

UNIVERSITY OF EDUCATION, WINNEBA

**PORTFOLIO - A COMPILATION OF THE LEARNING JOURNEY TO
BECOMING A GLOBAL PRACTITIONER IN COUNSELLING
PSYCHOLOGY**



MASTER OF EDUCATION

2022

UNIVERSITY OF EDUCATION, WINNEBA

**PORTFOLIO - A COMPILATION OF THE LEARNING JOURNEY TO
BECOMING A GLOBAL PRACTITIONER IN COUNSELLING
PSYCHOLOGY**

RUMESHETU BATONG



**A Portfolio of Professional Learning in the Department of Counselling
Psychology, Faculty of Educational Studies submitted to the School of Graduate
Studies in partial fulfillment of the requirement for the award of the degree of
Master of Education (Counselling Psychology)
in the University of Education, Winneba**

DECEMBER 2022

DECLARATION

STUDENT'S DECLARATION

I, **Batong Rumeshetu**, hereby declare that except for reference made to other people's work which have been duly cited, this project is the result of my own research, professional learning and efforts. It has neither in whole nor part been presented for a degree in this institution or elsewhere.



.....

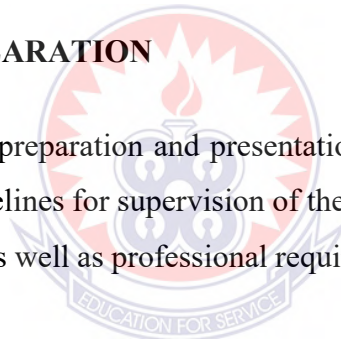
.....

DATE

SIGNATURE

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba, as well as professional requirement for counselling and related fields.



Supervisor's name: **DR. Nyuiemedi AGORDZO EDOH-TORGAH**

Signature:

Date: December 23, 2022

ACKNOWLEDGEMENT

I am grateful to Almighty Allah for giving me life and strength to successfully go through this journey. I am deeply indebted to my supervisor, Dr Nyuiemedi AGORDZO EDOH-TORGAH without whose constructive feedback, this piece would not have been a success. Her motherly love, patience, valuable advice, suggestions, guidance and supervision for correction and modification did enhance the perfection of this piece. I would not like to miss the opportunity to express my profound gratitude to my parents, guardian, mother and sisters- in- law, friends, and loved ones for their prayers, love, support, and words of encouragement before, during and after this journey. To all lecturers of the counselling department who instilled in me knowledge, skills, and competencies required to make me a better counsellor. Finally, I am indebted to my husband and beautiful kids who endured all forms of hardships due to my absence from the family and inability to carry out my responsibilities at certain times in the course of this journey. Words cannot describe how much I love and appreciate each one of you for your prayers, sacrifice, support and encouragement. You traded your comfort and leisure for me to achieve this goal and for that, I say 'Ma Barika'. I only succeeded because you were my anchor.

DEDICATION

I dedicate this piece to my adorable princesses, Razeenah Sungsumah Yelpoe and Hayat Nantamba Yelpoe whose love, affection, motivation and little reminders and encouragement has brought me this far.



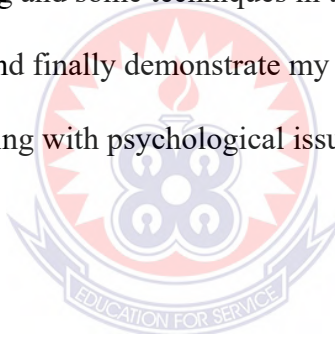
TABLE OF CONTENTS

Content	Page
DECLARATION	ii
ACKNOWLEDGEMENT	iii
DEDICATION	iv
TABLE OF CONTENTS	v
ABSTRACT	vii
CHAPTER ONE: INTRODUCTION AND PERSONAL JOURNEY	1
1.1 Agenda for Oral Defense	1
1.2 Introduction and Background	1
1.3 Learning Journey Statement	2
21.5 Family Systems and its effect on my current choice of profession	4
CHAPTER TWO: CAREER-RELATED ACQUISITION	6
2.1 Introduction to the Career-Related Acquisition chapter	6
2.2 Resume	6
2.3 Reference Letter	12
2.4 Flower Exercise:	13
CHAPTER THREE: CORE COUNSELLING PSYCHOLOGY	
COMPETENCIES	15
3.1 Introduction to the Core Counselling Psychology Chapter	15
3.2 Nature of Humankind	15
3.3 Techniques and Applications	16
3.4 Cultural and Diversity Competency Statement	18
CHAPTER FOUR: ETHICS AND VALUES ACQUISITION	20
4.1 Introduction to the Ethics and Values Acquisition	20

4.2 Advocacy Position Statement	20
4.3 Ethics Statement for Practice	21
4.4 Professional Goal Statement	22
4.5 Professional Disclosure Statement with Client’s Bill of Rights	24
CHAPTER FIVE: PERSONAL REFLECTIONS & COUNSELOR	
COMPETENCIES	29
5.1 Introduction to the Counsellor Competencies	29
5.2 Counsellor Competencies	29
5.2.1 Human Lifespan Development: Taught by Dr. Theresa Antwi	30
5.2.2 Theories of Counselling: Taught by Dr. Namale	35
5.2.3 Research Methods: Taught by Dr. Hannah Acquare and Dr. Bedu Addo	45
5.2.4 Techniques in the Helping Profession: Dr. Nyiemedi and Mr. Samuel Zigga.	53
5.2.5 Group Counselling: Taught by Dr. Patricia Amos	60
5.2.6 Practicum: Dr. Patricia Amos	67
5.2.7 Specialization 1(psychopathology): Taught by Mrs. Ammah	72
5.2.8 Specialization 2(Crisis-Suicide, Abuse and Trauma Counseling): Taught by Dr. Nyuemedi AGORDZO EDOH-TORGAH.	82
5.3 Personal Reflections	96
5.4 Summary and Closing Remarks	101
REFERENCES	102

ABSTRACT

This document is a compilation of all of the learning I did in the 2-year Master of Education Program in becoming a Global Practitioner in Counselling Psychology with Mental Health as my specialization which is made up of Psychopathology and Crisis-Suicide, Abuse and Trauma Counselling as the components. Artifacts from these courses are highlighted in the competencies at the concluding part of this work. In this document, one would come across my Personal and Learning journey, my Career Related Acquisition and how my personal experiences and family connect with my choice of program and profession. It also showcases unique components from each of the core courses I studied in the program as well and my knowledge of Ethical and Legal issues in counselling and some techniques in the document that guides the client-counsellor relationship and finally demonstrate my personal reflections and growth in working with people dealing with psychological issues.



CHAPTER ONE

INTRODUCTION AND PERSONAL JOURNEY

1.1 Agenda for Oral Defense

This part gives an outline of what I presented during the oral defense meeting. It covers an overview of my growth and development due to my experiences in this program. I presented on abuse, and its effects on personality as my competency and highlighted the attainment of this competency through an oral presentation including a PowerPoint. The proposed date for the oral defense was 14th and 15th of December, 2022.

1.2 Introduction and Background

A portfolio is a collection of wide range of assets that are held by an individual. It can also be a collection of experience-based materials and reflective information that demonstrates various dimensions of the counselor's work, philosophy, abilities, and attitudes. The goal is to demonstrate how diverse activities and insights have contributed to the professional counselor's development. This portfolio work contains a general overview of the two sessions of my learning journey as a Counselling Psychology student at the University of Education, Winneba. It throws light on my personal growth and development on the counselling profession and the code of ethics as enshrined in the Ghana Psychological Council (GPC). This Portfolio is grouped into two sections. The first section takes a look at the key personal statements that give reflection on my commitment to accountability and professional conduct that uphold the dignity of this noble profession. Thus, this section includes my personal learning journey, advocacy position statement, ethical statement for practice, nature of humankind, professional goals statement, professional disclosure statement and

personal reflection. The second section also focuses on the summary of competencies with emphasis on theory and practice of each, including course work completed, impact on personal developmental process and evidence of practical application at internship sites. Each of these competencies are supported by an artefact as evidence of competency accomplished.

1.3 Learning Journey Statement

My learning journey has not been easy. It has been very stressful, yet very rewarding since it has added value not only to me as an individual but also on to the community I come from. In the process of this journey, I encountered challenges such as time constraints, inadequate funds as well as emotional and physical breakdown but despite these challenges, I see myself constantly being stretched in positive ways to go and grow beyond my comfort hence my appreciation of the different course work of this program throughout the sessions. The various course works served as an eye opener to who I am, my strengths and weaknesses, my biases as well as various opportunities in the counselling psychology profession.

As a counsellor in training, I got to understand why some people do certain things or behave in certain ways and I am being encouraged by some of the theories and courses taught in class. Some of these theories and courses include Psychodynamic theory, Existential theory, Maslow's theory, Human life span development, Crisis-Suicide, Abuse and Trauma Counselling, Psychopathology, Family Systems, Practicum and Ethical and Legal Issues in Counselling. These theories and courses helped me to understand myself and other people in the community and have taught me not to be judgmental or to discriminate among people because of how they do things or behave. On several occasions, I was being challenged with personal issues and the Crisis-Suicide, Abuse and Trauma lessons shook and awaked my traumatic experiences and

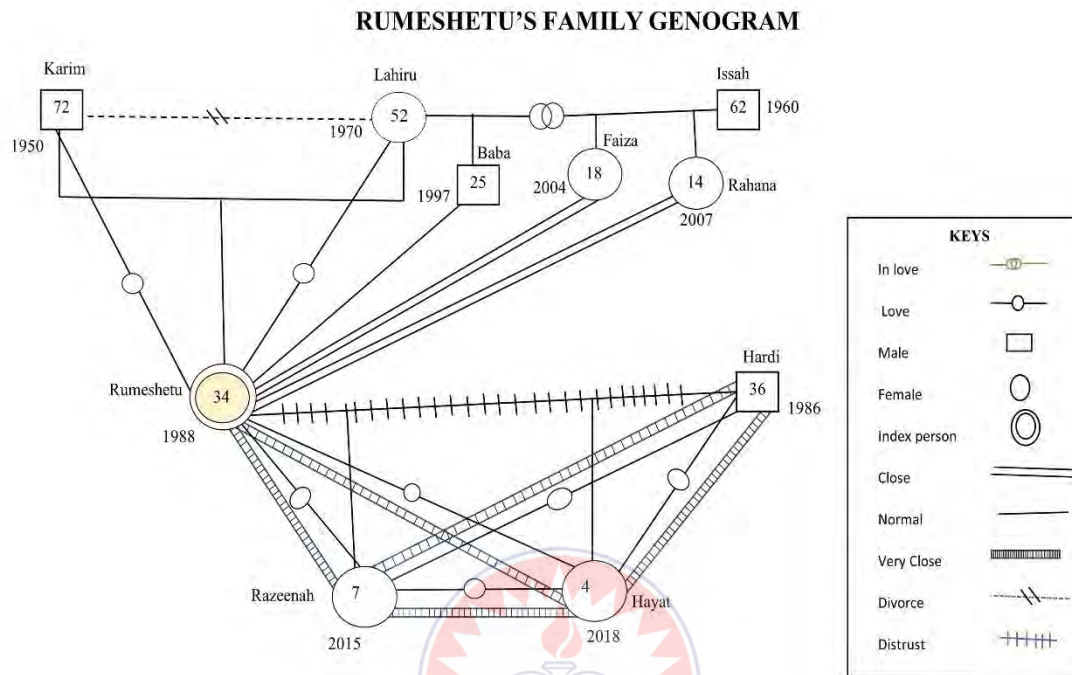
granted me healing at the same time. I saw my defense being played out, but the moment I realized counsellors are also human beings who are fallible and broken in one way or the other in a fallen world and suffering the consequences just as the client, I was persuaded to confront and comfort my deepest fears and insecurities making me seek help to live my 'authentic self' and find coping mechanisms so as to heal and heal others. Lessons in Psychopathology made aware of the kind of disorder I have developed due to my traumatic experiences as well as disorders people are likely to develop due to their traumatic experiences, lifestyle, environment and their treatment options or coping mechanisms. Through the study of these theories and courses, I was persuaded to revisit my childhood experience, history and natural narrative and follow through with treatment in order to be able to provide therapy to others.

In my quest for self-discovery, I realized I had formed an unconscious process and thought which influenced my perception and response to life events as a result of my background, family history and experiences.

The counselling training, the internship, the course work and supervision enlightened me to this self-discovery. I decided to offer this program to enable me to dig into my roots and understand myself more, to heal from my trauma experiences, find coping mechanisms and discover different kinds of people and their perception about life's events and history and eventually help them to also heal.

The training helped me gain the requisite knowledge and skills to understand myself, individual behavior, my community and the world I live in enabling me extend a helping hand in educating the public about life's events.

21.5 Family Systems and its effect on my current choice of profession



A genogram refers to a diagram illustrating a person's family members, how they are related, hereditary patterns of behavior as well as medical and psychological factors that run through the family. It helps members of the family identify certain pattern so as to get solutions to unhealthy ones.

Being an only child and a victim of a broken home as a result of my parents' divorce of which age difference was a key factor, my mother remarried a man much younger than my father and gave birth to my step siblings whom I am not very close to. I have not had that deep motherly love from my mother due to the separation and have been through some form of abuse and traumatic experience which has led to the development of some disorders that I am not so happy with and would not want same for my kids. I never had the opportunity to speak to a professional as early as possible due to

unavailability of one within my environment or inability to afford one even if there was one and so that has led me to pursue this program to enable me give my very best to my kids and to heal in order to help others (especially those who cannot afford such services) to heal and be better informed on some issues of life.



CHAPTER TWO

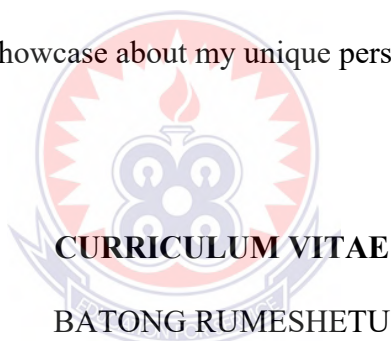
CAREER-RELATED ACQUISITION

2.1 Introduction to the Career-Related Acquisition chapter

This chapter describes my personality and how it reflects in my choice of career. It takes into consideration how I relate and work with people around me and how people perceive me when I am around them. It also encourages me to be a role model to people out there.

In this chapter, my Resume or Curriculum Vitae, my Reference Letter and my Flower Exercise are exhibited. These are my Career-related Acquisition document of my profession that I need to showcase about my unique personality.

2.2 Resume



PERSONAL INFORMATION

Address: Gbankor Roman Catholic Junior High School, P. O. Box 65, Nadowli; UW/R.

GPS: WW193 GAMBIA ST XW-0106-6348

Email: batongrumeshetu@gmail.com

Mobile: +233543833300.

Nationality: Ghanaian

Sex: Female.

Marital Status: Married

Languages Spoken: English, Sissali, Waali, Hausa, Kasim(basic), Dagbani, Twi(basic)

CAREER OBJECTIVE

Develop professional skills and competence to enable me work in any reputable School, Organization, Counseling Department/Unit and to put my practical experience in teaching and counselling to assist students cope well with challenges of life and in determining long-term educational plans through career guidance process.

