A COMPREHENSIVE PRACTICUM REPORT ON INDIVIDUAL AND GROUP COUNSELLING

A PRACTICUM REPORT SUBMITTED IN PARTIAL FULFILLMENT FOR AWARD OF A BACHELORS DEGREE IN COUNSELLING PSYCHOLOGY AT MOUNT KENYA UNIVERSITY

APRIL 2021

PRESENTED BY: ANN GATHIGIA KARIUKI

BCP/2018/33025

82%

**DECLARATION**

**Declaration by the student**

This practicum report is my original work and has not been presented for award of a Bachelor’s Degree in this or any other University.

Sign ……………………………... Date …………………………….

Ann Gathigia Kariuki

BCP/2018/33025

**Approval by the Supervisor**

This practicum report has been submitted to the School of Social Sciences, Psychology department at Mount Kenya University with my approval as the course supervisor.

Sign ………………………………… Date ……………………………

Dr. Gilbert Maroko Mokua

Mount Kenya University

**DEDICATION**

This practicum report is dedicated to my parents, Mr & Mrs Kariuki, my husband Wim and my dear son Casey with my gratitude for their moral and financial support, tolerance and understanding throughout my study at Mount Kenya University.

**ACKNOWLEDGEMENT**

I would like to thank St J. P. Huruma Health Centre who gave me an opportunity to able to intern at their institution in order to fulfill my practicum requirement. I extend my thanks to SR Angeline for her guidance and support throughout my practicum period. May God Bless you abundantly.

I also wish to extend sincere gratitude to my Supervisor Dr. G. Maroko for his guidance, supervision and moral encouragement throughout my undergraduate journey at MKU. Thank you for being a great mentor and may God Bless you abundantly.

I would also like to thank the almighty God for giving me the strength and wisdom throughout the practicum period to be able to fulfill my duties at the site effectively.

I would also like to extend my deepest gratitude to my Personal Therapist, Mr George Wanyiri for his guidance and support during my practicum period. Thank you for your knowledge and wise advice and for giving me a different insight into mental health and counselling practice.

I thank my family for the financial and emotional support during the practicum period as well as the Mount Kenya University fraternity for their support and help. Fellow BCP students you are also appreciated for the moral support during the practicum period and throughout my study at MKU. May God Bless you all.

**ABSTRACT**

This practicum report gives an in depth review of the 3 months practicum experience running from January 2021 to April 2021 .It explains the nature of the practicum and my roles and duties throughout the period I was attached at the institution. It also gives an overview of the organization and the activities carried out in the institution and the challenges faced during the practicum period and the suggested recommendations.

I undertook my practicum at St J.P Huruma health center in Nanyuki, Laikipia County. Huruma health center is a community health center run by the Felician Sisters. It has both an outpatient and inpatient department. The inpatient department also has a palliative care/Hospice wing. My duties and roles involved offering counselling services to the In-patient and palliative care departments under the Supervision of Sister Angeline.

The main goals of the practicum period is to enable the student to develop skills applicable to various counselling settings, to enable the student to get direct feedback from clients ,direct observation before venturing into practice, provide the student with a supervised learning experience in the field setting and to enable the student learn and blend theories and practical lessons taught in class and understand the professional socialization process in a work setting.

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**PRACTICUM OBJECTIVES**

The following were the specific practicum objectives:

* To be able to adequately perform client assessment and make an accurate diagnosis.
* To be able to integrate the various counselling theories in the counselling process.
* To be able to incorporate and use the skills and techniques in counselling
* To be able to design and make a workable therapy intervention plans in regard to clients.
* To understand and practice ethical issues during the counselling process.
* To be aware of the community resources available for mental health care and support.

**INDIVIDUAL COUNSELLING**

**CASE 1**

**Biographical data**

Date 19th January 2021

Client Code CO2

Age 72 years

Gender Female

Marital status Separated

Number of Sessions 8

Duration of Sessions 1 hr

Total number of hours 8 hrs

**Background information**

The client was in an abusive marital relationship for 15 years until she separated from the husband in 1985. From that relationship she had a daughter who died as a result of HIV/AIDS complications. She left 4 children behind under the care of the client. During the daughter’s treatment process, the client contracted the HIV virus. She got very ill after the death of her daughter. A religious leader took her to hospital and eventually to Huruma Hospice. She has been in the Hospice for the last 12 years. The grandchildren were taken to children’s home and they got their education from there. Currently the all the grand children are all stable i.e they are educated, in employment and or married. The religious leader oversaw all this and is still responsible for her bills and hospitalization costs at the hospice.

**Presenting Problem**

The client referred herself for counselling as an in-patient. She expressed that she is anxious and worried about the welfare of her grandchildren. She was also dealing with feelings of abandonment from her family. She was also having sleepless nights in regard to the religious leader as she has not heard from him in a long time. She also felt isolated sometimes at the hospice and has issues dealing with loss of freedom and health. Blames the son in law for her predicaments as he was the one who infected the daughter.

* **Exploration stage**

This stage involved rapport building and developing an in-depth relationship with the client. At this stage, classification and assessment of the client’s issues. An in-depth collection of information regarding the client’s earlier memories and life was looked into and documented.

* **Commitment to action**

**Therapeutic Goals**

* Increased understanding of anxious feelings ie. To identify any areas of vulnerability, develop the vocabulary to identify the said feelings and to be able to identify the symptoms associated with anxiety.
* Correct irrational thinking ie to challenge irrational thoughts with reality
* To develop coping strategies for dealing with the anxiety
* To increase insight and understanding between the underlying triggers, feelings and thoughts.
* **Counseling Interventions**

**Counselling Skills**  
Various counselling skills were employed during the sessions. These skills helped me as a counselor to better understand, listen and in rapport building with the client.

**Attending skills.**By giving the client my undivided attention to what she was saying and valuing her as a worthy individual. She was able to tell her story and earlier experiences which helped in putting into perspective her current behavior.

**Active listening**Active listening was employed by giving the client time to talk. As a counselor I listened to what the client was saying and paid attention to both verbal and non-verbal communication. Her body language helped me to better understand what she was saying verbally.

**Silence**This skill was employed in order to give the client control of the content of what she was saying and the pace of sharing during the session. Just sitting with her and recognizing her silence really facilitated the counselling process and aided in the rapport building. During this stage, she was able to put her thoughts in perspective which also enhanced communication.

