- Beck Depression Inventory (BDI-II)
- Generalized Anxiety Disorder- 7 item scale (GAD-7)
- Adjustment Disorder-New Module 20 Questionnaire (ADNM-20)
- Parental Stress Scale (PSS)

The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) and Generalized Anxiety Disorder-7 (Spritzer, Kroenke, Williams, & Lowe, 2006), were chosen for their strong psychometric properties and common use in clinical practice. The Parental Stress Scale was used to assess the specific stressors related to parenting, (Berry & Jones, 1995).

The ADNM-20 (Ehlers & Glaesmer, 2014) was also included to measure the severity of the client's adjustment issues. Together they provided a holistic picture of Tee's emotional, cognitive and parental functioning.

However, given the Zimbabwean context and migration related stress, cultural validity was considered. The effectiveness of using western assessment tools in African context have been questioned. According to Foxcroft and Roodt (2005) and Mpofu (2002), these tools may not account for cultural differences and local coping mechanisms. The instruments used originated from the western settings and constructs such as depression and parental stress may be expressed differently in African cultures where collective coping, spirituality and extended family involvement plays a major role. To address this, the therapist explained each item in Shona language and linked the questions to culturally familiar experiences for example responsibilities within extended family and prayer as a coping strategy. This ensured comprehension on Tee' side. While western tools provide standardized metrics, cultural sensitivity and contextual adaptation were essential for valid use in Zimbabwe.

Family Background:

The client is the second born in a family of 4. Her parents divorced when she was 10 years old. The mother was absent from her life from the time she was 3 years old. She grew up with her father and siblings in Hwange. She used to visit her mother occasionally but they do not have a strong relationship. She got married in 2016 and has a daughter (3 years) and a son (8years).

Prenatal History:	No known challenges
Childhood:	All developmental milestones reached at an appropriate age
Social Status:	Middle class
Use and abuse of substances:	No history of substance abuse
Forensic History:	None
Medical History:	None
Mental health History:	None

Appearance	Kempt but appeared fatigued
Behaviour	Calm and reserved
Attitude	Cooperative
Level of consciousness	Alert
Orientation	Aware of time, place and person
Speech and Language	Audible and coherent
Mood	Euthymic
Affect	Guarded
Thought process	Coherent
Thought content	Coherent
Attention span	Attentive although initially had distractions from her young daughter
Suicidal & homicidal-	None
Intellectual functioning	Good
Memory	Good

History of Presenting Problem

The client's challenges began 15 months ago when her husband relocated to the United Kingdom for work. The transition marked a significant shift in her daily life and responsibilities. The client felt overwhelmed by solo parenting responsibilities. As a baker, the client faced demanding work hours that required both physical and emotional energy hence adding to feeling of being overwhelmed. She struggled to maintain daily routines and often felt emotionally drained, leading to frequent conflicts with her son who exhibited behavioural issues. She reported that there were certain issues that she felt needed her husband to address which were too difficult for her. The client mentioned occasional sadness and persistent worry about the future and ability to manage parenting effectively. These thoughts contributed to difficulties sleeping, leaving her physically and emotionally exhausted. She noticed a significant decline in her self-care routine; she often neglected her appearance, going for months without plaiting her hair and sometimes failing to clean the house. The client reported that she had withdrawn from social gatherings including church due to the discomfort of questions about her husband's absence.

Assessment scoresAnalysis of Assessment/ Diagnosis

ASSESSMENT TEST	R A W SCORE	INTERPRETATION	CLINICAL CUTOFF
Beck Depression Inventory-II (BDI-II)	11	Mild mood disturbances	1-10 normal 11-16 Mild mood disturbance 17-20 Borderline clinical depression 21-30 Moderate depression 31-40 Severe depression Over 40-extreme depression
Generalized Anxiety Disorder 7 (GAD-7)	10	Moderate Anxiety	0-4 minimal anxiety 5-9 mild anxiety 10-14 moderate anxiety 14-21 severe anxiety
Parental Stress Scale (PSS)	63	High parental stress level	18-36 low 37-54 moderate 55-90 high
Adjustment Disorder New Module 20 (ADNM-20)	65	High risk of adjustment disorder	47 and below - low risk 48 and above - high risk

The assessment results indicated that the client experienced mild depressive symptoms (BDI-II=11), moderate anxiety (GAD-7 =10), high parental stress (PSS =63) and a high risk of adjustment disorder (ADNM-20 =65). Taken together, these findings suggest clinically significant distress impacting her daily functioning, parenting capacity and emotional stability.

