**PRACTICUM REPORT DONE AT MOI TEACHING AND REFERRAL HOSPITAL**

ABDULGHANI NOOR SHEIKH

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DECLARATION

I hereby declare that this training report is my original work and it has not been submitted before any academic award either in this or other institutions of higher learning for academic publication or any other purpose.

ACKNOWLEDGEMENTS

I take this opportunity to appreciate all those who contributed to my success in this attachment course in one way or another. My supervisors who did a great job in shaping and honing my counselling skills. It is through their continued assistance and support that I have been able to pull this off.

May the ALMIGHTY guide them and bless them all.

DEDICATION

I dedicate this report to all the patients and healthcare professionals whose resilience, courage, and collaboration have inspired and guided me throughout my practicum. Your stories, challenges, and triumphs have shaped my understanding of counselling psychology and reinforced my commitment to promoting mental health and well-being. Additionally, I dedicate this report to my family, friends, and mentors whose unwavering support and encouragement have been a source of strength and motivation on this journey.

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**Chapter1: INTRODUCTION**

Embarking on an eight-week practicum at a Level 6 hospital has been a transformative journey as a Counselling psychology student. Throughout this experience, I have had the privilege of rotating through various clinical departments, each presenting unique challenges and learning opportunities. From providing psychological support to patients grappling with mental health issues to assisting individuals in their recovery from substance abuse, the practicum has offered a comprehensive immersion into the intersection of psychology and healthcare.

This report serves as a reflection on my experiences, observations, and insights gained during the practicum. It delves into the diverse departments visited, the types of patients encountered, the psychological challenges they face, and the professional growth and skills acquired throughout the practicum. Additionally, it highlights the challenges encountered, activities participated in, and suggestions for improving service delivery within the hospital setting.

As a emerging Counselling psychologist, this practicum has been instrumental in shaping my understanding of the complexities inherent in providing holistic care to individuals across various stages of life and health conditions. It is my hope that the insights shared in this report will contribute to ongoing dialogue and efforts aimed at enhancing patient-centred care and promoting psychological well-being within healthcare settings.

***Nature of the Practicum***

The practicum is a rigorous program where students get hand-on experience by working closely and under strict supervision by professional Counsellors and psychologists. As students, we were required to report to the hospital from 8:00 am-5:00pm, Monday to Friday. Each week we were assigned to a different department where we would do our rotations.

A personal development session was scheduled for every Thursday from 8.00 am-9.00am. Debriefing and presentations were the main activities.

***Objectives of the Practicum***

1. To integrate theory and sociological issues to real practical experiences in the world of work.

2. Document 100 hours of Counselling sessions: 60 hours of individual sessions and 40 hours of group sessions

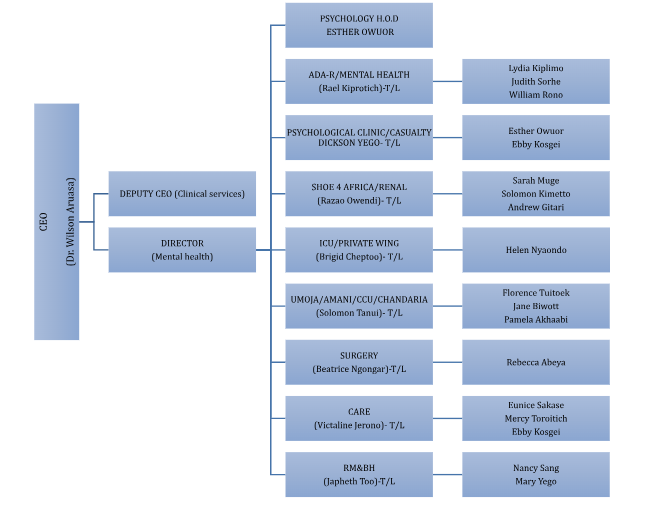
3. To gain experiences of the work discipline and develop abilities of skills and discipline in the  
work place.

***Orientation***

On the first day of my practicum, I had the opportunity to be introduced and shown around the hospital by Counsellors Benard Nguma. He took me fall the departments of the hospital in an attempt to familiarize me with my new settings.

**Chapter 2: ORGANIZATIONAL STRUCTURE**

The organization, Moi Teaching and Referral Hospital together with Moi University, devised the course to run smoothly for the students. The departments involved were the Mental Health department/ Psychological department of MTRH as well as the Behavioural Science department of Moi University.