To help individuals to heal and cope with life challenges through therapeutic alliance.

EDUCATIONAL BACKGROUND

University of Education, Winneba **2021– date**

MED. Counselling Psychology

University of Education, Winneba **2012 – 2014**

Bachelor of Education [Basic Education]

Ghana Senior Secondary School **2007 – 2009**

Senior Secondary School Certificate (S.S.S.C.E)

Courses Studied; Biology, Chemistry, Physics, Elective Math, Core-Mathematics, English, Social Studies, Integrated Science.

WORK EXPERIENCE

Gbankor Roman Catholic Junior High School **01/ 09/2017 -Date**

Responsibilities;

(a) Science Teacher/Guidance and Counselling/Health Coordinator

Guiding pupils to understand the dynamics, principle and impact of science on humans and the environment

- Assessing and evaluating pupil's progress
- Records Keeping
- Providing personal and group counseling to pupils and teachers
- Identifying and counselling potential dropouts by monitoring records of pupils experiencing absenteeism.
- . Providing psychoeducation on issues related to health, education, career and challenges of life.
- Organizing activities that help to improve the health of pupils and teachers.

Key achievements:

- Raised the percentage pass of pupils in the BECE from 20% in 2016 to 49% in 2017
- Organized and delivered series of psychoeducation on issues related to health and education such as personal hygiene, good learning habits, menstrual hygiene etc.
- Reduced level of absenteeism from 25% to 10%
- Advocated for and got assistance from a philanthropist for the supply of sanitary pad for the girls in Gbankor R/C JHS

(b) Science Teacher/Welfare Officer

- Participated and made valuable contributions to the development of new materials for teaching and learning.
- Contributed to the development of appropriate teaching materials to ensure content and methods of delivery meet learning objectives.

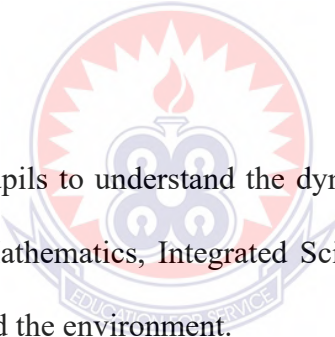
- Participated in the assessment process using a variety of methods and techniques and provided effective, timely and appropriate feedback to pupils to improved their learning outcomes.
- Supervised practical work, advising on skills, methods and techniques to assist the transfer of knowledge
- Communicated with parents through PTA meetings to address pupil needs.
- Organized activities such as end of year get together to see to the welfare needs of teachers.

Loho Roman Catholic Primary School

01/09/2014-2016

Responsibilities;

Classroom Teacher

- 
- Guiding pupils to understand the dynamics of various subject such as English, Mathematics, Integrated Science, RME, and their impact on humans and the environment.
 - Assessment and evaluation of pupils.
 - Records keeping
 - Marking of attendance register.

TUCE Demonstration Primary School

01/09/2011-2014

Responsibilities;

Classroom Teacher/Staff Secretary

- Guiding pupils to understand the dynamics and principles of subjects such as math, English science, creative arts and how they impact human life and the environment.
 - Assessment and evaluation of pupils.
 - Records keeping.
 - Marking of attendance register
 - Taking minutes and record keeping of staff meetings.
-

SKILLS AND COMPETENCES

Communication Skills:

- **Verbal**
- **Written**



Leadership skills:

- Positive attitude
 - Result Oriented
 - Time bound
 - Highly Organized
 - Team player
 - Good communication
-

REFEREES

1. Mr. Osman Nurideen – Headmaster, Gbankor Roman Catholic Junior High School. Contact Details: **Mobile**; +233246932381.
2. Mr. Vulsuuri Albert --- Headmaster, Loho Roman Catholic Primary School, Contact Details: **Mobile**; +233206058858.
3. Dr. Nyuiemedi AGORDZO EDOH-TORGAH ---Graduate Coordinator, University of Education, Winneba. Department of Counselling Psychology. Contact Details: **Mobile**; +23324467919



2.3 Reference Letter

Gbankor R/C Junior High School
Post Office Box 65
Nadowli/Kaleo – Upper West Region.
11th November, 2022

Head of Department
University Of Education, Winneba
Department of Counselling Psychology
Post Office Box 25
Winneba – Ghana.

A LETTER OF REFERENCE

I refer Rumeshetu Batong, a student of the Department of Counselling Psychology, University of Education, Winneba pursuing her masters in Counselling Psychology, who has done her attachment with the Gbankor R/C Junior High School to any individual, department or institution for the award of any scholarly award or favours after a successful exercise with the school.

The period of her attachment has also accorded the school the chance to tap from her knowledge to the benefit of Teachers and Students alike.

You can contact the school for further information with regards the intern.

Yours faithfully,



Mr Osman Nurideen

(Headmaster – 0246932381)



2.4 Flower Exercise:

A flower exercise is an exercise that helps an individual to figure out the type of work or job that is most appropriate for him or her. It includes a set of to nail down what the individual is looking for and these questions take the form of petals on a flower. Each petal represents an aspect of the individual's dream job that should be considered carefully. Below is my flower exercise:

KEY:

PETAL 1: Preferred people to work with.

PETAL 2: working conditions.

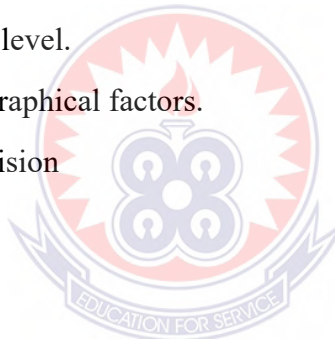
PETAL 3: Skills

PETAL 4: Favorite field of interest.

PETAL 5: Responsibility level.

PETAL 6: Preferred geographical factors.

PETAL 7: Mission and Vision





CHAPTER THREE

CORE COUNSELLING PSYCHOLOGY COMPETENCIES

3.1 Introduction to the Core Counselling Psychology Chapter

The Core Counselling Psychology chapter talks about the courses that make up the core counselling psychology program. These core competencies include the nature of humankind, techniques and applications in counselling psychology, and cultural competency statement. All these exhibit my professional orientation and the heart I demonstrate for the profession and for my clients.

3.2 Nature of Humankind

Human beings, irrespective of their cultural background which includes; color, ethnicity, gender, language, religion, spirituality, sexual orientation and socioeconomic status, are descendance of Allah. I have the belief in dignity and virtues of human beings which are worth as well as meant to mirror Allah as an act of worship. This implies that it is Allah who created us in his own capacity and wisdom. And the reason for creation is for us to worship him and him alone.

In Quran Chapter (Q 96 vs. 1-5), Allah related to nature of humankind by describing how the human being was created and the reasons for the creation. Human beings are all sinners and should always seek for forgiveness in the sight of Allah. It has also been noticed that the consequences of the original sins, sinful personal choices and consequences of others' sins (McMinn, 2000) and its ramifications have significant influence on human functioning and behavior. This depravity therefore impacts the structural and the relational dimensions of humanity resulting in pathology. Psychological theories provide incredible knowledge in understanding human nature

and powerful intervention to restore human health, it is worth mentioning that this knowledge is incomplete, and the interventions are powerful, effective, yet superficial and the relief provided is temporary.

The human problem is deeply rooted in sin, and it takes a loving, forgiving, compassionate and merciful God to redeem humanity to wholesome health. Embracing my own humanity through this journey has shaped my understanding of empathy which is central to building a strong therapeutic alliance. Mindful of the fact that the natural human condition is sinful, I am able to genuinely identify and honestly empathize with my clients, as I see an individual as the divine image of Allah. I therefore work with the goal of helping any clients move out of shame-based, self-focus towards a more compassionate complete view of self and others (McMinn. 2008) and based on that, I will lean towards the Client- Centered Theory or the Rogerian Theory of psychotherapy. This theory views human nature as” humans or individuals having within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.” A second theory I find relevant is the Narrative theory. Here, humans are believed to have an empowering effect and offer counselling that is non- blaming and non-pathological in nature where, human beings give meaning to their personal experiences and these meanings influence how they see themselves and the world around them.

3.3 Techniques and Applications

Counselling is a relationship between the counsellor and counselee characterized by trust and openness. A one on one or a small group relationship whereby the counselee is helped to work through his or her interpersonal or intrapersonal problems and crisis. It is considered to be the most intimate and vital tool used to assist people deal with

their situation. Counselling has become part of our everyday life because it is needed in the family setup, schools, career and also for the wellbeing of the individual. Counselling is not done with mere speculations and thought. It should be backed with techniques and approaches. As a student, I have the responsibility to learn, develop and expand upon the counselling skills that will best help my clients to work through their issues.

In this regard, the technique that will be used for my practice is from the Client-Centered Therapy which was developed by Carl Rogers in the year 1940. This type of therapy diverged from the traditional model of the therapist as expert and moved instead toward a nondirective, empathic approach that empowers and motivates the client in the therapeutic process. As a counsellor to be, it is my responsibility to assist the society to develop proper mental capacity and to improve upon their lives and well-being.

At the first session, it's my duty to walk through with client on the need for cooperation. This will also pave way for me to gather information about the client and the concerns he or she has brought on board for therapeutic assistance. The client current and past, physical and emotional health will be ascertained at this stage to enable the client to gain deeper understanding of the situation. Through the therapeutic interaction, client's troubled situations and conditions will be identified.

Having gained an insight and identified client' situations, client will be made aware of his thought, emotions and beliefs about the identified problems through reflections. All this is being done, to draw the client to himself or herself. Moreover, using this approach, my client will be treated with unconditional positive regard and accepted for whom he/she is through active listening and reflections. I will apply the open communication technique to help client to reflect on insights and accept their feelings

and experiences especially when they have dementia problems. The open communication technique is mainly good for clients with anxiety, depression, dementia and mood disorders. Client-Centered therapy interventions have been seen as very effective to improve self-concept and self-efficacy.

Again, once the problem is clearly identified and clarified, goals will be set in a collaborative manner as well as the interventions. However, the counsellor continues to monitor the progress of the client and seek supervision to ensure best practice.

3.4 Cultural and Diversity Competency Statement

We live a diverse society, and in order to counsel ethically and effectively, it is important that we are mindful of how diversity and differences impact clients, the profession, our lives and relationships we form with client. This understanding helps us to navigate and work with challenges and enjoy the benefits which may exist within a diverse society. Diversity is often referred to as the presence of particular differences between individuals in a group of people.

Culture diversity requires that counsellors explore their own values and beliefs about their counselling process and acquire the requisite knowledge and skills in order to understand the individual client or group within their jurisdiction.

Cultural competency in counselling is a crucial factor in ensuring successful outcome for all clients and one of the surest ways to evaluate background and beliefs visa – via the client. To become a well-rounded counsellor, it is important to recognize that every client will require their own specific therapeutic approach. Incorporating cultural diversity, competence and sensitivity into counselling process enable counsellors to be honest and compassionate and to accommodate and respect differences in opinions, values, beliefs and attitudes of people in respective of age, gender, religion, ethnicity

and socioeconomic background. Every client is unique and so there's the need to pay attention to a client's cultural background. Assumption about individual culture may jeopardize therapeutic relationship.



CHAPTER FOUR

ETHICS AND VALUES ACQUISITION

4.1 Introduction to the Ethics and Values Acquisition

The chapter addresses components of my ethical and legal class. In this chapter, I will exhibit my advocacy statement, my ethics statement for practice, professional goal statement, and clients' bill of rights. These are ethical and legal documents of my profession that I need to present to clients or to showcase in my place of practice.

4.2 Advocacy Position Statement

Taking this course has put me in the position of an advocate. Advocacy is an ethical responsibility of counsellors which must be taken into consideration. It is very essential for promoting and protecting the civil and human right of people with intellectual and developmental disabilities.

Advocacy is for the promotion of the wellbeing of individuals, groups, the vulnerable, less privileged in society and the counselling profession. I firmly agree to this assertion because without strong advocacy at all levels, the vulnerable, minorities, less privileged as well as people with intellectual and developmental disabilities may not have access to the needed support to exercise their civil and human rights to enable them to establish and improve upon their quality of life.

Advocacy seeks to address any barrier that might hinder the growth, well-being and development of certain individuals being age, gender social life or race. It also serves as a mouthpiece for the less privilege in the society who may not be able to speak for themselves or express their need and concerns.

As an advocate, I will seek to offer assistance or help to individuals who may not be able to afford counselling services or the vulnerable and less privileged in the society. I will serve as their mouthpiece and also for the discriminated individuals and groups in the society. I will also ensure to empower individuals with the needed knowledge skills and resources to advocates for themselves and for others in the society.

4.3 Ethics Statement for Practice

As an aspiring counseling psychologist, writing about ethics is provoking endless thoughts in my mind- what is right, according to me and what is wrong? Are my beliefs in accordance to what society thinks and feels? Will my personal ethics help me go a long way in my career? As I think and pen down my thoughts, I am relieved, and proud to say that my list of ethics answers every question in my mind affirmatively.

The following are my core values:

Excellence

I will always strive to be excellent at everything I do. I will not settle for anything lesser than the best and will do everything I can to achieve the best results in all my professional endeavors. I will not procrastinate when it comes to my work and will try as much as possible to deliver the expected results on or before time.

Integrity

As a counselling psychologist and a person, I will always be sincere and honest in everything I do. I will not bend any fact or rules just for personal benefits, and will always be dependable, trustworthy and reliable for the job. I promise to build my reputation on the basis of merit, and nothing else.

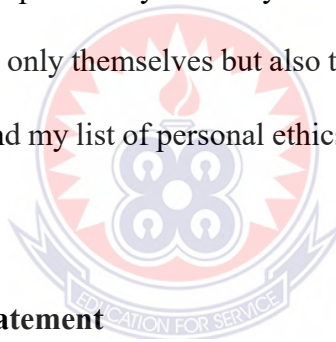
Courage

With integrity comes courage. I will never hesitate to stand up for what is right, and I'll do so, if I get in a difficult situation that demands me to ignore what is wrong. I will always stand up for the truth and let no one influence my choice of decision. I will never let the fear of failing affect my actions.

Humility

I will always strive to remain humble and grounded. I will not let any praise affect my attitude, will always be polite to everyone. I will never look down on anyone regardless of age, gender, religion, colour, cultural and socioeconomic background and will never mock or hurt someone intentionally.

In conclusion, it is the responsibility of every counselling psychologist to abide by ethics that will benefit not only themselves but also their working environment, society and the country at large and my list of personal ethics will definitely help me fulfill this responsibility.



4.4 Professional Goal Statement

Learning for me, is a continuous process and should form an integral part of every professional practice.

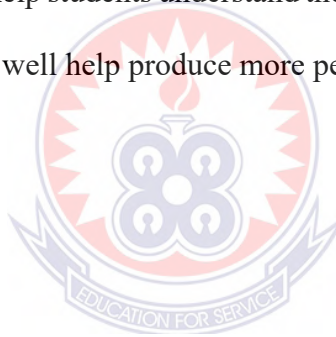
As a student member of the Ghana Psychological Association (GPA/22/4144), my short-term goal is to seek for a full-time employment here in Ghana as a Licensed Counselling Psychologist to enable me gain more experience. This will further prepare me to advance in my field of studies to contribute in meaningful ways to meet the high demands of help needed to solve societal problems. It will also enable me to contribute to the mental wellbeing of my people. As a teacher, I intend to carry a lot of psychoeducation to address societal issues such as domestic violence, abuse and environmental challenges especially in the transformation of the youth, adults, couples

and groups. I will certainly do trauma and crisis work to help individuals to heal from their traumatic experiences and find coping mechanisms. It is my hope to translate the techniques and skills learned in ways that allows my clients to heal in their context.