According to the DSM 5 TR (American Psychiatric Association, 2022), the criteria for adjustment disorder with mixed anxiety and depressed mood (F43.23) were met.

- Emotional and behavioural symptoms in response to an identifiable stressor (her husband's relocation) occurred within three months of the onset of the stressor.
- Symptoms are clinically significant, evidenced by marked distress out of proportion to the stressor and impairment in functioning (withdrawal, parental distress and poor self-care)
- The stress related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a pre-existing mental disorder.
- The symptoms do not represent normal bereavement and are not better explained by prolonged grief disorder.
- Once the stressor and its consequences end, symptoms should not persist beyond six months. Although the symptoms persisted beyond six months, this is consistent with the DSM-5-TR guidance since the stressor (her husband's absence) remained active.

Her mild depressive symptoms and moderate anxiety fall within the broader adjustment profile with no evidence of major depressive disorder or generalized anxiety disorder.

Problem Formulation

- Predisposing factors: The client's childhood experiences of parental divorce, limited maternal attachment and strong attachment and reliance on her husband.

- Precipitating factors: The relocation of the husband to the UK intensified parental responsibilities and disrupted the family dynamics.
- Perpetuating factors: The client's social withdrawal, negative thought patterns about solo parenting and lack of support systems
- Protective factors: The client's motivation to seek therapy, existing coping skills and the love for her children.

Formulation summary

The client's psychological distress stems from combined stressors associated with her husband's absence, inadequate social support and heightened parenting demands. These factors interact with her predisposition towards anxiety and fear of abandonment, leading to persistent emotional strain, maladaptive thought patterns and functional impairment.

Goals of Therapy

- To enhance emotional resilience and coping strategies
- To improve parenting skills and daily routines
- To develop and self-care routine.
- To expand social support networks

Counselling Approach/ Theory Used

The Cognitive Behavioural Therapy (CBT) was the primary approach used to help the client identify, challenge and restructure maladaptive thought patterns as described by Beck (2011). The techniques used were cognitive restructuring, thought records, behavioural activation and mindfulness. The Acceptance and Commitment Therapy (ACT) was employed to complement CBT by emphasizing acceptance of unavoidable emotions, mindfulness practices and alignment of behaviour with personal values. Hayes, Strosahl and Wilson (2012), ACT emphasizes the acceptance of internal experiences, mindfulness and committed action guided.

By integrating the two approaches, the client benefited from symptom reduction and improved resilience. The integrative approach also allowed for cultural sensitivity because ACT focused on values and spirituality which resonated well with her reliance on prayer and family connections. The therapeutic work was contextualized within the Zimbabwean cultural frameworks. The therapist integrated the principle of "ubuntu" (I am because we are) into the discussions of community support, reinforcing the importance of church, siblings and extended family. The client's spirituality and prayer were essential to her coping hence they were incorporated into mindfulness practices. Local metaphors were used for example comparing resilience to a tree bending in strong winds but not breaking. The emphasis was placed on balancing individual resilience with community reliance.

Course of Therapy

The course of therapy consisted of 7 sessions spanning a total of 14 weeks, with the client being seen after every two-weeks. The second assessment was conducted after 6 sessions (12 weeks) to evaluate the client's progress and re-administered assessment tools.

Session 1: Establishing Rapport and Assessment

The initial session focused on establishing rapport with the client. It was the first time for the client to do counselling, hence the therapist briefly informed her what counselling is about, explained about informed consent, the intervention process, and the termination process. The background information and history of presenting problem was collected. The therapist assisted the client to set the counselling goals and agreed on the ones to attend first. To gain a comprehensive understanding of her situation, the therapist administered the above-mentioned assessment tools. The therapist assisted the client articulate her feelings, highlighting instances of self-doubt and anxiety. The client thought she was failing entirely as a parent and focused on perceived short comings while ignoring the positives. The counselling session was cut short because the client's 3-year-old daughter was distracting

her, hence the therapist could not proceed with the session. The client was assigned a task to maintain a thought record, documenting specific negative thoughts, the contexts in which they occurred and her emotional responses. This exercise aimed to increase her awareness of cognitive patterns and set the stage for cognitive restructuring in future sessions.