**Reflecting and paraphrasing**This skill was adopted in order to ensure that the client felt listened to. By reflecting, the client was aware that she had my undivided attention and I was fully paying attention to what she said. I also paraphrased her statements when necessary. These skills ensured that the client felt heard.

**Techniques involved**

**Free association.**This technique was employed in the later stages of counselling. By letting the client speak up whatever came up in her mind helped uncover some of her defence mechanisms that she wasn’t even aware of.

**Identifying and analyzing the defence and resistance mechanisms**As the client talked about her issues, I noticed that she kept on defending and distorting some of the insights. She clearly blamed her situation on the son in law. By keeping on redirecting her anger and anxiety to the son in law she employed this coping strategy in order to cope with her anxiety.

**Mindfulness techniques** In the course of the treatment, the client took mindfulness as a coping strategy. Breathing exercises were introduced to the client. The client also explained that she got a lot of peace of mind by meditating and praying. These strategies were incorporated in her routine and they helped a lot.

**Theoretical Approaches**

**Psychodynamic Approach** This approach was used in order to bring the unconscious feelings of the client to the focus or the conscious level. By using the free association technique, the client was able to reveal repressed feelings in regard to her anxiety. This approach was used to help the client find patterns in her emotions, thoughts and beliefs in order to gain insight into her current self.

**Personal Centered Theory**

This approach was employed in the beginning in order to let the client speak and take a lead in the discussions. In this case I acted as the facilitator therefore listening without judgement and acknowledging the clients without moving the conversation in another direction. This led to the client realizing she has what it takes to overcome her challenges. At this stage, empathy, confidentiality and unconditional positive regard was employed in aiding the counselling process.

**Cognitive Behavioral Therapy**  
This approach was used in addressing the negative patterns and the distortions in the way we look at things and the world. In this case, it was explained to the client how negative thoughts contribute to anxiety. It was therefore aimed at changing the client’s perception of the situation. Thought challenging technique was adopted during the counselling process. The client was assisted with identifying the negative thoughts, challenging the negative thoughts and finally replacing the negative thoughts with positive thoughts.   
 The client was introduced to coping skills for managing the anxiety feelings. For example, relaxation skills to counteract anxiety  
It was also important to help the client learn to recognize when she was experiencing anxiety and what physical symptoms were experienced.

**Loss and Grief approach**The client had experienced immense losses throughout her life. She experienced loss in her marriage i.e. the separation, she lost her only daughter, she lost her heath and her freedom. All these losses combined contributed to her feelings of abandonment, loss of freedom and anger that was directed to the son in law. By exploring on the *Seven stage model of loss and grief*, the client was able to work towards healing and forgiveness.

* **Evaluation and Termination**

After careful evaluation, the counselling process was terminated and feedback offered by the client. The client was positive that what she learnt during the therapy sessions will help her in tackling her anxiety. She was optimistic about her life and according to her she was able to forgive the son in law and was working towards healing the broken-down relationship.

**INDIVIDUAL COUNSELLING**

**CASE 2**

**Biographical data**

Date 20th January 2021

Client Code CO3

Age 54 years

Gender Male

Marital status Married

Number of Sessions 4

Duration of Sessions 1 hr

Total number of hours 4 hrs

**Background information**

The client was a 54-year-old male. He works as a long-distance driver. He is married with 4 adult children. He had been admitted in the general wards for 2 weeks with diabetes complications. His big toe had been amputated as a result of the diabetes condition. He has lived with the condition for 12 years. He has been able to control his diabetes with medication and diet. Before admission he was also diagnosed with hypertension. This seemed to cause some anxiety and he was still grappling with the diagnosis.

**PRESENTING PROBLEM**

The client came for counselling with anxiety issues as a result of a new diagnosis. He was also worried that his wound was not healing fast enough. He was still grappling with the new diagnosis and was worried that hypertension might lead to an early death.

**EXPLORATION STAGE**

At this stage rapport building was done by assuring the client of confidentiality. Deep empathy was also employed and this helped in creating a bond with the client. During visiting hours, I was able to interact with his brother and wife. The brother was also a hypertensive patient and this helped the client on seeing that the condition can be managed with medication and lifestyle change.

**Therapeutic Goals**

* Improving general health status in relation to drug adherence
* Providing information in regard to adverse effects and contraindications
* Promoting healthy behavior
* Increase patient self-monitoring
* **Skills employed:**

**Attending skills**A lot of emphasis was put on both the verbal and non-verbal language during the counselling process. This helped me to gain a clear understanding of the internal experiences in regard to his crisis as he sees it. Focus was put on the client’s feelings and thoughts during the entire counselling process.

**Listening skills**During the counselling sessions, effective listening skills were adopted. This helped the client develop trust in the counselling process and this aided in the opening up and disclosure of his thoughts and feelings. This therefore facilitated gathering of information that in turn aided the counselling process.

**Deep empathy**In this case, I empathized with the client on a deeper level and I was able to make a connection and create a bond that helped in building the rapport with the client.

**Self-disclosure**This skill was applied during the session with the brother. The brother was able to disclose to the client what to expect in terms of living with hypertension. The need for drug adherence and self-care practice was emphasized.

* **Techniques employed**

**Mindfulness**Mindfulness and meditation were encouraged in helping the client deal with anxiety issues.

**Breathing exercises**Deep breathing exercises were introduced. This helped the client, mostly when he felt overwhelmed and anxious. They were relaxing and had calming effects.

**Reading of self-help books**The client was encouraged to read self-help books on issues regarding stress management. The client started reading Martin Seligman’s ***Authentic happiness.***

* **Theoretical Approaches**

**Cognitive Behavioral Therapy** It was important to emphasize to the patient that he needed to adopt and change the way he looked at life. Great emphasis was laid on the present and the future rather than the past.  
 Lifestyle modifications needed to be adopted in relation to the diet and maintaining a healthy weight. It was important to have the client committed to the necessary changes. The way he thinks and acts needed change. He needed to practice self-care i.e. Take better care of himself, observe the dietary advices prescribed in relation to salt intake, red meat intake and alcohol use. The client also committed to adopting a much healthier lifestyle in relation to exercise and practice mindfulness in order to keep stress levels in check. The client also needed to understand the relationship between blood pressure, diet and exercise.

**Positive Psychology**High positive emotions can be linked to a happier life and this contributes to lower blood pressure. Emphasis was laid on developing and adopting a positive attitude towards life and this in turn would lead to a more stress-free living. The client was optimistic that he could use his strengths to overcome the challenges that might come along the way. He was keen to turn his weaknesses into challenges that he would turn into his advantage. The client was very positive in general that he would also be able to manage the hypertension as he had managed the diabetes.