***Overview of the Hospital Departments***

The specific department I rotated in during the Practicum include:

1. **Psychological Counselling Department**

This is the official unit designated to offering Counselling services in the hospital. It servers as the headquarters for all Counsellors and psychologists.

**Population served** are mainly Out-Patient Clients and Emergency Ward Patients.   
Other activities include: conducting debriefing and personal development to all Counselling staff in the hospital.

1. **Alcohol And Drug Abuse Rehabilitation Unit**

This unit is dedicated to offering rehabilitation services to substance abuse patients. It is a recovery centre where patients commit to full 90-day recovery camp.

Services offered include: individual sessions, group therapy, family therapy and psycho-education.

**Population served** are mainly substance abuse patients and their families(in the case of family therapy)

Other services include: detoxification of patients, equipping patients with necessary life skills and job skills.

1. **Mental Health Unit**

This unit mainly offers clinical services like detoxification and stabilisation of patients with chronic mental illnesses like : schizophrenia, bipolar, psychosis not to mention but a few. Patients in this unit are closely supervised to ensure they take their medication so they can be stable. After stabilisation, patients undergo counselling to help them understand the challenges they’re going through.

**Population served** are mainly mentally ill patients and chronic substance users.

1. **Paediatrics Unit**

The Paeds unit deals with all children related cases. From cancer to renal issues to burns to emergencies/casualties. In addition to treating acute illnesses and managing chronic conditions, the Paediatrics Unit also emphasizes preventive care and health promotion. This includes routine well-child visits, immunizations, developmental screenings, and guidance on healthy lifestyle habits.

**Population served** are mainly children and in some cases their parents too.

1. **Intensive Care Unit**

The ICU unit deals with all critical conditions cases regardless of age and gender. Most of the patients in ICU usually have been transferred from other units where their conditions have gotten worse and require specialised treatment and care. Apart from the patients themselves, the family members, relatives and close friends go through a lot of stress and trauma in caring and attending to their patients. The uncertainties surrounding the patient's recovery is they key contributor.   
Therapy is mainly supportive and loss/grief in case of fatalities and deaths.

**Population served** are mainly the patient(if stable enough), family, relatives and close friends.

1. **Internal Medicine Unit**

This unit primarily deals with the prevention, diagnosis, and treatment of adult diseases across various organ systems. Internists often manage chronic conditions and provide comprehensive care to adult patients in outpatient and inpatient settings.   
Therapy aims to offer support to patients and their families, psychoeducation about illnesses and treatment processes.

**Population served** adult patients and their families.

1. **New Born Unit**

The Newborn Unit is a specialized facility designed to provide comprehensive maternity services. As the name suggests, it caters to the needs of expectant mothers, newborn infants, and addresses all birth-related issues.

**Population served** consists of pregnant mothers who are on the verge of delivery. These mothers may be admitted for various reasons, including routine deliveries, high-risk pregnancies, complications during labour, or the need for specialized care for their newborns.

1. **Surgical Wards**

Surgical wards cater to a broad range of surgical cases. They manage both elective and emergency surgeries, providing preoperative preparation and postoperative care. Additionally, surgical wards handle chronic conditions requiring surgical intervention, diagnostic procedures, and minimally invasive surgeries.

**Population served** include preoperative patients, postoperative patients, patients with surgical emergencies, patients with chronic surgical conditions

**Chapter 3: THE COUNSELLING EXPERIENCE**

Throughout my 8-week course at the hospital, I actively participated in a range of activities tailored to meet my objectives. They include:

**1. Conducting Counselling Sessions under Supervision:**

I actively engaged in one-on-one Counselling sessions with patients under the guidance and supervision of experienced Counsellors or psychologists. The supervision ensured that I adhered to ethical standards, confidentiality protocols, and evidence-based Counselling techniques.

I had the opportunity to apply theoretical knowledge in real-life Counselling scenarios, receive feedback on my skills, and learn how to establish therapeutic rapport with clients.

**2. Attending Counselling Sessions and Observing the Counselling Process:**

I was present in Counselling sessions as an observer, where I could witness the dynamics between the Counselling and the client. Observing the Counselling process allowed me to learn various Counselling approaches, communication strategies, and intervention techniques in action.

I observed how Counsellors built trust, explored client issues, facilitated emotional expression, and collaborated with clients to set goals and develop coping strategies.