Session 2: Cognitive restructuring: identifying and challenging negative thoughts

In the second session, the goal was to help the client identify and challenge negative thought patterns that contribute to her anxiety and feeling of inadequacy regarding her parenting and family dynamics. This involved discussing specific instances where the client felt overwhelmed or anxious focusing on the thoughts she had recorded. The therapist guided the client in recognizing cognitive distortions. The therapist assisted the client to identify the all or nothing thinking, which is viewing things in black and white terms, believing that she is either a good parent or a complete failure. She was also led to identify catastrophizing, which is assuming the worst possible outcome like believing that her life and children will be affected forever due to her struggles. She was also overgeneralizing based on a few events where she had difficult interactions with her in-laws and concluded that all interactions in future will be similarly negative. These distortions led the client to perceive herself and parenting abilities in a negative way. The therapist encouraged the client to challenge these thoughts by examining evidence for and against them, whether there were alternative explanations to her feelings and how she would advise a friend who had similar thoughts. This examination process aimed to help the client develop a more balanced perspective.

After identifying the cognitive distortions, the therapist assisted the client to formulate more balanced and realistic thoughts. The examples are when the client expressed the thought, "I doubt am a good parent because I cannot manage everything on my own", the therapist guided her to challenge the thought by recognizing that she was doing her best given her circumstances and that it is alright to ask for help. The balanced thought then became, "I am a loving parent and it is normal to feel overwhelmed sometimes, I can always reach out for support when I need it.

For homework, the client was tasked with identifying three positive affirmations related to her parenting and practicing them daily. This exercise aimed to reinforce her self-worth and counteract negative thoughts. She was also tasked to continue guiding her thoughts and challenge all the negative thoughts to promote healthier ones.

Session 3: Follow up session

The third session was a follow up session aimed at reinforcing the cognitive restructuring techniques that were introduced to further develop the client's coping strategies to manage anxiety and stress. Prior to the session the therapist had asked the client to ensure that her network was secure for a clear video call. The therapist also asked the client to find a quiet and comfortable space for the session to minimize distractions. This was particularly important as the client was parenting during sessions.

The therapist initiated the session by reviewing the client's homework and was particularly drawn to the thought records related to her in-laws. The therapist asked the client to share her experiences, emphasizing the challenges and successes she faced while practicing cognitive restructuring. The client reported mixed experiences; she found that challenging her thoughts helped reduce her anxiety in some instances however, she struggled with certain interactions that triggered strong emotional responses. The therapist guided the client through these experiences, reinforcing the importance of recognizing and addressing the cognitive distortions as they arose.

To build on the client's progress, the therapist reviewed the three affirmations that the client had been tasked to develop and practice. The therapist encouraged the client to reflect on how the affirmations had influenced her mind set over the past two weeks. The client expressed that repeating affirmations each morning helped her feel more empowered to start her day and was less overwhelmed particularly in tough situations.

The therapist then introduced mindfulness techniques as additional coping strategies. They practiced a brief mindfulness exercise together, focusing on deep breathing techniques. The therapist guided the client in a simple exercise where she closed her eyes, took deep breaths and focused on the sensations of her breath entering and leaving her body. This practice was aimed to help the client reduce anxiety during stressful moments.

For homework, the client was encouraged to continue practising her positive affirmations and to integrate mindfulness techniques in her routine and document their effects in a journal.

Session 4: Building Self-care routines and social support

The fourth session began by reviewing the client's homework. She indicated that for the past two weeks she had been practicing her positive affirmations every day and journaling the effects. She also indicated that her sleep had significantly improved. The fourth session shifted focus to establishing sustainable support system and enhancing self-care practices. The therapist emphasized that maintaining progress required not only managing thoughts and emotions but also nurturing daily habits and strengthening her social connections. Together, they explored strategies for creating a balanced schedule that incorporated intentional self-care, adequate rest, healthy meals and structured time for parenting. The client was also encouraged to start her day with a positive morning routine like brief mindfulness exercise, stretching or short walk to boost energy levels. The therapist emphasized the importance of being intentional about maintaining a balanced diet. The client was encouraged to plan simple and healthy meals that make cooking easier and more enjoyable, to stay hydrated and take time to rest. The therapist discussed importance of quality sleep and explored strategies to further improve sleep such as reading a book or taking a warm bath before sleep. The therapist also discussed the importance of setting boundaries with family and friends to protect her time and energy. The client was encouraged to communicate her needs clearly and assertively, and to practice the skill of saying no to additional commitments that may overwhelm her.