* **Termination**

The counselling process was terminated after 4 sessions as the client neared his discharge from the hospital. He felt that he was well equipped to manage the issue alone with support from his family. He was optimistic that all will be well. Follow up was carried out through tele counselling and the client appreciated the follow-up. He had joined a support group organized by a local hospital where he interacted with fellow patients.

**INDIVIDUAL COUNSELLING**

**CASE 3**

**Biographical data**

Date 26th January 2021

Client Code CO7

Age 34

Gender Female

Marital status Separated

Number of Sessions 6

Duration of Sessions 1 hr

Total number of hours 6 hrs

**Background Information.**

The client is a 34-year-old mother of three, 2 girls and 1 boy aged 13,8 and 3 yrs. She works at a farm as support staff. She is separated from the husband and currently lives with the mother together with the 3 children. She is a domestic violence victim. Physical and psychological abuse was rampant in the marriage. There had been cases of infidelity on several occasions, the husband had been sleeping around.

**PRESENTING PROBLEM**

She had been admitted at the institution for a period of two weeks. Physical symptoms included extreme weight loss, general malaise, nausea and back issues. She was also having trouble sleeping and she also had lost her appetite. The client also complained of feeling down and had feelings of hopelessness.

**EXPLORATION STAGE**During the second session, the diagnosis was determined and this led the client to spiral down. She became very depressed as she was still to come with her diagnosis. She had tested positive to HIV. At this stage the client became aloof and became withdrawn**.** The client was given time and received crisis counselling from the HTS department. After this she was keen to commit to the counselling process and the sessions resumed. The client was in turmoil and was not sure whom to trust. At this stage, confidentiality was assured and deep empathy shown to the client. She became trustful and was able to open up and share more information.

**Therapeutic Goals**

* Improving general health status in relation to drug adherence ie ART therapy
* Providing information in regard to adverse effects and contraindications ie offer psychoeducation on prevention of transmission etc
* Promoting healthy behavior in this case on issues surrounding safer sex
* Increase patient self-monitoring
* Help the client develop coping skills in relation to her issues.
* **Counselling skills**

**Attending skills**A lot of emphasis was put on both the verbal and non-verbal language during the counselling process. This helped me to gain a clear understanding of the internal experiences in regard to his crisis as he sees it. Focus was put on the client’s feelings and thoughts during the entire counselling process.

**Confidentiality**Confidentiality in regard to the client was assured from the very first session. The terms for breaking confidentiality were also explained in detail to the client. The client became trustful and was able to share more information on a much deeper level.

**Unconditional positive regard**  
This was achieved for accepting the client for whom she was and not being judgmental about her situation. I was able to listen and indulge myself in the client’s story. This influenced the counselling relationship positively as the client felt at ease and was able to share her life journey with me.   
  
**Deep listening skills**This involved immersing myself in what the client was really saying by being completely focused on her. On what she said and did without distractions. This helped the counselling process as the client felt heard and understood. This also proved very important aspect in changing the client’s perspective.

**Deep empathy**This involved connecting with the client on a much deeper level. This enhanced the counselling relationship as the client felt heard and understood. She felt that I was able to relate to her situation and this improved the counselling relationship and she was able to share her story on a much deeper level and openness.

**Silence**Silence was used especially when the client was overcome by emotions and started crying. At this stage the client was given time to cry and compose herself. The weight of the issue at hand was emotionally heavy the client cried as she felt the pain, which – previously suppressed – was now being experienced in its full intensity. Silence allowed the space for such emotions to be felt fully and processed. Use of silence enabled the client to collect her own thoughts, remember events, assess values and reflect on feelings

* **Techniques adopted**

**Psycho education**Psycho education was adopted in regard to living with Hiv/ Aids. Emphasis was laid on the need to practice drug adherence. Issues regarding safe sex and avoiding further transmission was also explored. Further, the client was also prompted to disclose the new infection to the ex-husband and any other sexual relations she had in the past in order to ensure that they avail themselves for testing.  
 Self-care was also emphasized in regard to diet and exercise. Since she was experiencing loss of appetite and nausea the attending physician also prescribed medication to combat the nausea.

**Relaxation techniques**Meditation and breathing exercises were involved during the counselling process in order to tackle anxiety. When she felt overwhelmed deep breathing exercises usually helped.

**Free association** The client was encouraged to share any thoughts and feelings that came up in her mind. By doing this, repressed feelings from earlier experiences came up and this helped in the counselling process. Repressed feelings of anger and bitterness towards the ex-husband. The client was then able to focus on finding peace and work towards healing and forgiveness**.**

* **Counselling Approaches**

**Psychodynamic theory**Psychodynamic approach was adopted in order to help the client understand long-standing conflicts from the past. This helped the client to become more self-aware and bring what is unconscious into consciousness. It focuses on the fact that many of the personal troubles in life are the result of mental processes that are hidden from us. The anger and bitter feelings the client was experiencing towards the ex-husband had been repressed for many years.

**Loss and Grief theory – Kubler Ross Model**This approach was explored as the client had gone through different losses, loss of her marriage and relationship and loss to her health as she was now suffering from a chronic illness. She was clearly in denial during the exploration stage. As the counselling process progressed, she was able to relate to most of the stages in the model. She was committed to work towards acceptance.

**Personal centered Theory**The therapy is based on Rogers’s belief that every human being strives for and has the capacity to fulfill his or her own potential. Rather than viewing people as inherently flawed, with problematic behaviors and thoughts that require treatment, person-centered therapy identifies that each person has the capacity and desire for personal growth and change. The client was able to recognize herself in this as she regarded herself to be resilient and was determined to do all that was necessary to attain a stable life as a single mother who was living positively with HIV/AIDS. She was determined to fight!

**Positive Psychology**Positive psychology emphasizes traits, thinking patterns, behaviors, and experiences that are forward-thinking and can help improve the quality of a person’s day-to-day life. These include optimism, spirituality (the client was a staunch Christian) perseverance, justice and resilience. It is an exploration of one’s strengths, rather than one’s weaknesses. The goal of positive psychology is not to replace those traditional forms of helping approaches that center on negative experiences, but instead to expand and give more balance to the therapeutic process.The overall goal is to minimize negativity in one’s thinking and behavior, to develop a more optimistic attitude that in turn will enhance, rather than disrupt one’s social and professional life. Therefore, enhancing life in general.