**3. Attending and Participating in Ward Rounds:**

I participated in ward rounds, where healthcare professionals visited patients in hospital wards to assess their condition, discuss treatment plans, and address any concerns. As a participant in ward rounds, I had the opportunity to observe patient care from a multidisciplinary perspective, interacting with doctors, nurses, and other healthcare team members. I gained insights into patient assessment, treatment planning, medication management, and discharge planning, contributing to a comprehensive understanding of healthcare delivery in a hospital setting.

**4. Offering Bedside Counselling to Patients in Critical Conditions:**

I provided Counselling support to patients who were in critical condition or experiencing acute distress due to their medical condition. Bedside Counselling aimed to address patients' emotional, psychological, and spiritual needs, offering comfort, reassurance, and coping strategies during challenging times. I learned how to adapt Counselling techniques to the unique needs and circumstances of patients in acute care settings, fostering resilience and promoting holistic healing.

**5. Joining Group Sessions:**

I participated in group Counselling sessions, which brought together multiple individuals facing similar challenges or sharing common goals for therapeutic support and mutual learning.

By participating in group sessions, I gained insights into group dynamics, leadership skills, and facilitation techniques. I learned how to create a safe and supportive environment, encourage active participation, facilitate group discussions, and manage conflicts effectively.

**6. Attending Debriefing and Personal Development Sessions:**

I attended debriefing sessions, which provided opportunities for reflection, processing emotional experiences, and discussing challenging cases or situations encountered during clinical practice.

Personal development sessions focused on enhancing self-awareness, self-care practices, professional identity, and career development. These sessions promoted ongoing learning, self-reflection, and growth as a Counselling professional, nurturing resilience and fostering a culture of continuous improvement.

**Types of counselling cases I encountered in the different units**

I categorized the cases into 3:

1. ***Non-Medical cases***

In the outpatient counselling department, I encountered a range of non-medical cases presented by walk-in clients seeking therapy to address various psychological issues. These individuals were typically functional in their daily lives but were struggling to cope with specific challenges. For instance, I worked with clients facing family disputes, where tensions and conflicts within the family dynamic were causing emotional distress. Additionally, I assisted adolescents dealing with school-related issues such as truancy and peer pressure, which were impacting their academic performance and well-being.

**Therapies Used**:

In addressing these cases, I employed a diverse range of therapeutic approaches tailored to each client's unique needs:

Psychoanalytic Therapy: This approach allowed clients to explore unconscious thoughts and emotions contributing to their difficulties, gaining insight into underlying psychological conflicts.

Person-Centered Therapy: By fostering a supportive and empathetic environment, clients felt understood and accepted, empowering them to explore their own solutions to problems.

Cognitive Behavioural Therapy (CBT): Clients identified and challenged negative thought patterns and Behavioural, promoting more adaptive coping strategies.

Narrative Therapy: Clients reframed their personal stories and narratives, empowering them to construct new, more empowering narratives of themselves and their experiences.

Solution-Focused Therapy: By identifying and amplifying clients' strengths and resources, this approach facilitated goal-oriented problem-solving and empowered clients to envision and work towards positive change.

1. ***Medical cases***

During my time in these hospital settings, the majority of my cases were medically related. Across various units I rotated through, I encountered numerous ill patients in need of therapy. These patients spanned different departments, including oncology, renal, poisoning, alcohol intoxication, retroviral diseases, critical care, maternity, surgical, and individuals experiencing loss and grief. Therapy in these settings primarily focused on providing support, facilitating closure, and offering psychoeducation to patients and their families.

**Therapies used**:

In addressing these medical cases, I utilized a range of therapeutic modalities tailored to the specific needs of each patient:

Cognitive Behavioural Therapy (CBT): This approach helped patients identify and challenge negative thought patterns and Behavioural associated with their medical conditions, promoting healthier coping strategies and enhancing their quality of life.

Motivational Interviewing: By eliciting patients' intrinsic motivations for change, motivational interviewing facilitated Behavioural modification, adherence to medical treatments, and engagement in health-promoting Behavioural.

Support Therapy: Providing a safe and empathetic space, support therapy allowed patients to express their emotions, fears, and concerns related to their medical conditions, fostering emotional healing and resilience.

Psychoeducation: Offering information and guidance about the nature of their medical conditions, treatment options, and coping strategies, psychoeducation empowered patients to better understand and manage their health, promoting informed decision-making and active participation in their care.

Narrative Therapy: By exploring patients' personal narratives and experiences, narrative therapy empowered them to reframe their illness experiences, find meaning, and create new narratives of hope and resilience in the face of adversity.