I also hope to reach out to some other institutions such as Churches, Mosque, Prisons and other humanitarian societies who need the services of a counselling psychologist.

Psychoeducation might be a good technique to use in teaching community members of Wa and its surroundings to understand the health implications of excessive use of drugs on their mental wellbeing and the triggers.

My long-term goal is to get an opportunity to pursue MPhil and proceed with PHD in counselling psychology. I am also hopping to have an opportunity to teach counselling psychology in schools to help students understand the need for counselling in all aspects of human environment as well help produce more personnel in the helping profession



4.5 Professional Disclosure Statement with Client's Bill of Rights

BATONG RUMESHETU

Student Counsellor

University of Education, Winneba.

batongrumeshetu@gmail.com

0262297622

Professional Disclosure and Informed Consent Form

Seeking counselling is a very important and critical major decision making in one's life. Thank you for allowing me to take part in your life's journey. This statement will inform you of my background, counselling approaches, and your rights. If you have any questions, please feel free to discuss them with me.

Education and Qualifications

My name is Rumeshetu Batong and I pursued M. ED in Counselling Psychology at the University of Education, Winneba. I had my first degree in Basic Education in July 2014 from the University of Education, Winneba, and has since been practicing as a student trainee-counselor. I have experience in individual counselling (both adults and adolescents), career counselling, crisis counselling, psychoeducation on various topics as well as group counselling.

As a trainee counselor and psychologist, I desire and strive to enhance my counselling skills and gain experience. I strive to be caring, understanding and respectful to each person's background (cultural diversities) in counselling relationships. I seek to assist individuals to reach personal goals, gain insight, heal and making informed decisions in adjusting to their situations.

Professional Affiliations

Member of the Ghana Psychological Association (GPA)

Member of the Students Counselors Association UEW branch

Treatment Approach and Services

Together with the client, I assist in establishing life-applicable goals that are relevant to their unique stories and situations. I am very interactive and seek to offer opportunities that improve the lives of children, adolescents, adults, families, marriages and communities at large. Treatment approaches are individual and based on the client's needs. Some integrated techniques I use are Motivational Interviewing (MI) to assess motivation to change and address any ambivalence towards change, Cognitive behavioral Therapy and Rational Emotive Behavioral Therapy (REBT) to help address the negative, faulty, or irrational thoughts, and self-talk messages as well as the Existential Therapy to help externalize problems and redefine meaning and purpose.

My counselling services address concerns or issues connected with:

- Alcohol/drug/substance use and addiction (both with individuals and their family members)
- Depression and anxiety
- Self-esteem and self-image
- Grief, loss, and trauma
- Gender and Sexuality
- Couples and family concerns such as: conflict resolution, boundary setting, intimacy, attachment, and communication difficulties
- Developmental and life transitions

Professional Relationship

It is important to keep a professional and therapeutic relationship when working together in counselling. It is my policy not to have any other type of relationship with you in order to preserve the therapeutic relationship. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you but not in a position to be your friend or to have a social and personal relationship with you. Gifts, bartering, and trading services are not appropriate and should not exist between you and I as a therapist.

Confidentiality

All of our communication, including diagnoses, become part of the clinical record, which is accessible to you upon request. I will keep in confidence anything that you say to me, with the following exceptions:

- You direct me in writing to tell someone else.
- I determine that you are a danger to yourself or others.
- I am ordered by a court to disclose information.
- I suspect or made aware of physical/sexual abuse of minors, persons with disabilities, or the aged.
- I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care.
- You are a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian.

NB: In the instances where students participate in group counselling, I cannot guarantee confidentiality from other group members. However, I will do

everything I can to ensure all group members understand confidentiality policies and that breaching confidentiality results in automatic dismissal from the group.

CLIENT'S SIGNATURE..... DATE.....

COUNSELLOR'S SIGNATURE..... DATE.....

CLIENT'S BILL OF RIGHTS

Rights are legal, social, or ethical principles of freedom or entitlements; this means the privileges clients(you) enjoy from counselling by virtue of your interaction with the counsellor(me) and as such, below is a statement of rights and responsibilities of clients;

Client have the right;

- ***To be treated with outmost dignity and respect at all times:*** this means that I will handle you with respect at any given time in the course of counselling process.
- ***To privacy and confidentiality except for life threatening situations or conditions:*** this means that whatever we discuss or talk about during sessions will remain between us without a third party getting to know or hear especially on my part except when you give an indication that you will harm yourself or others or I am being subpoenaed by court or which I will get you informed
- ***To give or withhold informed consent:*** this means that you have the right to voluntarily confirm your willingness to participate after studying all aspects of the counselling process or service.
- ***To autonomy or independence or self-sufficiency:*** this means that even though we will be in this therapeutic relationship together, it is entirely your right to make your own decisions. I will not impose anything on you.

- ***To be updated on a timely and regular basis about the progress:*** I will always let you know how far we have gone and the level of your growth throughout the process.
- ***To be told the truth about your case at all time:*** I will always let you know the truth about your situation.

Client Responsibilities;

Responsibilities refers to something that one is required to do as part of a role or legal obligation and as such, below is a statement of your responsibility as a client;

- Adhere to established schedules
- Follow agreed upon goals and strategies established in sessions.
- Participate fully in sessions to help maximize a positive outcome.
- Avoid placing counsellor in ethical dilemmas.
- Inform counsellor if you are receiving any mental health services from another professional
- Inform counsellor of your progress and challenges in meeting your goals.
- Pay bills in accordance to the billing contract.

CHAPTER FIVE

PERSONAL REFLECTIONS & COUNSELOR COMPETENCIES

5.1 Introduction to the Counsellor Competencies

The counsellor competencies address components of my competencies as a counsellor in training and my personal reflections. This reflection chapter exhibits my personal counsellor competencies entailing of all the courses taken from the first and second sessions with two (2) artifact each. These are personal experiences I have built in the two years of this course.

5.2 Counsellor Competencies

As a professional counsellor to be, I would be licensed as a mental health therapist where I would have to provide assessment, and counselling to people facing a variety of life stresses and psychological problems. I will help people with traumatic experiences, relationship issues, family problems, job stress, mental health disorders such as anxiety and depression and many other challenging problems that can impact one's feelings and general wellbeing. For me to be effective in my role, there is the need for me to enjoy helping others and possess specific skills and attributes such as: excellent listening and communication skills where, in all therapies, I would need to listen actively to people, reflect their thoughts and feeling and should remember important events and the feelings they convey to me. My ability to be empathetic and non-judgmental would enable me not to place judgement or give advice on a client's action or feeling instead, take client through talk therapy so that client would see things more clearly, and from different and more optimistic viewpoints.

Through understanding of confidentiality and professional boundaries, I would be able to communicate to clients about the nature and limit of the therapeutic relationship.

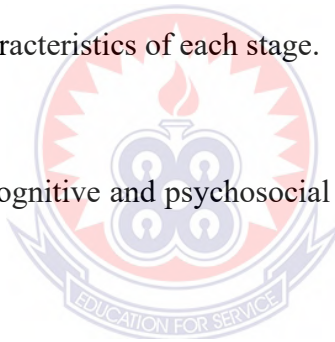
Also, the level of resilience, patience, and humility I have acquired has enabled me to develop sufficient emotional robustness and also a high sense of self- reflexivity as a fundamental value of a counselor. As a counselor to be, I will require self-care and a willingness to distinguish my limitations. However, being able to show interest in client's situation will encourage a positive and trusting relationship for both the counsellor and the client.

5.2.1 Human Lifespan Development: Taught by Dr. Theresa Antwi

This course educated me on the various stage of development (from birth to death) of humans as well as the characteristics of each stage.

Artifact 1

Observing the physical, cognitive and psychosocial development of a child at infancy stage of development



CHILD AT INFANCY STAGE

NAME OF CLIENT: Hayat Nantamba

DATE: 06/10/2021

GRADE LEVEL/AGE OF CLIENT TO BE OBSERVED: Infancy (2years)

OBSERVATION VENUE: Home

OBSERVATION TOPIC: Assessing infancy characteristics of Hayat in relation to the three domains of human development and its implication in education and counselling.

OBJECTIVES/ EXPECTED OUTCOME: At the end of the observation, I (the student counsellor) will be able to

1. Assess the physical development of Hayat.
2. Evaluate Hayat's cognitive capabilities in relation to conventional infant stage
3. Evaluate the psychosocial development level of Hayat.

FORMAT OF OBSERVATION; Observation method

EQUIPMENT NEEDED FOR THE OBSERVATION: pen and paper

BRIEF SUMMARY OF OBSERVATION: I observed that Hayat's motor skills had developed and so she likes jumping and running around a lot as well as scribbling on papers and walls at the least opportunity she gets as expected in the physical development at her age.

Cognitively, I observed that Hayat understands that things and people still exist even if they cannot be seen or heard as she asks of his father anytime he travels (mama where is daddy?). She always wants things to go her way or revolved around her and as such cries often. She does this to get her needs met since she realized that she gets the needed attention anytime she cries (this is where the id sets in). Hayat likes to also do things by herself though she ends up not doing them well.

Psychosocially, Hayat has become so attached to her parents especially her mother and sister but loves to go out to play with other children and will sometimes prefer to be with them than with her parents. She easily identifies her possessions when with friends and is quick to pick them when leaving friends.

CONCLUSION: Hayat is a normal child at the infant stage of development who needs more and careful guidance in exploring her environment towards the development of a positive sense of herself.

COUNSELLING IMPLICATION: Parents should be educated on the characteristics of children at this stage and also encouraged to be more patient and tolerant with children and not over protective.

EDUCATIONAL IMPLICATIONS: teachers should be more patient and tolerant and guide children to explore their environment with care.

NAME OF OBSERVER: RUMESHETU BATONG

SIGNATURE.....



Artifact 2

Observing the physical, cognitive and psychosocial development of a child at early childhood stage of development

CHILD AT EARLY CHILDHOOD STAGE OF DEVELOPMENT

NAMES OF CLIENT: Razeenah Sungsumah

DATE: 7/10/2021

GRADE LEVEL/ AGE OF CLIENT TO BE OBSERVE: Early childhood (6years)

OBSERVATION VENUE: Home

OBSERVATIONAL TOPIC: Assessing early childhood characteristics of Razeenah in relation to the three domains of human development and its implication in education and counselling.

OBJECTIVES/ EXPECTED OUTCOME: At the end of the observation, I (the student counsellor) will be able to; 1. Assess the physical development of Razeenah.

2. Evaluate Razeenah cognitive capabilities in relation to the convectional early childhood stage

3. Evaluate psychosocial development level of Razeenah

FORMAT OF OBSERVATION; Observation method.

EQUIPMENT NEEDED FOR THE OBSERVATION: a pen and paper.

BRIEF SUMMARY OF OBSERVATION: Physically, I observe that Razeenah has lost a tooth but can eat well all by herself, she writes numbers from 1- 100 well, draws more realistic pictures such as pictures of the mother, herself and her sister. She is able

to bath and dress up all by herself though not perfectly. Razeenah likes playing a lot and jumping but has decreased appetite.

Cognitively, Razeenah is able to draw pictures and explain them, retell stories that had been told to her at school, rote count numbers from 1-100, do simple addition and subtractions as well as pronounce some three to four letter words and read short sentences Razeenah likes things done her way but understand it when others around her are emotional. Psychosocially, I observed that Razeenah likes to play a lot with her friends and shares her possessions with them and will sometimes prefers to be with friends than her parents. She likes to initiate and carry out plans such as helping her younger sister to bath, dress up and eat, clean the dining tables after eating and wash the cup after drinking tea as well as serve a visitor with water. Razeenah is able to differentiate between males and females and mostly imitates her mother. She tries to dress, walk and behave like her mother and sees herself as a lady and elder sister to her younger sister.

CONCLUSION: Razeenah is developing normally and if the appropriate environment and guidance is provided, she will develop a positive sense of herself.

COUNSELLING IMPLICATION: counsellors should educate parents on the characteristics of children at this stage and encourage the parents to use the continuous reinforcement type of motivation to help children at this stage to develop positive sense of self.

EDUCATIONAL IMPLICATION: teachers taking children at this stage should do well to teach from simple to complex and from known to the unknown as well as use variety of motivation to help them develop a positive sense of self.

NAME OF OBSERVER: RUMESHETU BATONG

SIGNATURE:

5.2.2 Theories of Counselling: Taught by Dr. Namale

This gave me an insight on the theoretical underpinnings and framework of human behaviour

Artifact 1

Explore Alfred Adler's Personality Theory and Personality Types

Date: 8th November 2021

Introduction

The question of what drives us what great force underlies our motivation as individuals, propelling us forward through all manner of trying circumstance was a matter of longtime fascination for psychologist Alfred Adler. He eventually came to call this motivating force the striving for perfection, a term which encapsulates the desire we all have to fulfill our potential, to realize our ideals a process strikingly similar to the Adler was also influenced by philosopher Hans Vaihinger.

Once Adler had fleshed out his theory on what motivates us as beings, there remained one question to be answered: If we are all being pulled toward perfection, fulfillment, and self-actualization, why does a sizeable portion of the population end up miserably unfulfilled and far from perfect, far from realizing their selves and ideals?

Adler believed that some people become mired in their inferiority;

Superiority complex for Adler is a means of inflation ones self-importance in order to overcome inferiority feelings. People who demonstrate a superiority complex may often be boastful and self-centered,

Adler identifies four types of style of life for dealing with life problems.

These are;

The ruling type. These people are characterized early on by a tendency to be generally aggressive and dominant over others, possessing an intense energy that overwhelms

The leaning type. Individuals of this type are sensitive, and while they may put a shell up around themselves to protect themselves, they end up relying on others to carry through life's challenges.

The avoiding type. People of this type have such low energy they recoil within themselves to conserve it, avoiding life as a whole, and other people in particular.

The socially useful type: People of this type are basically healthy individuals, possessed of adequate, but not overbearing, social interest and energy.

Alfred Adler Birth Order Theory

Alfred Adler believed that the birth order of a group of siblings would help to determine individual personalities.

An only child tends to receive the full attention of both parents. They can be over-protected, but they can also be spoiled. This causes the child to like being the center of attention and prefer adult company.

Oldest Child: The eldest child in a family gave difficulty sharing with others. They feel powerful and often require encouragement to be helpful.

Youngest Child: The youngest child in a family often sees every sibling as a potential mother and father. This causes the child to want to grow up more quickly and make big plans that may never come true.

Middle Child: Because the oldest receives responsibility and the youngest can be spoiled, children in the middle can feel like they don't receive any attention at all. They tend to be even-tempered and fight to protect the social justice of others, but can also feel very lonely.

Twins: One twin is usually stronger than the other twin. One may be more active. Some families may see the older twin as being the oldest child.