Furthermore, the therapist highlighted the importance of social self-care, which is connecting with family and friends. The client was encouraged to reconnect with supportive networks including her siblings, friends, and community and church groups. She was encouraged to schedule phone calls and video calls with supportive individuals in her life. The therapist emphasized the importance of community connections in alleviating feelings of isolation. Together they identified potential cognitive barriers the client might face in seeking social support. The client indicated parental responsibilities which may prevent her from attending gatherings and limited confidence in social skills. The therapist encouraged the client to engage in activities that enhanced her mood and alleviate feelings of isolation. They discussed specific community events that align with the client's interest that she might consider attending to expand her social network.

For homework, the client was tasked to select one event to attend and to prepare a list of conversation starters to ease social interactions. She was also tasked to document her feelings and experiences related to the event and any insights gained during the interactions.

Session 5: Values Exploration and psychological flexibility

The objective of this therapy was to solidify the client's progress by integrating the ACT principles. This was done to ensure the sustainability of her self-care practices and social network and preparing her for a confident transition out of therapy. The previous sessions focused on identifying and reframing negative thought patterns and behaviours. The ACT complemented this by shifting focus from changing thoughts to accepting them, hence reduced the struggle against internal experiences that were often inevitable. This was particularly useful as the client faced the ongoing reality of her husband's absence and the associated challenges. The ACT also aimed at increasing psychological flexibility, the ability to adapt to changing situations, maintain valued actions and accept difficult thoughts and feelings without being controlled by them.

This was important for her long-term well-being, especially during life transitions and stressors. The ACT also emphasized aligning the client's actions and core values hence providing a strong compass for decision making and behaviour when faced with obstacles. This was aimed at motivating the client to remain engaged in self-care and social connections even after therapy.

The therapist and the client reviewed the self-care plan and the social interaction task. They both discussed what was working well and what was challenging. The client indicated that she had drafted a schedule of her daily routine every week and was ticking the tasks that she managed to complete every evening before bed. The client reported that spending thirty minutes each day reading contributed to increased relaxation and reduced stress. She mentioned that she successfully reached out to all her three sisters through a joint WhatsApp call and they all decided to open a WhatsApp group as siblings to check on each other, pray together and stay connected even though they were far apart. The client was also happy that she attended a church service with her children at a nearby Pentecostal church even though it was not her usual church she felt welcome and would like to visit again. The client expressed that she found it tough to challenge the thought that she is solo parenting and does not know how long it will take to reunite as a family. She also found it difficult to stick to her bed time routine sometimes because the children often disrupted her plans.

The therapist introduced the ACT therapy by making the client understand that it is normal to experience emotions like sadness and anxiety especially in her situation. The client understood that sometimes resisting these feelings makes them stronger. The therapist mentioned that instead of trying to eliminate these feelings, she can accept them as part of her life. A brief mindfulness exercise was done where the client was made to focus on her breath and noticed the sensation of each inhale and exhale. The therapist made her understand that as thoughts and feelings arise, she should simply observe them without getting carried away.

The therapist and client explored her values and discussed what was truly important in her life and what kind of a person she wanted to be in her different roles in life. The client mentioned that she valued her husband, children, family and connections with those close to her and being a supportive figure to those who look up to her. The therapist guided the client on how she can live in accordance with these values even when faced with difficult emotions. They discussed on how she can prioritize time for them if these are important to her. She committed to take action by setting her social engagement goals and to continue to dedicate time for self-care each day because she cannot give others what she does not have.

Session 6: Progress Evaluation and re-administration of Assessment Tools

The therapist decided to re-administer the Parental Stress Scale and GAD 7. This was intentionally done to help evaluate the client's progress, monitor symptom change and provide evidence for intervention effectiveness. The re-administration allowed both the therapist and client to reflect on improvements and identify areas that still required support. The follow up assessment reflected the change across twelve weeks of therapy.

	ASSESSMENT TEST	PRE-THERAPY RESULTS	POST THERAPY
1	Parental Stress Scale (PSS)	63	41
2	Generalized Anxiety Disorder 7 (GAD 7)	10	07

The results showed meaningful changes, the PSS score decreased from 63 (high stress) to 41 (moderate stress) which indicated a significant reduction in her feelings of being overwhelmed by parental demands. Similarly, her GAD-7 score dropped from 10 (moderate anxiety) to 7 (mild anxiety). These improvements demonstrated that cognitive restructuring, affirmations and mindfulness exercises were having a positive impact on her ability to manage parental stress and regulate anxiety.