1. ***Mental Disorders***

In the mental health unit, I primarily worked with patients presenting with various mental disorders and abnormalities. These cases encompassed a range of conditions, including psychotic disorders, schizophrenia, bipolar mood disorders, schizoaffective disorder, and severe depression. The unit served as a ward for the mentally ill and those undergoing rehabilitation. Alongside medication, therapy played a crucial role in aiding patients' recovery process.

**Therapies used:**

In addressing mental disorders, I employed a variety of therapeutic approaches tailored to each patient's needs:

Psychoanalysis: This approach delved into patients' unconscious thoughts and emotions, helping to uncover underlying conflicts and gain insight into their conditions.

Cognitive Behavioural Therapy (CBT): CBT assisted patients in identifying and challenging negative thought patterns and Behavioural, promoting healthier coping mechanisms and symptom management.

Motivational Interviewing: By exploring patients' intrinsic motivations for change, motivational interviewing facilitated engagement in treatment and encouraged adherence to therapy and medication.

Reality Therapy: Focused on the present and future rather than past experiences, reality therapy helped patients take responsibility for their actions and make positive choices to improve their well-being.

Solution-Focused Therapy: This approach focused on identifying and amplifying patients' strengths and resources, facilitating goal-oriented problem-solving and empowering patients to envision and work towards positive changes in their lives.

Psycho-education: Providing patients with information about their diagnoses, treatment options, and coping strategies, psycho-education empowered them to better understand their conditions and actively participate in their recovery journey.

**Chapter 4: CASE PRESENTATION**

In this chapter, we will look at two counselling cases; one individual and one group. This will be detailed case presentations in order to give insight on how the counselling sessions were conducted.

***Individual Case***

**Demographic Information:**

Age: 31 Gender: Male

Marital Status: Single Occupation: Salonist/beautician

**Treatment History**:   
No previous counselling experience

**Psychosocial History**:

X is the second born in a family of 8; 4 full siblings and another 4 maternal half siblings. He lost his father at a young age and was raised by a single parent. He attended school and completed high school. He started working and hustling to feed himself and younger siblings at class seven. Home environment was tough growing up due to financial constraints. Mother was very strict.   
Currently he is employed at a salon as a beautician. Lives alone and is single.

**Presenting Concerns**:  
The client presents with a complex array of concerns revolving around chronic migraines, insomnia, and stress-induced suicidal thoughts, which have persisted for five years. These symptoms emerged after a traumatic incident involving his idolized brother-in-law's diagnosis of mental illness and a subsequent police ambush due to marijuana possession. Childhood traumas, including a near-fatal accident and familial pressure to succeed, exacerbate his distress. Financial instability further compounds his feelings of failure and disappointment, worsened by his grandmother's verbal abuse toward him and his mother. Suicidal ideation is heightened by the overwhelming pain caused by stress, leading to a previous suicide attempt via painkiller overdose. Despite negative medical tests ruling out physical conditions, the client's mental health struggles persist, necessitating therapeutic intervention.

**Assessment:**

Cognitively stable with good insight and judgment. Mood and affect is dysphoric. Appearance: dresses meticulously, is skinny, restless, avoids eye contact. Social Behavioural is appropriate.

After administering the Beck depression inventory to the client, he had a high score which translated to ***Severe Depression****.*

**Initial Impressions:**

The client presents with a myriad of psychological and emotional challenges, likely stemming from a complex interplay of traumatic experiences, familial pressures, and ongoing stressors. Despite demonstrating cognitive stability and insight, the dysphoric mood, avoidance of eye contact, and severe depression scores on the Beck Depression Inventory suggest significant psychological distress and impairment in functioning. The client's appearance and Behavioural may reflect underlying anxiety and discomfort. Immediate intervention and comprehensive therapeutic support are warranted to address the client's acute distress and establish coping strategies for long-term well-being.

**Key Issues and Themes  
*Trauma and Stress Response***: The client's experiences with traumatic events, such as the ambush involving his brother-in-law and childhood accident, have likely contributed to his development of chronic stress. These events can lead to the activation of the body's stress response systems, contributing to the onset and maintenance of migraines, insomnia, and suicidal thoughts.

***Family Dynamics and Interpersonal Conflict***: The client's relationship with his family appears to be fraught with conflict and negative dynamics. His idolization of his brother-in-law contrasts sharply with the traumatic revelation of his mental illness. Additionally, his grandmother's verbal abuse exacerbates his feelings of failure and disappointment, further straining familial relationships and contributing to his psychological distress.