Adopted Child: Many adopted children receive the same levels of attention that an only child receives.

What about Single Girls or Single Boys in a Sibling Group?

Conclusion

Adler's theories may lack the excitement of Freud and Jung's, being devoid of sexuality or mythology, but they are nonetheless practical, influential, and highly applicable.

Artifact 2(Term paper)

24th November 2021

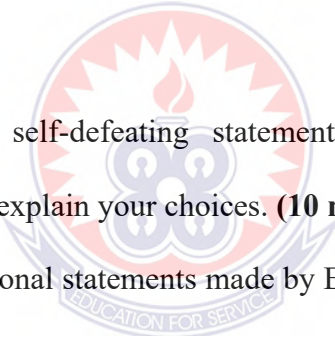
SCENARIO 1

Emmanuel, is a student in Tikobo Senior High School. For some time now he has not been of himself. Kwesi, a close friend of Emmanuel suggested that he sees you as a counsellor for assistance which John obliged.

After the initial pleasantries in the counselling process, the following conversation ensued between you and John:

John: For about 1 year now, I have been battling with a problem which I am not able to solve on my own. To be frank, considering who I am all things should work to my advantage. Considering my situation, I have indeed come to believe that when the die is cast no amount of witchery or prayers can ever prevent the crossing of the Rubicon. Yes, it is absolutely true that when the tide is against you there is nothing you can do to save yourself. Really, I am surprise! In fact, how things are going I don't think I can live up to my expectations. Really if things are going to be like that then, I tell you, I foresee that I have a very bleak future and I will be doomed forever. Oh, poor me!

As a counsellor:

- 
- 1) a. Identify two self-defeating statements made by Emmanuel in the conversation and explain your choices. **(10 marks)**
b. Identify two irrational statements made by Emmanuel in the conversation and explain your choices. **(5 marks)**
 - 2) How will you assist Emmanuel to overcome his situation using this counselling role? “Assisting client to identify the causes of his failure and adopting behaviour that promote success in life” **(10 marks)**
 - 3) How will you assist Emmanuel to unlearn his irrational beliefs by using this counselling role? ‘Disputing/challenging’ **(5 marks)**

SCENARIO 2

Mr. Ampofo is a professional teacher and a father of two children who are students of the University of Education, Winneba. Mr. Ampofo lives in a village where he has acquired 20 acres of land fully registered. He had interest in tomatoes production so he eventually engaged in that business alongside his teaching profession. That was Mr. Ampofo's decision because there is a tomatoes factory near their village which buys raw tomatoes from farmers at very good prices. However, for some time now Mr. Ampofo has problems in running his business. His tomatoes business was collapsing because he does not get enough attention for it even though he has pumped a lot of money into it. Again because of divided attention his school activities are seriously affected - he goes to school late and leaves very early in order to go to his farm which his colleagues find strange. For this reason, he has problems with his headmaster which is gradually determining his eventual dismissal from the teaching profession.

Upon a second thought Mr. Ampofo has finally stopped the tomatoes business so that he would not be dismissed from the teaching profession because he has a passion for it. However, he is not happy about his decision when he thinks about the huge sums of money he has 'thrown' away in that business venture and it is not paying off. This situation has tremendously affected his personal and family life. He instantly picks quarrel with his children and tells them that he is no longer in the position to cater for their education anymore. He blames everybody in his vicinity and of course accuses them for his unsuccessful tomatoes farming. In the counselling interviews Mr. Ampofo tells you, his situation.

Ah, I wish I could go back to continue my tomatoes farming. By now I would have been a great tomatoes farmer comparable to none but for those people around me! They gossip a lot about my success in my

business. Now they have got what they intended – out of business so that they will have their way. Life has become terrible to me. How can life be too cruel to me like this? Oh! How, how, how am I going to take care of my children in school? What was my mistake? Where did I go wrong? Could you believe that for some time now I don't communicate to any of my children and my wife because of my unsurmountable situation?

Use the theories indicated above to the answer questions 3 and 4 on Scenario 2.

3. Gestalt Theory:

- (a) State the unfinished business in Mr. Ampofo's Counselling Case and explain how it is affecting him **(10 marks)**
- (b) How will you use this assumption of the Gestalt Theory to assist Mr. Ampofo? "Man possesses the resources to live effectively" **(5 marks)**

4. Bowen Family Systems Therapy:

- (a) Explain how Mr. Ampofo's behaviour will affect the family relationship, using the Family Projection Process and Emotional Gap as concepts of Bowen's Family Systems Theory. **(10 marks)**
- (b) How will you assist Mr. Kornite to manage the external stress he is experiencing? **(5 marks).**

- 1a Identify two self-defeating statements made by Emmanuel in the conversation and explain your choices.

Question 1b:

Identify two irrational statements made by Emmanuel in the conversation and explain why

2. How will you assist Emmanuel to unlearn his irrational beliefs by using this counselling role? Disputing/challenging

Question 3a: State if the unfinished business in Mr. Ampofo's counselling case and explain how it is affecting him.

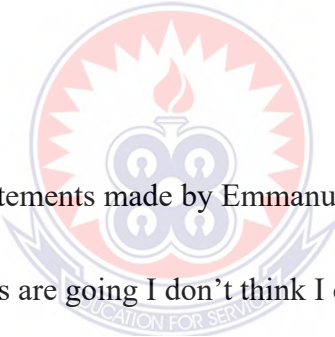
Question 4a: Explain how Mr. Ampofo behavior will affect the family relationship using Projection Process and Emotional Gap as concept in Bowen's family system theory.

Question 4b: How will you assist Ampofo to manage the external stress he is experiencing?

RESPONSES

Question 1 (a)

Two self-defeating statements made by Emmanuel in the conversation are;

- 
- (i) In fact, how things are going I don't think I can live up to my expectation.
 - (ii) I foresee that I have a very bleak future and I will be doomed forever. Oh, poor me.

These two statements are self-defeating statement to me because a self-defeating statement is a series of negative traits or thought which tends to effect one's performance.

Berglas and Baumeister (1993). Defined self-defeating behaviour as bringing harm, loss, failure or suffering to one's self through one's own actions and inactions.

The above definition clearly indicates that the two-statement outlined above are self-defeating because Emmanuel has negative thoughts about himself and that is causing him harm, loss and leading to his failure in life which shouldn't be so.

Question 1 (b).

Irrational means lacking reason and understanding or sound judgement. It also refers to ways of thinking about one's self that are out of context with the real facts resulting in either under-valuing or over-valuing one's self.

From the above definition of irrational, two states of Emmanuel that are irrational to me are;

- (i) To be frank, considering who I am, all things should work to my advantage. This state is irrational because Emmanuel is out of context with the real fact of life and is over valuing himself which should not be so because in real life, anything can happen to anyone no matter who you are or your status.
- (ii) Yes, it is absolutely true that when the tide is against you, there is nothing you can do to save yourself. Really, I am surprise! This is also an irrational statement because Emmanuel is lacking reason and sound judgement because there is always a lot one can always do to save him/herself out of every situation.

Question 2

Using the counselling role, ‘assisting client to identify the causes of his failure and adopting behaviour that promote successes in life ‘, I will assist Emmanuel by using the Rational Emotive behavioral therapy (REBT) to first of all let him identify the irrational and self-defeating attitude and beliefs that has led him to the current problem he is having. I will then go on to restate, paraphrase or do reflection of content of his submission to let Emmanuel assess his felt sense (thus making him pay attention to

particular feelings and events and then noticing what is evoked inside of him) I will also use cognitive therapy to make Emmanuel see how his irrational thought has made him misinterpret situations.

Lastly, I will do cognitive restructuring and rationalization with Emmanuel by explaining to him that life is full of ups and downs and that any situation can happen to anyone at any given time but how the individual sees, understand and handle that situation will determine success or failure. I will further suggest to Emmanuel to explore other opportunities with a rational and positive attitude to achieve success.

Question (3)

Disputing/challenging is the act of highlighting incongruence and conflicts in a client life and testing his/her abilities or inviting competition in him and so, I will assist Emmanuel to unlearn his irrational beliefs by using the counselling role ‘disputing/challenging’ in this way;

I will dispute his statement, “considering who I am, all things should work to my advantage” and highlight the fact he has over valued himself which is not supposed to be so in real life context and that no one or nothing is against him but his own thoughts and feelings. I will also be highlighting the fact that anything can happen to anyone at any time despite one’s status or position and that he has a bright future. I will then challenge him to rationalize his thinking, feelings and expectations in life.

RESPONSES TO SCENARIO 2

Question 1 (a)

According to Gestalt theory, unfinished business refers to unfinished needs, unexpected feelings or uncompleted important events in a person’s life.

So, the unfinished business in Mr. Ampofo's counselling case is his unsuccessful tomato farming that wasted huge sums of his money of which he had to forfeit. This unfinished business is affecting him in the sense that, he is unhappy and that unhappiness is making him pick instant quarrels with his kids as well disconnecting from his kids and wife. He has also developed an irrational and self-defeating attitude and belief and as such blames everybody in his vicinity as well as life.

Question 1 (b)

Using the assumption "man possess the resources to live effectively", I will let Mr. Ampofo to understand that man can achieve in life through the resources he possesses and that his resources is not just limited to his unsuccessful tomatoes business but also includes his family, his professional job, the 20 acres of land as well his own wellbeing (physical and emotional well-being). And so, with all this resources still intact he can still live effectively.

I will then suggest to him to be in contact with his family to help him deal with his emotions and use part of his salary from the teaching profession to hire people to work on his 20 acres of land instead of doing so himself so as to get back in to the tomatoes business but still keeping his job and unite the family once again.

Question 2 (a)

Using the family projection and emotional gap as concepts of Bowen's family system theory, Mr. Ampofo's behaviour will affect the family relationship in the sense that, his constant quarrels with his kids as well as statement made to them will lead to anxiety in the family. Also, his disconnection (not communicating) from his kids and wife will create a great distance in the family relationship and this can further impair the

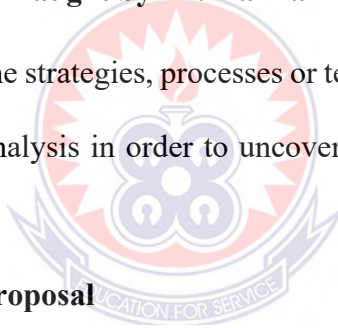
functioning of his kids or wife as well as cause marital conflict between him and his wife.

Question 2(b).

I will assist Mr. Ampofo to manage the external stress he is experiencing by restating and highlighting his achievement before the commencement of the tomatoes business to make him aware of himself (self-awareness) in order help him create a positive opinion of himself and to belief in himself. I will also take him through cognitive therapy to restructure and rationalize his thought and challenge him to develop a good relationship with his family, colloques at work and community members at large.

5.2.3 Research Methods: Taught by Dr. Hannah Acquare and Dr. Bedu Addo

Here, I was educated on the strategies, processes or techniques utilized in the collection of data or evidence for analysis in order to uncover new information or create better understanding of a topic.



Artifact 1: (Research) Proposal

UNDERSTANDING MATERNAL ROLES AND GIRLS' PERCEPTION OF ACHIEVEMENT: A PHENOMENOLOGY STUDY

Introduction

Engin-Demir (2009) stated that education is not a charity rather a fundamental human right for all people irrespective of their sex, race, economic status which is the key to sustainable development, peace and stability among countries. In any society, the provision of education is a fundamental and basic for human resource development. Harding, J. Morris and Hughes (2015) argued that educating females yields far-reaching benefits for girls and women themselves, their families' and societies in which they

live. The benefits of investing in human capital are especially pertinent for women in developing countries where gender equity in education is often lagging behind. Without educating women, national endeavors can be less effective and the efforts of women are weaker. Research shows perceptions on maternal roles and influences on academic achievements of students. This is why this study is aimed at exploring girls' perceptions on material roles influencing their academic achievements at Gbankor Roman Catholic Junior High School in the Nadowli-Kaleo District of Ghana. This proposal will be structured into three aspects. The first aspect will discuss theoretical/conceptual framework, rationale/purpose of the study, guiding questions, significance of the study, delimitation/scope of the study and definition of terms. The second aspect will delve into the literature review while the third aspect is the methodology.

Theoretical Framework

Because gender role transmission and sex categorization can inform behavior, the theoretical framework that will be used for this study is role theory as described by McLeod (2008). One assumption of this theory is that roles are transmitted and that individuals will act within the context of the expectations that others have for them (McLeod, 2008). McLeod explained that each social situation has a set of expectations that impact behavior in that particular setting. This theory was used as a framework for understanding how cultural expectations transmitted in the home, such as those created by a mother's educational experiences could be transmitted to her adolescent daughter (Hannum, Kong, & Zhang, 2009).

Topic and research problem

Based on the literature reviewed, the topic for the study will be 'Understanding maternal roles and girls' perception of achievement: A phenomenological study.'

Purpose of the study

The purpose of the study is to explore the lived experience of understanding maternal roles and girls' perception of achievement.

Research questions

The study will be guided by three research questions.

- What is the enrolment of girls at Gbankor Roman Catholic Junior High School in the Nadowli-Kaleo District of Ghana for the past decade?
- What is the knowledge of girls on maternal roles/domestic responsibilities?
- How is participation of girls in class influencing their academic performance?

Significance of the Study

The study is intended to provide the detailed descriptions on how maternal roles act as barrier to school girls' achievement in education. Specifically, the findings will contribute knowledge to the existing literature about the impacts of maternal roles on girls' achievement in education in Ghana.

Assumptions

The main idea of the study is to explore the girl's perceptions on material roles influence on their academic achievements at Gbankor Roman Catholic Junior High School in the Nadowli-Kaleo District of Ghana. To better understand this topic and achieve the stated specific research objectives, relevant literature will be reviewed. The study will empirically review literature on the following:

- Concept of maternal roles/domestic responsibilities
- Concept of academic achievement
- Factors that influence girls' education in rural communities in Ghana

Methodology

This chapter will present the research methodology on understanding maternal roles and girls' perception of achievement: A lived experience of girls at Gbankor Roman Catholic Junior High School in Nadowli-Kaleo district of Ghana. The study will be conducted as part of formative work to inform the development of an intervention that aims to restructure the girl child cognitively on higher achievement in terms of education. A qualitative methodology will be used to gather data from 'Gbankor Roman Catholic Junior High School' in Nadowli-Kaleo district of Ghana. In-depth interviews will be conducted for the girls of the school. A key aspect of this study will be the inclusion of the headmaster and teachers of the school. The rationale for this approach is to obtain a contemporary perspective on why girls do not aim to achieve more when it comes to education.

Type of Design

The purpose of the phenomenological approach is to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation. In the human sphere this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s).

Site and sample selection

The population of the study will comprise all junior high school students at Gbankor Roman Catholic Junior High School in the Nadowli-Kaleo District of Ghana. The target population is female students at Gbankor Roman Catholic Junior High School in the Nadowli-Kaleo District of Ghana. They are numbered twenty-five (JHS 1=10, JHS 2=7 and JHS 8).