* **Termination**

Termination of the counselling process took place as the client neared her discharge from the hospital. She felt that she had taken the first steps towards acceptance towards her illness and was willing to continue with counselling as an outpatient client. She also enrolled herself in a support group for people living with Hiv/Aids where she hoped to find support.

**INDIVIDUAL COUNSELLING**

**CASE 4**

**Biographical data**

Date 3rd March 2021

Client Code C13

Age 16

Gender Male

Marital status Minor

Number of Sessions 3

Duration of Sessions 1.5 hr

Total number of hours 4.5 hrs

**Background information**

The client was a teenage boy aged 16 years. He was in form 2 in a nearby secondary school. He was the last born in a family of 4. The mother died almost two years ago and he lived with the father and the sister.

**Presenting Problem**

The client was referred for counselling by the sister. He was having displinary issues both at home and at school. He had been suspended on two occasions in the past year. He had also been involved in a motor bike accident 3 months ago. He had borrowed a motorbike from a friend. He also had truancy and playing hooky at school and at home. The sister suspected substance abuse.

**Therapeutic Goals**

* To enable the client to change behaviours which have negative consequences.
* To enable the client to function comfortably and adaptively within the external environment in this case both at home and at school
* To positively modify the truancy behavior and improve overall academic performance
* Improve communicational skills in order to be able to effectively communicate and let be known issues that may be affecting him.
* Tackle and deal with any emotional issues that may be affecting the client.

* **Counselling skills**

**Deep listening**The goal of deep listening was to acquire information, understand the client much better and be able to connect on a much deeper level with him.

**Active listening**

This was all about making a conscious decision to hear what the client was saying. It’s about being completely focused on the client—their words and their messages—without being distracted**.**

**Attending skills** A lot of emphasis was put on both the verbal and non-verbal language during the counselling process. This helped me to gain a clear understanding of the internal experiences in regard to his crisis as he sees it. Focus was put on the client’s feelings and thoughts during the entire counselling process.

**Skillful questioning**Use of questioning helped in clarifying situations during the counselling process. Both open ended and close ended questioning was used in the course of the counselling process.

* **Counselling techniques**

**Self-disclosure**This technique was adopted in order to help the teen realize that the challenges he was going through in life were universal to other people. This helped in building a deeper counselling relationship and encouraged the client to share.

**Free association**This helped the client to engage especially when there was some form of disengagement. He was able to talk about things and past traumas that he didn’t think contributed to his current issues and behavior.

**Music and art therapy**The client loved listening to music and this was recommended as a therapeutic mode for tackling anxiety and stress.

Art therapy was encouraged as a way of communicating what he was feeling.

**Psycho education**This was done as a way of sensitization on the effects of drug and substance abuse. He admitted to have tried out smoking but had stopped.

* **Theoretical Approaches**

**Psychodynamic theory**Psychodynamic approach was adopted in order to help the client understand long-standing conflicts from the past. This helped the client to become more self-aware and bring what is unconscious into consciousness. It focuses on the fact that many

of the personal troubles in life are the result of mental processes that are hidden from us.

**Loss and Grief theory – Kubler Ross Model**This approach was explored as the client had gone through loss, loss of his mother at an early age affected him and clearly, he still had issues related to complicated grief.

* **Termination and Referral**

After 3 sessions, it was agreed between the family and the client that issues regarding the death of their mother was not yet resolved. This led to him being referred to another counselor for family therapy. They needed to attend counselling as a family system.

**INDIVIDUAL COUNSELLING**

**CASE 5**

**Biographical data**

Date 26th February 2021

Client Code CO6

Age 70 years

Gender Female

Marital status Widow

Number of Sessions 3

Duration of Sessions 45 min

Total number of hours 2.30 hrs

**Background information**

The client was a widow aged 70 years. She was a mother to 10 children, 5 boys and 5 girls, the husband died 10 years ago. She was illiterate and she lived with one daughter who was the primary caretaker.

**PRESENTING PROBLEM**The client was admitted in the hospital with pain in the lower back, uterine bleeding, constipation, nausea and loss of appetite. She had been diagnosed with advanced uterine cancer in Aug 2020. Due to financial constraints, she was unable to seek treatment. She had been admitted at the facility for pain management.

**Therapeutic goals**

* Find coping strategies that will help with pain management.
* Enhance personal communication with the rest of the family on the issues regarding death.
* Create self-awareness to the family on how the mother’s illness might affect them.

**Counselling skills**

**Empathy**By empathizing with the client, trust was built and the client was able to commit to the counselling process.

**Attending skills**By being available for the client. Listening to her as she narrated her life. Attention was laid on both the verbal and body language. When the pain became too much for her to bear sessions were suspended until she recovered.

**Active listening**This was all about making a conscious decision to hear what the client was saying. It’s about being completely focused on the client -their words and their message without any distractions**.**

**Silence**Silence allowed the space for emotions to be felt fully and be processed. Use of silence enabled the client to collect her own thoughts, remember events, assess values and reflect on feelings.

**Techniques used**

**Meditation**The client took an interest in meditation whereby she used the technique to relax as a coping strategy for pain management.

**Breathing exercises**Deep breathing exercises were used as a coping mechanism against pain.

**Theoretical Approaches**

**Personal centered theory**The focus was laid on the client as a person and what she could do, not her condition (cancer). Support during the counselling process focused on achieving the client’s aspirations and these were tailored to her needs and unique circumstances.This enhanced support to the client now at the centre of the service, to be involved in making decisions about her life

**Loss and Grief**Issues regarding loss of health and imminent death were also explored. The client had found acceptance in the diagnosis and was fully aware of the issue at hand. She was at peace and was keen on consolidating the family and improve relationships. She had prepared her family on issues pertaining her wishes after death and her burial. She felt that she didn’t have long to live.

* **Termination**

The client could no longer attend sessions as her condition progressed. She requested to be discharged in order to spend her last days at home surrounded by her family. The request was granted and thereby termination of the counselling process occurred by default.

**INDIVIDUAL COUNSELLING**

**CASE 6**

**Biographical data**

Date 26th February 2021

Client Code CO9

Age 24

Gender Male

Marital status Single

Number of Sessions 1

Duration of Sessions 1hr

Total number of hours 1 Hr

**Back ground Information.**

The client was a 24-year-old male. He had been referred for counselling by the attending physician. He was admitted in the facility for a period of 10 days after attempting suicide. He was brought in unconscious by the sister. He lived with his parents. He was also diagnosed with gastro enteritis.