***Self-Esteem and Identity***: The client's sense of self-worth and identity are significantly impacted by his perceived failure to meet societal and familial expectations. Feelings of inadequacy and disappointment in himself, coupled with external pressures to succeed, contribute to his stress and suicidal ideation.

***Coping Mechanisms and Maladaptive Behavioural***: The client's history of suicidal thoughts and attempts, as well as his reliance on painkillers to cope with stress, highlight maladaptive coping mechanisms. These Behavioural may provide temporary relief but ultimately perpetuate his cycle of distress and contribute to his overall psychological struggles.

***Psychosomatic Symptoms***: The client's migraines and insomnia, which have no identifiable physical cause, may be manifestations of underlying psychological distress. Addressing the root psychological issues is essential in alleviating these somatic symptoms and improving overall functioning.

***Severe Depression***: The client's high score on the Beck Depression Inventory indicates a significant level of depressive symptoms, further complicating his psychological presentation. Severe depression can exacerbate existing symptoms such as insomnia, suicidal thoughts, and feelings of worthlessness, making it essential to address these symptoms in therapy.

***Psychological Resilience and Coping Strategies***: Despite enduring significant trauma and stress, the client has demonstrated resilience by seeking help and engaging in therapeutic sessions. Exploring and developing healthier coping strategies will be crucial in managing his symptoms and promoting psychological well-being.

**Goals of therapy**

1. Reduce Symptoms: The primary goal of therapy is to alleviate the client's chronic migraines, insomnia, and stress-induced suicidal thoughts.

2. Enhance Coping Skills: Therapy aims to equip the client with effective coping strategies to manage stress, regulate emotions, and navigate challenging situations.

3. Improve Self-Esteem and Self-Identity: Addressing the client's struggles with self-worth and identity is a key goal of therapy.

4. Resolve Trauma and Interpersonal Conflict: Therapy seeks to address the client's unresolved trauma and interpersonal conflicts, particularly within the family dynamic.

5. Promote Psychological Resilience: Therapy aims to cultivate psychological resilience and adaptive coping strategies in the client.

6. Reduce Depressive Symptoms: Given the client's high score on the Beck Depression Inventory indicating severe depression, therapy aims to alleviate depressive symptoms and improve mood.

**Treatment Techniques**

**1. PERSON CENTRED THERAPY**

I provided a supportive and empathetic environment where the client felt valued and understood. I actively listened to the client's concerns, reflecting back their emotions and experiences to validate their feelings and foster trust in our therapeutic relationship. I encouraged the client to explore their inner experiences, including thoughts, emotions, and bodily sensations, without judgment or criticism. Together, we uncovered the client's values, beliefs, strengths, and resources, facilitating self-discovery and personal growth. I respected the client's autonomy and collaborated with them to set realistic goals aligned with their aspirations. Throughout our sessions, I emphasized unconditional positive regard, empathy, and non-directive support, empowering the client to take ownership of their healing journey.

**2. PSYCHODYNAMIC THERAPY**

As the counsellor, I employed psychodynamic therapy techniques to address the client's key issues and themes, focusing on exploring unconscious processes, understanding the impact of early experiences, and fostering insight and healing.

***Establishing a Therapeutic Relationship***: I prioritized building a trusting and supportive relationship with the client, providing a safe space for them to explore their thoughts and emotions without fear of judgment. By demonstrating empathy and genuine concern, I created an environment conducive to therapeutic exploration.

***Exploration of Trauma and Stress Response***: We delved into the client's experiences with traumatic events, such as the ambush involving his brother-in-law and childhood accident. Through gentle exploration and reflection, we identified how these events had triggered the client's stress response system, contributing to his chronic migraines, insomnia, and suicidal thoughts. By understanding the connection between past traumas and present symptoms, we began to unravel the underlying sources of his distress.

***Understanding Family Dynamics***: We explored the client's complex relationship with his family, particularly the contrasting emotions surrounding his idolization of his brother-in-law and the traumatic revelation of his mental illness. Additionally, we addressed the impact of his grandmother's verbal abuse on his self-esteem and feelings of failure. By uncovering the dynamics of these familial relationships, we gained insight into the client's interpersonal struggles and their influence on his psychological well-being.

***Exploration of Self-Esteem and Identity***: I explained to the client how the high standards set by his mother during their childhood in an attempt to navigate the hardships and the fact that he was the eldest son made him feel responsible to take care of all his family. Anything less than this meant failure to him. Through reflection and interpretation, we worked together to help the client understand the roots of his self-esteem issues and develop a more compassionate and realistic view of himself.