In conducting a qualitative study such as this, Kusi (2012) advise researchers to seek and obtain permission from the authorities in charge of the site of the study. In view of

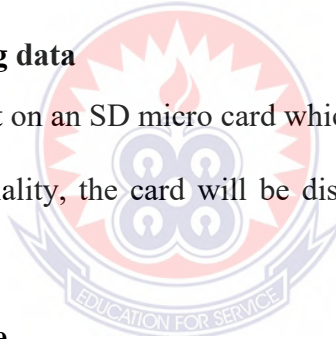
this, the researcher will obtain an introductory letter from the School of Graduate Studies, University of Education, Winneba to the head teacher of the school for permission to interview the participants.

Data collection technique

The study will use semi-structured interview guide. Semi-structured interview guide will be used to collect the interview data in this study. This type of interview guide will be used because according to Creswell (2013) it has the advantage of helping the interviewer to make an effort to build trust and rapport with respondents thus making it possible to obtain information that the individual probably would not reveal by any other data collection method and also can follow up a respondent's answers to obtain more information and clarify vague situations.

Managing and recording data

Data will be securely kept on an SD micro card which will be password protected. For the purpose of confidentiality, the card will be discarded soon after transcription is done.



Data Analysis Procedure

The data collection procedure will be qualitative. These data will be analyzed thematically. In using this strategy, the researcher will organize the data gathered and get immersed in the data while transcribing it. After this, themes that will be generated will be coded and described.

Limitations

The sample size for the study is relatively small and therefore the findings cannot be generalized to other schools in the Nadowli-Kaleo District of Ghana. Again, there will be difficulties to get access to some information on cultural practices on maternal roles because some cultural practices are done in secrecy.

Artifact 2: (Term Paper)

QUESTION (1A)

I will use the snowball sampling procedure for lived experiences of returned irregular migrants in Nkoranza municipality.

Snowball sampling because the subjects (returned irregular migrants) from whom I will be collecting data from will not be easily identified in the Nkoranza south municipality but upon identifying a community member who is well versed with the affairs of the community, for example the chief or assembly member who can identify one returnee, then other returnees would be identified upon referral from the first returnee until I get an appropriate sample size.

I am likely to collect data from returnees of irregular migration and chief or assembly member of Nkoranza south municipality.

Question (1b)

I will use stratified random sampling procedure for exploring the influence of teacher personality on the academic performance of SHS students in the Apam Township.

Stratified random sampling because SHS students in the various secondary schools in Apam township might be many and I might not be able to collect data from every single student and so stratified random sampling will enable me obtain a sample population from the larger population of students to represent the entire population in Apam township and also cater for differences between the group (example boys and girls) which is relevant to the study.

I am likely to collect data from SHS students of different gender in classes and schools as well as head teachers of various senior high schools in Appam Township.

Question (2a)

Exploring lived experiences of survivors of female genital mutilation in Nalerigu: A phenomenological study

Question 2b

I will use a qualitative research approach because I don't know what to expect and so, it will help me get rich and in-depth descriptions of the phenomenon and also data to be collect is non-numerical.

Question 2c

I will use questionnaires (open ended) and interview to collect data from the survivors of the act. Open ended questionnaire because it will enable quick and efficient way of obtaining large amounts of information from the survivors.

Also, interview will enable me collect in-depth information from the survivors. Non-verbal cues from survivors during the interview will help better explanation and understanding.

Question 2d

Difference between Ethnography and Case Study:

Ethnography is a detailed and in-depth study of everyday life and practice. In other words, it is the systematic study of people and cultures. A researcher who is engaged in ethnography is known as an ethnographer. Ethnographers explore and study culture from an insider's point of view (emic perspective).

Case studies and ethnographies are two popular detailed, qualitative studies used in the field of social science. Although there are certain similarities between these two

methods such as their holistic nature, and the extended time period, there are also some differences between the two. The main difference between ethnography and case study is their focus; ethnography aims to explore cultural phenomenon whereas case studies aim to describe the nature of phenomena through a detailed investigation of individual cases.

Case studies are preferred by many researchers in the field of social sciences since they offer detailed and in-depth information about a particular phenomenon. However, it is difficult to use the data obtained from a case study to form generalization since it only focuses on a single event or phenomenon.

Below are the differences between ethnographic and case study

Ethnography	Case study
Ethnographic is the detail and systematic study of people and cultures.	A case study is a detailed investigation of a single event, situation or an individual in order to explore and unearth complex issues.
Ethnographic studies use participant observations and interviews.	Case studies may use interviews, observations, questionnaires, checklists, analysis of recorded data and opinions.
Ethnography the researcher has to spend a considerable amount of time inside that particular community	Case study researcher does not have to leave in that particular community.

5.2.4 Techniques in the Helping Profession: Dr. Nyiemedi and Mr. Samuel

Zigga.

With this, I was taught specific set off counselling skills that will enable me to treat one or more unique populations

Artifact 1

Transcription of video on reflection of content, meaning and feeling

The video is on reflection of content as one of the reflection skills. Reflection of content is a skill identified by Rogers (1955, 1965) as being important in counselling. It refers to listening actively and accurately to another person and repeating to the person a version of what is said.

The video is about a depressed man whose wife wants to walk out of their marriage because he is not able to satisfy her sexually because of his health condition. Below is the conversation between the counsellor and client:

Counsellor: Mr. Adams you are welcome.

Client: Thank you.

Counsellor: How are you doing today and the family?

Client: We are doing well.

Counsellor: We thank God. So how may I be of help today?

Client: Eh madam, I have a problem with my wife. Eh, for the past six months, I have not been well.

Counsellor: oh

Client: And because of that, I have not been able to satisfy my wife in bed.

Counsellor: Oh ok

Client: And it looks as if my wife is getting fed-up with the medical problem that I have even though I have been to the hospital with her and the doctors are working and they have assured us that shortly or within some period, I will be able to regain

my manhood but it's like my wife is getting fed-up and she has started going out with another man whom I suspect to be her former boyfriend.

Counsellor: Oh ok

Client: I have complained severally but she wouldn't want to give me a listening ear so I am beginning to feel that she doesn't love me anymore and that will end the relationship so I want to see how best you can assist me with the challenge. Personally, I love my wife but she is insisting that we end the relationship so that is why I am here this afternoon.

Counsellor: Ok. Mr. Adams eh am glad you said you love your wife and so from what you said, you said you had the health issue for six months now right?

Client: Yes, please

Counsellor: And because of that you have not been able to satisfy her well for the past six months now?

Client: Yes, please

Counsellor: From what you said, do you also mean that the person she is currently going out with or you suspect she is going out with is an ex?

Client: It's an ex, yes, perfect

Counsellor: Ok and you also mean she is the one trying to break up even though you suspect she has something doing with an ex?

Client: Yes, because of that she said she wants us to break up.

Counsellor: And so, you mean she insist she wants to walk out of the marriage because of your condition?

Client: Yes, please

Counsellor: Which you said doctors are saying something can be done about it soon if I get you right?

Client: Yes, exactly

Counsellor: Em, I believe you feel hurt

Client: Too much

Counsellor: Though you feel so hurt about it but am glad you said you still love your wife. Once the love is there, it's something we can get a solution to. I'm sure we can get something good out at the end of the day but I also believe as a woman, it's because of the temporal issue that may be tempted her into that and maybe not out of her will and so we can fix some dates and a couple of sessions and then we can talk and at the end of the day, you decide on what to do. If it's gets to the point where you have to invite her in if she is willing to, we can do that too and see.

Client: Thank you very much

Counsellor: You are most welcome.

SELF-ASSESSMENT OF SESSION

a. Identification of clients' presenting concern

Mr. Adams is worried that his wife will eventually seek divorce because he is not able to satisfy her sexually.

b. Self-assessment of recorded counselling session.

- I. When the client presented his concern, I felt so sad and thought though it's sad but it was not something that should lead to a divorce.
- II. I responded to Mr. Adams' content by repeating to him the important version of what he presented after actively listening to him.
- III. I could have given him the alternative of observing his wife carefully to be sure it was not just because of his inability to satisfy her that is making her want a divorce but other things.

- IV. Whiles presenting his concern, Mr. Adams could not look into my eyes and to some point scratching his hands.
- V. I demonstrated that I was open to Mr. Adams (client) by letting him know that his concern was something that can tempt some women in his wife's situation.
- VI. The use of "oh" at some points in the session revealed my disapproval of my client's wife's actions leading to some level of relief on the part of my client which I detected from his tone.

Artifacts 2

Title: Grounding techniques that can be used to help a worried child

Date: 18th November 2021

Grounding, also called earthing, is a therapeutic technique that involves doing activities that "ground" or electrically reconnect you to the earth.

They are helpful for situations where children may find themselves overwhelmed or confused by distressing thoughts and emotions. Doing grounding exercises can help bring them back down to earth.

Electrical conductivity exists within the matrix that functions as an immune system defense, similar to antioxidants. They believe that through grounding, the natural defenses of the body can be restored.

Some of the signs of anxiety in children include both physical and emotional.

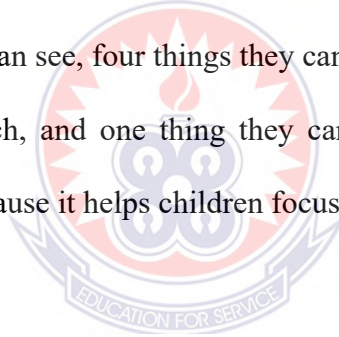
Emotional Signs of Anxiety in Children are more sensitive than normal. This includes; Hypersensitive, Excessive or more often crying than typical, Reactive, grouchy and / or angry without clear reasoning to why, extremely anxious before or during tests,

sporting activities, performances, Panic attacks / afraid of having panic attacks, Worries about far future events / things, Phobias and exaggerated fears and Clinginess and strong worries before and during drop-offs

Physical Signs of Anxiety in Children include; Refuses to eat snacks or lunch at daycare or school, in public spaces amongst peers, refuses to use restrooms except when at home and begins sweating or shaking in new or intimidating situations.

This write up will explore three techniques that can be used for children and this include 5-4-3-2-1 grounding technique, belly breath technique and walking technique.

Firstly, the 5-4-3-2-1 grounding technique is a simple one that children can start with. All they need to do is pay attention to their senses. Slowly and steadily, have the child identify five things they can see, four things they can hear, three things they can smell, two things they can touch, and one thing they can taste. The 5-4-3-2-1 grounding technique is effective because it helps children focus on something tangible using their senses.



Here's how to take your child through the steps in this exercise:

‘Get comfortable. Uncross your arms and legs.’

‘Now breathe in and out slowly 3 times.’ You can guide your child by saying, ‘Breathe in ... breathe out Breathe in ... breathe out Breathe in ... breathe out...’.

‘Now look around you. Name 5 objects that you can see.’ You can prompt your child with examples like, ‘I see the ground. I see my shoe. I see a tree. I see a car. I see my friend’.

‘Close your eyes. Breathe in and out slowly 3 times.’

‘Keep your eyes closed and listen carefully. Name 5 sounds that you can hear.’ You can prompt your child with examples like, ‘I hear a person talking. I hear a bird chirping. I hear a door close. I hear a car going past. I hear myself breathing’.

‘Keep your eyes closed. Breathe in and out slowly 3 times.’

‘Keep your eyes closed. Breathe in and out slowly 3 times.’

Secondly the belly breath technique is taking slow, deep breaths is an easy way to slow down the rush of anxious symptoms. To help the child do this exercise properly, have them “belly breathe.” This means taking a deep breath in through the nose until the belly expands. Hold the breath for just a few seconds before letting the air out, all while imagining negative thoughts and feelings to exit the body at the same time. Repeat this exercise several times to help reduce feelings of anxiety.

Lastly, the walking technique is relieving anxiety by a simple walk. The key is to do it slowly and mindfully. Counsellor should ask the child to pay attention to how the ground feels as they walk softly in their shoes. Research has found positive associations between physical activities, such as walking, and overall psychological well-being, including reduced anxiety.

COGNITIVE RESTRUCTURING

Cognitive restructuring is the therapeutic process of identifying and challenging negative and irrational thoughts, such as those described in the birthday example. These sorts of thoughts are called cognitive distortions. Although everyone has some cognitive distortions, having too many is closely linked to mental illnesses such as depression and anxiety.

Cognitive behavioral therapy (CBT), and several other approaches to psychotherapy, make heavy use of cognitive restructuring. Each of these therapies leverages the powerful link between thoughts, feelings, and behaviors to treat mental illness. The thought-feeling-behavior link is a big topic in itself, and beyond the scope of this guide. If you want to learn more, check out our CBT Psychoeducation guide and worksheet.

Remember, cognitive restructuring refers to the process of challenging thoughts—it isn't a single technique. There are many techniques that fall under the umbrella of cognitive restructuring, which we will describe (alongside several therapy tools) throughout this guide.

This follows some steps:

Psychoeducation: Start with psychoeducation about the cognitive model and cognitive distortions, using plenty of examples.

Increase awareness of thought: After building a general understanding of the cognitive model, your clients will learn to identify their own cognitive distortions. This takes practice. It's not natural, during a fit of rage, to stop and wonder: "What thoughts led me to this moment?"

Thought record: A thought record (also called a thought log) is a tool for recording experiences, along with the thoughts, feelings, and behaviors that accompany them. This exercise will help your clients become aware of cognitive distortions that previously went unnoticed, and unquestioned. With practice, they will learn to identify cognitive distortions in the moment, and immediately challenge them.

Techniques in Cognitive restructuring include:

Socratic Questioning: Once a cognitive distortion has been identified, this technique is simple. The cognitive distortion will be assessed by asking a series of questions. Therapists can set an example by asking these questions of their clients, but ultimately, the client should learn to question their own thoughts.

Decatastrophizing or “What if technique”: The decatastrophizing technique, we ask very simple questions: “What if?” or “What’s the worst that could happen?” This sequence of questioning helps to reduce the irrational level of anxiety associated with cognitive distortions. It highlights the fact that even the worst-case scenario is manageable.

CONCLUSION

These grounding exercises work in various ways. Some allow children to focus their attention on observable objects in their immediate environment. Others are effective at redirecting and reducing anxious physical energy or slowing down racing thoughts. Kids that need help with their anxiety can use a combination of these techniques to find stability and peace.

5.2.5 Group Counselling: Taught by Dr. Patricia Amos

This course gave me an insight on how to handle different group of people and the skills to use as well as the theories underpinning groups.

Artifact 1: A poster designed for group counselling.

Artifact 2



UNIVERSITY OF EDUCATION , WINNEBA

DEPARTMENT OF COUNSELING
PSYCHOLOGY

KAFRAJ COUNSELING CONSULT



**WOULD YOU LIKE TO BE PART OF A
GROUP COUNSELING ON:**

**DEALING WITH
STRESS IN THE
ACADAMIC SPACE ?**



CONTACT US ON :
0242149284 & 0244384003

TOPIC

Proposal for Group Counselling to Increase Self-esteem in Adolescent in Senior High.

Rationale for using Group Counselling to Increase Adolescent Self-Esteem in Senior High School

Adolescence is a time where individuals are increasingly likely to be concerned with figuring out who they are (Nassar-McMillan & Cashwell, 1997). According to Searcy (2007), a main avenue through which youth explore their self-concept and develop self-esteem or lack thereof, is through interactions with their peers. Self-esteem is then developed through associations with others, activities one engages in, and the things that one hears about themselves (Searcy, 2007). Based on this information, work with adolescents aimed at fostering a high level of self-esteem often occurs in a group counselling setting (Nassar-McMillan & Cashwell, 1997).