**Presenting problem**.  
The client was withdrawn rarely getting out of bed. He was experiencing anxiety which interfered with his day-to-day activities. He also complained of severe headaches and difficulty in falling asleep at night. He also complained of feeling down and had feelings of hopelessness. He felt that nobody understood him and felt let down and abandoned by the family.

**Intervention**

After careful assessment by the attending physician, myself as a counselor and my supervising counselor it was agreed that the client be referred to a facility and to a psychiatrist. Referral was arranged and the patient was attended by the in-house psychiatrist. Intensive personal therapy and family counselling was initiated in the outpatient department.

This was one of the most challenging cases during my practicum practice and I intensively discussed the case with my supervisor and that is when the conclusion was made for referral after careful assessment.

**INDIVIDUAL COUNSELLING**

**CASE 7**

**Biographical data**

Date 3rd March 2021

Client Code C16

Age 55

Gender Male

Marital status Widower

Number of Sessions 4

Duration of Sessions 1hr

Total number of hours 4 Hrs

**Background information**

The client was a 55-year-old man. He was a widower after having lost his wife 6 months ago. They had been married for 32 years and they had 3 children, 2 girls and 1 boy. The children were all above 18 years. Two were married and the youngest was in university. His wife lost the battle to breast cancer after 1 year. The cancer was at an advanced stage during diagnosis and not much could be done to help. He was a staunch Christian.

**Presenting Problem**

The client had been admitted with gastro intestinal complaints. He also experienced loss of appetite and weight loss. He was withdrawn and spent most of the day sleeping or in bed. Interaction with the rest of the patients was limited in the beginning. The client also admitted that he was experiencing intense emotional distress and sadness in regard to his deceased wife. He missed her very much and spent most of his free time at her graveside talking to her and or praying. He also cried a lot in those circumstances.

It was also clear that the whole family had issues revolving the death of their mother, one son separated from his wife and young family, the youngest daughter took a year off school as she was unable to cope. The client was also in turmoil because of the family issues happening.

**Therapeutic Goals**

* Develop vocabulary to describe feelings of grief and loss
* Develop a short-term action plan for dealing with grief and loss
* Identify grief and loss issues any link with losses and dependencies
* Identify steps toward managing grief
* Gain awareness, and accept that his grief and loss is causing him problems
* Learn coping techniques to address feelings resulting from grief

**Counselling Skills and Techniques**

**Attending Skills and Listening skills**By letting the client talk about the deceased; asking them about his wife, and allowing him to speak about their lost loved one in a safe space.

**Rituals of Affirmation**   
 In this ritual, the client can discharge any built-up regret by writing a letter or a poem to the deceased thanking them for their love and support. In this case the client was given homework to write a letter to his wife.

**Rituals of Continuity**   
These rituals establish that the lost loved one is still a part of the client’s life, that the bond is still there. It was made clear to the client that although the wife was departed, the bond that was there will always be there. The memory of her remains. He also acknowledged this by identifying the children they had together and the resemblance ie physically and qua character in those children. She lived on in her children.

**Silence**Silence was used especially when the client was overcome by emotions and started crying. At this stage the client was given time to cry and compose himself. The weight of the issue at hand was emotionally heavy the client cried as she felt the pain, which – previously suppressed – was now being experienced in its full intensity. Silence allowed the space for such emotions to be felt fully and processed. Use of silence enabled the client to collect his own thoughts, remember events, assess values and reflect on feelings

**Theoretical Approaches**

**Seven Stages of Grief model**The seven stages of grief were explored and the client could identify some of the stages that he had gone through. He could identify that he was moving between the 5th stage (Depression, loneliness and reflection) and the 6th stage (Reconstruction**)** According to him, the hurt felt raw and painful, he was fully aware that he could not change the situation. At the same time, it proved difficult to fully accept the death of his wife. On the other end, he knew that life must go on.He understood the stages and he was keen to work towards acceptance and healing.

**Cognitive Behavioral Therapy**  
This approach provided a framework for the client to understand his experience, identify barriers that he was facing, and to develop strategies to increase their sense of control. The client was to establish a simple routine in regard to regular meals and bed times. Promote self-care activities such as exercise, regular health checks and to increase pleasant or positive things.

**Rational Emotive Behaviour Therapy** **(REBT)**

Rational Emotive Behavior Therapy (REBT) is a form of psychotherapy and a philosophy of living created by [Albert Ellis](http://www.rebtnetwork.org/whois.html) in the 1950's. Its based on the premise that whenever we become upset, it is not the events taking place in our lives that upset us; it is the beliefs that we hold that cause us to become depressed, anxious, enraged. When applied to grief counselling, REBT tries to challenge those irrational beliefs and helps the client move towards healing. It’s by tackling these irrational beliefs that the client understands that by staying in the grip of that irrational belief, no matter how understandable, is unhealthy and unhelpful. It maintains the intensity of the grief at a level which renders the bereaved person unable to function, to eat, to sleep and to look after others in their care. Such a belief maintains the denial of an extremely difficult reality. It also helps the client realize that there is no specified manner to grieve.

**TERMINATION**

After 4 sessions, the client was given clearance for discharge. He felt that the counselling sessions were a beginning for him to achieve healing. Since the client had not previously received any form of counselling in regard to his wife’s illness and death, it was recommended that he continues with counselling services in a center closer to home. He was also open to engage his children for family therapy so that they could journey together.

Follow up was done through the telephone and the client was doing ok although counselling sessions were yet to start. This was as a result of the imposed lockdown in the country.

**INDIVIDUAL COUNSELLING**

**CASE 8**

**Biographical data**

Date 15th February 2021

Client Code C14

Age 60’s

Gender Female

Marital status Married

Number of Sessions 6

Duration of Sessions 1hr

Total number of hours 6 Hrs

**Background Information**

The client was a woman in her sixties from the nomadic communities. She didn’t know exactly how old she was but she claimed to be in her sixties. She was married and had 2 children. A boy and a girl. The girl was deceased, she died young. The son was the primary caretaker to the elderly father. She had a co- wife and several step children. She was a patient who has been in the facility for more that 10 years. She suffered a stroke and was paralyzed on the right side of her body. Her right leg and hand are completely paralyzed and she can’t take care of herself.