***Addressing Maladaptive Coping Mechanisms***: We examined the client's history of suicidal thoughts and attempts, as well as his reliance on painkillers to cope with stress. Together, we explored the underlying emotions driving these maladaptive Behavioural and worked to identify healthier coping strategies. By fostering insight into the cycle of distress perpetuated by these Behavioural, we began to pave the way for change and healing.

***Promoting Insight and Healing***: Throughout our sessions, we focused on fostering insight into the client's unconscious processes and facilitating emotional healing. By connecting past experiences with present-day struggles, we worked towards resolving inner conflicts and promoting psychological resilience. Through ongoing exploration and reflection, the client gained a deeper understanding of himself and his experiences, paving the way for lasting positive change.

**3. COGNITIVE Behavioural THERAPY**

***Psychoeducation***: I began by providing the client with psychoeducation about the connection between thoughts, emotions, and Behavioural. We explored how chronic stress, negative thought patterns, and maladaptive coping strategies contribute to his symptoms of migraines, insomnia, and suicidal thoughts.

***Cognitive Restructuring***: Together, we identified and challenged the client's negative thought patterns and cognitive distortions related to feelings of failure and inadequacy. Through guided questioning and cognitive restructuring techniques, we worked to reframe the client's self-defeating beliefs and cultivate more balanced and realistic perspectives.

***Behavioural Activation***: I collaborated with the client to develop a structured plan for increasing engagement in pleasurable and meaningful activities, even during periods of low mood or stress. We identified activities that provide a sense of accomplishment and fulfilment, helping to counteract feelings of hopelessness and withdrawal.

***Problem-Solving Skills***: We worked together to identify specific stressors and challenges in the client's life and develop practical problem-solving strategies to address them. By breaking down problems into manageable steps and exploring alternative solutions, the client gained a sense of control and agency over their circumstances.

***Homework Assignments***: During exploration, client mentioned how he didn’t have enough time to play due working and hustling. I assigned the client to find time and relive all those missed experiences like playing in the rain.   
Another assignment was talking to his mother and inquiring what she expected from him as her son and what it would mean to achieve and meet those expectations.

***Group Case***

**Group demographic information**

Group consisted of 8 clients; 3 males and 5 females. Age range was between 20 – 35. Clients are facing various mental health challenges, such as schizophrenia, bipolar disorder, depression, substance abuse, and schizo-affective disorder.

**Presenting problem**Clients have been diagnosed with various mental illnesses that have caused significant distress and disruption in their daily lives. Some have lost their jobs, others their families, others have had to stop their studies. Clients have developed maladaptive coping mechanisms like alcohol and substance abuse that has further exacerbated their conditions. Adherence to medication is also a challenge which often leads them to relapse and subsequently back to square one.

**Assessment**In assessing the group, cognitively, the clients exhibit good and stable insights into their conditions, suggesting a level of understanding and awareness. Emotionally, they appear stable, indicating a capacity to engage in therapeutic work. Socially, their Behavioural appears appropriate, indicating a potential for constructive group dynamics. Physically, they present as healthy and stable, which is a positive foundation for their therapeutic journey.

**Key issues and themes:**  
***Impact on Daily Functioning***: The various mental illnesses diagnosed among the clients have led to significant distress and disruption in their daily lives. This includes difficulties maintaining employment, strained familial relationships, and interruptions in educational pursuits. The impact on daily functioning highlights the severity of their conditions and the need for effective intervention.  
  
***Maladaptive Coping Mechanisms***: Clients have developed maladaptive coping mechanisms, such as alcohol and substance abuse, in response to their mental health challenges. These coping strategies provide temporary relief but ultimately exacerbate their conditions and contribute to further distress and dysfunction.

***Losses and Social Isolation***: The clients have experienced significant losses, including jobs, relationships, and educational opportunities, as a result of their mental illnesses. This has led to social isolation and feelings of loneliness, which can further worsen their mental health symptoms and contribute to a cycle of distress.

***Medication Adherence and Relapse***: Adherence to medication is a challenge for the clients, leading to relapses and setbacks in their treatment progress. This cycle of non-adherence, relapse, and returning to square one highlights the complexity of managing chronic mental health conditions and the importance of comprehensive treatment approaches.

***Quality of Life***: The clients' quality of life is severely impacted by their mental health challenges and the resulting consequences, such as unemployment, loss of relationships, and substance abuse. Improving their quality of life and restoring their ability to function effectively in daily activities is a central concern.