According to Gumaer (as cited in Margot & Warren, 1996), there is no better environment for youth to learn in than within their peer group, and as such, counsellors working in the school setting can maximize student's learning through group experiences. Nassar-McMillan & Cashwell (1997) stated that many different types of group counselling interventions have been successfully utilized with adolescents with a higher likelihood of experiencing low self-esteem. To support this assertion, Margot and Warren (1996) compared the effectiveness of individual versus group therapy focused on increasing self-esteem for 37, 12 to 15 years old male and female adolescents who had experienced verbal abuse. They found significantly higher levels of self-esteem among participants in the group counselling condition, when compared to the individual counselling condition one week after the counselling had finished. In another such study, Hong, Lin, Wang, Chin, and Yu (2012) tested the effectiveness of a functional group counselling intervention on 43 low achieving students' self-worth

and self-efficacy. They found that group counselling in a school setting was found to be enjoyable to students and provided an atmosphere that had the ability to promote positive student-to-student learning. More importantly, Hong and colleagues (2012) found that the 43 students that participated in the functional group counselling intervention had significantly improved levels of self-worth and self-efficacy when compared to their peers that did not complete the functional group counselling.

To get a bigger picture of the effectiveness of group counselling interventions in increasing self-esteem in adolescents, Haney and Durlak (1998) conducted a meta-analytic review of 116 studies focused on different therapeutic modalities to increase children and adolescent self-esteem. Of these studies, 84.5% were delivered to groups of children or adolescents. Haney and Durlak (1998) concluded from their review that: (a) significant improvements were not likely to happen if the intervention was not focused specifically on increasing self-esteem; (b) although the majority of participants appeared to benefit from intervention focused directly on increasing self-esteem, there were differences found in types of presenting problem; and (c) intervention programs guided by a specific theoretical background and using evidence-based interventions were more likely to demonstrate successful outcomes.

This information is essential to the development of a counselling group aimed to increase self-esteem in 15-18 years old, as it demonstrates the success of group therapy modalities, calls for a direct focus on self-esteem, and denotes the importance of anchoring this group program within a specific therapeutic background, utilizing evidence-based interventions.

Core Objectives

1. Develop an improved sense of self-esteem
2. Develop stress management coping strategies self-esteem
3. Identify personal positive attributes and strengths
4. Recognize the power in personal choices

Practical Considerations

The group will consist of approximately 6-8 male and female of Senior High School students, aged 15-18 years old. The group will be facilitated by a male therapist. The group will meet each Wednesday during the lunch hour that is 12:30 pm to 1:30 pm in the counseling department. The group will commence during the second week of the first semester. This schedule will allow for 10 sessions. The group will be a closed one. Termination session will be announced to the participants 4 weeks to the time.

Procedures

Interested students will participate in a short (30 minute) screening process. Potential participants will be given an opportunity to discuss their expectations of such a group, including any issues or concerns. The counselor will disclose the intended nature of the group. The screening process is important for both the participant and the counselor. It allows participants to make an informed choice in deciding whether or not to join. It also provides the counselor with a chance to control group dynamics to some extent. The counselor will assemble a group composed of members whose needs are compatible with the group and whose well-being will not be jeopardized by the group experience. In addition, the counselor may seek members with varying degrees of

personality (i.e., extroverted and introverted). Chosen members will be asked to consent to join the group. The counsellor will utilize individual consent forms.

The counselor will attempt to create a balanced partnership between group process and content. The group will begin with a pre-group preparation meeting. It is during the pre-group meeting that the leader and members will clarify expectations of the group and discuss therapeutic groups in general. The leader will also take this time to explain basic ground rules (i.e., respecting members, importance of confidentiality, not becoming intimately involved with other members, etc.) and allow members an opportunity to discuss group norms they would like established. Finally, the leader will administer a brief pre-group written evaluation pertaining to members' current self-reported attitudes and social interactions.

The initial group sessions will focus on establishing cohesion among the group members. Group norms and expectations will be reviewed. Warm-up activities, such as "checking in", singing songs, and getting to know one another activities will be utilized in an effort to become acquainted, develop trust, and link group members together. The leader will encourage participation and model appropriate behavior to group members. These behaviors will include actively listening, respecting all members, exhibiting empathy, authenticity, appropriate self-disclosure, and giving or receiving feedback when appropriate. The leader will also help members to define personal goals they hope to accomplish during the course of the group experience.

As group members transition into the action phase, they take responsibility to actively address common concerns and issues of low self-esteem. The group leader will continue to open and close sessions. However, members will be primarily responsible for generating the focus of group discussions. Anticipated topics may include issues

such as causes, effects, and coping strategies for low self-esteem. The leader may also utilize Rational Emotive Behavior Therapy – teaching REBT A-B-C, teaching coping self-statements, active disputation of irrational beliefs, and home works. The group leader will attend to the here-and-now and facilitate the appropriate expression of self-disclosure, caring confrontation and feedback as members address important issues.

Several sessions will be devoted to the termination of the group. The central goals of the termination phase are to allow members an opportunity to honor and reflect on their group experience and the gains they have made during the course of the school semester. Group tasks will include giving support, addressing unfinished business, and discussing group and individual growth. In saying goodbye during the final session, the leader and members will engage in disclosing any regrets, resentments and appreciations of themselves and fellow group members. Members will also complete a post-test identical to the written evaluation administered during the pre-group session.

Evaluation

Terminating the group four weeks prior to the end of the semester will allow sufficient time to conduct individual 20 minutes follow-up interviews and observation on each group member. The post group interview will be used to assist the leader in determining the types and degrees of benefits the support-therapy group has provided to participants. The individual's pre and post evaluation will be discussed. Members will discuss the degree to which they have accomplished their stated goals, whether the group met their expectations, and what the group has meant to them personally.



Demonstrating the role of a group leader in a group counselling session as tasked by lecturer for group counselling

5.2.6 Practicum: Dr. Patricia Amos

This course was taken to allow me to apply all that I have learnt in the various courses to a real life situations and environment.

Artifact 1

INTAKE ON PRACTICUM AUDIO

CLIENT'S NAME: J. R.

GENDER: Male

MARITAL STATUS: Married

MAJOR LANGUAGE: English

COUNSELLOR'S NAME: Mrs. Patricia Mawusi Amos, PhD.

VENUE: Online

IDENTIFYING DATA: imbedded in contract form

GENERAL APPEARANCE: Client is approximately 1.70m tall, slim in nature and well dressed.

PRESENTING PROBLEMS: client said” this a bit hurting but I’ve kept it to myself for some time now”. Client reported that he met and was moved to marry his wife one year after he had met her but prior to the marriage, he realized that his wife’s mother was uncomfortable around him and did not like him but he didn’t take it seriously because he felt she had not known him that much since she wasn’t staying with wife when they met and had only known her three to four months before the marriage and so had hoped that things would get better after the marriage but then the relationship became sour after the marriage. Through paraphrasing and clarifying questions used by counsellor, client stated that the marriage had lasted for four years, dating was for a year and client’s father in-law was separated from his mother in-law for about twenty to twenty-two years now and with another woman.

Client reported that mother in-law seems not to like the marriage because she feels her daughter has been taken from her and sees him as her rival which makes him confused because she wasn’t staying with daughter before the marriage. Counsellor thought nuclear family system and inheritance are factors as his mother in-law might be feeling that she would not benefit from her daughter but then client clarified that the mother in-law is a government worker and all three children are grown; his wife is the second born, the first born is also married and the last born is on her own and ok and so her problem is not with finance.

Through questioning, Client made counsellor aware that his mother in-law used to visit her daughter often and had wanted to stay with them after the marriage but he objected

to it because he felt it was a young marriage and they needed some privacy and to know each other well and so to avoid that he rented a one-bedroom apartment.

Counsellor confronted client by questioning to know if he had found out from mother in-law why she is feeling or behaving that way but client said no because he doesn't want to create any problem between himself and his wife. Client further reported that his mother in-law makes it so obvious during family meetings with comments like, he doesn't allow her daughter to come around and refuses to grant her permission to visit her. Counsellor reflected on client's feeling and client confirmed he was hurt, worried and unhappy because his mother is not close and he had expected his mother in-law to play that motherly role when he needs a mother to talk to. Counsellor also questioned client as to whether he had spoken to his mother-in-law about how he feels and client said no and went on to state that he didn't because he feels that might trigger the issue of her coming to stay with them again. Client said he rather spoke to his father-in-law about it but then his father in-law told him not to pay attention to her because she is frustrated but then counsellor using the technique of focusing, suggested to client to focus on mother-in-law and how to improve upon his relationship with her and not concentrate on what is being said by his father-in-law and so this was set as his goal.

WORKING CONCEPTUALIZATION:

Client presented the problem of not having a cordial relationship with his mother in-law as he expected.

Based on Maslow's theory of human needs, Mr. JR (client) craves for a sense of belonging and love. He wishes to be loved and accepted by his mother in-law, have a cordial relationship with her and feel a sense of belonging with her as a member of the family.

Counsellor will use the solution focused therapy which is a brief, goal-directed form of psychotherapy that has the purpose of helping client to discover, clarify and accomplish their own solutions to problems and so based on this, counsellor gave client the following homework;

1. to explore avenues to reach out to mother in-law
2. to discuss issue with his wife at the appropriate time to see her reaction and action.
3. to build himself up and make some attempts to talk to mother in-law.

Counsellor at this point reminded client of time left and summarized the session to find out how client was feeling and what he was taking home from the session.

Counsellor thanked client for seeking counselling from her. Client also thanked counsellor and said he felt satisfied just by sharing.

RECOMMENDATION: Client is to return again for counselling.

Note: counsellor after building rapport with client by way of greeting, welcoming client and enquiring more about client's name, explained confidentiality and the circumstance under which it could be broken and made client aware of the following;

- they will go through six sessions
- fee will be 80 Ghana cedis per session

Some vital information such as past counselling, educational, job, health, medical, social, developmental and family history are embedded in the contract form given to client.

Artifact 2

Title: Practice on individual counselling



With this, members of the class were tasked by the lecturer taking us through practicum to pair up and practice the various stages (intake, progress and termination) of individual counselling session.

5.2.7 Specialization 1(psychopathology): Taught by Mrs. Ammah

This course provided an overview of the scientific study of mental illness with basic concept, historical perspectives, different theological models, assessment, diagnosis and research methods for studying mental disorders.

Artifact 1

Title: Interviewing market man on causes of psychological distress in the market and its effects on him



INTERVIEW QUESTIONNAIRE ON HOW MARKET MEN AND WOMEN COPE WITH STRESS

Psychological issues among market men and women.

This interview was conducted at the Winneba central market to find out some psychological issues the market men and women face in their pursuit for daily bread. Psychological issue according to Wikipedia also refers to mental disorder and it is a behavioral pattern that causes distress and impairment of personal functioning. It could further lead to lack of sleep or concentration, anxiety, depression, eating disorders, mood disorders, etc. Many people in our part of the world associate psychological issues to spiritual or superstitious beliefs hence little is done to assist individuals suffering from such conditions. Although there are many different ways of adjusting to stressful situations, coping is the conscious and unconscious efforts we put in to solve problems and reduce stress. Lazarus and Folkman (1984), defined coping as constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. This means that strategies one chooses to adapt to a situation is highly individualized hence it is never the same for two people. This interview was therefore necessary to ascertain how market men and women suffer and deal with psychological issues in their daily struggles.

CLIENT: *A 30 YEARS OLD MAN WHO IS SINGLE BUT HAS TWO CHILDREN AND IS TAKING CARE OF HIS BROTHER'S MOBILE MONEY BUSINESS AND SELLS JEANS AS WELL FOR THE PAST SEVEN YEARS SPOKE TO ME ABOUT HIS WORK RELATED STRESS AS FOLLOWS:* My work is such that I roam Accra looking for the nice jeans to sell. On days I need to restock my tent, I wake up at 4pm and leave for Accra. When I

get to Accra, I have to move from one store to the other in search for the type of jeans I know my customers would want. I mostly visit more than 10 shops in order to get the whole items I need. Afterwards, I take them to the tailor to make some adjustments and alterations. Rightly after, I come to wash them, apply starch and iron. These process drains me a lot but the customers have no clue about that. All they want is to get the item at their desired price forgetting that I also had to put in much effort. The customer always has the perception that second hand items must not be expensive therefore they are not willing to pay any better price for an item. For me, I take the price which is much better. I don't want to lose because if I do, I would not be able to cater for my family.

From his statement, it could be noted that his stressors are customers and high cost of items nowadays which make it difficult for sales to increase. Although he tries his best to fend for his family, he gets stressed from the process of restocking his shop which results in headaches and bodily pains. He manages that with a pain killer for one or two days and get better to continue his daily activities. When he was asked about his recommendation for counsellor in the market, he said this: 'We cannot pay for a counsellor so we have none here. The market queen has been acting as a counsellor but she is not professional'

Artifact 2

Sleeping Disorders

Changes in sleeping patterns or habits that can negatively affect health.

Sleep disorders (or sleep-wake disorders) involve problems with the quality, timing, and amount of sleep, which result in daytime distress and impairment in ...

Sleeping Disorders

1. Restless legs Syndrome:

- A condition characterized by a nearly irresistible urge to move the legs, typically in the evenings.

- Restless legs syndrome typically occurs while sitting or lying down. It generally worsens with age and can disrupt sleep.

- Treatment can help, but this condition can't be cured

Chronic: can last for years or be lifelong

Requires a medical diagnosis

Lab tests or imaging rarely required

Symptoms

Requires a medical diagnosis

The main symptom is a nearly irresistible urge to move the legs.

1. Treatments

Treatment consists of self-care

Getting up and moving around helps the unpleasant feeling temporarily go away. Self-care steps, lifestyle changes or medication may help.

2. Jet Lag

A sleep disorder that can affect those who travel quickly across multiple time zones.

Jet lag is a temporary sleep disorder. It occurs when the body's internal clock is out of sync with cues from a new time zone. Cues can include light exposure and eating times.

Usually, self-treatable

Usually, self-diagnosable

Lab tests or imaging not required

Short-term: resolves within days to weeks

Symptoms

Usually, self-diagnosable

Fatigue and difficulty concentrating are symptoms.

Treatments

Treatment depends on severity

Medication and light therapy may help.



3. Narcolepsy

A chronic sleep disorder that causes overwhelming daytime drowsiness. The cause of narcolepsy isn't well understood but may involve genetic factors and abnormal signaling in the brain.

Treatment can help, but this condition can't be cured

Chronic: can last for years or be lifelong

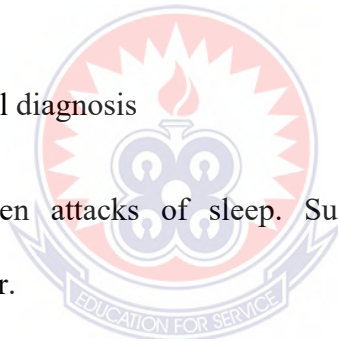
Requires a medical diagnosis

Lab tests or imaging often required

Symptoms

1. Requires a medical diagnosis

Narcolepsy causes sudden attacks of sleep. Sudden loss of muscle tone and hallucinations might occur.