**Presenting Problem.**I approached the client and engaged her. She started crying and as I explored, she was distraught and sad. She kept on breaking down and after calming her I started rapport building. She was also withdrawn and often stayed alone in the shade. After exploration, she said she was experiencing anxiety and had abandonment issues. She felt that her family had forgotten her**.**

* **Exploration stage**

This stage involved rapport building and developing an in-depth relationship with the client. At this stage, classification and assessment of the client’s issues. An in-depth collection of information regarding the client’s earlier memories and life was looked into and documented.

* **Commitment to action**

**Therapeutic Goals**

* Increased understanding of anxious feelings ie. To identify any areas of vulnerability, develop the vocabulary to identify the said feelings and to be able to identify the symptoms associated with anxiety.
* Correct irrational thinking ie to challenge irrational thoughts with reality
* To develop coping strategies for dealing with the anxiety
* To increase insight and understanding between the underlying triggers, feelings and thoughts.
* **Counseling Interventions**

**Counselling Skills**Various counselling skills were employed during the sessions. These skills helped me as a counselor to better understand, listen and in rapport building with the client.

**Attending skills.**By giving the client my undivided attention to what she was saying and valuing her as a worthy individual. She was able to tell her story and earlier experiences which helped in putting into perspective her current situation. Sometimes the client cried uncontrollably and as a counselor, a pat on the shoulder and encouraging words were offered. I also gave her time to cry and compose herself.

**Active listening**Active listening was employed by giving the client time to talk. As a counselor I listened to what the client was saying and paid attention to both verbal and non-verbal communication. Her body language helped me to better understand what she was saying verbally.

**Silence**This skill was employed in order to give the client control of the content of what she was saying and the pace of sharing during the session. Just sitting with her and recognizing her silence really facilitated the counselling process and aided in the rapport building. During this stage, she was able to put her thoughts in perspective which also enhanced communication.

**Reflecting and paraphrasing**This skill was adopted in order to ensure that the client felt listened to. By reflecting, the client was aware that she had my undivided attention and I was fully paying attention to what she said. I also paraphrased her statements when necessary. These skills ensured that the client felt heard.

**Techniques involved**

**Free association.**This technique was employed in the later stages of counselling. By letting the client speak up whatever came up in her mind helped uncover some of her defence mechanisms that she wasn’t even aware of.

**Identifying and analyzing the defence and resistance mechanisms**As the client talked about her issues, I noticed that she kept on defending and distorting some of the insights. She clearly blamed her situation on the son. She felt that the son didn’t want to visit her and come to clear her hospital bill so that she could go home. By keeping on redirecting her anger and anxiety to the son she employed this coping strategy in order to cope with her anxiety.

**Mindfulness techniques** In the course of the treatment, the client took mindfulness as a coping strategy. Breathing exercises were introduced to the client. This strategy was incorporated in her routine and they helped a lot.

**Theoretical Approaches**

**Psychodynamic Approach** This approach was used in order to bring the unconscious feelings of the client to the focus or the conscious level. By using the free association technique, the client was able to reveal repressed feelings in regard to her anxiety. This approach was used to help the client find patterns in her emotions, thoughts and beliefs in order to gain insight into her current self.

**Personal Centered Theory**

This approach was employed in the beginning in order to let the client speak and take a lead in the discussions. In this case I acted as the facilitator therefore listening without judgement and acknowledging the clients without moving the conversation in another direction. This led to the client realizing she has what it takes to overcome her challenges. At this stage, empathy, confidentiality and unconditional positive regard was employed in aiding the counselling process.

**Cognitive Behavioral Therapy**This approach was used in addressing the negative patterns and the distortions in the way we look at things and the world. In this case, it was explained to the client how negative thoughts contribute to anxiety. It was therefore aimed at changing the client’s perception of the situation. Thought challenging technique was adopted during the counselling process. The client was assisted with identifying the negative thoughts, challenging the negative thoughts and finally replacing the negative thoughts with positive thoughts.   
 The client was introduced to coping skills for managing the anxiety feelings. For example, relaxation skills to counteract anxiety  
It was also important to help the client learn to recognize when she was experiencing anxiety and what physical symptoms were experienced.

**TERMINATION**

The counselling relationship was terminated after 8 sessions. This was as a result of my practicum period drawing to a close. However Psychosocial help continues to be offered to her.

**GROUP COUNSELLING**

**Group 1**

VENUE: HURUMA HEALTH CENTRE

CLIENT: Male patients in the inpatient department

Age: Above 18 years

Duration: 2 months

Type: Homogeneous open type group therapy

Group counselling is a form of counselling where a small group usually 6-8 people with a maximum of 12 members. The members meet regularly to interact and explore problems with each other under the guidance of a counselor and a group leader. Group counselling seeks to give the members a safe and comfortable place where they can work out their issues and emotional concerns. At the same time find a support network for their concerns.

**Background information**

The group counselling at Huruma Health Centre targeted male patients who were in admission for different conditions. Most of the members were terminally ill and had been admitted at the institution for many years. It was an open group so members could join and leave when necessary. This was because some patients were admitted for a short period of time.

**Roles of the counselor / Group leader**

* Group leaders initiate and promote interaction by the way they structure the group and model behaviors. They demonstrate how to share, take risks, relate honestly, and involve others in interactions.
* Group leaders orient members to the group process, teaching them how to get the most from their group and helping them become aware of the group dynamics.
* Group leaders must be capable of sensitive, active listening. Only by paying full attention to the members’ verbal and nonverbal communication can they help participants move toward a deeper level of self-exploration and self-understanding.
* Group leaders are responsible for creating a safe and supportive climate conducive to exploring personally signifi cant issues.
* Group leaders have the tasks of setting limits, establishing group rules, informing members of their rights and responsibilities, and protecting members

**Group counselling Goals**

* Instill hope.The group contains members at different stages of the treatment process. Seeing people who are coping or recovering gives hope to those at the beginning of the process.
* Universality: Let the group members realize that there are other people in their situation.Being part of a group of people who have the same experiences helps people see that what they are going through is universal and that they are not alone.
* Impart information since the other group members will share their experiences and knowledge.
* Develop altruism: Since the group members will share their strengths and help others in the group, this in turn can boost self esteem and confidence.
* Development of socialization techniques: The group setting is a great place to practice new behaviors. The setting is safe and supportive, allowing group members to experiment without the fear of failure.
* Imitative behavior: Individuals can model the behavior of other members of the group or observe and imitate the behavior of the therapist.
* Interpersonal learning: By interacting with other people and receiving feedback from the group and the therapist, members of the group can gain a greater understanding of themselves.
* Gain group cohesiveness: Because the group is united in a common goal, the aim was to have the members gain a sense of belonging and acceptance.