***Stigma and Discrimination***: Some clients reported facing stigma and discrimination related to their mental illnesses, which can further exacerbate their distress and hinder their ability to seek help and engage in treatment. Addressing stigma and promoting a supportive and understanding environment are essential components of their therapeutic journey.

***Hope and Recovery***: Despite the challenges they face, the clients likely hold onto hope for recovery and improvement in their conditions. Building on this hope and fostering a sense of agency and empowerment in their treatment process is crucial for their overall well-being.

**Goals of therapy**the primary goal for therapy is to provide psychoeducation on their respective mental health conditions, focusing on management and recovery strategies. By enhancing their understanding of their illnesses, they aim to empower themselves to navigate their conditions more effectively and prevent relapses.

**Treatment Techniques**The primary intervention utilized in this group counselling setting was Cognitive Behavioural Therapy (CBT). Through the framework of CBT, clients engaged in structured learning and discussion sessions aimed at gaining insights into the nature of their mental health disorders, acquiring effective coping mechanisms, and exploring strategies for recovery.

***Cognitive Restructuring***: Clients were guided to identify and challenge maladaptive thoughts and beliefs associated with their mental health conditions. By recognizing and re-framing negative thought patterns, clients developed more adaptive ways of thinking, which positively influenced their emotions and Behavioural.

***Behavioural Activation***: Clients were encouraged to engage in pleasurable and meaningful activities as a way to counteract symptoms of depression and enhance mood regulation. By scheduling and participating in enjoyable activities, clients experienced increased motivation and a sense of accomplishment, contributing to their overall well-being.

***Skills Training***: Clients were taught practical skills to manage symptoms associated with their specific mental health challenges, such as anxiety management techniques, assertiveness training, and problem-solving strategies. These skills empowered clients to effectively cope with stressors and navigate difficult situations in their daily lives.

***Homework Assignments***: Between sessions, clients were assigned homework exercises to practice and reinforce skills learned during therapy. This active involvement in their treatment process allowed clients to integrate CBT principles into their daily lives, facilitating long-term Behavioural change and symptom management.

**Chapter 5: Learnt experiences**

During my rotations at the hospital, I had the privilege of learning from various experienced supervisors, each offering valuable insights that enriched my understanding of counselling psychology. Here are the key lessons I gleaned:

1. Practical Application of Theories Learnt in School:  
I discovered the practical relevance of the theories I studied in school. Applying these theories in real-life situations helped me understand their effectiveness and limitations, enhancing my ability to tailor therapeutic interventions to meet the unique needs of each client. A good example is how the supervisors use their skill-sets in extracting the solutions from the clients themselves according to the clients’ beliefs, strengths, weaknesses. It was really an amazing skill that helped me avoid imposing my own values and advising clients or try providing them solutions,

2. Choosing the Right Approach for the Right Case:  
I learned the importance of selecting the most appropriate therapeutic approach based on the individual needs and preferences of the client. This required careful assessment and consideration of factors such as the nature of the presenting problem, the client's personality, and their readiness for change.

3. Importance of Psychotherapy in the Healing Journey:  
Witnessing the profound impact of psychotherapy on the healing journey of physically ill individuals was enlightening. It highlighted the interconnectedness of mind and body, emphasizing the significance of addressing psychological factors in promoting overall wellness and recovery.

4. The Role of Time in Therapy:  
I came to appreciate the significant role that time plays in the therapeutic process. Allowing clients sufficient time to process and internalize the insights gained in therapy is essential for sustainable growth and meaningful change to occur.

5. Medication in Mental Health Recovery:  
Understanding the role of medication in the recovery of mentally ill patients was eye-opening. While medication can be an important component of treatment, I learned that it is most effective when combined with psychotherapy and holistic support services.

6. Appreciating Cultural Diversity:  
Embracing cultural diversity and recognizing its impact on counselling was a key learning point. I learned to align intervention strategies with the cultural beliefs, values, and practices of clients, fostering trust, rapport, and collaboration in the therapeutic relationship.

7. Collaborative Healthcare Approach:  
Observing the collaborative efforts of healthcare professionals from various disciplines underscored the importance of a holistic model of treatment. The coordinated efforts of specialists, general practitioners, social workers, mental health experts, nurses, and nutritionists ensured that patients received comprehensive care, leading to quicker and more effective recovery outcomes.

These experiences have not only expanded my knowledge and skills in counselling psychology but have also deepened my appreciation for the complexity and interconnectedness of factors influencing individuals' health and well-being. Moving forward, I am committed to integrating these valuable lessons into my practice, fostering positive change and holistic healing for those I serve.