Treatments

Treatment consists of stimulants

Stimulants, antidepressants and other medication can help.

4. Night Terror:

Episodes of screaming, intense fear and flailing while still asleep, often paired with sleepwalking.

Common causes

Night terrors can have causes that aren't due to underlying disease. If they occur infrequently, it's a normal stage of childhood development. They can also be caused by nightmares.

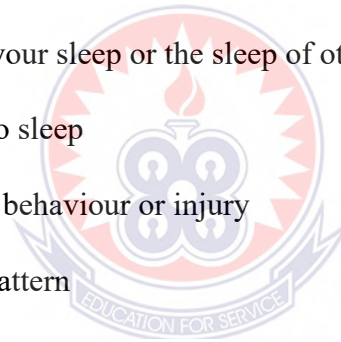
Treatments

Self-treatment

Establishing a regular sleep routine and finding ways to relieve stress may help reduce night terrors. Locking doors and windows at night may also help prevent injury.

Seeking medical care: see a doctor if your night terrors;

- routinely disrupt your sleep or the sleep of others
- make you afraid to sleep
- lead to dangerous behaviour or injury
- follow the same pattern



Persist beyond your teen years or begin in adulthood

5. Insomnia

Persistent problems falling and staying asleep. Most cases of insomnia are related to poor sleeping habits, depression, anxiety, lack of exercise, chronic illness or certain medication.

Symptoms

1. Usually, self-diagnosable

Symptoms may include difficulty falling or staying asleep and not feeling well-rested.

Treatments

Treatment consists of self-care

Treatment for insomnia consists of improving sleep habits, behaviour therapy and identifying and treating underlying causes. Sleeping pills may also be used, but should be monitored for side effects.

Obstructive sleep apnea

Intermittent airflow blockage during sleep.

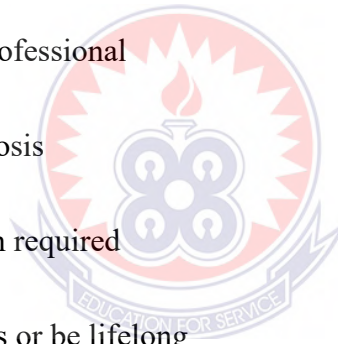
Obstructive sleep apnea is seen in all age groups, but the frequency increases with age and obesity.

Treatable by a medical professional

Requires a medical diagnosis

Lab tests or imaging often required

Chronic: can last for years or be lifelong



2. Symptoms

3. Requires a medical diagnosis

Symptoms include snoring and daytime sleepiness.

Treatments

1. Treatment consists of self-care

Weight loss, sleeping on one's side and decreasing alcohol consumption can help. The delivery of pressure via a face or nasal mask (CPAP) is often prescribed. Other common treatments include an oral device and surgery.

Sleepwalking

Also called: somnambulism

The act of getting up and walking around while asleep.

Sleepwalking is most common in children, who usually outgrow it by their teens.

Treatment can help, but this condition can't be cured

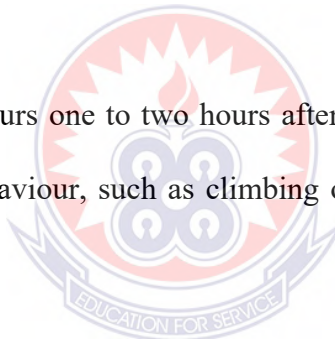
Usually, self-diagnosable

Lab tests or imaging not required

Symptoms

Usually, self-diagnosable

Sleepwalking usually occurs one to two hours after falling asleep at night. Rarely, it may involve unusual behaviour, such as climbing out of a window or urinating in a wardrobe.



Treatments

Treatment depends on severity

Often, sleepwalking is a random, harmless event. Treatment may be required if it occurs often or causes injury. Medication and hypnosis may help.

Theories

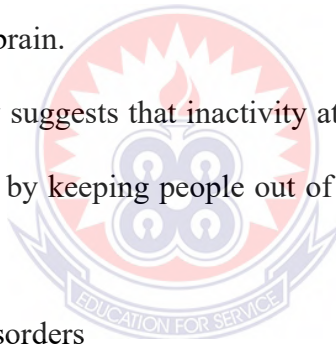
Thomas Winker (2015)

Sleep is regulated by strong internal drives, and not getting enough of it can lead to serious health consequences.

Scientists have investigated why humans sleep from many different perspectives, but despite several years of research the question remains difficult to answer.

Solution to Sleep Disorders

- **Energy Conservation:** This theory suggests that the main function of sleep is to reduce your energy demand and expenditure during the day or night, especially when it is least efficient to search for food.
- **Restorative:** The premise of this theory is the belief that sleep serves to restore what your body loses while you are awake. It also gives your body a chance to rejuvenate and repair itself.
- **Brain Plasticity:** The premise is sleep is associated with changes in the organization and structure of your brain.
- **Adaptive:** This theory suggests that inactivity at night is an adaptation that works as a survival function by keeping people out of danger when they would be most vulnerable.



Solutions To Sleeping Disorders

Cognitive Therapy: This method involves using interventions that can help you identify and correct inappropriate beliefs and thoughts that may contribute to insomnia.

- **Relaxation Training:** There are methods such as deep breathing; self-hypnosis and progressive muscle relaxation that can help you manage sleep disorders.
- **Sleep Hygiene:** The premise of this treatment is there are habits, practices, and environmental factors that are important to getting an adequate amount of sleep.
- You can develop good sleep hygiene by maintaining a regular sleep schedule and routine.

- Medications: A doctor can prescribe medications for sleep disorder treatment. Non-benzodiazepine hypnotics are good for treating short-term insomnia.

5.2.8 Specialization 2(Crisis-Suicide, Abuse and Trauma Counseling): Taught by Dr. Nyuiemedi AGORDZO EDOH-TORGAH.

This course introduced me to the exploration of some of the debilitating challenges facing humanities. It also provided an overview of the effects of crises, bereavement, losses, disasters, abuse and other trauma causing events on persons of all ages including the cognitive, affective, behavioural and neurological effects associated with crises or trauma

Artifact 1

STUDENTS IN A GROUP WILL CHOOSE A TRAUMA FOCUSED INTERVENTION MODALITIES WITH A CRISIS SPECIFIC INCIDENT (CSI). STUDENTS WILL INTEGRATE INTO THE SYNOPSIS INFORMATION FROM PEER REVIEWED ARTICLE THAT EITHER SUPPORT OR CHALLENGE THE EFFICACY OF THE TREATMENT MODALITY.

GROUP 3 – ACCEPTANCE AND COMMITMENT THERAPY FOR CHILDREN COPING WITH DIVORCE

INTRODUCTION

Accepting the unacceptable: Have you ever been told you needed to accept something that seemed so terrible that you wondered how anyone could accept it? Let's analysis this scenario; Mr. & Mrs. Nkwantabisa have been married for twelve years with 2 children (Ama - 6 and Kwasi - 10). Ama is very close to the father and most of the time goes out with him. Kwasi on the other hand enjoys being with the mother although he enjoys playing video games too. For the past two months, Mr. & Mrs. Nkwantabisa have been battling with issues on divorce and have gone for official documents to end

their marriage but do not know how to break the news to their children since they are aware of the implications it could have on the kids. One evening, Mrs. Nkwantabisa took her kids on a shopping spree and asked them a question ‘what will happen if daddy and mummy decides to separate for a while?’ Kwasi also asked; are you divorcing daddy? The excitement ended just with this kind of question.

In using acceptance and commitment therapy, the group will highlight the major techniques that can be used to help Kwasi and Ama to cope with their parents’ divorce (should it happen).

NB: ACT can be applied in groups, individual sessions, classroom settings, couples therapy, bibliotherapy, workplace training, etc.

DEFINITION OF TERMS

Children: A child (singular) as defined by oxford languages of dictionary is ‘a young human begin below the age of puberty or below the legal age of majority’.

Divorce: the legal dissolution of a marriage by a court or other competent body.

ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and commitment therapy is a form of behavioural therapy that uses various mindfulness strategies to help an individual to accept the difficulties face in life. It has been given the acronym ‘ACT’ as a short name for its’ action-oriented technique. It operates under the philosophy that change in action can occur before a change in thought patterns. Rather than fighting to control or eliminate unwanted, uncomfortable, or distorted thoughts and feelings, a person can simply observe the thought or feeling, accept what they cannot change, and commit to actions that make their lives better. This however means that; a person is capable of changing their behaviours without first

changing or eliminating their thoughts and feelings and in essence, accept that painful thoughts and feelings can co-exist alongside healthy behaviour change and improved quality of life.

ACT differs from some other kinds of cognitive behavioral therapy (CBT) in that rather than trying to teach people to better control their thoughts, feelings, sensations, memories and other private events, ACT teaches them to "just notice," accept, and embrace their private events, especially previously unwanted ones. This helps the individual get in contact with a transcendent sense of self known as 'self-as-context' (the concept that people are not the content of their thoughts/feelings, rather they are the consciousness experiencing/observing the thoughts and feelings). ACT aims to help the individual clarify their personal values and to take action on them, bringing more vitality and meaning to their life in the process, increasing their psychological flexibility. For this, while Western psychology has typically operated under the "healthy normality" assumption which states that by their nature, humans are psychologically healthy, ACT assumes, rather, that psychological processes of a normal human mind are often destructive. The core conception of ACT is that psychological suffering is usually caused by experiential avoidance, cognitive entanglement, and resulting psychological rigidity that leads to a failure to take needed behavioral steps in accord with core values.

As a simple way to summarize the model, ACT views the core of many problems to be due to the concept represented in the acronym, FEAR.

- ❖ **F** - Fusion with your thoughts
- ❖ **E** - Evaluation of experience
- ❖ **A** - Avoidance of your experience
- ❖ **R** - Reason-giving for your behaviour

And the healthy alternative is to ACT:

- ❖ **A** - Accept your thoughts and emotions
- ❖ **C** - Choose a valued direction
- ❖ **T** - Take action

ACT therapy therefore encourages clients to be psychologically present - making a conscious effort to connect with whatever is happening in the here and now. Enabling individuals to experience the world more directly is taught to make their behaviour and thoughts more flexible. This is to ensure their actions are more consistent with their personal values. Language (both written and verbal) is often used as a tool for individuals to describe current events, rather than predicting and judging them. Again, ACT does not attempt to change the content of irrational or negative thoughts and unpleasant or painful emotions, instead, the goal is to help people face these thoughts, see them from a different perspective and learn to respond in such a way that may be more helpful. ACT is about shifting life toward the things the individual cares about. The ACT can be used to treat the following disorders/issues; anxiety, depression, obsessive compulsive disorder, trauma, addictions, eating disorders, grief or bereavement, divorce or separation, life imbalance, parenting difficulty, etc.

THEORY OF ORIGIN

Acceptance and commitment therapy is based on relational frame theory (RFT), a comprehensive theory of language and cognition that is derived from behaviour analysis. Both acceptance and commitment therapy and relational frame theory are based on B F. Skinner's philosophy of radical behaviorism (psychological concept that delves into how environmental factors influence our state of mind).

Steven C. Hayes, a psychology professor at the University of Nevada, developed ACT in 1986 (Harris, 2011). His work began with how language and thought influence our internal experiences and laid the foundation for ACT. Hayes disagreed that suffering and pain are to be avoided and buffered whenever possible. He saw suffering as an inevitable and essential part of being human, as well as a source of fulfilment when we do not flee from what scares us. He makes a compelling case for acceptance and self-compassion based on his own experiences with pain. His TED Talk on psychological flexibility explains the foundation for his psychological exploration of ACT where he expressed the view that by accepting negative thoughts and feelings, individuals can choose a valued direction in which to take action and make positive changes. In this way, acceptance and commitment therapy does not aim to directly change or stop unwanted problems and experiences. Instead, it teaches individuals to develop a mindful relationship with them - promoting psychological flexibility that encourages healthy contact with thoughts, reconnection with the here and now, a realisation of personal values, and commitment to behaviour change.

HOW IT WORKS

ACT works by providing a way to live with less pain and suffering by consciously embracing all that life offers, including discomfort, and choosing to live life according to your goals and values. There are six core processes or skills involved with ACT. During ACT, a therapist works with the client using guided exercises and activities based on these principles to help clients develop psychological flexibility (Psychological flexibility is the ability to be present in the moment, aware of thoughts and emotions without being controlled by them, and respond to situations in a way that is still aligned with a person's values and goals).

TECHNIQUES

There is no specific set of techniques used in ACT. Instead, the therapist applies general strategies using an ACT approach. With this approach, a variety of cognitive and behavioural exercises are used to guide the person to strengthen the six core skills related to psychological flexibility. These may be tailored based on what psychological conditions the person wishes to address, or is tailored to the setting. The following are the six core therapeutic skills/ processes that demonstrate ACT as a combination of mindfulness and behavioural therapy.

ACCEPTANCE

It involves embracing painful feelings either internal or external experiences, without attempting to change their frequency or form. Clients of ACT therapy are encouraged to willingly open up and let go of their internal struggle with these unwanted problems. This can essentially help them to learn ways of coping with them.

COGNITIVE DEFUSION

Also known as emotional separation, refers to a set of techniques that attempt to change the functions of negative thoughts and feelings, and how they affect an individual. Procedures that may be followed include encouraging the individual to externally observe their unwanted problems by giving them a shape, size, colour, speed or form. By re-contextualising uncomfortable memories and experiences, individuals can learn to relate to them in a different way - one that does not involve attaching any particular value to them. In ACT, metaphors are often used to explain principles. For example, trying to get rid of thoughts and feelings can be likened to trying to push a beach ball underwater in a pool - the more you try, the more it keeps bobbing back out of the water.

Instead, through ACT, you can learn to take the ball [thoughts and feelings] and allow it to float in the water alongside you, and to be free to have fun and enjoy the pool.

CONTACT WITH THE PRESENT MOMENT

ACT therapy encourages clients to be psychologically present - making a conscious effort to connect with whatever is happening in the here and now. Enabling individuals to experience the world more directly is thought to make their behaviour and thoughts more flexible. This is to ensure their actions are more consistent with their personal values. Language (both written and verbal) is often used as a tool for individuals to describe current events, rather than predicting and judging them.

THE OBSERVING SELF

ACT views the mind as a combination of two parts. One part is the 'thinking self', which is responsible for a person's thoughts, beliefs, judgements, fantasies and so on, whilst the second part - 'the observing self' - deals with attention and awareness. The latter is the part of the mind that enables individuals to develop mindfulness skills - the ability to be aware of one's flow of experiences without attachment to them. This helps to foster acceptance and cognitive defusion.

VALUES

Values are the chosen qualities that individuals live by, and they are essential to the development of ACT goals. A variety of exercises are used to help clients choose a life direction in various domains, such as family and career. The realisation of these typically comes from an individual's ability to follow through the processes of acceptance, defusion and contacting the present moment.

COMMITTED ACTION

The final stage of the ACT model involves the establishment of concrete goals that are consistent with an individual's chosen values. It is considered essential that the person commits to these goals in order to foster the necessary changes to discover a greater sense of well-being and fulfilment. This process often requires the individual to do homework in between sessions. These behaviour change efforts, in turn, help to address psychological barriers that are addressed in other ACT therapy processes.