**Role of the group members**

* To take an active role in the group by sharing experiences and concerns.
* To be involved in the development of the group norms and guidelines.
* To take responsibility in change of attitude/behavior that may in one way or another inhibit growth of the group.
* To give healthy feedback including participating in the group tasks.

**GROUP FORMATION**My supervisor and I announced to the patients the intentions of forming a group. Screening was carried out in order to include those who were qualified for the group. A group leader was appointed by the members. The initial group consisted of six members and since it was an open group, members were able to join and leave freely.

**Forming stage**We started our initial session with establishing the group norms which in turn helped us to operate from a common platform. The goals of the group were also established.  
At this stage, I gave a brief introduction of myself as a counselor. Brief introductions were done as the members got to know one another and the reason they were in the facility.

**Storming stage**At this stage, the members were familiar with the group rules, objectives and norms. This was the transition phase. Anxiety, ambiguity, and conflict became prevalent as group members test and act-out behaviors to define themselves and the group norms. Anxiety was an issue as most members were hesitant to open up due to judgmental issues. At the end of this stage, members were free to disagree with one another and the interpersonal relations were established.

**Norming stage.** This was the cohesiveness phase. Members developed group-specific standards (cohesiveness) and a therapeutic alliance was formed such as disapproving late-arriving members, or the level of anger/conflict that could be tolerated.

**Working stage.** This was the performing phase.  During this stage, individual growth and team productivity and effectiveness occurred. Members experimented with new ideas or behaviors. In depth exploration occurred and the group was able to accomplish a lot in terms of objectives, discipline in terms of attendance was also enforced.

**Adjourning stage.** This wasthe termination phase. The closure for the group as a whole. The primary task was to discuss and review actual outcomes and achievements, explore feelings of what worked(and what didn’t), and any feelings of loss were addressed.

**THEORIES USED IN GROUP THERAPY**

**Psychoanalytic Approach**By providing a climate that helps clients reexperience early family relationships. To uncover repressed feelings associated with past events that carry over into current behavior. To facilitate insight into the origins of faulty psychological development and stimulate a corrective emotional experience.

**Adlerian Theory**This approach was used to create a therapeutic relationship that encouraged participants to explore their basic life assumptions and to achieve a broader understanding of lifestyles. To help members recognize their strengths and their power to change. To encourage clients to acquire a sense of social interest and to find purpose in life. This approach spoke especially to those members who are a bit withdrawn in socializing with the rest in the facility.

**Person Centred Theory**  
By providing a safe climate wherein members could explore the full range of their feelings and their experiences. To help members become increasingly open to new experiences and develop confidence in themselves and their own judgments.

**Rational Emotive Behavior Therapy** By assisting group members in achieving both unconditional self-acceptance and unconditional other-acceptance. To eliminate the members’ self-defeating outlook on life and replace it with a more tolerant and rational one.  
  
**Solution Focused Therapy**   
By helping the members adopt an attitudinal and language shift from talking about problems to talking about solutions. To encourage members to choose the goals they want to accomplish in the group. To assist members in identifying their competencies and strengths that will lead to new possibilities.

**SKILLS AND TECHNIQUES IN THE GROUP PROCESS**

**The Miracle question**Miracle question helps clients to be more open to future possibilities. Clients consider a life where they don’t dwell on this specific problem; and by imagining this world, they can start taking the steps required to reach it.    
The question also helps the client by preventing them to look into the past and drown in regrets. During the group process, the members were requested to ask themselves the miracle question. Exploration on the question was conducted during the session. This instilled hope, confidence and security to the members.

**Free association**

Members were requested to share thoughts and feelings that came up in their minds even when they thought the thoughts were un important. This was done especially in the earlier stages of the group process when group members didn’t know what to say or share.

**Active listening**This skill was adopted throughout the group process. By paying attention to what the members were saying, by clarifying, reflecting on what was said, summarizing and giving feedback during sessions.

**Empathy**By understanding the members' situation, perceptions and feelings from their point of view – and to be able to communicate that understanding back to the other person. This skill was also present throughout the group process. It helped in strengthening the interpersonal relations and trust in the group process.

**Focusing on strengths**The members were encouraged to identify their strengths, name them, and concentrate on them. Emphasis was laid on focusing on the positive situations rather than the negative ones.

**Self-help techniques**This was done by encouraging members to start journaling, reading of self-help books etc.

**SUMMARY**

The group counselling process helped the members grow and gain new insights in their lives. The goals laid down were achieved and this helped in members developing self-awareness, developing coping strategies and general self-development. Feedback in regard to the group process was received and the members were glad that the group therapy was becoming a form of their support system.

**GROUP COUNSELLING**

**GROUP 2**

**VENUE: TAMANI JUNIOR SCHOOL**

**GENDER: BOYS AND GIRLS**

**AGE: 11 -13 YEARS**

No of sessions – 9

**Background information**

The group was comprised of class six and seven pupils. The aim of the group was to offer insight into issues that affect teens. This varied from drug and substance abuse, life skills, teens and technology to sexual health awareness. Teens have a lot of challenges and it was relevant to tackle these topics during the group process. The group process had the following goals.

**Group Counselling goals**

* To increase awareness and self-knowledgein order to develop a sense of one’s unique identity
* To recognize the commonality of members’ needs and problems and to develop a sense of connectedness
* To help members learn how to establish meaningful and intimate relationships
* To assist members in discovering resources within their extended family and community as ways of addressing their concerns
* To increase self-acceptance, self-confidence, self-respect, and to achieve a new view of oneself and others
* To learn how to express one’s emotions in a healthy way
* To develop concern and compassion for the needs and feelings of others
* To find alternative ways of dealing with normal developmental issues and of resolving certain conflicts
* To increase self-direction, interdependence, and responsibility toward oneself and others
* To become aware of one’s choices and to make choices wisely
* To make specific plans for changing certain behaviors
* To learn more effective social skills
* To learn how to challenge others with care, concern, honesty, and directness
* To clarify one’s values and decide whether and how to modify the behavior

**Role of the group counselor**

* To assist in developing group norms and values.
* To offer psychological support in order to facilitate the members personal growth.
* To be available and respond to the concerns of the members during the group process.
* Teach the members the basics of group process.
* To act as the group moderator.