**Challenges**  
Navigating challenges during my rotations at the hospital provided invaluable opportunities for growth and reflection. Here are some of the challenges I encountered and how I addressed them:

1. Time Constraints:  
Balancing the demands of counselling sessions, documentation, and other responsibilities within limited time frames was challenging. To manage this, I prioritized tasks,ensuring that I focused on the most urgent needs of the patients while efficiently utilizing available time for documentation and administrative tasks.

2. Ethical Dilemmas:   
I encountered situations where ethical considerations, such as confidentiality or conflicting interests, posed challenges. In these instances, I sought guidance from supervisors and adhered closely to ethical principles and professional standards to ensure the welfare and rights of the clients were upheld.

3. Cultural Sensitivity:   
Working with patients from diverse cultural backgrounds required sensitivity and awareness of cultural differences. I encountered challenges in understanding cultural nuances and adapting interventions accordingly. To overcome this, I engaged in self-reflection, sought cultural competency training, and actively listened to clients to better understand their perspectives and needs.

4. Emotional Resilience:   
Providing support to patients facing emotional distress and challenging life circumstances took a toll on my emotional well-being at times. Developing resilience and self-care strategies, such as regular supervision, debriefing sessions, and engaging in personal hobbies and activities, helped me maintain balance and effectively manage the emotional demands of the work.

5. Interdisciplinary Collaboration:   
Collaborating with healthcare professionals from different disciplines posed communication and coordination challenges. I encountered difficulties in ensuring effective information sharing and coordination of care plans. To address this, I actively participated in interdisciplinary meetings, established clear channels of communication, and advocated for a collaborative approach to patient care.

6. Client Resistance:  
 Some clients were resistant to therapy or reluctant to engage in the treatment process. Overcoming this resistance required patience, empathy, and building trust through consistent support and encouragement. I employed motivational interviewing techniques, validated clients' concerns, and focused on building a therapeutic alliance to facilitate engagement and progress in therapy.

Overall, navigating these challenges enabled me to develop resilience, adaptability, and a deeper understanding of the complexities inherent in counselling psychology practice. Each challenge presented an opportunity for learning and growth, reinforcing my commitment to providing compassionate and effective care to individuals in need.

**Recommendations**  
Based on my experiences and observations during my rotations, I recommend the following enhancements to improve service delivery and patient care at the hospital:

1. Increase Therapist Staffing: Hiring additional therapists can help alleviate the burden on current staff and reduce burnout. By expanding the team, the hospital can ensure that therapists have manageable caseloads, allowing them to provide more focused and effective care to patients.

2. Expand Counselling Infrastructure: Establishing more counselling rooms and improving infrastructure can create a conducive environment for therapy sessions. Adequate facilities not only enhance privacy and comfort for patients but also provide therapists with the necessary resources to deliver quality care.

3. Enhance Communication Channels: Improving communication between therapists and medical professionals is crucial for integrated patient care. Implementing streamlined communication channels, such as regular multidisciplinary meetings or electronic communication systems, can facilitate collaboration, information sharing, and coordinated treatment planning.

4. Diversify Skills Training in Rehabilitation Unit: Introducing diverse skills training programs in the rehabilitation unit can empower clients to build practical skills that enhance their employability and financial independence post-discharge. Offering training in software and technological skills, along with vocational training in other areas, can equip clients with valuable tools for reintegration into society and sustainable livelihoods.

By implementing these recommendations, the hospital can enhance the quality of care provided to patients, improve therapist well-being, and promote positive outcomes in the rehabilitation and recovery journey of individuals receiving treatment.

**Conclusion**

My attachment at the hospital has been a formative experience, providing me with practical insights into the intersection of counselling psychology and medical care. Through rotations in various departments, I witnessed firsthand the impact of psychological interventions on patient recovery journeys. From applying theoretical knowledge to navigating ethical dilemmas and fostering interdisciplinary collaboration, each experience has contributed to my professional growth. I learned the importance of cultural sensitivity, effective communication, and ongoing self-care in the challenging work environment of healthcare settings. Moving forward, I am committed to advocating for patient-centred care and making a positive difference in the lives of those I serve.

In conclusion, I am grateful for the opportunity to have been part of the hospital team and for the guidance and support provided by supervisors, colleagues, and patients. I am eager to apply the knowledge and skills gained during my attachment to future endeavours in counselling psychology. With a renewed dedication to promoting mental health and well-being, I look forward to continuing my journey of learning and growth in the field.

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