HOW ACCEPTANCE AND COMMITMENT THERAPY IS USED ON CHILDREN COPING WITH DIVORCE.

According to an article on therapy for teens which was updated in February 25,2022. ACT sessions often focus on addressing immediate challenges in a teen's life and then move on to addressing past issues and developing new skills through eight to sixteen weeks or longer sessions depending on the needs of the child and typically last an hour.

The ACT therapy uses six key strategies to help children understand their emotions in coping with divorce of parents as follows;

- **Acceptance:** here the therapist encourages the child to observe and accept the loss or separation without trying to change or deny it instead of avoiding the negative emotions
- **Cognitive diffusion:** the focus of this step is to change how the child react to his/her feelings or thought. By changing this reaction, the emotion then has less power over the child.

- **Being present:** here, the therapist focuses on helping the child to be mindful and aware of what is happening without judging or trying to change the experience.
- **Self-context:** the focus here is to help the child see his/her thoughts as something separate from his/her behaviour.
- **Values:** the therapist at this point helps the child to identify values that are important to him/her.
- **Committed action.** The child is then helped to find ways to commit to behaviours that will help him/her to stick to his/her values and achieve his/her goals.

THE THEORY'S RELEVANCE IN THE GHANIAN CONTEXT

The ACT therapy is used in Ghana by pastors, counselling psychologist and health care providers such as the clinical psychologist to help many people going through many difficult situations such as grief and bereavement, divorce and separation, disability or permanent impairment, job lost, high level of unemployment/ job insecurities, outbreak of covid-19 as well as the current economic crisis of the country.

The ACT therapy if used efficiently and properly by these group (Pastors, counselling psychologist, clinical psychologist etc) on individuals and groups, it will help them to accept these difficult situations and live amidst them through the development of coping skills such as psychological flexibility and mindfulness which will go a long way to help patients battling with mental disorders like anxiety and depression to overcome it without medication as well as go a long way to reduce the suicide rate in Ghana

CONCLUDING THOUGHTS:

To conclude with, children who mostly grow up in an intact, two-parent family with both biological parents do better on a wide range of outcomes than children who grow in a single parent-family. Single parenthood is not the only nor even the most important cause of higher rates of school dropout, teenage pregnancy, juvenile delinquency or other negative outcomes but does contribute independently to these problems but then evidence suggest that, marital education, family counselling and other related services such as the ACT can improve couple communication and problem-solving skills leading to greater marital satisfaction and in some cases, reduced divorce.

Evidence also supports that even though ACT is a newer form of therapy and is mostly used on adult (especially women) but then it is effective in treating disorders such as anxiety, depression, and chronic pain as well as post-traumatic stress disorders which might result from divorce in both adult and children.

Artifact 2:

Self-Reflection

I got married to my husband in 2014 after I had just completed my post-diploma in basic Education with the University of Education, Winneba through the distance mode.

As at that time, my husband was also undertaking his first degree with Data Link University at Tema and so had no permanent job but doing an attachment with Tigo Ghana Limited at Wa in the Upper West Region of Ghana where we lived. He used to travel almost every weekend to Tema for lectures which made life a little bit difficult especially financially for us as a couple. But I was motivated by the fact that God was in control and that there will be light at the end of the tunnel

I got pregnant and gave birth to our first born in 2015 with so much joy but then the financial situation became a little more difficult because we depended more on my salary for the upkeep of the family but still I was not so much bothered because I was hopeful that he would eventually complete, get a good job and things will become much easier for us.

By the grace of God my husband completed and was maintain as a customer services personnel at Tigo Ghana Limited and even though what he received as salary was not much, but we were a happy family until the year 2017 when he was laid off from work and I became pregnant for our second born and the financial situation became little difficult again because we depended so much on my salary for the family's expenses.

I kept on praying day and night for my husband to get a good job so the situation would change for the better.

My husband later got a job with a sheanut company but the salary was not much but I still kept on praying for him to get better Job. Despite all that was happening, we were a happy couple and family and I had built my life around my husband and kids and so I always sacrificed everything for them. I made plans and investments with him using my salary and I trusted him with my life and so, shared everything with him.

In September 2018, I gave birth to our second born and God being so good to us, in December, my husband got a job with Tigo Ghana Limited again after it had been merged with Airtel (now Airteltigo) and this time was given a managerial position, with good salary and a car. I was so happy and felt it was time for me to enjoy the fruit of my labour but little did I know that he had is own plans and that was the beginning of my trauma story. Going through very stressful, frightening or distressing event is called trauma.

A year down the lane, I noticed that husband had changed, he was not as sweet as he used to be with me, he started coming home late and anytime I complained, he would tell me that it was due to work load, he sometimes would not eat his meals, his intimacy with me reduced, he stopped helping me with house chores even though the work load in the house had increase for me.

I was always working and had little time for myself. I hardly go out or participated in anything fun. I spent most of my time at work and with my kids at home.

On the 10th of March, 2020. I woke up at dawn to wash some dirty clothing but then in the middle of the washing, the light went off and so I started searching for my phone so I could put on the Light but I mistakenly took my husband's phone and when I flipped on the screen of the phone, I saw a message that indicated that he was having sexual affair with another lady.

My heart skipped a beat and I became nervous, still, heartbroken and I got so angry and sad that I stopped the washing, woke my husband up to speak with him about what I saw and he confirmed it was true but said it was not intentional.

I prepared as usual for work but was emotionally unstable. At work I decided to call my sister in-law to talk to her about the incident but got the shock of my life when she told me my husband had spoken to her and their mother about the said lady earlier.

I was so much hurt, shattered, confused and felt something had left my body. I could not concentrate the whole day and kept on asking myself why me and where I went wrong. I went back home, prepared food but could not eat because I had lost appetite and that was also the beginning of my sleepless night. Shortly, Covid-19 came and there was a lock down and so going out became so limited for me.

I became very withdrawn, could not eat properly, always thinking and talking to myself. I also became easily irritable that I could shout at my little girl or beat her at the least thing and had argument with my husband at the slightest thing.

One day, in the cause of the argument, my husband told me to stop worrying him about the issue because to the other lady, I don't exist and this statement further broke me down. I wanted to leave my marriage at this point but his family kept on talking, encouraging and supporting me to stay especially for the sake of the kids and my paternal family also kept on encouraging me to stay because they felt my kids might go through my childhood experiences since I am a victim of broken home due to infidelity on the part of my father.

Things got worse day in, day out and within a month I had developed ulcer and reduced in weight drastically (from 69-54kg) that I was asked to go in for an HIV/AIDS test. I had lost interest virtually in everything except my kids but could not even play with them as I use to do and was always in conflict with my husband. Conflict according to (Ziggah, 2020) occurs when there is a struggle between parties involving opposing ideas, values and scarce resources and often outwardly.

I felt life was so unfair to me, betrayed, cheated and so scared for my kids because they are also girls and men could do same to them and also because my childhood experiences came flashing at me and repeating itself because my father did similar thing to my mother and she had to leave her marriage and I became a victim of broken home.

On the 27th of November 2020, in the mist of my confusion, I kept soup on fire to heat at night but slept off only to be woken up by daughter to a very dark and smoky room. I realized that I had forgotten of the soup on the fire and it burnt and almost caught fire.

I became so scared that I started shivering. I took my kids and ran out of the room screaming for help. My husband together with a neighbor was able to put off the fire.

With all this happening. I felt so scared for my life and that of the kids and insecure. I lost trust in my husband and men in general, I became bitter, revengeful and biased towards men.

How my trauma history impacted my life in the present

Because of my experience with my husband and what my mother told me about her marriage with my father, I have become so judgmental and biased towards men.

I see them as people that cannot be trusted, can easily hurt and lie. It is my belief now that men will easily change with money and power. I easily take side with women especially with issues of fidelity. I have also become so defensive when dealing with man.

Lastly, I developed some level of phobia towards gas that, I have to sit very close when cooking and constantly checking to be sure it's not burning.

How personal reactions to trauma impact my clinical practice

In the course of my clinical practice, a client (J. F.A) came to me to seek individual counseling concerning her marriage and after going through confidentiality and personnel data with her, it got to presenting problem and when she started sharing her infidelity issues of her husband, she started crying and I could not also control myself and my emotions, I had the same feeling I experienced the day I discovered my husband was cheating on me and so I wept and we agreed and terminated the session.

Terse Summary of Trauma History

Most men tend to be faithful and sweet towards their partners when they have little or nothing at all.

Most men tend to change the moment they become better financially or get some level of power.

Most men tend to easily forget the sacrifices of their partners during hard times.

Most Muslim men use the fact that they can marry four different women as a yardstick to cheat on their wife.

It takes so much time and efforts to get a woman to be the way she was before being cheated on

5.3 Personal Reflections

As a person, I am naturally a joyful, inspiring, caring and empathetic with a little bit of shyness. I believe in sharing my resources with people and further believes every human being is human just as I am and due to that I respect all and demonstrate love for all. Growing up was not easy, being a child from a broken home, I went through thick and thin but grew up with high moral discipline where I had to respect all including children. I believe I serve as a role model to my siblings, children, friends and pupils.

I decided to pursue this course (Counseling Psychology) after a friend had advised me to seek counselling from a professional counsellor due to a traumatic experience, I went through which made me so depressed that I became a shadow of myself, distrusting, revengeful and biased. Looking around my community, I could not place my hand on

any professional counselling psychologist and so I said to myself, why not pursue the course myself so as to heal and help others with similar issues and more to also heal.

Applying for M.Ed. Counselling Psychology was very stressful due to the nature of the university I.T system. It wasn't easy for me to apply. It actually took me a whole week to finish the process. Getting my admission was another stage where frustration set in as online lectures were going on without admission letter. I felt I wasn't admitted since I haven't gotten any admission letter, though I was told by the department that I was admitted, I was not still convinced because there was no document to proof to that. I finally had peace of mind when the Head of Department told us that it was a general problem and that we should not be bothered for the problem will be rectified and our admission letters will be ready but then, my headteacher and circuit supervisor never believe that I actually had admission and so could not grant me permission to participate in the online class anytime it was time for it. I had to battle with managing my teaching hours and the online class.

The online lectures were so hectic and frustrating to the point that I wanted to give up on the course but the fact that I wanted to heal, go higher and help others to also heal kept on encouraging me to keep on moving. I had a challenge enjoying and taking part in the on-line lectures due to the bad nature of network at my area. I encouraged myself and my friends also encouraged me that once people are doing, I can also do it and that the course is good for me.

Having one-month online lectures was too stressful for me but going to campus for another one-month for face-to-face lectures and leaving my kid behind was another thing that I will not forget in a hurry. Going for lectures as early as 7:00am and closing at 5:00pm from Monday to Thursday was also stressful but I was able to cope up with the pressure till the session was over.

Though I was having challenges, I also enjoyed meeting colleagues and making new friends in my academic life as well experiencing a different environment which was healing for me. Because of the nature of the session, I trained myself in a way to manage the pressure and stress. Then came practicum time which was much more stressful for me because I had to combine doing my clinical work with my job and household chore as well as handling my kids. This was not easy for me at all since I had to move to the workplace, teach and then move to other institutions for the clinical work which makes me get back home so late that I could sometimes not cook for the family and the was a day that my little girl got missing of hours because I had left her in the care of my sister in-law. A day I will never forget. The second session was so demanding and so came with so much pressure and stress that sometimes I had to go to the beach to cool my mind and relax a bit not forgetting of the self-care organized for my colleagues and I by my supervisor to help us relax in the mist of the heat and pressure. On this note, I must say though it was not easy having both the on-line and face to face lectures in the first and second session, it was also fun seeing how I was able to cope up with all the challenges and finished the entire course work successfully by the grace of Allah.

SOME SELF CARE PICTURES





5.4 Summary and Closing Remarks

It has been a very tough and stressful journey but very rewarding. I have not only acquired so much knowledge but have been healed somehow of my traumatic experiences and have learned more about myself than I ever thought possible. If I had not pursued this program, I would have missed out a lot. I have also made amazing friends in the program who, hopefully, will become friends for life as well as professional colleagues and have enjoyed motherly love from my supervisor. This Portfolio has indeed been a compilation of all the learnings I have acquired in this program.



REFERENCES

- Acquaye, H. E. (2017). PTSD, *Optimism, religious commitment, and growth as*
- Acquaye, H. E., Sivo, S. A., & Jones, K. D. (2018). *Religious commitment's*
- Antwi Danso S. (2012) *Personality theories*. Winneba, Ghana: Joemens publication
- Bergla and Baumeiter (1992): *understanding the paradox of self-defeating behaviour*. Amazon .com.
- Blount, A. J., & Acquaye, H. E. (2018). *Promoting wellness in refugee populations*.
- Buku, Noi-Okwei, Nkum, (2012). *Counselling Skills and Strategies*. Accra Ghana, Sedco publication limited
- Cohen, Arie. ‘*Ethnography and Case Study a Comparative Analysis*’ *Academic Exchange Quarterly* 7.3 (203): 283-288.
- Coleman, K. & Mills, B. (2014). *Group Program Proposal*. Files.ed.gov. Retrieved on 18th November, 2022.
- Edon-Togah, Ziggah, N-yelbi(2022) *Group Counselling Foundations in theory*,
- Haney,P.& Durlak, J.A(1998). (1998). Changing Self-esteem in children and adolescent . *Journal of Clinical Child Psychology*.
- Hong,Z.R.,Lon,H.S,Wang,H.H,Chon,H.T&Yu,T.C(2012). (2012). .The Effect Of Functional Group Counselling Inspiring Low-Achieving Student Self-Worth And Self-Efficacy In Taiwan. *International Journal Of Psychology*.
- <http://www.mind.org.Uk>trauma>
- <https://www.counsellingtutor.com>
- <https://www.verywellminded.com>
- https://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy
- <https://extension.missouri.edu.>pub>
- <https://positivepsychology.com/act-acceptance-and-commitment-therapy/>
- <https://ro.ecu.au.com>
- <https://www.choosingtherapy.com>
- <https://www.psychologytoday.com/us/therapy-types/acceptance-and-commitment-therapy>
- <https://www.talkspace.com>
- <https://www.verywellmind.com>
- James Messina (1999-2010). Handling Irrational Belief from Tools for Personal Growth. *Journal of Counseling & Development*, 96(4), 461-472.
- Margot, M., & Warren. (1996). (1996). *The effects of group counselling on the self-esteem of sexually abused female adolescent*. Guidance & counselling .

moderating effect on refugee trauma and growth. *Counseling and Values*, 63(1), 57-75.

post-trauma trajectories: A structural equation modeling of former refugees. *Professional Counselor*, 7(4), 330-348.

Principle and practice. Kumasi-Ghana

Searly, Y. (2007) .*Placing The Horse Infront Of The Wagon:Toward A Conceptual Understanding Of The Development Of Self-Esteem In Children And Adolescents. Child And Adolescent Social Work*

the relationship between completion of Erikson's fourth psychosocial stage and assurance of salvation. *Journal of Spirituality in Mental Health*, 24(1), 53-73.

Timm, J., Block, H., Boanca, G., & Acquaye, H. E. (2022). *An exploratory study on*

Yin, Robert. 'Case study research. Beverly Hills.'(1994)