The reduction in parental stress and anxiety scores provided quantitative evidence that the client had internalized coping strategies and achieved therapeutic goals. Discussing these scores in session helped to normalize the client's progress, reinforced her motivation and validated the efforts she was putting into the therapy. The therapist emphasized that while her symptoms had not completely resolved, the reduction in severity reflected resilience and improvement in daily functioning. Tee herself expressed a sense of accomplishment, which further strengthened her engagement in the therapeutic skills learnt. These results alongside her improved functioning and confidence indicated readiness for termination while maintaining relapse prevention strategies.

Session 7: Termination of therapy and relapse prevention

On this session, it was the continuation of the termination plan that was discussed briefly on the first session and also the relapse prevention plan.

The session began by reflecting on the journey through out therapy. The discussions were on the improvements of the client in her emotional state, parenting skills, anxiety and social engagement. The client indicated that she felt more confident in her parenting skills and the son's behaviour was gradually improving. She indicated that she felt disrespected because there was no father figure in the house. She mentioned that she initially questioned her husband's commitment and suspected that he might have met someone else. She indicated that she had developed a sense of security in the relationship and their communication had improved. She had learned to assume he is busy with his two jobs whenever he did not answer a call. She mentioned that she had was grateful that her husband was working to improve their lives and that she trusted God to reunite them soon. She also reported that before therapy she was frustrated by her in-laws. She felt they only cared about being supported while she was also having a difficult time to make things balance however, their interactions had since improved allowing for more meaningful connections.

The therapist encouraged the client to continue with her self-care routine after therapy and to make follow up on her weekly plans and goals. The therapist also guided the client to have daily, weekly and monthly plans to maintain her routine in order.

The relapse prevention strategies were also discussed. The client was asked to identify specific triggers that could lead to relapse in her emotional well-being. The situations, thoughts and feelings were discussed and the client mentioned that managing everything alone was really tough sometimes which led to feeling of being overwhelmed and anxious. The therapist and the client discussed the main coping strategies could that could be used when faced with triggers. Together they gave the strategies a name, MEP which means Mindfulness exercises, engaging with support and Positive affirmations. The client was encouraged to write it down so that she may always remember. The therapist asked her to write down all the possible triggers, its coping strategy and list of names to contact for support. She was asked to set long-term goals that align with her core values and what she envisions for her life moving forward. She indicated that she wanted to be an emotionally present parent and continuously prioritize herself.

In closing the therapist reminded the client of her strengths and the progress she made throughout therapy. She encouraged the client to trust her ability to navigate challenges independently. The therapist shared some e-books which she can download online related to mental health, parenting and self-care. The client further emphasized that while the therapy was concluding, the skills and insights she gained where going to continue to serve her well. She was reminded to always visit her maintenance and relapse prevention plan regularly.

Prognosis

The prognosis was positive as the client demonstrated a high level of engagement and improvements in areas including parenting stress and anxiety, improved communication with her husband. These factors, combined with her resilience, spiritual coping strategies and motivation to care for her children provided a solid foundation for ongoing recovery.

However, the prognosis must be viewed within the context of persistent challenges. The ongoing absence of her husband and the demands of solo parenting continue to place a significant pressure on her emotional resources. The financial strains may be potential stressors if not managed well. There is a moderate chance of relapse particularly during periods of heightened stress and isolation. The client should continue to maintain her coping strategies, strengthen social support systems and utilize relapse prevention tools.

Recommendations

To Client

- Maintain structured self-care routines including mindfulness, physical activity and balanced diet.
- Continue practicing cognitive restructuring and affirmations to challenge negative thoughts
- Strengthen social support through church, family and community connections
- Use the relapse plan (MEP) Mindfulness, Engagement and Positive affirmations when facing triggers.

To practitioner

- Incorporate culturally sensitive approaches when addressing family and migration related stressors.
- Engage client's social and spiritual resources to enhance resilience.
- Conduct follow up assessment to monitor changes in parental stress, anxiety and adjustment over time.
- Offer a booster session after a month to consolidate skills and reassess stress levels.
- Where applicable and with the client's permission, consider facilitating structured communication or psychoeducation sessions with the client's spouse to address relational strains and align parenting goals across the distance.

Conclusion

The case demonstrated how the integration of CBT and ACT can support individuals navigating adjustment difficulties related to family separation and migration stress. Tee showed significant progress in reducing anxiety and parental stress, developing resilience and re-engaging with her community. Ongoing support and application of learnt skills will be critical in sustaining gains. The case highlights the value of culturally grounded and evidence-based counselling interventions in enhancing adaptive functioning and family wellbeing.

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