**Role of the group members**

* + To actively participate in the group counselling process through sharing of experiences.
  + To observe the group norms and values with emphasis on confidentiality.
  + To carry out self-evaluation and point out any issues that may require attention.
  + To give healthy feedback in an honest and respectful way.

**GROUP FORMATION**

This includes recruiting and screening the qualified members of the group. With the help of the headteacher we were able to screen the group members.  
Issues regarding planning and implementation of the sessions was discussed.

**FORMING STAGE**This early phase of a group is a time for orientation and exploration. At this stage, the members are attempting to find a place in the group, they are trying to get acquainted and learn what a group is all about while at the same time they are gradually learning the norms and expectations. This therefore deemed that the counselor use self-disclosure in order to encourage the members to share. Brief introductions were also made in the group and this enhanced in the members to open up. The initial hesitancy to engage gradually faded as the pupils developed trust.

**Norming stage.** This was the cohesiveness phase. Members developed group-specific standards (cohesiveness) and a therapeutic alliance was formed such as disapproving late-arriving members, or the level of anger/conflict that could be tolerated. The group typically had to learn to recognize and deal with anxiety, defensiveness, reluctance and conflict. The struggle for control were some of the challenges that the leader dealt with and various other problematic behaviors.

**Working stage.** This was the performing phase.  During this stage, individual growth and team productivity and effectiveness occurred. Members experimented with new ideas or behaviors. In depth exploration occurred and the group was able to accomplish a lot in terms of objectives, discipline in terms of attendance was also enforced. Members brought up issues they wanted to work on, freely interacted with one another. At this stage the members had the feeling of being a group rather than classmates. They therefore assumed the responsibility to keep the sessions moving forward.

**Adjourning stage.** This wasthe termination phase. The closure for the group as a whole. The primary task was to discuss and review actual outcomes and achievements, explore feelings of what worked(and what didn’t), and any feelings of loss were addressed.

**Theoretical approaches**

**Psychosocial model**By using this model, the pupils learnt about the developmental stages according to the 8stage of psychosocial development. They were able to learn and identify themselves in the various stages of development. This created self-awareness and they realized that some of the things they go through apply to everyone.

**Psychodynamic Approach**By exploring on the psychosexual theory of development, the pupils were able to learn about the ego, the unconscious and conscious minds. They therefore attained self-awareness on how earlier experiences may affect their development.

**Humanistic approach**Humanistic approach is a perspective that emphasizes looking at the the whole person, and the uniqueness of each individual**.** Maslow’s theory of motivation was used in encouraging the pupils to reach their maximum potential. To strive to attain self-actualization.

**Social cultural learning theory**According to the sociocultural approach, cultural factors such as language, art, social norms and social structures can play a significant role in the development of our cognitive abilities**.** By recognizing the effects, the environment has on their development, the pupils were able to see the diversity in issues that affect teens across different cultures. Issues such as early marriages, FGM were explored.

**Personal centred Theory**By providing a safe climate wherein members could explore the full range of their feelings and their experiences. To help members become increasingly open to new experiences and develop confidence in themselves and their own judgments. As the pupils’ transition from childhood to adulthood, it’s important for them to recognize their true self and gain self-identity.

**SKILLS AND TECHNIQUES USED IN THE GROUP PROCESS**

**Psycho education**This strategy was used to educate the pupils on the effects of drug and substance abuse as well as enhancing communication with their caregivers. Effects – advantages and disadvantages of technology in today’s world was also explored. Use of audio-visual material was used at this stage.

**Free association**

Members were requested to share thoughts and feelings that came up in their minds even when they thought the thoughts were un important. This was done especially in the earlier stages of the group process when group members didn’t know what to say or share.

**Active listening**This skill was adopted throughout the group process. By paying attention to what the members were saying, by clarifying, reflecting on what was said, summarizing and giving feedback during sessions.

**Empathy**By understanding the members' situation, perceptions and feelings from their point of view – and to be able to communicate that understanding back to the other person. This skill was also present throughout the group process. It helped in strengthening the interpersonal relations and trust in the group process.

**Focusing on strengths**The members were encouraged to identify their strengths, name them, and concentrate on them. Emphasis was laid on focusing on the positive situations rather than the negative ones.

**Self-help techniques**This was done by encouraging members to start journaling, reading of self-help books etc.

**Art Therapy**The pupils used art therapy to put what they learnt and felt into perspective. Use of modelling clays, painting and drawing were used.

**Music/Dance Therapy**the pupils were requested to come up with favorite music that they could dance to. Before the session ended, the pupils would participate in a dancing session. This brought about group cohesiveness and there was a lot of laughter. All the anxiety and tensions that may have been there were resolved at this stage.

**SUMMARY**

The group counselling process helped the members grow and gain new insights in their lives. The goals laid down were achieved and this helped in members developing self-awareness, developing coping strategies and general self-development.

**COUNSELOR DEVELOPMENT**

During the course of my practicum, I was supervised by my immediate supervisor at the facility -Sr Angeline. At the same time, I continued to attend personal therapy with my therapist Mr George Wanyiri at Amani Counselling Institute, Nyeri Campus.

Personal therapy offered me a first-hand experience of what Counselling practice entails. Under the guidance of my therapist, I was able to resolve any unfinished business in my life. For professional development, I was able to gain a new insight of the Mental Health Services in the country and in the surrounding community. In the case of having challenges in regard to the cases handled I was able to discuss this with him and he usually gave me a new angle for handling the cases.

At the practicum site, I was supervised by the Counselor in charge of the Palliative department, Sr Angeline she guided me through the first sessions until she was sure I was well settled in. She also played an important role during practicum by Guiding me and offering monthly supervision sessions.

During the course of the practicum period, I attended various seminars and workshops organized at the workplace. One was on family Therapy that was organized by the counselling team. At the same time, I facilitated 6 seminars in different schools on the following issues

* Drug and substance abuse
* Sexual health awareness
* Thriving teens workshop
* Managing stress at the workplace

The practicum period also came with a variety of challenges such as.

* As a result of the Covid-19 pandemic, it was not always easy to read body language. Keeping in mind that face masks and social distance had to be maintained it was sometimes difficult to understand the patients.
* Although outdoor counselling is very therapeutic, it was sometimes challenging to conduct sessions if it rained or when the sun was too hot. Lack of a private room was a challenge in its own way.
* Sometimes it proved difficult to follow up on clients especially they were discharged without notice.
* Other times the counselling sessions collided with other activities eg sometimes some of the group counselling members were absent as their daily physiotherapy sessions collided with the group counselling sessions.

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